Social support, coping, resilience and mental health in Malaysian unwed young pregnant women and young mothers

Their experiences while living in a shelter home

Nor Jana Saim
To my beloved father, Saim Yatni and in memory of my mother, Rohaya Ali
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# ABBREVIATIONS

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<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>BDI</td>
<td>Beck Depression Inventory</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CYRM</td>
<td>Child and Youth Resilience Measure</td>
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<td>GHQ</td>
<td>General Health Questionnaire</td>
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<td>ISSI</td>
<td>Interview Schedule of Social Interaction</td>
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<td>MANOVA</td>
<td>Multivariate Analysis Of Variance</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WoCC</td>
<td>Ways of Coping Checklist</td>
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LIST OF ORIGINAL ARTICLES

The thesis is based on the following papers:

Article I


Article II


Article III


Article IV


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ABSTRACT

This thesis is based on four articles. In the first article, questionnaire data from a follow-up study (Article I) that aimed to explore social support, coping and resilience as predictors of mental health in unwed young pregnant women and young mothers during placement in a shelter home were analysed. Nine shelter homes were invited to participate in the study ($n$ of pre-assessment = 250; $n$ of post-assessment = 79). Percentages, paired sample t-tests, multiple analyses of variance (MANOVA), and multiple regression analysis were used to analyse the data. There were no significant changes in social support, coping or resilience between the pre- and post-assessment. The variability in the mental health scores from the follow-up assessment could be explained by the variability in coping, social support and resilience for between 14% of the variance in the BDI score and 36% in the GHQ sum-score. However, about 32% of the unwed young pregnant women and young mothers had a BDI score above 26 suggesting the occurrence of a depressive disorder at the second assessment. The qualitative part of the study (Articles II and III) attempted to investigate the reactions received from their significant others, and how these reactions influenced their pregnancy experience. Furthermore, their daily life experience during their placement in a shelter home is described. Seventeen unwed young pregnant women and young mothers aged from 12 to 18 were interviewed. Qualitative content analysis and thematic analysis were used to analyse the transcriptions of the interviews. Significant others were often perceived as reacting to the unwed young pregnant women and young mothers with secrecy, repression and rejection. The response of the unwed young pregnant women and young mothers to the significant others in respect of their pregnancy was to feel detached, trapped, unworthy and ambiguous. The results of the thematic analysis (Article III) led to three themes: rules and regulations, the relationship with the staff, and the relationship with the other girls in the shelter home. The results indicated that the participating shelter homes were often not fulfilling the standards of shelter homes according to the Malaysian national laws and the United Nations Convention on the Rights of the Child. In addition, a mixed methods approach (Article IV) was applied to investigate the associations between the experiences of the unwed young pregnant women and young mothers in the shelter home and their social support, coping, resilience, and mental health. Because of the nominal data, the findings from the qualitative analyses were quantified and jointly analysed with the questionnaire data using Spearman Rank coefficient. The
analyses were done based on the interviews and survey with 17 unwed young pregnant women and young mothers aged 12 to 18 years. The mixed methods study emphasized that the unwed young pregnant women and young mothers have poor availability and adequacy of social support and were at risk of developing mental health problems if untreated.

**Keywords:** pregnancy out of wedlock, teenage pregnancy, shelter home, residential care, unwed teenage mothers, unwed young mothers, social work practice, Malaysia
## THESIS IN A GLANCE

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<th>Article</th>
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<td>I</td>
<td>Saim, N.J., Ghazinour, M., &amp; Richter, J. Mental Health Predicted by Coping, Social Support, and Resilience among Young Unwed Pregnant Malaysian Women and Mothers Living in Shelter Homes. Submitted manuscript.</td>
<td>To explore the availability and adequacy of social support received by unwed young mothers during their placement in the shelter homes. To investigate the ways of coping used by unwed young mothers to cope with their pregnancy. To investigate their resilience as predictors of their mental health status.</td>
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<td>II</td>
<td>Saim, N. J., Dufäker, M., &amp; Ghazinour, M. (2013). The Teenagers’ Experiences of Pregnancy and Reactions from Parents and Partners: A Malaysian Perspective. Journal of Family Violence. Accepted March 2013.</td>
<td>To explore the reactions unwed teenage mothers received from their significant others. To explore how the reactions from significant others influence the experiences of unwed teenage mothers.</td>
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<td>IV</td>
<td>Saim, N.J., Ghazinour, M., &amp; Richter, J. Social Support in Relation to Coping, Resilience and Mental Health among Unwed Pregnant Teenagers and Teenage Mothers in Malaysia: A mixed methods approach. Submitted manuscript.</td>
<td>To investigate the importance and availability of social support related to coping, resilience and mental health among unwed teenage mothers using mixed methods during their stay at the shelter homes.</td>
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<td>Data &amp; Method</td>
<td>Main Results</td>
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<td>Quantitative study. Population sampling, pre and post assessment. 250</td>
<td>The study found that there were no significant changes in social support, resilience and coping between the first and second assessment. About 32% of the unwed young pregnant women and young mothers had a BDI score above 26 suggesting the occurrence of a depressive disorder at the second assessment.</td>
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<td>respondents from nine shelter homes participated in pre-assessment and 79</td>
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<td>respondents in a post-assessment. ISSI, WoCC, CYRM-28, GHQ-28 &amp; BDI-II.</td>
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<td>Paired t-test, multiple regression, MANOVA tests.</td>
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<td>Qualitative study. Interview data from seventeen respondents. Qualitative</td>
<td>Three themes developed to describe the reactions of significant others; secrecy, repression and rejection. Four themes described the teenagers’ experiences of pregnancy; feeling detached, trapped, unworthy and ambiguous.</td>
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<td>content analysis.</td>
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<td>Qualitative study. Interviews with seventeen respondents. Thematic analysis.</td>
<td>The unwed teenage mothers reported there is lack of social support in shelter home. Besides, the participating shelter homes were not fulfilling the standard of Malaysian national laws and United Nations Convention on the Rights of the Child.</td>
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<td>Mixed methods study between qualitative data and quantitative data. Seventeen</td>
<td>The study found that unwed teenage mothers have poor social support in terms of availability and adequacy and they are at risk to develop mental health problems if untreated.</td>
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<td>respondents. Qualitative content analysis.</td>
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<td>Spearman Rank coefficient.</td>
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INTRODUCTION

In the Malaysian culture, becoming and being a mother is related to high status and receives great respect. Starting with giving birth and throughout the puerperium period, a new mother normally receives lots of care from her husband and the family. For instance, the new mother is encouraged not to do heavy work and is free from household chores, receives whole body massages as part of the crucial treatment during confinement and gets two or three months paid leave if she is working. This caring period normally lasts for up to forty days. However, none of these special treatments are provided if the pregnancy is out of wedlock. This could be considered as a punishment for the unwed mother, as a pregnancy out of wedlock is usually kept as a high priority secret within the family.

In other Asian countries, such as Indonesia or Singapore, the understanding of pregnancy out of wedlock is the same as in Malaysia. Pregnancy out of wedlock is considered a violation of the norm and brings shame upon and disgrace to the family (Butt & Munro, 2007; Rahman, 2009; Saim & Fatimah, 2011; Whittaker, 2010). The unmarried mother is perceived as being a pervert who misbehaves or practices free sex or has multiple partners (Silverman, Raj, Mucci, & Hathaway, 2001). Regardless of the age of the unwed mother, pregnancy out of wedlock is considered as sinful and abhorrent (Ong & Green, 2003). A family who has a daughter who is pregnant out of wedlock is considered as dysfunctional, and the parents are considered as incapable of controlling their daughter and failing to fulfil their responsibilities as parents (Nik Yaacob, 2007).

In the Malaysian culture, which is steeped in strong traditional and religious beliefs, pregnancy out of wedlock generally meets with strong disapproval and is often treated as immoral, illegal and as an indicator of a deviant social status (Nordin, Abd Wahab, & Wan Yunus, 2012; Roberts, 1966). The negative consequences of pregnancy out of wedlock not only affect the family, but the child is also rejected and labelled as “anak haram”; which, in former times, means a forbidden child. To avoid the negative meaning of “anak haram”, the term has been replaced with “anak tak sah taraf”, which means illegitimate child. Another negative consequence of pregnancy out of wedlock is that the unwed mothers often abandon their baby (Badiah & Mohd Jamil, 2006). Five per cent of unwed mothers under 18 years of age were convicted of abandoning their baby between 2005 and 2009 (Idris & Abdul Rahman,
2010). A young mother who has experienced a pregnancy out of wedlock and abandoned her baby can be sentenced to imprisonment for up to 10 years and/or a fine of up to RM\(^1\)20,000 (USD\(^2\)6,400) (Child Act, 2006).

Despite the disgrace and negative opinion in Malaysian society concerning pregnancy out of wedlock, the number of unwed mothers is increasing substantially and is an issue of concern. There were 693 unwed mothers reported giving birth in Kuala Lumpur Hospital from 2009 to July 2010 of whom 96 were teenagers under 18 years (about 14%) (Idris & Abdul Rahman, 2010). From 2000 until July 2008, 257,000 illegitimate children had been registered; and a total of about 10% of all children born in Malaysia were registered as illegitimate in 2010 ("Kaji mekanisme," 2012; Nasir, 2010).

As a result of the increasing number of unwed mothers and illegitimate children, crimes, such as abandoned babies and infanticide, have become a major concern to the Malaysian authorities, social researchers, media as well as the society. In an effort to find a solution, the Malaysian authorities use shelter homes as an intervention. A report from one of the shelter homes in Malaysia shows that it received about 620 unwed mothers from 2009 to 2011 (Kewaja, 2012).

**Young unwed pregnant women**

Pregnancy among teens is acceptable if it occurs after marriage, although marriage in the teens rarely happens in Southeast Asia, including Malaysia (Jones, 2010). The reasons for pregnancy out of wedlock among teenagers vary; some are due to rape and some are due to consensual sex with their partners. The result of a report from a well-known NGO for women and children in Malaysia indicated that 32% of victims of sexual assault have been exposed to rape by boyfriends/partners (Women's Centre for Change Penang, 2011). According to other reports from the Police Department Royal Malaysia, there were 2049 cases of statutory rape in 2009 and 2419 were reported in 2011 with victims aged 16 years or younger (Abu Bakar, Abdullah, & Maslih, 2012). An investigation by Malaysian researchers found that a romantic

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\(^1\) RM = Ringgit Malaysia

\(^2\) USD = United States Dollar
relationship is normally the main factor that influences the teenager to have sex before marriage, which could lead to pregnancy out of wedlock (Abd Ghadur & Abdul Kadir, 2009).

Pregnancy out of wedlock among teenagers causes significant disturbance to their education, and, hence, often results in poor education and qualifications (Prawatrungruang, 2002; United Nations Children's Fund, 2008). Most of the unwed pregnant teenagers precipitately terminate their education by not showing up at the school in order to hide their pregnancy. Consequently, it will limit their occupational chances and might affect their financial abilities in the future (Suri, 1994). They might encounter socioeconomic deprivation and have significantly less human and social capital thereby increasing the risk of various mental health difficulties, for example, postpartum depression (Omar et al., 2010; Yozwiak, 2010). The young unwed mothers might also be struggling in performing their role as single mothers, and are vulnerable to sexual abuse (Roberts, 1966). Moreover, the United Nations Population Fund reported that, generally, teenagers of the age 15 to 19 years are at twice as high a risk to die during pregnancy or childbirth compared to women in their 20s as they are not physiologically mature (UNFPA, 2007). The same report also noted that teenagers’ aged below 15 years are at five times as high a risk.

According to Rain (2009), to deal with pregnancy out of wedlock, it is common that either the unwed mother or her family or her partner chooses to let the young pregnant women undergo an abortion, a spur-of-the-moment marriage or to send her to a maternity home. However, according to Malaysian law, it is illegal to terminate a pregnancy unless for medical reasons. Those, who are convicted of such a crime, could be sentenced to imprisonment for a term, which may extend up to ten years, or to a fine or both (Penal Code, 2006). Hence, there is the possibility for an unwed pregnant woman to choose an illegal abortion either by using medication or herbal abortifacients to abort the baby (Abdullah & Wong, 2010). A spur-of-the-moment marriage can only happen if the couple and the couple’s families agree. However, the father refuses to marry the unwed pregnant woman in most cases, and his family do not insist on him marrying her (Butt & Munro, 2007). The abandonment from the partner limits her options to deal with the pregnancy and leaves her with the last resort, staying in a shelter home. All possible options are performed with the same intention, to hide the pregnancy out of wedlock.
 Attempts to prevent pregnancy out of wedlock

The Malaysian authorities have made various efforts to deal with the phenomenon of young unwed pregnant women, for example, by amending the current laws and also organizing campaigns by the mainstream media. For example, in 2010, the Department of Social Welfare launched campaigns in cooperation with the mainstream media with the concept “Masih ada yang sayang” (There is somebody who loves you) and Say No to Baby Dumping. These campaigns aimed to reduce the stigma, trigger awareness in the society, and promote interventions provided for unwed mothers, such as the shelter home service. Similarly, the Baby Hatch Centre was established in 2010 as one intervention to deal with abandoned babies. The non-governmental organizations, as well as religious authorities, also took part in these campaigns by establishing private shelter homes. However, these actions have met with considerable resistance and severe criticism from Malaysians because they believe that the actions will encourage pregnancy out of wedlock. Malaysians believe that the young unwed pregnant women should be punished because of their consensual sexual activity. Some people, especially professionals who work in direct contact with young unwed pregnant women, believe that they are in need of help to overcome their adversity– being pregnant and isolated– to avoid abandonment of babies, and to start a new life.

In Malaysia, the idea of primary care normally revolves around the image of the family (Crabtree, 2005). However, that is not the case with pregnancy out of wedlock. The family normally sends the girl or young woman to a shelter home to hide the pregnancy. Hence, the shelter home service for young unwed pregnant women could be considered as one type of social work intervention in Malaysia. The government introduced shelter home services in Malaysia in 1965, while non-governmental shelter homes started about twenty years ago. At the beginning of the establishment of shelter homes, the service was offered for the protection and rehabilitation of girls and women who were victims of sexual abuse as in the sense of prostitution (Wahie, 2004). Due to the increasing number of pregnancies out of wedlock, the services were then expanded for young unwed pregnant women.
Shelter home as social intervention

The shelter home services also function as means of residential care, sometimes perceived as a place for protection, as noted in the Care Centre Act (2006), and sometimes as a place for punishment or/and repentance. There are three types of shelter home in Malaysia: governmental, semi-governmental, and non-governmental. All shelter homes should adhere to the Care Centre Act for registration and operation (2006). The shelter homes are commonly located in the rural or suburban areas, which are less accessible by public transportation facilities. The location is probably selected in such a way to prevent the residents from running away from the shelter homes. If a shelter home is located in a residential area, the administration will consult the residents’ association as well as the neighbours. It is common for the young unwed pregnant women to seek a shelter home far from their home, hometown or even their county (Fatimah, 2009) to conceal their pregnancy from their neighbourhood.

Governmental shelter homes are usually founded for young unwed pregnant women under the age of 18 years. Whereas the shelter homes under the semi-governmental or non-governmental administration are normally available for young unwed pregnant women aged over 18 years. The governmental shelter homes are fully funded by the Department of Social Welfare whilst the NGO shelter homes are funded by private companies, donations from the general public and/or by grants from the Department of Social Welfare of Malaysia. The services in governmental and semi-governmental shelter homes are free of charge, while the monthly fees for non-governmental shelter homes range from RM300 (USD96) to RM2500 (USD800). The services offered vary among the shelter homes, and might include vocational classes and computer classes; as well as accommodation, food and confinement practices if requested by the parents. Although some of the shelter homes encourage the young unwed pregnant women to continue their education while being placed in the shelter home, most shelter homes do not provide this service due to financial constraints. Some give priority to a religious approach rather than an academic or vocational qualification.

The admission for being placed in a shelter home is either requested by the family, by the person in need or through a court order (Child Act, 2006). The court order will be used if the pregnancy out of wedlock is considered to be associated with other misbehaviour, such as prostitution or running away from home. The court order is only applicable to governmental or semi-governmental shelter homes. The duration of placement should be scheduled based on
the needs of the young unwed pregnant woman and depending on the admission procedure. Some parents may request for the prolongation of the placement if they are unable to take care of their daughter after discharge or if they think they need to extend the punishment. Generally, the placement period in governmental or semi-governmental shelter homes ranges from two weeks up to three years for those with a court order. However, the young unwed pregnant women can be discharged after a one year placement with the approval of a Visiting Board (Department of Social Welfare Malaysia, 2009). In contrast, the admission to a non-governmental shelter home is normally based on a request by the parents or voluntary admission with durations ranging from about three months up to 18 months. Various rules and regulations are employed in shelter homes depending on the administration. For example, in governmental shelter homes the unwed young pregnant women or young mothers are only allowed to have visitors if the visitors have a letter of permission from the District Social Welfare Office. In semi-governmental shelter homes, permission from the administration of the shelter home needs to be obtained prior to visiting. However, such rules are not applied, and, normally, they are not allowed to have visitors in the first month of their placement in the non-governmental shelter homes.

**Social worker, and procedure for adoption at the shelter home**

The officer in-charge in a governmental or semi-governmental shelter home should at least have a diploma or the Malaysian Higher School Certificate (Sijil Tinggi Pelajaran Malaysia). Furthermore, it is compulsory for the staff who works closely with the young unwed pregnant women to attend courses relating to case management in the early stage of their service. However, the level of qualification varies in the non-governmental shelter homes, with some of the staff having qualifications in social work, while others do not attend any courses for case management or related topics.

In respect of the care of the baby, in general, if the young unwed pregnant woman is still under 18 years, she is considered as being a child. Hence, their decisions can always be overruled by that of their parents. Although some of the young unwed pregnant women are interested in taking care of their baby, due to the lack of support from their family, they normally give the baby up for adoption. The shelter homes usually provide a consultation service regarding adoption procedures. The baby is often adopted by a family that has had no child after a long trial period of about five years. It is common for the social worker in the
shelter home or the social worker in-charge of the Department of Social Welfare to select the adopting family. While in the non-governmental shelter homes, the warden or the owner is normally in-charge of the adoption procedure and the Department of Social Welfare will be informed after the adoption. Although the society perceive pregnancy out of wedlock as a contravention of the norm, people consider adopting a child as an honoured deed (Wahie, 2004) that is in accordance with Islamic law (Mohd, 2011). A letter of consent for adoption should be signed by the parents of the unwed teenage mother or the unwed young mother in front of a Commissioner of Oaths prior to the adoption (Adoption Act, 2006; Registration of Adoption Act, 2006). According to the Child Act (2006), the Protector should be informed within one week of the adoptive family taking the child into their care and custody. After the adoption, the duty and responsibility for the maintenance of the child is that of the adoptive parents (Adoption Act, 2006; Wahie, 2004). An adoptive family often prefers to hide the status of illegitimacy of the child due to the stigma but not the adoption status.

**The activities and programme in shelter homes**

In the following section I will try to give a picture of how the life is organized in the shelter home. This section is based on my contact with shelter homes as a social worker and also later on during my data collection as a doctoral student.

As I have mentioned earlier, there are a number of shelter homes that are governmental, semi-governmental or non-governmental (NGO). The aims and the situation of the day-to-day activities in shelter homes vary. For example, in one semi-governmental and one NGO shelter home, the aim was to provide temporary placement for unwed mothers, which included guidance in respect of religious and spiritual activities through daily lectures and the improvement of the vocational skills (e.g., cooking and tailoring) of the residents (Dar Assaadah, 2008; Female Adolescent Guidance Centre, 2009).

While in another NGO shelter home, the aims were to encourage the residents to be “cured” (as they viewed that the residents were experiencing a social illness), to repent, do good deeds, learn self-control and transform into a new person. They cooked their own food under the supervision of the warden. The age of the girls was between 15 to 26 years old. The youngest one usually took responsibility for the easiest tasks in the kitchen and the older ones made the food. The residents had to be in bed by 9 p.m. or 10 p.m. and wake up in the early
morning at 4 a.m. for prayers before sleeping again until around 6:30 a.m. The activities started shortly after breakfast at 7:30 a.m. Three activities were planned - marching, having a religious lecture and house cleaning. In this shelter home, the residents were also encouraged to participate in debate competitions by focusing on religious talks or teenage issues. The social workers and administration believed that such ways could strengthen the spirituality and the well-being of the residents. The girls started their life in this NGO shelter home with 40 days in quarantine. These 40 days could be shorter or longer depending on the girl’s behaviour. If a girl complained or resisted the rules then the quarantine could be prolonged. The quarantine comprised a small room that could accommodate about four girls. During the quarantine period they were not allowed to receive a visitor, obliged to participate in separate and more intensive activities. After the quarantine phase they entered another section of the shelter home. In this stage they were allowed to participate in the activities as mentioned above and less hectic schedule.

Another shelter home, which was semi-governmental, had quite a different programme and activities for the girls. For example, this semi-governmental shelter home provided vocational courses for the residents with the help of teachers from a college. Having an agreement between the shelter home and the college, ensures the qualification of the teachers and the quality of the vocational courses. At the end of their placement, the residents would be provided with a certificate for the courses they attended. However, most NGO shelter homes offered unstructured programmes based on the free time and skills of their volunteers. Most of the NGO shelter homes focused on religious activities rather than developing the life skills or vocational skills of the residents. As they considered the residents as having a social illness, improvement through religious and spiritual activities was considered more crucial than having vocational training.

In the governmental shelter home, the staff were normally in charge of the activities or programmes offered. However based on my observation, the programmes or activities were not well-planned and most of the time were conducted on an ad-hoc basis. Sometimes volunteers would help them to organize a short vocational course.
One other aspect of my observations among young unwed pregnant women and young mothers was about their thoughts and emotions concerning how they understand their situation. I asked one of the girls who participated in my research project to express her feelings through drawing. After a while she contacted me and sent her two sketches. She said she felt so bad at being sent to a shelter home. She was sad as no one from her family came to visit her while she was there. Her father came at the end of the period of her placement in the shelter home only to tell her that he had decided to give up her baby to be adopted by his employer.
There is little known about the shelter homes as a social intervention with a special focus on the girls or young mothers who are pregnant out of wedlock. This thesis aims to gain knowledge about how unwed young pregnant women and mothers experience their daily life in a shelter home and will also provide a place for the voices of the girls.
AIMS AND OBJECTIVES

The overall aim of this thesis is to explore the experiences of young women who are pregnant out of wedlock during their stay in shelter homes in the Central Region of Malaysia—Kuala Lumpur and Selangor. The study also intends to investigate the relationships of the social support, coping and resilience of these young women with their mental health status. Four topics are addressed:

- To investigate social support received by unwed young pregnant women and young mothers during their placement in a shelter home; to investigate the coping mechanisms these young women employed to deal with their pregnancy; and to investigate their resilience as predictors of their mental health status (Article I).

- To explore the reactions the unwed young pregnant women and young mothers received from their significant others and to explore how the reactions from significant others influence the experiences of unwed teenage mothers (Article II).

- To explore the daily life experience of unwed young pregnant women and young mothers in a shelter home (Article III).

- To investigate, using a mixed methods approach, the relationships among coping, social support, resilience, and mental health status with reactions from their significant others and their experiences in daily life in a shelter home among the unwed young pregnant women and young mothers (Article IV).

The rationale of the study

Much has been said about the pregnancy out of wedlock among young women in Malaysia by the authorities and agencies, such as the Education Department, welfare agencies, legislative authorities, religious groups, non-governmental organizations as well as the mass media. Most gathered information normally revolves around the issue of moral values, social norms perspective in the region, social delinquency, breaking norms, improving sex education and prohibitions according to religion (e.g., Abd Ghadur & Abdul Kadir, 2009; Alavi et al., 2012; Fatimah, 2011; Sarnon et al., 2012). However, to date, the phenomenon has received a lack of scientific scrutiny. Particularly, insufficient attention has been given to the...
psychosocial and emotional aspects of the Malaysian unwed young pregnant women or unwed mothers during their stay in shelter homes (Nordin et al., 2012).

My reflection is that the increasing number of young unwed pregnant women in Malaysia may be seen as a sign of changing the perspective of family-ism or Asian family values in Malaysia among young women. However, the time is ripe to consider these groups of individuals within the context of the rules, norms and values of the Malaysian society.

CONCEPTUAL FRAMEWORKS

In the following part of the thesis my theoretical framework is presented. Studying the young unwed pregnant women and young mothers is not easy to do in a traditional society like Malaysia. A combination of human responses to stress, such as social support, coping, resilience and mental health from the perspective of the individuals is presented below. However, the responses are not to disconnect from the rules, norms and values of Malaysian society. This is why the concept of family will be presented from both a regional perspective (neighbouring countries) and local (Malaysian perspective), and, later on, in respect of the Malaysian legislation, including the Convention on the Rights of the Child. Presenting these theories and perspectives will help the reader to understand the interpretation of the data.

![Diagram](image-url)

Figure 1: Indicates the relationships between different layers of the phenomenon under investigation.
According to Sullivan (1993), the culture of a society plays an important role in determining the phenomenon of pregnancy out of wedlock among adolescent or young women. Therefore, to understand the mechanisms of how the Malaysian society perceives unwed young pregnant women and mothers, it is necessary to consider the concept of family values in the entire region. In the following, the concept of family is described to provide an understanding of family in the neighbouring countries in Southeast Asia, such as the Philippines, Indonesia and Singapore. This is followed by a description of the significant topics relating to the phenomenon of unwed young pregnant women and mothers in Malaysia, e.g., the concept of family-ism in Malaysia, laws and policies, and available social work services.

**The family values and norms in the Philippines, Singapore and Indonesia**

According to Morillo, Capun-o, and Mendoza (2013) Filipinos generally uphold family values, especially those relating to child rearing and childbearing. They found that Filipino parents must be unconditionally loved and respected. Parents are expected to do what is best for their children, regardless of the consequences upon themselves. The Filipinos strong belief in the value of the family is that the children’s need for both parents is fundamental; hence, they also disapprove of single parent families. As an individual, a Filipino is closely related to their nuclear and extended family; behaviour that possibly brings shame on the family should be kept in private and not be publicized (Cruz Jugueta, 2010).

The concept of “Pakikisama” in Filipino culture could be defined as togetherness in order to maintain harmony in the society. This concept emphasizes the importance of valuing society more than individual interest (Cruz Jugueta, 2010). In addition, sexual activity out of wedlock is seen as negative behaviour in the Filipino culture. Unwed women are expected to embed traditional views and should remain virgins before marriage (Medina, 2001). Moreover, the strong belief in their cultural and traditional norms is also spread and promoted by the authorities by emphasizing that prosperity could be achieved even without sacrificing their own unique perception on the family system and traditional values (Miralao, 1997).

The model of the family was emphasized in 1922 through the establishment of Taman Siswa (Tsuchiya, 1975) in Indonesia. Through this programme the terms used to relate to
families, such as “bapak” (father) and “ibu” (mother), were introduced into the classroom (Newberry, 2010). In addition, the students of a school are also known as “anak sekolah” (children of the school). According to Newberry (2010), the concept was influenced by European theories of child-centred education; for example, by Maria Montessori and Rudolph Steiner. Accordingly, a child indirectly understands the family concept not only relating to their biological family per se, but the nation is also perceived as a family. Through the family-ism concept, the authorities and the government perceive the members of the society as their children that need to follow the rules, regulations and the norms in the “family”. The concept of family-ism is not only about the sense of the family but also a base of nationalism among the Indonesians (Hing, 1978). In the 1970s, the Indonesian Government introduced a family planning programme, “Keluarga Berencana” (Udasmoro, 2004). At that time, through this programme, women were encouraged to participate as a member and to have more children. Hence, the decision to have more children was not merely dependent on the couple, but was also due to the interventions by the government.

In Singapore, according to Nathan (2012), Lee Kuan Yew’s idea of Asian values are based on the five most important relationships according to Confucianism: love between father and son, duty between ruler and subject, distinction between husband and wife, the precedence of the old over the young, and, faith among friends. The ideal family is termed and promoted by the Singaporean authorities as a heterosexual, married couple; and, most of the time, is pictured as a nuclear family living in the same house together with grandparents being included as important family members (Teo, 2010). In addition, the family is also expected to uphold paternal values (Darr, 2000). The family is seen as the most important unit in the society to maintain the society and needs to be protected as it is perceived as an anchor for the individual (Teo, 2010). The family functions as a protector of the society from the negative consequences of economic growth, aging, caring for the young, the sick and the unemployed (Darr, 2000; Teo, 2010).

Darr (2000) also noted that the Singaporean Government believed that Western norms and culture—particularly American youth culture, such as violent demonstrations in support of peace, urban guerrillas, free love, drugs and hippies—could destabilise the social conditions and economic development of the country. The Government believes that their achievement in respect of economic growth is due to the strong spirit of diligence among Asians and the
strong attachment to family relationships as well as parents-children obligation in Asian societies (Darr, 2002). The authorities claim that Singapore has attained modernity while maintaining certain traditions (Teo, 2010). For the Singaporean authorities the continuation of development, especially concerning technological advances and competitive spirit that may be adopted from the Western values, need to be merged with the traditional values of the East. During the 1980s, when the number of educated women remaining single was increasing, the Government made it possible and socially acceptable for educated groups to be a single parent or a polygamist (Darr, 2000). However, according to Teo (2010) marital status is often a precondition for flat ownership. If two unmarried individuals agree to purchase a new flat, they need to legalize their relationship within three months after the flat is ready to live in.

**The concept of the family values and norms in Malaysia**

Malaysia, as a multicultural society, with major ethnic groups of Malays, Chinese and Indians, has, despite the fact that it started adopting an international stance, preserved many traditional family values and rules (Kennedy, 2002). The Asian values in Malaysia were emphasized in the 1980s under the reign of Mahathir Mohammad, the fourth Prime Minister of Malaysia (Stivens, 2006). In harmony with Lee Kuan Yew’s, Mahathir’s idea of Asian values rely on the principles that family is the core in the society, collectivism over individualism, a need to save honour and dignity, and respect for authority (Abu Talib, 2010; Noordin, Williams, & Zimmer, 2002; Omar & Pandian, 2004; Stivens, 2006). According to Stivens (2006), the Asian family values exercised in Malaysia are closely related to the Islamic revival that would present Malaysia as an alternative and modern, moderate Muslim nation.

In general, Malaysian parents are responsible to provide care, protection, financial support, moral guidance, norms and manners to their children. Children are expected to respect and obey their parents, grandparents as well as elderly relatives. The children are also expected to take care of their family honour and be a carer for their parents and grandparents when they are old. Most families strongly demand that members do not disclose deeply personal matters to outsiders as disclosure of problems might affect the whole family (Bavani, Mohan, & Sorooshian, 2012).
Malaysia is known for both bilateral and matrilineal kinship systems unlike many parts of East Asia and South Asia (Devasahayam, 2009; Therborn, 2004). A woman’s responsibility is beyond the role of a caregiver as they are also involved in controlling and allocating the household budget (Devasahayam, 2009), and, in some communities, they are more influential than men concerning inheritance and surname (Jones, 2009).

Malay families are strongly concerned about moral and noble principles among their family members (Azizi, 2008). In addition, the Malay family honour can be damaged by any negative behaviour that brings shame to the family. However, the rules to preserve the family honour are more connected to a daughter than a son (Devasahayam, 2009). Although the negative behaviour of a son can bring harmful consequences to the family, sexual activities outside of marriage by a daughter can damage the family reputation and honour (Hashim, 2006). This is caused by the Malay belief that a woman’s dignity depends on her virginity. Even other ethnic groups living in Malaysia have developed more or less the same view concerning the norms and values towards the family. In the Indian culture, families believe that the sexuality of a woman needs to be carefully controlled in order to uphold the honour of her family (Jones, 2010). In the Chinese culture, boys are preferred compared to girls. Boys are normally given special treatment compared to girls as the Chinese believe that a son carries the good name of the family; hence, most child abuse cases among Chinese families involve girls (Tengku Muda & Engku Alwi, 2012).

The policies and programmes on the concept of the family in Malaysia

Malaysia aims to become a developed country by 2020 in accordance with the Malaysian blueprint, also known as Vision 2020, through a series of Malaysian plans (Mahathir, 1991). This was launched in 1991 with a duration of 30 years aiming for development of the infrastructure and facilities as well as human capital. The aims of Vision 2020 also include developing a fully moral and ethical society, strong faith in religious beliefs, highest ethical standards, fully caring society and strengthening the family system that would be responsible for the welfare of their family members (Department of Information Malaysia, 2008).

Emphasizing the aims in Vision 2020, the Malaysian authorities formed the National Family Policy in 2006 in which all planning and development must maintain the perspective
of the family as a priority ("Dasar Negara," 2006). The policy highlights the importance of the family system for the development of human capital, nurturing good values and family values, promoting human rights and equality, commitment to social responsibility, and strengthening the relationship between the generations. The policy also stresses that all parties should implement family-friendly policies and programmes and the development of human capital as well as a knowledgeable-family (K-Family); for example, the campaign “One family, one computer” ("National Family Policy," 2012). The authorities, such as the National Population and the Family Development Board (LPPKN), and the Department of Social Welfare, have worked hand-in-hand with NGOs and the media to organize campaigns like “My Home My Heaven” and “Family First-Bring Your Heart Home” to promote the importance of the well-being of the family in society (Stivens, 2006).

The Islamic family law in Malaysia in brief

It should be acknowledged that Malaysia is a country based on dual family law systems–Islamic family law and civil common law (Awal, 2009). Civil laws are enacted by the Parliament of Malaysia while the Islamic family laws are enacted by the state assemblies. In respect of family and religious matters, all Muslims in Malaysia are subject to the Islamic family laws and civil laws while the non-Muslims should adhere to the civil laws.

Basically, most of the Islamic family laws in Malaysia are based on the ideas of the Shafi‘e school of thought (Sunni Muslim has four school of thoughts Hanafi, Maliki, Hanbali and Shafi‘e). Several issues are regulated in the Malaysian Islamic Family Law–age of marriage, rules of solemnization, void marriages, divorce, polygamy, and rights of maintenance for wife and children, and custody, as well as several other issues (Islamic Family Law, 2006). Regarding the age of marriage, scholars have agreed that no minimum age of marriage in Islam is fixed as long as a person, especially the girl, could give their consent to get married. In order to prevent the delivery of physically and mentally unhealthy children, in Malaysia, the minimum age to get married for a bride has been set to at least 16 years and 18 years for a bridegroom (Noor, 2007).
Malaysian laws and young unwed pregnant women

According to the Child Act (2006), a female teenager is considered as in urgent need of protection and rehabilitation if she is pregnant out of wedlock, and she shall be brought to a Court for Children within twenty-four hours prior to her admission to a shelter home as well as before her discharge from that home. A conviction of statutory rape shall be punished with imprisonment for a term of not less than five years and up to twenty years, and shall also be liable to whipping (Penal Code, 2006).

Muslim unwed mothers must adhere to the Islamic Family Law. Any pregnancy that is conceived out of wedlock could be considered as strong evidence of a presumption of fornication. If the accusation can be confirmed by four witnesses and/or a confession from the couple, they could be charged with a fine of RM5000 (USD1316) or imprisonment of up to three years or six strokes of the cane or a combination of these punishments (Syariah Criminal Enactment, 1996). If the pregnancy is the consequence of rape, the evidence/s such as DNA investigation should be submitted.

In addition, an illegitimate child has no or less rights from his/her paternal side. For an illegitimate Muslim child, his/her mother or maternal relatives are fully responsible for the living expenses, care and custody (Islamic Family Law, 2006; Wahie, 2004). In addition, the Legitimacy Act (2006) describes for the mentioned circumstance that an illegitimate Muslim child can only inherit from his/her maternal side, but not from his/her paternal side. This is slightly different for an illegitimate non-Muslim child who can bring a man to the court to prove him as his/her father and force him to take responsibility for his/her living expenses for up to RM50 (USD17) per month. The court may increase the amount according to the current living expenses but not to more than 12 times higher. If the father disregards the court order, he could be sentenced to one month in prison for each month he owes the expenses (Law Reform Marriage and Divorce, 2006). The level of living expenses for illegitimate children is lower than for other children as there is no such limitation of living expenses for the latter.

For governing child protection, the authorities ratified the United Nations Convention on the Rights of the Child.

The provision in Article 2 states that every child has equal rights and value regardless of her/his race, religion, culture, language, thinking or say. In Article 3, all actions concerning a child must put the best interests of the child as a priority. In Articles 12, 13 and 14 it is mentioned that a child has the right to express her/his opinions according to her/his age and maturity. This could be through various ways–orally, in writing or in print or in the form of art, including thoughts and expressions–depending on a child’s choice as long as it is not harmful to her/him or others.

Moreover, Article 4 emphasizes that the authorities should take all necessary steps to ensure that the children’s rights are respected, protected and fulfilled. In accordance with that, Articles 6 and 27 note that the authority shall, to the maximum extent possible, ensure that the survival and development of a child is up to a standard of living according to her/his physical, mental, spiritual, moral, psychological and social development. Article 19 also highlights the importance of the authority to ensure the well-being of children from any form of physical or mental violence, injury or abuse or sexual abuse, neglect or negligent treatment, maltreatment or exploitation.

The provisions in Article 20 and 25 stipulate that if a family could not afford to take care of a child, she/he has a right for special care and must be looked after properly by people who respect her/his ethnicity, religion, culture and language, and that regular follow-up should be undertaken to ensure it is the most appropriate for her/his best interests. It is also emphasized in Articles 9 and 37 that the care should respect the right of the child to maintain a personal relationship and direct contact with parents on a regular basis, unless it is against the best interests of the child. Nonetheless, Article 39 states that the care should facilitate the physical and psychological recovery, and the social reintegration of the child in an environment that encourages her/his health, self-respect and dignity.
As was mentioned earlier, studying the life experience of unwed young pregnant women and young mothers is a complex issue. The Malaysian culture and values, the Malaysian law and legislation and also the Convention on the Rights of the Child regulate, and, together, constitute the main structure concerning how a certain social problem should be understood and dealt with. However, from the structural level we need to understand how an individual responds to the norms and regulations of the society. In the section below I am going to describe the perspectives and definitions that I used to try to answer the research questions and also to understand the experience of the respondents in the shelter homes.

Social support

According to Hupcey (1998), social support is a multi-faceted concept that theoreticians and researchers have rarely been successful in conceptualizing, defining or measuring. Cobb (1976) defined social support as aid, comfort and confirmation provided by several resources, such as family, friends, co-workers and significant others that help one to feel that she or he is cared for, loved, being esteemed and part of a network of friends. Social support could be categorized into three entities; tangible, appraisal and emotional support (Cohen & McKay, 1984). Family and friends are often seen as the main resources of social support for teenagers (Martinez & Abrams, 2013). Similarly, unmarried young mothers also perceive their interpersonal relationship, especially from their family, as part of the important support they expect to receive (Panzarine, 1986; Panzarine, Slater, & Sharps, 1995).

The definition of social support by Weiss (1974) is based on the different psychological needs that relations with other people satisfy. These needs can be divided into “attachment”, the need of deep emotional relations and “social integration”, which is a more complex concept. This concept is based on (a) relations, in which interests are shared, (b) relations, which give reassurance of personal worth, and (c) alliances, which give a possibility for both instrumental and other types of support in difficult situations (Undén & Orth-Gomér, 1989).

Studies show that social support could diminish or buffer the effects of stress on psychological well-being (Loft Abadi, Ghazinour, Nojomi, & Richter, 2012; Wiggins et al., 2004) by strengthening one’s internal resources (Bovier, Chamot, & Perneger, 2004) or knowing that support is available (Lotf Abadi, 2012). The expectation of receiving social
support may lead to better pregnancy outcomes, and avoid unwanted events, such as miscarriage (Ruth, Barbara, Hepworth-Jones, & Doyle, 2010) or low-birth weight (Dunkel-Schetter, Sagrestano, Feldman, & Killingworth, 1996). According to Panzarine (1983), social reinforcement, tangible and cognitive (appraisal) support plays the most crucial role for a teenage mother during the puerperium period. Lack of social support may lead to psychological disturbance, such as emotional or social loneliness (Peplau, 1985; Theeke, Goins, Moore, & Campbell, 2012); mental health disorder, such as bipolar depression (Johnson, Cuellar, & Miller, 2009); and maternal depressive symptoms, such as ‘baby blues’ and postpartum depression (Miller, 2002).

Coping

Coping is defined as the cognitive and behavioural effort to deal with specific external or internal demands that are appraised as taxing a person’s resources and is flexible as a result of the continuous relationship between the person and her/his environment (Lazarus & Folkman, 1991b). Coping is also described as realistic, flexible thoughts and acts to solve problems and in such way that will reduce stress (Lazarus & Folkman, 1991a).

Coping is characterized by three interrelated mechanisms–process, context and independently from its outcome. Process oriented mechanisms refer to the way in which an individual thinks or acts in a specific stressful encounter, and how these thoughts and actions change as the encounter unfolds. The second mechanism “context” refers to particular persons and situation variables, which, together, shape the coping process. The last one, “independently from its outcome”, refers to an individual’s efforts to manage situations independent of the outcome (Folkman, Dunkel-Schetter, DeLongis, & Gruen, 1986; Padyab, Ghazinour, & Richter, 2012). A study on coping and teenage mothers found that the young mothers who exhibited mild or moderate depressive symptoms, commonly employed more emotion-focused coping (Panzarine et al., 1995). Anticipatory coping prior to birth is considered as one of the contributing factors to a smooth transition from adolescence to motherhood (Panzarine, 1986). It could be construed that through anticipation, the cognitive appraisal will evaluate whether it will happen, when it will happen, what will happen, to what extent and how one could manage the threat (Lazarus & Folkman, 1984). The same study also noted that the young mothers often use problem-focused coping to deal with concrete stressors, such as finance and living arrangements; whereas emotion-focused coping is more
often used to respond to interpersonal problems, especially with family. In addition, unmarried young mothers commonly used adaptive coping, such as avoidance, rather than maladaptive coping, such as consuming substance abuse (Anda et al., 1992). A study by Mohd Hashim (2007) on coping among Malaysian young people noted that they tend to employ avoidance-coping at the beginning and at the end of their problem. Younger people also tend to use problem-focused coping to handle a problem relating to romantic relationships.

Resilience

Resilience is Latin in origin–from salire, meaning to leap–changing to resilire, to leap back or “recoil” (Saleebey, 1997). Resilience has been defined as the capacity that allows an individual to prevent, minimize, or overcome the damage imposed by the adversities of life (Ali, Dwyer, Vanner, & Lopez, 2010; Grotberg, 1999; Salazar-Pousada, Arroyo, Hidalgo, Pérez-López, & Chedraui, 2010). It is a mechanism concerning how individuals cope, overcome, or even become positively strengthened by changes and challenges.

Unwed young pregnant women and young mothers face many difficulties and stressful situations relating to personal achievements (education and work), sexual development, family conflicts and socio-cultural issues. Although previous definitions of resilience focused on the individual, (Ungar, 2008) developed a more individual-socio-culturally oriented definition. He defined resilience as, “Both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways” (Ungar, 2008, p. 225).

Mental health

Mental health is defined as a state of well-being in which every person recognizes their potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community (World Health Organization, 2001, 2011). Mental health problems do not merely reflect the absence of mental well-being but also refer to the changes of thinking, mood and behaviour that are significantly associated with a decrease in the ability of a person to cope or their self-reliance (Yeap & Low, 2009). During pregnancy
and postpartum, the women are normally vulnerable to mental health problems, such as maternal depressive symptoms due to changes in hormones and roles (Ahokas, Kaukoranta, Wahlbeck, & Aito, 2001; Yozwiak, 2010).

In Malaysia, culture and religion play important roles in shaping the perspectives of the society, thus the view concerning mental health is also affected. The research by Yeap and Low (2009) found that ethnicity, religion, level of education and residential areas were significantly related to attitudes towards mental health. In Islam, as well as in Christianity, the total mental well-being refers to the balance between physical pleasure and spiritual adherence in the relationship with God and other creatures (Cattan, 2006). In Buddhism, it is believed that mental health problems occur because of misbehaviour in a previous life. Whilst Hindu believers used to receive treatment for spiritual healing in Hindu temples to overcome mental health problems (Cattan, 2006; Mohammad, 2011).

**MY POINT OF DEPARTURE FOR INVESTIGATION**

I was a medical social worker for almost four years in two public hospitals; one was in Kuala Lumpur and the other in the State of Selangor. During that time, I met many young unwed pregnant women. A few came to the hospital with their families. Most of them were sent to the hospitals by the owner or the warden of a shelter home. According to the procedure for unwed pregnant women who give birth in a public hospital in Malaysia, as a social worker, I needed to contact their family before they could be discharged from the hospital. The implementation of such a procedure was to prevent human trafficking because of their vulnerability during the postpartum period, which might place their newborn baby at risk of becoming a victim of human trafficking or maltreatment. However, some of the young unwed pregnant women were reluctant to give their home address or the contact number of their family; whereas some families would not respond promptly or present themselves at the hospital to take care of the unwed mother and the baby after discharge. Sometimes, it took a week or more just to get in contact with the family. Seemingly, many families hesitated to come forward and left any possible action solely to the shelter home. Although a few of the unwed mothers were encouraged to take care of their baby with the support of their family, the majority gave up their baby for adoption for many reasons (e.g., because of a lack of social-economic support or severe physical disability of the baby).
My interest grew, and I made some investigations about the factors that possibly contribute to the development of single motherhood. My investigations led me to understand the importance of religion and parents’ relationships with their daughter. Although I met many unwed pregnant women and read about the issue, the feelings and experiences that such women had been through are hard to imagine and difficult to explain. Before, I was not aware of the feelings of Malaysian unwed mothers, and how they coped with their situation.

My observations in the field and also my reading encouraged me to acquire more knowledge about the situation and life conditions of unwed young mothers. My curiosity was stimulated by working closely with this group of young mothers. It is not always easy as a social worker to deal with the complex needs of these women. I knew that the phenomenon of unwed motherhood represents a shameful situation in the Malaysian society; but I failed to see how deeply these shameful acts affect the life of unwed mothers. Later, I decided to explore their problems and the present study represents one step of many to try to create a medium for them to voice out and explain their feelings concerning the situation of being pregnant out of wedlock, and their experiences of residing in a shelter home. It will be a great pleasure for me if the findings of this study help to improve the reactions from parents, partners and the society to the phenomenon of young unwed pregnant women in Malaysia.

METHODS

Overall research design

The research design consisted of a follow up study, qualitative interviews and a mixed methods approach. A set of questionnaires was prepared for completion by the unwed young pregnant women and young mothers on two occasions: at the first contact at the shelter home and shortly before discharge from the shelter home (quantitative part of the study Article I). A selected subsample was interviewed immediately after the first quantitative data collection. The data were gathered from June 2010 until December 2010. The thesis is comprehensively based on four articles. Article I is based on quantitative investigations with a follow up design. According to Neuman and Kreuger (2003), a follow-up study is one in which longitudinal research is considered as more powerful, especially in the study for seeking social change. The study used the approach of panel study. Neuman and Kreuger (2003) also noted that a short-term panel study is one way that may clearly show the impact of a life
event. Even though a follow up study has its advantages it was decided to carry out two studies using a qualitative approach based on interviews in order to gain a deeper understanding and explore the respondents experience in shelter homes. Articles II and III are based on qualitative investigations. Finally, Article IV is based on both qualitative and quantitative data in a sense of a mixed methods analysis for exploring if there are additional findings that can help us to answer the research questions (Creswell & Clark, 2007; Lisle, 2011; Mason, 2006). The research project consisted of four other researchers and myself. Three of the researchers were my doctoral supervisors from Umeå University. The fourth researcher was my home based supervisor from the Social Institute of Malaysia, who supported me in the stage of data collection.

The context of the study

Malaysia is situated in South East Asia with a land mass of 330,252 km² (Atici, 2011). It has a multi-sector economy with exports—particularly of electronics, oil and gas, palm oil and rubber—as the main activities (Central Intelligence Agency, 2013). Kuala Lumpur is the capital of Malaysia, but almost all of the federal administration offices are located in Putrajaya; about 30 km from Kuala Lumpur. Malaysia is divided into two parts, which are West and East Malaysia. West Malaysia, also known as Peninsular Malaysia, is situated between Singapore and Thailand, while East Malaysia, which is also known as Malaysian Borneo has borders with Kalimantan (Indonesia) and Brunei.

Based on the census in 2010, Malaysia has a population of 28.3 million, which comprises various ethnic groups—Bumiputera (67.4%), Chinese (24.6%), Indians (7.3%) and others (0.7%) (Department of Statistics Malaysia, 2011). The Malay and indigenous groups are included in the Bumiputera category. Islam is the principal religion in Malaysia (61.3%) while other religions include Buddhism (19.8%), Christianity (9.2%) and Hinduism (6.3%). The Malays are predominantly Muslim; whereas most Chinese are Buddhist with a few who are Muslims, Christians, Confucians, or Taoists, or belong to another traditional Chinese religion. Most Indians are Hindus although some are Muslims or Christians. Generally, members of the Chinese ethnic group in Malaysia are engaged in business and belong to the upper economic class, while the Malays belong to the middle class because they usually work in the government sector. The Indians comprise two groups: the rural workforce, such as
those who work on farms or estates, and the middle class civil servants, such as doctors, lawyers and other professionals (Jernigan & Indran, 1997).

The research plan was approved by the Economic Planning Unit, Prime Minister’s Department of Malaysia and the Social Welfare Department of Malaysia. Initially, shelter homes for unwed young pregnant women and mothers were identified in the research areas; Kuala Lumpur and the State of Selangor, Malaysia. The catchment areas were selected due to the location in the centre of Malaysia and accessibility to the facilities. The State of Selangor is also known as the most populous state in Malaysia while Kuala Lumpur is the capital and the sixth most populous state (Department of Statistics Malaysia, 2011).

Although a number of shelter homes are provided for unwed young pregnant women and young mothers, some of them are not registered or in the process of getting registered. Hence, the exact number is unknown. Based on the information retrieved from the Internet and by word-of-mouth information, the number of shelter homes for unwed young pregnant women and mothers in the catchment areas was approximately 20 to 25 comprising governmental, semi-governmental and non-governmental institutions. Twenty-two shelter homes were contacted in advance via email and phone calls as an invitation to participate in the study. Only nine shelter homes agreed; one was a governmental shelter home, two were semi-governmental shelter homes, and six were NGO shelter homes (see Figure 2). The two semi-governmental shelter homes were administered and funded by the Islamic Department of Federal Territories and Islamic Department of State of Selangor. Four NGO shelter homes were administered by the Islamic organizations, and one by the Christian and Buddhist organizations, respectively. Some of the non-participating shelter homes did not reply to the application at all and some of them gave the information that they did not have any unmarried young pregnant women or mothers placed in their facilities during the data collection period. The administration of each shelter home was informed about the objectives of the study and the research procedures.
Methodology

In social work research, three different approaches are considered crucial in a study – observation, assessment and understanding the social reality. Quantitative methods were used to measure the phenomenon of interest; whereas the qualitative approaches in this study were used to understand the social reality (Neuman & Kreuger, 2003).

The quantitative study

A total population sampling was used to obtain quantitative data from questionnaires, comprising the Interview Schedule of Social Interaction (ISSI), the Ways of Coping Checklist (WoCC), the Child and Youth Resilience Measure (CYRM-28), the 28-items version of the General Health Questionnaire (GHQ-28) and the Beck Depression Inventory (BDI-II). Except for the CYRM-28, all the other questionnaires have previously been used in Malaysia. These versions of the assessment tools were applied in this study. The CYRM-28 was translated and back-translated from the original English version into Malay English by a Malay native speaking professional and by an independent researcher. The revision of the back-translated questionnaires was done over several sessions between the independent researcher and myself to ensure the items used more colloquial language to increase the understanding (Sartorius &
Kuyken, 1994). In addition, a short socio-demographic form was developed by the author of the thesis to register some socio-demographic characteristics of the respondents. The questionnaires were distributed to the respondents in the form of a booklet.

The quantitative data were gathered in two assessments. All unmarried young mothers and pregnant teenagers in the shelter homes were invited to participate in the study. The exclusion criteria were: (a) having a severe mental health disorder or drug abuse (b) having a severe somatic disorder or (c) belonging to an ethnic group other than the Malay, Chinese or Indian. The information concerning mental disorders, alcoholism, drug abuse or somatic disorders of the respondents was obtained from the social worker in-charge or the warden in the shelter homes. The consent was obtained from the social worker-in-charge or the warden as well as the respondents.

The research objectives and methodologies were explained to the respondents. They were asked to write their nickname on the front page of the questionnaire and their real name on the first page of the questionnaire to ensure the later identification of the respondents in the second assessment. Each of the shelter homes were coded from 01 until 09. The nickname and the code of shelter home were combined for the identity of the respondents for analysis purposes and to maintain confidentiality.

Two hundred and fifty residents aged 11 to 32 agreed to participate in the first assessment, while for the second assessment, 79 respondents from the first assessment agreed to participate. This was because most of the young women from the first assessment had already left the shelter homes and it was virtually impossible to trace them. The second assessment started about two months after the first assessment.

On average, the young women answered the questionnaires within one hour in a room or hall in the shelter homes. I remained available throughout the session to assist the respondents when needed. I assisted the illiterate respondents by reading the questionnaires for them.
**Questionnaires**

**Socio-demographic questionnaire**

The questionnaire consisted of questions relating to age, marital status, pregnancy, socioeconomic background, education, job, family background, with whom they lived before being sent to a shelter home, and who gave consent to send them there. There were a few questions relating to risk-related behaviour, such as drug abuse, alcohol use and mental health problems to confirm the information previously obtained from the social worker in-charge or the warden. The definition of drug abuse, alcoholism and mental health problems was provided to the respondents. Drug abuse was defined as misuse of or addiction to drugs. Alcoholism was defined as the addiction to alcohol (Jernigan & Indran, 1997). A mental health problem was defined as the intake of any medical treatment for mental disorders.

**Interview Schedule of Social Interaction (ISSI)**

The questionnaire consisted of 30-items, which was used as a self-administered, paper-and-pencil tool to assess social support. The questions relating to the availability of social interaction (AVSI: e.g., “How many people do you know with the same interest as yours”); the adequacy of social interaction (ADSI: e.g., “Adequacy of number of people, would you want more or less”); the availability of attachment (AVAT: e.g., “Is there someone special from whom you can really feel support”); and the adequacy of attachment (ADAT: e.g., “Is the amount of support from the person mentioned adequate”), were to be answered either using a four-point scale (e.g., closer; about right; not so close; not applicable) or a three-point scale (e.g., no-one; not sure; yes), while some were open-ended questions. The questionnaire has been tested internationally in Australia (Henderson, Duncan-Jjones, Byrne, & Scott, 1980), Sweden (Eklund, Bengtsson-Tops, & Lindstedt, 2007; Undén & Orth-Gomér, 1989) and in Malaysia (Zainal, 2000). Cronbach’s alpha scores, as indicators of internal consistency, between 0.79 and 0.90 were reported by a Swedish sample (Nordin, Knutsson, & Sundbom, 2008).

**Child and Youth Resilience Measure (CYRM-28)**

The Child and Youth Resilience Measure (CYRM) is a self-report questionnaire consisting of 28 questions to measure various aspects of resilience; individual (e.g., “I
cooperate with people around me”), social relationships (e.g., “I know how to behave in different social situations”), cultural (e.g., “I am proud of my ethnic background”), and community (e.g., “I feel I belong at my school”). The questions were designed to better understand how the respondents deal with their daily challenges and the respective role played by the people around them (Ungar & Liebenberg, 2009). All of the questions were to be answered using a five-point Likert scale (1 = not at all; 2 = a little; 3 = somewhat; 4 = quite a bit; 5 = a lot).

The questionnaire has been tested in some Asian countries, such as Hong Kong, India and Palestine (Ungar & Liebenberg, 2011). The validity and reliability of CYRM were tested in two Canadian samples of youth with complex needs (Liebenberg, Ungar, & Van de Vijver, 2011). CYRM showed good reliability, specifically in the subscales of the individual (Cronbach’s alpha 0.80), relational (Cronbach’s alpha 0.83), and contextual (Cronbach’s alpha 0.79) (Ungar, 2008).

**Ways of Coping Checklist (WoCC)**

This 66-items questionnaire was designed to measure coping with various stressful situations. In order to respond to the Ways of Coping Checklist (WoCC) items, the stressful situation in this study was defined as the situation when the unwed young women became aware that they were pregnant. The following eight ways of coping were originally defined by Folkman and Lazarus (1988- sample items in parenthesis):

a) Confrontive Coping (CC) – (e.g., “I let my feelings out somehow”)

b) Distancing (D) – (e.g., “I looked for the silver lining; so to speak, I tried to look on the bright side of things”)

c) Self-Controlling (SC) – (e.g., “I tried to keep my feelings to myself”)

d) Seeking Social Support (SSS) – (e.g., “I got professional help”)

e) Accepting Responsibility (AR) – (e.g., “I made a promise to myself that things would be different next time”)

f) Escape-Avoidance (EA) – (e.g., “I slept more than usual”)
g) Planful Problem Solving (PPS) – (e.g., “I knew what had to be done, so doubled my efforts to make things work”)

h) Positive Reappraisal (PR) – (e.g., “I prayed”)

All questions were to be answered using a four-point Likert scale (0 = does not apply or not used; 1 = used somewhat; 2 = used quite a bit; 3 = used a great deal). The Cronbach’s alpha coefficients ranged between 0.75 and 0.84 for problem-focused scale, and between 0.74 and 0.87 for emotion-focused coping in a German sample (Ahmoi-Essau & Trommsdorff, 1996). In another study in Malaysia, the Cronbach’s alpha of the total score was 0.87, with the range from 0.54 to 0.79 (Abdullah, Elias, Uli, & Mahyuddin, 2010).

**General Health Questionnaire-28 (GHQ-28)**

The General Health Questionnaires-28 originally consisted of 60 items. An abridged version was developed consisting of 28 items (Goldberg, 1978; Nagyova et al., 2000). The scales measuring psychological symptoms related to somatic symptoms, anxiety and insomnia, social dysfunction and depression. Generally, each item had a four-point response scale from not at all, no more than usual, rather more than usual to much more than usual. The scoring was based on the 0-0-1-1 method, and the higher the score, the poorer the psychological well-being (Goldberg, 1978; Nagyova et al., 2000; Padyab, Chelak, Nygren, & Ghazinour, 2011). Some items had options more so than usual, same as usual as, less useful than usual and much less than usual. The questionnaire was validated according to the Asian culture in Singapore (Fones, Kua, Ng, & Ko, 1998) and in Malaysia with a Cronbach’s alpha for the total score of 0.90 (Othman Mydin, Mohd Zaharim, & Ahmad Almashor, 2012).

An example of a question for scale A; somatic symptoms—“Have you recently been getting tightness or pressure in your head?”— included the answer options: Not at all, no more than usual, rather more than usual to much more than usual.

**Beck Depression Inventory-II (BDI-II)**

The BDI-II is the tool most often used internationally to assess depression (Lee, Yip, Leung, & Chung, 2000; Young, Cashwell, & Shcherbakova, 2000); and in Malaysia; (Swami et al., 2007; Wan Mahmud, Awang, Herman, & Mohamed, 2004). The Malay version of the BDI-II
was adopted from Mukhtar and Tian (2008). Question number 21, which was on sexual interest, was excluded in the Malay version of Mukhtar and Tian (2008). However, the question was included in this study in that it was relevant to the research subject.

Each item was rated using a 4-point Likert-type scale ranging from 0 to 3, with higher scores indicating higher levels of depression. The measures asked respondents to endorse statements characterizing how they have been feeling throughout the past two weeks (Segal, Coolidge, Cahill, & O’Riley, 2008). As an example of the question to describe tiredness or fatigue, the options given were: (0) I am no more tired or fatigued than usual, (1) I get tired or fatigued more easily than usual, (2) I am too tired or fatigued to do a lot of things I used to do, and, (3) I am too tired or fatigued to do most of the things I used to do.

The qualitative analyses

The respondents who completed the questionnaires were asked if they were interested in participating in the qualitative study at the end of their session. In other words, the respondents were recruited based on convenience and purposive sampling. The qualitative data were collected from narrative interviews with the unwed young pregnant women and young mothers. The intention to conduct the narrative interview was due to the understanding that the narrative interview is considered particularly appropriate when the experience of individuals is described as problematic, marginalized, unresolved or associated with the stigma (Earthly & Cronin, 2008; Hyvärinen, 2009). Furthermore, the narrative approach also concerns the relationship between the interviewer and the interviewee, which may encourage the interviewee and influence the interview sessions. Seventeen unwed young pregnant women and young mothers aged 12 to 18 years from four shelter homes–one governmental shelter home and three NGO shelter homes–volunteered to participate in the investigation. Sixteen of the unwed pregnant teenagers and young mothers were Malays and Muslims and one was Indian and Hindu. The trigger questions during the interview were: (a) what brought you here? (b) how is it now? and (c) how do you picture your future? On average, the interviews took about one hour. The interviews were conducted in Malay, recorded, transcribed and translated into English. To ensure confidentiality the young women were asked to use the same code they used for the quantitative questionnaires. The number of interview sessions varied based on the request of the young women with a maximum number of five sessions. Most of the interviews were conducted in a private room in the shelter homes.
provided by the administration. Most of the time I received full cooperation from the administration in respect of maintaining privacy during the interview. Although four of the young women were accompanied by the warden due to the rules and regulations in a particular shelter home, the majority of them had total privacy to talk during the interviews. In the situation where a private room was not available, the interviews were conducted in a car or in the garden in the shelter home.

Before the interview, I introduced myself as an interviewer as “kakak”, which means “sister” as a Malaysian way of being informal. This cultural manner was intended to establish some closeness between the researcher and the interviewee. The time for the interviews was chosen based on the agreement between the young women and myself according to their free time. Permission was obtained from the social workers or the wardens in the cases when the interviews needed to be conducted during the activities or classes organized by the shelter homes.

The transcripts were analysed using NVIVO version 9 based on the content analysis of Graneheim and Lundman (2004) for the second manuscript and the thematic analysis of Braun and Clarke (2006) for the third manuscript. Coding was conducted using the translated English transcripts.

**The mixed methods analysis**

The mixed methods analysis used in the study is an attempt to enhance the understanding on the research topic for social explanation and generalization as adopting the mixed methods offers enormous potential for generating new ways of understanding the complexities and the contexts of social experience (Creswell & Clark, 2007; Lisle, 2011; Mason, 2006). Mixed methods was adopted in this study to provide a better understanding of the complex phenomenon (Tashakkori & Teddlie, 2009) as a combined analysis of questionnaire data with the results of the qualitative analyses. The data sets were selected based on the age of the interviewees ($n = 17$). The meaning units from interviews were quantified and analysed with the data obtained from the questionnaires. According to Sandelowski, Voils and Knafl (2009), any combination of words with numbers, for example, frequency counts of themes or of respondents expressing any theme can be considered as
mixed methods. Quantitizing the meaning units of the qualitative themes is believed to reduce the bias of the data (Driscoll, Appiah-Yeboah, Salib, & Rupert, 2007).

**ANALYSES OF THE DATA**

There was no analysis to differentiate according to ethnicity or religion as more than 90% of young women were Malays and Muslims. Only a few of the respondents were Chinese or Indian, as well as Buddhist, Hindu or Christian, which limited the options for statistical analysis.

**Article I**

The percentages were used to describe frequencies. Univariate analyses by paired-sample t-tests were used to analyse the differences in the factor scores of the BDI and the GHQ between both assessments. MANOVA was applied to analyse the scores for coping, resilience and social support. Cross-sectional and longitudinal models were calculated to predict mental health by coping, resilience and social support as the potential predictors (multiple regression analysis). The level of significance was set as $p < .05$. The data were analysed using the Statistical Package for Social Sciences (SPSS) version 18.

**Article II**

The translated transcriptions from Malay to English were analysed using the content analysis of Graneheim and Lundman (2004) after reading through several times to obtain a sense of the whole as well as the meaning units in words, phrases, and/or paragraphs in the transcripts (Morse & Field, 1995). The main author and co-authors of the Article II were actively involved in the analysis process by coding the transcripts to meaning units, and the condensed meaning in four sessions of discussions. The data were then analysed by NVIVO, version 9. In the section of “what reactions do the unwed teenage mothers receive from significant others” (e.g., parents and father of the baby), 19 codes were developed and categorized into five subthemes and three themes as the final level of analysis. Whereas in the section on “how do the reactions from significant others influence unwed teenage mothers’ experiences of their pregnancies”, 30 codes were developed and categorized into eight subthemes and four themes.
Article III

The translated transcripts from Malay to English were analysed by the thematic analysis of Braun and Clarke (2006). Thematic analysis could be essential to report experiences, meaning and the reality of interviewees as it is not bound to any pre-existing theoretical framework (Braun & Clarke, 2006). Several discussions took place to generate initial codes, sub-themes and themes according to the thematic analysis by the main author and co-authors from different cultural backgrounds in order to establish the reliability and validity of the data. The sub-themes and themes were reviewed for conformity to ensure they reflected the ideas expressed by the interviewees. The theme “rules and regulations” were formed based on nine codes and were categorized into three sub-themes; the theme “relationship between the girls and the staff” was created based on five codes and three sub-themes; and the theme “relationship among girls in the shelter home” was developed based on seven codes and two sub-themes.

Article IV

Graneheim and Lundman (2004) were used as the method of analysis. All the interviews were recorded and transcribed. The software NVIVO version 9 was used to code the meaning units using the content analysis method. In the final stage of data analysis two themes were formed, with ten condensed meaning units for the first theme—“reactions from others”; and twenty-one condensed meaning-units were developed for the second theme—“social situation in the shelter homes”. Mixed methods were opted for since this methodological approach showed strong inferences when the meaning units from the qualitative analysis were used for comparison with the scores in the questionnaires from the quantitative data, thereby providing a better understanding of the investigated complex phenomenon (Teddle & Tashakkori, 2009).

Assuming that the frequency of talking about a topic somehow reflects its perceived importance and underlying psychological processes, we analysed their associations with scores derived from the standardized psychological methods. Because of the small sample size, Spearman Rank coefficients were reported together with frequencies and median scores for testing for associations between the frequency of codes and psychological test scores. Consequently, the results presented are explorative in nature as we did not correct the level of
error probability for multiple testing. However, significant findings were only discussed when 
$p < .010$. The calculations were performed using SPSS 18.

**SUMMARY OF RESULTS**

In this section, the results from Articles I-IV have been summarized in order to enable a comprehensive understanding of the research findings. The results are presented in chronological order—social support, coping, resilience and mental health in the shelter home, the experiences of unwed pregnant teenagers and young mothers in the shelter homes as well as how the family got to know about the pregnancy, the parents’ reactions as well as the partners’ reactions towards pregnancy also presented.

**Socio-demographic characteristics**

The average age of the respondents at the first assessment was $19.51 \pm 3.49$ years with the range from 11 to 32 years. Two-hundred and fifty unwed pregnant teenagers and young mothers were participating in the first assessment. In the second assessment, 79 respondents participated. The majority of the unwed pregnant teenagers and young mothers were single ($n = 240, 92.2\%$) and most of them had gained an education at the secondary level ($n = 185, 70.3\%$). During the first assessment, the respondents had already spent an average of $14.65 \pm 20.54$ weeks in a shelter home. The number of weeks already spent in the shelter home ranged from 0.04 to 104.0. The response rate during the first assessment was 96.9\%, whereas in the second assessment the response rate was 31.6\%. The low response rate during the second assessment was due to the fact that most of the respondents from the first assessment had already left the shelter home.

In the qualitative interviews, the age of the 17 unwed pregnant teenagers ($n = 13$) and young mothers ($n = 4$) was between 12 to 18 years. All of them were single. One respondent claimed that she was married; however, her marriage was not registered with the Islamic Department of Malaysia. Thus, she was considered as single. The majority of them were Malays and Muslims. One of the respondents was Indian and Hindu. Fourteen of them were still studying when they got pregnant, while three of them had terminated their school before they became pregnant.
Social support, coping, resilience and mental health in a follow up study (Article I)

Respondents reported more attachment being available (AVAT) in the first assessment compared to the second assessment ($p = .034$). The respondents who participated in the second assessment, scored significantly higher concerning adequacy of social interaction (ADSI) compared to those in the first assessment ($p = .029$). The respondents reported that they used confrontive coping more often in the first assessment than the second ($p = .059$). The respondents also reported having high resilience in both assessments (total scores in the first assessment = 93.53±20.13, second assessment = 96.41±23.01). The results from analyses indicated that the scores for coping ($p = .079$), resilience ($p = .671$) and social support ($p = .454$) among the respondents in the second assessment did not differ between the two assessments. This means that their stay in the shelter home did not appear to significantly influence their coping skills, resilience or social support.

The respondents also reported higher scores of cognitive depressive symptoms ($p = .023$) and behavioural depressive symptoms ($p = .008$) as well as in general health ($p = .04$) in the first assessment. There was a significant reduction of the mental health score between both assessments ($p = .023$) and, there was a tendency that the scores in the BDI-II among the respondents in the first assessment were higher than in the second assessment.

Prediction of mental health scores (Article I)

Generally, the unwed young mothers were exposed to risks for developing mental health problems during their stay in the shelter home. The analysis of longitudinal regression models of GHQ-28 found that the variance in the coping scores, resilience, social support and mental health scores from the first assessment can explain between 14 per cent of the variation for depressive-behavioural symptoms and 36 per cent for general health from the second assessment. In the cross-sectional regression models, the mental health scores of respondents could be described between 6 per cent for general health and 23 per cent for cognitive depressive symptoms. About 32 per cent of the unwed young pregnant women and young mothers had a BDI-II score above 26 suggesting the occurrence of a depressive disorder at the second assessment.
The reactions of parents and partners (Article II)

The themes to describe the reactions received from the unwed pregnant teenagers and teenage mothers from parents and partners were “secrecy”, “repression” and “rejection”. The secrecy happened when they tried to hide the pregnancy from being noticed by siblings, extended families, friends, neighbours, and school personnel. Various excuses were used to hide the pregnancy, such as hormonal or medical problems; some families used the excuse that the daughter was sent to a boarding school when being asked about their daughter.

In addition the parents and partners repressed the unwed pregnant teenagers and teenage mothers by threatening or forcing them to induce abortion either by traditional methods, such as abortifacient herbs that are not scientifically proven and may endanger the life of the pregnant young woman or by illegal clinical abortion. Some girls were being repressed through physical violence in order to self-induce abortion often by the father of the baby of whom most of them were their boyfriends. Most of the families cancelled their plans to undergo abortion after being advised by professionals, such as doctors, teachers and police officers. The plan to induce abortion by the partners normally failed to be performed because the family became aware of the pregnancy.

The families and the partners also often reacted to the pregnancy by rejection of the unwed pregnant teenagers or teenage mothers. These rejections took different expressions in terms of avoiding them or verbal harassment. Some of them were isolated from their families as a way to express anger because they became pregnant out of wedlock. Sending the girls to the shelter homes also seems to be viewed as one of the ways of rejection by the family. The partners also refused to accept the baby as theirs. The young women were blamed for having an affair with another man. Breaking their relationship was the most common rejection by partners.

Six families had a plan to get the girls married to their partners either during their placement or after discharge from the shelter home. However, four of them rejected marriage due to the financial instability of the partners; restriction from the job; or the partner’s behaviour, such as being rude; or addiction to drugs; even though both partners’ families suggested they get married.
The experience of their pregnancy (Article II)

The themes to describe how the unwed pregnant teenagers and teenage mothers experience their pregnancy and the baby were the “feeling of detachment”, “trapped”, “unworthy” and “ambiguous”. The detachment led some girls to constantly attempt to self-induce abortion. The girls described their feeling of detachment to their pregnancy or the baby by having no feelings, or suppressing the feelings. The girls’ experience of their pregnancy is as if it were a trap due to the limited options. Moreover, owing to their young age, the pregnancy was normally unplanned and unwanted. In addition, the girls felt unworthy; most of them felt guilty because of having had sex before marriage and possibly tarnishing the reputation of their family. Hence, they perceived their pregnancy as a punishment.

Consequently, most of the girls were reluctant to make decisions about their future and their baby because they were afraid to make another mistake and make the situation worse. The majority of them left all decisions to their parents, especially relating to questions about when they should leave the shelter home, their future education, or about the care of their baby. Some of the girls refused to make their own decisions since they were afraid that they might make another mistake and hurt their parents.

Experiences of rules and regulations during placement in shelter homes (Article III)

The majority of the girls mentioned their experiences of the impact of rules and regulations limiting their contact with their family. Some of the girls mentioned that they received support from their family by visits, phone calls, letters or ready-made food or parcels for their daily use; whereas others received little or no family support at all. As the majority of the girls viewed their family as their source of information that could strengthen them, the limitation might jeopardize their progress. In general, the girls talked about a lack of social support from their parents or other family members either because of the rules and regulations in the shelter home or due to their family’s decision.

Many girls were also uncertain about the rules and regulations in the shelter home. Therefore, they lacked knowledge about the expectations of the staff. However, the rules and regulations in the shelter home also made the girls somehow independent and compliant since they needed to follow the schedule by helping the staff or other residents by attending to
household chores. Some respondents considered these domestic chores as something positive that could develop their domestic skills.

The relationship between the staff and the young women (Article III)

The thematic relationship between the girls and the staff is based on five codes and three sub-themes. Concerning the relationships with the staff, only one of the unwed pregnant teenagers and young women received any counselling sessions before being placed in a shelter home, whereas less than half of the respondents received some counselling session/s in the shelter home. This might negatively affect their experience of being in the new environment—a shelter home. The unwed young pregnant women and young mothers often experienced their relationship as insecurity causing an unwillingness to share their feelings and problems with the social workers. Five of the respondents also reported the experience of misuse of power by the staff in terms of being called a prostitute and bad names.

However, often the unwed pregnant teenagers and teenage mothers had a good relationship with the lower strata staff, such as cooks. This could be because they spent time with them while helping with the household chores. The attention given by the lower strata staff gave them a sense of belonging to the shelter homes.

The relationship between the residents in shelter homes (Article III)

Seven codes were created and categorized into two sub-themes to develop the theme of the relationship among the girls in the shelter home. In respect of the relationship between the girls in the shelter home, the respondents stated strong differences between themselves and the other residents. Most of the respondents saw themselves as not as bad as the others.

As the respondents lacked social support from their family, many respondents built mutual and compensatory relationships with the other residents. In these mutual relationships, the respondents normally expected to receive the same treatment they gave to the resident that they chose to provide in their selected close relationship.

The practice in the shelter homes (Article III)

The findings indicated that the practices in shelter homes were not up to the standard of the Malaysian national laws, especially the Care Centre Act and Child Act. Moreover, the
practices were not in accordance with the international standard or Convention on the Rights of the Child, United Nations.

Through the analysis of the “reactions of others” and the “social situation in shelter homes” through mixed methods (Article IV), ten meaning units were developed for the first theme and twenty-one meaning units for the latter. The most condensed meaning units mentioned by the girls were “the feeling of being trapped, shocked or threatened by the family because of pregnancy” \((n = 12, f = 10)\), “pregnancy was not accepted by the family or the father of the baby” \((n = 11, f = 14)\), “feeling of unworthiness in terms of guilt for bad behaviour or shame caused by the reactions of others” \((n = 11, f = 7)\), and “forced to induce abortion by the father of the baby or by the family” \((n = 10, f = 7)\).

Whereas, in the situation at the shelter homes, the most mentioned condensed meaning units were “close relationships with selected other residents” \((n = 13, f = 16)\), “residents help each other” \((n = 13, f = 10)\), “felt not safe to talk about their feelings or problems with the staff in the shelter homes” \((n = 12, f = 7)\) and “perceived lack of family or other social support caused by regulations in shelter homes” \((n = 11, f = 27)\).

**Socio-demographic variables and the association with the reactions from others and social situation in the shelter homes (Article IV)**

The findings in the study suggested that the age of the girls had a positive association with the condensed meaning unit “pregnancy was to be hidden” \((R = 0.65; p = .005)\). This means that the older the unwed pregnant teenagers the more they intend to hide their pregnancies. It also indicated that the girls associated their pregnancy with an economic burden, especially in terms of expenditure for the placement in the shelter home; preparations for the new-coming baby, such as hospital bills; and costs in the future. The income of the family was significantly related to the young women’s experience of limited contact with their family \((R = -0.89, p = .001)\). The better the respondents evaluated their communication with their family and the people around them (CYRM-28 score), the less often they perceived their pregnancy as a financial burden to their family \((R = -0.68, p = .004)\).
Association among condensed meaning units of reactions from others and social situation in the shelter homes (Article IV)

The study found that the more often the girls reported that they were forced to induce abortion by the father of the baby or their family, the more often they reported verbal assaults from the other residents \( (R = 0.62, p = .008) \). The more often the girls reported that they developed feelings of guilt for bad behaviour or shame due to being pregnant, the more often they reported about a) selective close relationships with other residents \( (R = 0.68, p = .003) \); b) that they felt unsafe to talk about their feelings or problems with other residents \( (R = 0.62, p = .008) \); and c) experienced verbal assaults by other residents \( (R = 0.6, p = .004) \).

Frequency of condensed meaning units and social support, coping, resilience and mental health (Article IV)

Adequacy of attachment (ADAT) was significantly associated with the condensed meaning unit ‘unclear about the rules in the shelter homes’ \( (R = -0.68, p = .003) \) implying that the more adequate the attachment, the less unclear the teenagers has been about the rules in the shelter home. The more often the respondents reported about the verbal assault from the other residents, the more often they coped with planful problem solving when they got to know about their pregnancy \( (R = 0.65, p = .005) \), through acceptance of responsibility \( (R = 0.69, p = .002) \) or through seeking social support \( (R = 0.73, p = .001) \). The more the unwed teenagers reported that they lacked social support, the more often the respondents used avoidance or escape from significant information \( (R = 0.63, p = .007) \). The respondents’ culture related resilience was significantly positively related to the frequency of reporting verbal assault \( (R = 0.69, p = .003) \).

The total score of GHQ-28 was positively associated with the frequency of reports of a lack of social support due to the rules and regulations in the shelter home \( (R = 0.60; p = .012) \).

DISCUSSION

The aim of this research was to investigate the experiences of unwed pregnant teenagers and unmarried young mothers during their stay in a shelter home as well as their relationships with social support, coping, resilience and mental health from both individual
and social cultural perspectives. Prior to that, in order to understand the aims of the investigation, some conditions relating to pregnancy out of wedlock were described.

**Social support, coping, resilience and prediction of mental health symptoms**

The findings indicated that there was a significant reduction in the mental health score in the second assessment than the first assessment. Moreover, about one third of the unwed young pregnant women and young mothers had a BDI-II score of above 26 in the second assessment suggesting the risk of occurrence of a depressive disorder. This finding was contrary to the findings from the survey of unmarried mother’s aged 20 to 40 years residing in a shelter home by Nordin et al. (2012). They adopted the definition of psychological well-being according to Veit and Ware (1983), who defined it as being associated with the general positive effect and emotional ties, such as happiness, light heartedness and feeling relaxed, feeling loved and wanted as well as an absence of loneliness. Nordin et al. (2012) found that 85 per cent of the unwed mothers were experiencing a moderate to high level of psychological well-being in terms of their mental health status, happiness and social ability. They also reported that there were restrictions from the shelter home towards unmarried mothers contacting their family and relatives. However, they defined the restriction as temporarily protective.

Furthermore, the study could not find any improvement in social support, coping and resilience within the follow-up period that was spent in the shelter homes. They not only need to adapt to their psychological and emotional changes due to the pregnancy, but they also need to cope with a new environment including unknown new people in the shelter home. All of these conditions might contribute to the development of psychological symptoms among the young pregnant women and young mothers. Thus, the risk to develop psychological symptoms in unwed young pregnant women and mothers might be even higher than usually assumed. A failure to address and improve the situation in the shelter homes might increase the risk of mental health problems among them either while living in the shelter home or after discharge.
The teenagers’ experiences of pregnancy and reactions from parents and partners

The results indicated that the respondents are rejected by significant others like parents and partners. One possible explanation for this rejection as a response from the families and partners could be due to the Malaysian norms, values and culture. Malaysians believe in the concept of family-ism that has been nurtured and should strongly be maintained and protected in order to keep harmony in the society and the nation (Azizi, 2008; Mahathir, 2011; Stivens, 2006). The Government and the society are concerned about any related phenomenon that could jeopardize the concept of the ideal family that has been projected and promoted by the state, such as the evaluation and treatment of unwed young pregnant women and mothers. The concerns of the Malaysian Government and of the neighbouring countries, Singapore and Indonesia, are not only related to pregnancy out of wedlock, but refer to other significant issues like same-gender relationships (Jerome, 2013; Subhi, Mohammad, & Hamid, 2013), delayed marriage (Jones, 2009, 2010), low fertility, increasing number of divorces (Baharudin, Krauss, Yacoob, & Tan, 2011), and overly career-mindedness combined with insufficient orientation towards motherhood (Teo, 2010). According to Lim and Baron (1997), Malaysia belongs to the three cultures together with America and Singapore in which people have a strong tendency for a moral obligation to follow the values, and react with anger when they perceive their violation.

The Malaysian cultural responses to young unwed pregnant women and young mothers might create feelings of shame and guilt for bad behaviour, causing the unwed teenage mothers to perceive the pregnancy as a punishment and feel mortified about their pregnancy. It is noted that, commonly, young parents have low aspirations about their future (Harden, Brunton, Fletcher, & Oakley, 2009).

In line with that, the unwed pregnant women and young mothers in this study also developed a feeling of unworthiness and considered themselves incapable of making decisions about their future and their baby. One possible explanation for this reaction by the girls could be what Ervin Goffman found in his early study on people who were living in institutions. Living in a total institution might expose a person to selfless and suffering to a personal defacement (Goffman, 1961). According to Nathanson (1994), feelings of disgrace, humiliation, guilt and shameful failure could decrease how one values oneself.

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Shelter homes and well-being

The unwed young pregnant women and mothers expressed their need for more adequate and sensitive social support from their families. Most of them articulated that they lack social support, especially from their family often due to the rules and regulations applied in the shelter home. The need for social support from their family among unwed young pregnant women and mothers was visible in their way of creating pseudo-family relationships among the residents as well as with the staff. This was partly confirmed by the finding that some of the young women reported relationships with the staff and other residents with a sense of belonging and mutuality. This finding is consistent with the previous investigation by Abdullah (2006), which reported the phenomenon that some unwed teenage mothers residing in a shelter home developed a pseudo-family relationship with the staff and the other residents. However, this study found that such relationships were mostly developed with low strata staff, such as a security guard, a cook or in-training counsellor. One possible reason is that most of the unmarried young pregnant women and young mothers established new relationships within the environment of a shelter home as a challenge because they felt insecure to talk about their feelings and problems with either the other residents or the staff. Moreover they experienced misuse of power from the staff in the shelter homes as well as being verbally abused by other residents. Commonly, relationships with the other residents were based on the expectation that they should be treated as they treated the others. The mutual relationships only happened with selected persons to whom they chose to be close. The mutual relationships can also be seen as an attempt to survive in the shelter home as they lacked social support from their family. For some respondents, staying in the shelter home together with the other unwed pregnant young women and mothers represented a difficult to cope with the situation because they also experienced verbal assault that made relationships more complicated.

There was a substantial relationship between reporting a lack of social support from the family due to rules and regulations in the shelter home and low income of the family suggesting the assumption that the financial limitation of the family might possibly be a reason for the young women experiencing a lack of social support from their families. They hoped to receive social support from their families by visits, phone calls, letters or by sending ready-made foods or snacks, or parcels with clothes or toiletries for their daily use in the
shelter home. There is a high probability that these openly expressed wishes reflect just the surface, and underneath are intensive needs for emotional support, safety and guidance in life. However, some of them had been prevented from receiving family support as a way of punishment for breaking the rules and regulations in shelter homes. Interestingly using punishment in a shelter home is against the Convention on the Rights of the Child. Article 4 stresses that the authority (shelter home) should provide and work to ensure that all the steps for the children’s rights are respected, protected and fulfilled. In accordance with that, Articles 6 and 27 stress that the authority (shelter home) shall, to the maximum extent possible, ensure that the survival and development of a child is up to the standard of living according to her/his physical, mental, spiritual, moral, psychological and social development.

**Shelter home and programmes offered**

A study in the Malaysian shelter homes found that the rehabilitation programmes offered were uninteresting and boring (Azizi, Abdul Rahman, Hamdan, & Boon, 2010). Similarly, the unwed young pregnant women and mothers in the study expressed dissatisfaction with the programmes in the shelter home. They were not only described as unattractive, but the programmes offered occupied too little of their time. Similarly, the report by the Human Rights Commission of Malaysia (2009) reported that the mainly offered spiritual programmes in shelter homes were static and uninteresting. However, these unwed young pregnant women and mothers expressed their desire to learn either social or vocational skills and hoped to get more opportunities for this.

There was an effort from the unwed young pregnant women and mothers to comply with the rules and regulations in the shelter homes although they reported that they were unclear about them due to little explanation from the staff. Furthermore, they showed their interest in complying with the social norms and asked for guidance, especially when they reported that they received little or no counselling sessions with a counsellor or social worker. It seems that the unwed young pregnant women and mothers were ready and prepared themselves to become accepted in the society by adhering to the rules and regulations as well as the norms. There have been several studies regarding this matter (e.g., Azizi et al., 2010; Azizi & Azizi, 2008; Azizi, Geok, & Abdul, 2004) and the report by the Human Rights Commission of Malaysia (2009). Unfortunately, the authorities in the shelter homes did not take these findings seriously or transform the conclusions into practice.
In addition, the unwed young pregnant women and mothers reported that they only received a few or no counselling sessions during their residence. According to the United Nations Report (2006), the counselling provided by the Malaysian authorities is offered to assist those in need of guidance and advice on issues associated with the interests of the child, such as depression, behavioural issues and social problems. Furthermore, counselling is suggested to assist parents in coping with the child and enable them to understand, communicate as well as listen to their children effectively. Only a few of the young pregnant women and mothers received such a counselling service before they went into shelter homes and most of them did not receive any counselling. Azizi (2010) and Azizi et al. (2010) have already described the lack of counselling for unwed young mothers during their stay in shelter homes as a critical problem that needs to be solved. They found that the shelter homes did not employ qualified counsellors or social workers to offer counselling sessions, and that they were dependent on counsellors-in-training.

A study of young people in residential care in Scotland by Emond (2003) found that the respondents had a concept of sticking up for each other as a way to survive after the collective isolation from family and society. However, such a situation is dissimilar to the unwed young pregnant women and mothers in the present study, as the girls previously had the concept that being illegitimately pregnant is morally wrong, and, consequently, they were having difficulty in seeing themselves as the kind of girl who gets pregnant out of wedlock (Rains, 2009). Seeing the other girls who are pregnant out of wedlock might remind them of their current situation, which is contradictory to their previous moral view. Consequently, they tried to differentiate themselves by looking down on others and considered themselves as being better compared to the others. In doing so, they failed to maximize the support among the residents, and the lack of social support became even bigger as they also lacked support from family, received less or no counselling, and had an excess of time for uninteresting programmes resulting in an abundance of spare time.

Methodological reflections

It has been assumed that the number of illegitimate children represents the number of unwed pregnant women. On average, about 50 unwed young pregnant women are admitted to each governmental and semi-governmental shelter homes (Dar Assaadah, 2008; "Kerajaan sedia rumah," 2010) and about 140 to each NGO shelter homes (Baitul Fiqh, 2012; Female
Adolescent Guidance Centre, 2009; Kewaja, 2012) per year. However, some of the participating NGO shelter homes in the study only received about two to fifteen unwed young pregnant women per year in their facilities. Since the number of unwed young pregnant women and mothers being admitted to a shelter home is relatively small compared to the estimated number of unwed young mothers in the society, a total population study design in the participating shelter homes was applied in order to cover a wide variation in the data.

The longitudinal part of the investigation, based on two assessments using various questionnaires, was carried out to detect changes over time during the accommodation of the young pregnant women and mothers relating to social support, coping, resilience and mental health. The response rate in the post-assessment was small (31.6%) compared to 96.9 per cent in the pre-assessment. The high response rate during the first assessment may be due to the encouragement of the staff to participate in the study and having nothing meaningful to do. Very few potential respondents refused to participate in the pre-assessment of the study without giving any reason. Based on the brief conversations with the potential respondents, it could be concluded that they refused to participate due to their age. Almost all of them were about 35 to 40 years old. One potential respondent was excluded due to having a severe mental health disorder. The low response rate in the post-assessment was because most of the former respondents had already left the shelter homes to return to that of their parents. As most of the respondents were unsure about when they would leave the shelter home, it made it difficult to distribute the post-assessment questionnaires in time before they were discharged. Moreover, to track them was highly complicated and would have exceeded the available funds for the study. In addition, it would have been time-consuming as the respondents came from all over the county.

The respondents in the study were between the ages of 11 to 32 years. The wide age range from teens to young adults might influence the findings of the investigation with regards to the maturity. Since I was present when the respondents completed the questionnaires to answer any question about the questionnaires, I could observe that there was a tendency for the respondents to understand the questionnaires differently due to their different age and maturity. The vast majority of the respondents were Malays and Muslims. The study was previously planned to have a balanced proportion of respondents according to the major ethnic groups in Malaysia–Malay, Chinese and Indian. It should be acknowledged
that, generally, Malays are Muslims, Chinese are Buddhists, and Indians are Hindus. In addition, the semi-governmental and NGO shelter homes in Malaysia are influenced by religion albeit the admissions are not restricted according to religious belief. According to the initial list of twenty-two shelter homes that were invited to participate in the study, ten shelter homes were administered by Christian NGOs, seven by Muslim NGOs, three by Buddhist NGOs, one Hindu NGO and one was a governmental shelter home, which is considered as neutral. However, of the nine shelter homes that participated in the study, one was administered by a Christian NGO, six were administered by Muslim NGOs, one was administered by a Buddhist NGO and one was a governmental shelter home. Most of the non-participating shelter homes did not give any response while a few refused to participate. In Malaysian practice, although the parents can choose any NGO shelter home, mostly they are advised to send their teenage daughter to be admitted to a governmental shelter home. Thus, most of the unwed young pregnant women and mothers in the study were recruited from a governmental shelter home. In the qualitative study, there were twelve unwed pregnant young women and mothers from a governmental shelter home and five were residing in NGO shelter homes. In the quantitative part of the study, the majority of unwed pregnant young women and mothers were also recruited from a governmental shelter home; and, about 40 per cent of them were recruited from four different NGO shelter homes. However, the analysis was not focused on the type of shelter home they were residing in. The themes were developed based on the cumulative experiences of the respondents.

Reliability and validity

Quantitative methods

All the applied questionnaires, except for the Child and Youth Resilience Measurement-28, have previously been used in studies in Malaysia. However, the validity and reliability of CYRM was tested in two Canadian samples (Liebenberg et al., 2011). For all the questionnaires applied, except for the CYRM-28, analyses of internal consistency were available from previous studies in Malaysia—Inventory Schedule of Social Interaction (Zainal, 2000) with a Cronbach’s alpha value between 0.79 and 0.90 (Nordin et al., 2008), the Ways of Coping with the total of the Cronbach’s alpha was 0.87 (Abdullah et al., 2010), General Health Questionnaire-28 with a Cronbach’s alpha of 0.90 (Othman Mydin et al., 2012) and
Beck Depression Inventory-II with a Cronbach’s alpha of 0.89 (Swami et al., 2007; Wan Mahmud et al., 2004).

All of the questionnaires were translated into Malay and back-translated into English. According to Redo (2005), one of the most pressing problems in the translation process is the risk of losing the connotations. In order to reduce the risk, I obtained help from a Malaysian expert researcher in translation to ensure that the questionnaires were translated and adapted in respect of Malaysian culture. The translated questionnaires were compared to the original to ensure that they conveyed the factual information and to maintain accuracy.

In addition, the questionnaires were pretested among girls and young women from the general public with an age range from 15 to 22 years to avoid language errors. They were asked to answer the translated questionnaires and give feedback relating to the wording of questions, question sequence or lack of clarity of the instructions (Synodinos, 2003). A few questions were revised to make them more understandable. Furthermore, some questions were removed from the socio-demographic form since they were less relevant to the research focus, such as “the description of their hometown”. In addition, I was personally in-charge and present in all sessions when the respondents answered the questionnaires to help if they could not understand the questionnaires or to read the questionnaires for the illiterate respondents (about three respondents). There was a risk that the respondents might not express their real thoughts although the effect was minimized by building a rapport beforehand.

As the same questionnaires were applied in both assessments, there was a risk that the respondents gave the same answers as in the pre-assessment, although they were instructed to answer based on their current situation. However, the probability of remembering the answers from the first assessment was very small due to the large number of questions.

**Qualitative methods**

The unwed young pregnant women and mothers had the freedom to talk about whatever they thought was important in their situation in the qualitative interviews. However, the topics of their rape or “getting their partners arrested” were not central to their narratives. One possible reason for that might be that these topics were perceived as so unpleasant or complicated issues that they felt more comfortable avoiding them. Their primary issues were about the undesirable reactions and lack of social support from their family and other significant others,
the staff and other residents in the shelter home. This result is consistent with the previous investigation by Marshall and Baffour (2011). They suggested that relationships with family and friends seemed to be the most important bonds that the young residents seek while living in a shelter home. In the qualitative study, although the study sample was relevant to answer the research questions and also in respect of providing rich data, it is important to address the limitations of the study. For example, due to the rules and regulations of some shelter homes, four respondents were accompanied or being watched by a warden or assistant warden during the interviews. The data obtained from these interviewees might be biased because the young women did not feel free to talk about their feelings and experiences. In such way, it is uncertain whether the data reached the maximum variation or whether there were some hidden topics not included in this study (Abrams, 2010).

The qualitative analyses were performed on the translated transcripts of the interviews. There was a risk that the transcripts might not be accurately translated. The findings of the meaning units, sub-themes and themes were insured and proven by a Malaysian researcher to reduce possible inaccuracies in the translations. According to Dahlgren, Emmelin and Winkvist (2004), trustworthiness in qualitative studies is mainly based on the level of transparency and reflection concerning how well the sampling, data collection and analysis are designed to address the research questions. To ensure the competency of the level of analysis, the qualitative data were analysed through discussions with the co-authors of whom two were my supervisors. As an Asian and having worked as a medical social worker in Malaysia, I met unwed young mothers prior to the study. The advantage of experience in working with unwed young mothers in the course of data analyses was the knowledge and insights concerning local norms and values. To counteract this issue, the discussions of data analysis were made with the three supervisors and one co-author without any direct experience relating to Malaysia. The main supervisor was a Swedish-Iranian male. The second co-author and supervisor as well as the third co-author were Swedish female researchers. The other co-author and supervisor was originally from Germany with long working experience as a clinical psychologist and working in a child and adolescent psychiatry research unit. Two of the supervisors have had experience as medical social workers in multi-cultural settings and mental health. I believe that the differences in cultural backgrounds between the supervisors, co-author and myself enabled a deeper understanding in the evaluation of the data analysis. At the same time the working background and
experience of the supervisors and co-author from a European perspective, in contrast to my Malaysian perspective, created an opportunity to discuss the data in-depth.

Mixed methods analysis

The study also applied a mixed methods analysis in order to cross-validate the findings and to obtain a deeper understanding of the questions under investigation in the qualitative and quantitative studies (Teddlie & Tashakkori, 2009). Moreover, the findings in the mixed methods study can also explain the findings more deeply than quantitative or qualitative analyses exclusively.

To perform the mixed methods analysis, the qualitative data were quantitized by counting the frequencies of meaning units. According to Sandelowski (2000) “Quantizing refers to a process by which qualitative data are treated with quantitative techniques to transform them into quantitative data” (p.253). The findings from the converted and quantitized data from the qualitative data enabled a statistical analysis to be performed and search for associations to the quantitative data. As the analysis of quantified data were performed based on the presence or absence of the meaning units for the respondents, it is believed that it minimizes distortion of the data caused by repetitive respondents who are firm on a certain concept or theme (Driscoll et al., 2007).

The inference validity was maintained by performing analysis through the discussions between the researchers involved in the study; two supervisors—a Swedish-Iranian and a German-Norwegian—and myself.

Ethical considerations

The respondents were informed about the study purpose, their role and rights, confidentiality and the data collection method. They signed a written informed consent prior to the study once they understood the given information and agreed to participate. Since the respondents were living in shelter homes, the verbal consent from the guardian was taken from the social worker in-charge or the warden. I was aware that at the time of data collection the respondents were in a vulnerable stage of being pregnant or in the puerperium period. Thus, accessibility to the interview in the study was important to them, as it might, in some way, benefit them in that their experience of the interviews provides with a session in which
they have someone with whom they can talk to about their situation. I was ready to activate the necessary help and support when unpleasant feelings were aroused or the respondent needed more advanced support. Additional sessions of interviews could be considered as a help provided since some interview parts included discussions about topics besides the study.

I was aware that, according to the Malaysian culture, it is considered as inappropriate to say “no” if one was asked to do something. Hence, the respondents were reminded several times of their voluntary participation and their ability to withdraw from the study at any time. Their voluntary participation was also acknowledged before the survey, before the interview sessions and also if there was a sign of discomfort during the interview. The respondents were aware that they were free to not answer any questions if they felt uncomfortable in answering.

To maintain anonymity, the respondents were asked to choose any preferred nickname to be used in the questionnaires. The same nicknames were also used during the interviews. During the analysis, the nicknames were combined with the codes of the shelter homes.

**CONCLUSION AND IMPLICATIONS**

The research findings indicate that unwed young pregnant women and young mothers are rejected by Malaysian society. Based on the Malaysian society norms and values shelter homes are used as a strategy to avoid shame, which many Malaysian families feel after knowing that their daughter is pregnant out of wedlock. At the same time it seems that Malaysian policy makers and social welfare organisations have a real problem in finding a better solution than the shelter home. This study raises many questions, such as, how many of the girls’ psycho-social problems are constructed by Malaysian society? How many of the girls’ problems are real problems due to the emotional coping and resilience abilities? What can society do to prevent undesirable pregnancies? Are shelter homes a good functional way to deal with this kind of social problem from the Malaysian perspective? Although these questions remain unanswered in this thesis, previous literature and research show that using “institutions” in dealing with young unwed pregnant women and young mothers is not an appropriate way forward. In the early 1960s, Goffman introduced the idea of institutions and their function in society. Based on his definition and perspective, institutions are a place of residence and work in which there are a great number of people of similarly situated individuals cut off from the wider community for a certain period of time, who, together, lead
an enclosed formally administered style of life (Goffman, 1968). Nevertheless, this study contributes to extend our knowledge of unwed young pregnant women and young mothers experience of being in a shelter home. However, based on the findings, the increasing number of young unwed pregnant women in Malaysia could be due to a lack of family protection and support that indirectly allows these groups of young women, who also lack social skills, to be taken advantage of and deceived by men.

In summarizing the findings, I have to stress that the Malaysian Government has ratified the Convention on the Rights of the Child, which means accepting responsibility for the young mothers’ health and development of their social and life skills. However, the results portray a different picture. It seems that the society gives the responsibility for what is happening to these girls. The pressure from society in one way and the situation of young mothers in the shelter home itself might create a situation in which there is no benefit for anybody. The findings from the study motivate the researcher to make several recommendations to the authorities. The Malaysian authorities are recommended to develop guidelines for professionals and shelter homes to handle the admission as well as the intervention practice concerning unwed young pregnant women and mothers. The national laws and international standards should be implemented, as ratified by the Malaysian Government (Human Rights Commission of Malaysia, 2005). The enforcement should take into consideration the rules and regulations in the shelter homes.

The rules and regulations in the shelter homes should be revised in order to comply with article 20 of the Convention on the Rights of the Child that defined that the shelter homes should take into account the interests of the child and young mothers by providing adequate training for staff to enable them to take care of the unwed young pregnant women and mothers (Human Rights Commission of Malaysia, 2005). Regular revisions of the rules and regulations by the authorities, as well as unannounced control visits, should be performed to ensure that the practice complies with the laws and the Convention on the Rights of the Child. Special attention should be given in respect of rules and regulations concerning the limitations concerning the contact with the family. Since Malaysian values normally concern the concept of family-ism, the restriction of keeping the family away from the unwed young pregnant women and mothers during their placement in the shelter home could jeopardize the concept itself. Moreover, as the unmarried young pregnant women and mothers also perceive
the importance of family-ism, the period in the shelter home could be the right time to reinforce the concept of family-ism among these young women as well as among their families.

To be compatible with the national laws and international standards, the competency of practice in the shelter homes as well as any professional who works closely with these young pregnant women and mothers should be improved and upgraded. The authorities should take the necessary actions to ensure that the rights of these young women are protected and transformed into practice in respect of their physical, mental, spiritual, moral, psychological and social development. The suggested actions are as follows:

- The voices and opinions of young pregnant women and mothers should be considered and prioritized. There is also a need to prepare these young women and to involve them in the decision making process relating to their own future and care for their baby to reduce their ambiguity and enable them to take over the decisions hit her to made by their parents instead of themselves based on the maturation of personality in terms of an improved self-directedness. In such way, the risk of postpartum depression due to sudden loss of attachment could be minimized.

- It is strongly recommended that the shelter homes develop programmes with a wider variation performed by more skilful trainers. The programmes should also be more flexible and not only limited to religious or vocational classes and job orientation. Being young and exposed to the new environment in the shelter home made them yearn for social support to overcome the daily stress. Building counselling groups may promote resilience by empowering the young women. It may also lead to less abuse or verbal bullying and may also prevent recidivism (Uba, Yaacob, & Juhari, 2010).

- The gap between the social workers and the residents should also be minimized by making social workers accessible. Training, competence and professional ethical standards should be introduced and implemented by the social workers as well as all the staff in the shelter homes. Obtuse remarks from the staff should be eliminated and avoided to improve the understanding between the social workers and the residents. The role of the social workers as a middle person between the pregnant young women
and mothers and their families could be achieved by giving more attention and time to listen to their voices, for example, through counselling sessions.

- It is recommended that the shelter homes develop interventions that could prepare these young women for life after discharge by improving their social skills as well as meeting their physical, psychological and spiritual needs. Since, once the pregnant young women and mothers return to their homes there is a risk of continuing rejection from their significant others, it is also suggested that the social workers have proper plans for psychological recovery and social reintegration of unwed young mothers to organize a smooth transition from the shelter home to their home (Abrams, 2006).

- The implementation of standardized evaluation procedures relating to all residents should be requested from the shelter homes to enable them to provide evidence for the quality and effectiveness of the services that they offer to the young women. This evaluation should, at the least, consist of measures of some basic personality characteristics, the physical and mental health status, social support, and some user satisfaction measure. In addition, it should be performed at least twice, once at admission to the shelter home and once at discharge.

**FURTHER RESEARCH**

My intention for this investigation was to give a voice to the girls about their experience. However, as I am aware that I have only studied the girls, the following comprise my recommendations for future activities and research:

- to give feedback to the shelter homes;

- to study governmental and non-governmental shelter homes in order to determine the differences and/or similarities between the services;

- to conduct further systematic evaluation research in order to improve the effect of shelter homes and also the support system in general; and

- to study parents and significant others in order to understand their perspectives
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