

# TEENAGE PREGNANCIES IN MALAYSIA: EXPLORING THE ISSUES AND PREVENTIVE MEASURES

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According to WHO, any pregnancy among adolescent girls aged 19 or younger is considered a teen pregnancy.

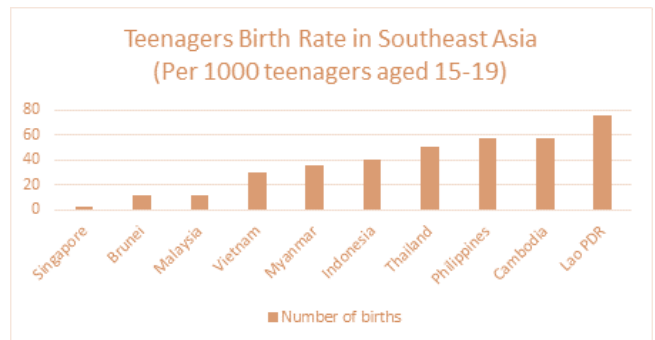
## The Situation in Malaysia

Every year, approximately 14 out of every 1,000 young females in Malaysia become pregnant:



This result in an annual average of 18,000 adolescent pregnancy incidents. Females from poor backgrounds, unmarried girls, and school dropouts constituted the majority of the cases reported. Many cases are likely undocumented. Therefore, these figures could be the tip of the iceberg.

Malaysia has been ranked eighth among ASEAN countries in terms of adolescent pregnancies, with approximately 11.5 pregnancies per 1000 adolescents aged 15 to 19.



## The Consequence of Teenage Pregnancies

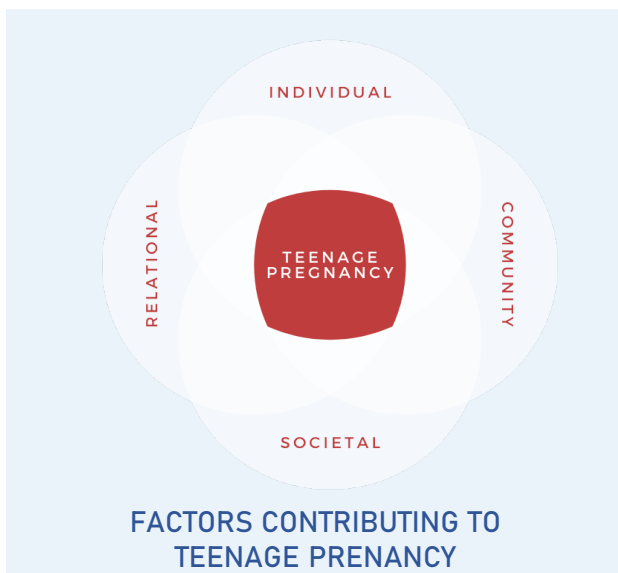
Teenage mothers are physically and biologically immature and thus not ready to go through the pregnancy. Hence, teenage pregnancy might be affecting not only mothers' health and also new-born. Pregnant teenagers tend to skip antenatal care follow-up due to social stigma. This result in they have a higher risk of suffer from complications, such as getting anemia and delivering low birth-weight babies. Besides, teenage mothers are more likely to suffer from mental illness for example, emotional problem, sleeping problems and low self-efficacy. These series of issues bringing series of negative impacts in teenage mothers' life. Social isolation, lower educational performance, limited salary capacity, nutritional deficiency, and lifetime poverty are examples of these problems. The consequences of adolescent pregnancy can echo throughout a young person's life and even pass down from generation to generation.



## WHAT ARE THE PROBLEMS AND CURRENT SITUATION OF TEENAGE PREGNANCIES ?

### SOCIO-ECOLOGICAL MODEL (SEM)

The socio-ecological model (SEM) could be used as a conceptual framework for understanding how society's multiple levels interface with individuals and shape their decisions and behaviors. SEM defines four tiers of elements that influence a person's behaviors and resulting in teenage pregnancies.



#### 1. INDIVIDUAL LEVEL

Personal characteristics, biological elements, behaviors, and life experiences are all considered at the individual level. Adolescents, especially during the puberty period are excited to know more about sex due to curiosity. Besides, increased hormonal level has triggered them to have the desire to experiment and learn more about sex, especially in teenage males.

In adolescents, some areas of the brains function are not fully mature. Thus, they are more likely to have risk taking behaviors such as not wearing protective measure and having problems with self-control and risk analysis during sex activity.

In additions, due to the improvement of technology, it is getting easier for teenagers to get access to and get influenced by pornographic material.

#### 2. RELATIONAL

The relational level refers to person-to-person engagement, such as that between families, friends, and spouses.

##### Lack of Parental Supervision

In Malaysia, the majority of adolescent pregnancy incidents involving youths from socioeconomically disadvantaged class groups, including single women with kids, parents who are too preoccupied with work to oversee their children at home. Teenage girls left unsupervised at home with excessive freedom and lack of attention and love might has a chance to engage themselves in unsafe sexual activity and lead to pregnancy.

##### Peer Influence

Premarital sexual activities among Malaysian teenagers has increased. Youth are easily influenced by their peers and might be influenced by their peers who having premarital sexual activities and it becoming a norm among them.

#### 3. COMMUNITY LEVEL

##### Lack of Sexual and Reproductive Health Information

The community level refers to institutions, such as school and neighborhoods.

Adolescents should have a clear understanding of sexual and reproductive health in order for them to make a right decision in sexual activity. Although sexual education has been included in mainstream education system in Malaysia for years, however, Malaysian teenagers' knowledge on sexual and reproductive health is still very poor. Ineffectiveness of delivering sexual health information in schools is due to the "sex" is still a taboo topic in Malaysia.

## 4. SOCIETAL LEVEL

Board societal and cultural factors such as cultural beliefs, rules and registrations were considered at the societal level.

### Poverty

Evidence shows that pregnancy in adolescents had a relationship with increased rates of poverty. Teenage mothers are more likely to have lower socioeconomic status because they might be either unemployed or in low paid jobs.

### Cultural

In Malaysia, teenagers are embarrassed to ask for contraceptives eg. Purchasing condom or contraception pills due to culture and social stigma even though it is easy to access in many convenience store and retail pharmacy.

## WHAT ARE THE RECOMMENDED ACTION FOR ADOLESCENT PRENANCIES ?

### COMPREHENSIVE RELATIONSHIPS AND SEX EDUCATION

Based on the socio-ecological model (SEM), problems were identified at four difference level. A comprehensive sexuality education (CSE) is believed to be one of the effective action to reduce rate of teenage pregnancy.

According to Malaysia National Adolescents Health Plan of Action (2006-2020), to improve the knowledge on sexual reproductive health and to reduce the cases of adolescent pregnancy, implementation of sexuality and reproductive health educations was proposed.

UNIESCO defined Comprehensive Sexuality Education (CSE) as " a method to teaching about sexual matters that is age-appropriate, culturally relevant, and provides scientifically valid and non-judgmental facts."

Implementation of CSE can ensure youth receive comprehensive, life skills-based sexual and reproductive education and thus they are able to make wise decision about relationships and sexuality.

However, teenage pregnancy is a complex issue which required multiple agency solution. Implementation of effective CSE must through a multi-agency system approach. Agencies that should work together to achieve a high quality, Comprehensive Sexuality Educations (CSE) include Health Education Unit under Ministry of Health (MOH) and Ministry of Education (MOE).

### a. Sexuality Education at School

Providing high quality sexuality education in schools is important to prevent teenage pregnancy because most of the teenagers get sexual health information from school. Thus, integration of sexuality education into the mainstream educational system should be made compulsory for primary and secondary school students.

### b. Training for Teachers or Trainers

Well trained teachers are important in implementing effective sexuality education at school. It is difficult for CSE to implement successfully if the teachers are not well trained with proper knowledges. However, in Malaysia, most of the school teachers are not well trained.

Thus, teachers should be well trained and later can deliver appropriate and correct information to the students on this subject. Training could be provided by trained staff from MOH.

### c. Support for Parents and Careers to Discuss Relationships and Sexual Health

To enhance parental and family engagement in imparting sexuality education to children and adolescents, home-based sexual orientation programs should be implemented. Information and support should be provided by school teachers and health care providers to build the confidence of parents and carers to provide information and discussions about sexual health.

## CONCLUSION

To reduce the rate of pregnancy in Malaysia, relationship and sexual education at multilevel should be targeted and Comprehensive Sexuality Education (CSE) is recommended. Experts from differences institutions such as Ministry of Health (MOH) and Ministry of Education (MOE) have to sit together to discuss on this subject so that a high-quality Comprehensive Sexuality Education (CSE) can be implemented in Malaysia.

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