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## Exploring The Critical Factors to Prevent Recurrent Pregnancy among Unwed Teenagers From Their Caregivers' Perspective

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### Abstract

This study explored the critical factors preventing recurrent pregnancy among unwed teenagers and the importance of sexual education among pregnant teenagers from their caregivers' perspective. This study involved qualitative research in which 20 caregivers from the Malaysian Government Female Protection Centre (TSP) were recruited through the purposive sampling method and interviewed using semi-structured questions. The experience of caregivers taking care of unwed teenagers in the protection centre has indicated the three themes with eight sub-themes related to critical factors to prevent recurrent pregnancy among unwed teenagers, which are (a) Empowerment – education facilities, involvement of the community, and review of policy (b) Social support – family roles, caregivers' support, and community support and (c) Sexual education - that focus on the awareness on sexual education and dissemination of sexual education information. The implication of this study is to provide insights for related agencies in developing new strategies and revising existing policies in reducing the number of pregnant teenagers cases in Malaysia. It can also help them develop a comprehensive sexual education module as a guideline for caregivers in providing education and training to the teenagers in the protection centre by focusing on the three significant factors found in this study.

**Keywords:** Prevention, Recurrent Pregnancy, Critical Factors, Sexual Education, Caregivers

### Introduction

The Malaysian Ministry of Health recorded 3,694 incidents of teenage pregnancy at Malaysian Health Centres in 2017. ("Statistik remaja hamil", 2019). To address this problem, the government has proposed several solutions, including establishing adolescent protection centres for the protection and recovery of pregnant teenagers and establishing baby hatch centres to lessen the issue of baby abandonment (Razali et al., 2020). However, the interventions have not affected the number of teen pregnancies.

Furthermore, research suggests that one of the significant factors contributing to the surge in teen pregnancy is a lack of knowledge about sexual and reproductive health (Rahman et al., 2011; Mohd et al., 2015; Ahinkorah et al., 2019; Deshmukh & Chaniana, 2020). According to the National Population and Family Development Board (NPFDB), Malaysian teenagers have an average level of knowledge about contraceptive methods available and a low level of knowledge about sexually transmitted diseases (STI) and sexual relationships (National Population and Family Development Board (NPFDB), 2015).

Sex education is defined as “learning about the cognitive, emotional, social, interactive and physical aspects of sexuality” (Sexuality Education Policy Brief No. 1, 2016). The primary aim of sex education, according to UNESCO, is to provide children and young people with knowledge, skills, and values that would help them to make the right choices about their sexual and social relations in a world affected by HIV and AIDS (International Guideline on Sexual Education: An Evidence-Informed Approach to Effective Sex, Relationships, and HIV/STI Education, 2009).

Malaysian parents consider sex education taboo, and educators are hesitant to educate about it, such as showing a drawing of naked men and women. The reluctance stems from various socio-cultural, religious, and a lack of experience in imparting sex education to students (Jiar et al., 2018). In addition, caregivers in the protection centre are responsible for most pregnant teenagers in Malaysia. The caregiver's role and thoughts on recurrent teenage pregnancy have received less attention. Therefore, the objectives of this study are:

- To explore the critical factors preventing recurrent pregnancy among unwed teenagers from their caregivers' perspective.
- To explore the importance of sexual education among pregnant teenagers in preventing recurrent pregnancy from their caregiver's perspective.

The qualitative research involved an online interview with 15 caregivers from the Malaysian Government Female Protection Centre (TSP). A caregiver is a person who looks after people who require assistance in taking care of themselves, such as children, the elderly, or patients who have chronic illnesses such as Alzheimer's disease or cancer ("Caregivers: MedlinePlus", 2020). In this study, the caregiver refers to the worker of the social welfare department who was assigned to take care of pregnant teenagers in the protection centre.

The research will benefit in developing an effective and comprehensive sexuality education (CSE) program and module. This is like Razali et al (2017) suggestions for building effective CSE through collaborative approaches from various stakeholders. Their guidance could assist in harmonizing and streamlining the curriculum that could help reduce teenage pregnancy, as suggested by (Shahrudin et al., 2018).

## Literature Review

### *Factors of Recurrent Teenage Pregnancy*

A review on risk factors of adolescent repeat pregnancies and interventions to reduce the problems by Govender et al (2018) discovered five significant factors of adolescent repeat pregnancy: individual factors, family, peer and school, partner relationship, social and community factors. The sub-major factors include engaging in risky sexual behaviour at six months postpartum, lack of family support, low education motivation, and low education levels (Govender et al., 2018).

Another possible factor of recurrent pregnancy among teenagers is the lack of proper contraception (Talungchit et al., 2017). Researchers revealed that low contraception usage among the Thailand population had shown the weakness of pregnancy prevention programs

and teenagers' access to pertinent information on reproductive health care such as contraception and family planning.

#### *Initiative to Reduce Teenage Pregnancy*

Among the prevention strategies taken to reduce teenage pregnancy in Malaysia is establishing teenage protection centres by government agencies and NGO and baby hatch centres. According to Jamaluddin et al (2018), in their study of unwed teenage mothers in women's shelter in Peninsular Malaysia, the admittance to the shelter is due to several reasons such as uncontrolled with the highest number of cases, pregnancy, runaways, and raped victims.

Baby hatch is a safe place for babies provided for mothers who are desperate or in a state of mind that could endanger their newborns (Mesho, 2017). Research on knowledge and perception of baby hatch among students in the helping profession by Rahman et al (2018) revealed that some students lack knowledge in baby hatch service in Malaysia. However, they agreed that the service should be provided in Malaysia to save newborns' lives and protect them from being thrown away into rubbish bins or forests, even though some are unsure that the service provided is aligned with Malaysia's culture and religious beliefs.

#### *Sex Education in Preventing Recurrent Teenage Pregnancy*

Generally, discussion on sex is considered inappropriate in many cultures (Leung et al., 2019). This is due to the perception of sex as "taboo" disseminating knowledge on sex will encourage youths to involve in sexual behaviour and uncontrollable youngster's problematic sexual behaviour. However, a survey conducted by Ollis and Harrison (2016) showed that 94 percent of teenagers felt that sex education is crucial because it can help to alleviate adverse sexual health outcomes among teenagers, such as sexually transmitted disease (STI) or unplanned pregnancy (Fisher et al., 2020).

Qualitative research focusing on teenagers' perception of teenage pregnancy and STIs and how these issues could be addressed suggested that sex education should be comprehensive, accurate, and reach all teenagers (Fisher et al., 2020). The related services should also cover all needs, including information, contraception, counselling, and access to health professionals to help with teenage pregnancy and STIs. In Malaysia, the Federation of Reproductive Health Associations Malaysia (FRHAM) has provided a platform for teenagers to access sexual health-related information such as teenage pregnancy, sexual abstinence, and contraception (Manimaran et al., 2017). This would help teenagers to have a better understanding of their sexuality.

#### *Role of Caregiver in Teaching Sex Education*

Good quality of sexual education through formal education can help to improve the sexual health of teenagers (Castillo et al., 2020). However, there are questions on how expert teachers are in sexual education as they do not receive proper training and support (Castillo et al., 2020; Santisouk et al., 2020). Thus, it was suggested that the teachers have a training session on sex education to increase their perception of the importance of all sex education dimensions and promote a positive view on sexuality and sex education (Castillo et al., 2020).

Research on attitudes of Islamic education teachers towards sex education by Ihwani et al (2016) reported that teachers should undergo special training to teach sexual health education elements. The training would assist the teachers in understanding the concept of Islamic sex education and acquiring the skills needed to overcome the difficulties in teaching

this subject. Among the critical issues should be addressed during the training are the quality of the curriculum, effective teaching methods, and professionalism of the teachers.

### *Cultural Issue on Sex Education*

In Zambia, sex education has been seen as incompatible with local culture and religious values (Zulu et al., 2019). They believed some of the topics in sex education are too sensitive as it promotes pre-marital and casual sex among teenagers. Informants of the research reported that parents were against sex education in schools and considered the topics in sex education are sacred that only traditional counsellor in the community is entitled to teach sex education. Researchers also revealed that the Zambia community feels that it is inappropriate to discuss sexuality and reproductive health issues specific to female or male students in the presence of the opposite sex (Zulu et al., 2019).

Similarly, in Malaysia, cultural issues related to sex education cannot be separated. Research by Ihwani et al (2016) suggested that there should be class segregation between male and female students and teachers to counter any feeling of embarrassment or awkwardness. However, class segregation cannot be implemented since male teachers, specifically male Islamic education teachers, are less than females. Similarly, a study by Kamrani and Syed (2016) also reported the obstacles of having mixed classes. The female students found it hard to express themselves and ask sexually related questions in the presence of their male classmates. Therefore, they opted for a single-gender class to discuss sex education to reduce the unpleasant feelings.

## **Method**

### *Research Design*

The study consists of qualitative research to explore the crucial factors in reducing recurrent unwed pregnancy from the caregivers' perspective through an online interview guided by several semi-structured questions. Qualitative research focuses on describing the qualities of the data collected (Howitt and Cramer, 2017). This method also will enable the informants to provide insightful perspectives regarding the subject matter (Razali, Kirkman, and Fisher, 2020). Therefore, through a semi-structured interview, the issues on recurrent pregnancy among unwed teenagers can be further explored based on the understanding and experience shared by their caregiver during the interview session.

The exploratory case study approach is applied to explore the critical factors to reduce recurrent pregnancy among unwed teenagers from the caregivers' perspectives. The method is one of the case study designs that explores any phenomenon that the researcher finds attractive (Zainal, 2007). The case study design is prominent when issues related to education, sociology, and community-based problems such as poverty, unemployment, drug addiction, illiteracy, and others are being investigated in depth (Gulsecen & Kubat, 2006; Grassel & Schirmer, 2006; Johnson, 2006 as cited in Zainal, 2007).

### *Population and Sample*

The informants were selected among the Malaysian Government Female Protection Centre (TSP) caregivers in the Perak district. According to Guest et al (2006), data saturation commonly occurs after interviews with more than 12 informants. Therefore 15 caregivers were interviewed to collect information in this research as Razali et al (2020) suggested that 10 to 20 informants would yield adequate input into the opinion of professionals.

The purposive sampling method was used to recruit the informants based on the inclusion and exclusion criteria. According to Howitt and Cramer (2017), purposive sampling can be applied to recruit a specific type of people that have characteristics of interest to the theoretical concern of the researcher. The inclusion criteria are that the informants must be caregiver from any Malaysian Government Female Protection Centre (TSP) consented to the study and is proficient in Malay or English. The respondents' exclusion criteria are informants who are not caregivers, are not giving informed consent, and have cognitive impairment.

#### *Instrument*

The semi-structured interview questions are prepared by referring to several past studies related to recurrent teenage pregnancies and sexual education (Ihwani et al., 2016; Govender, Naidoo, and Taylor, 2018). Below are some of the samples of the interview questions:

Table 1: *Semi-Structured Interview Questions*

| <b>Construct</b>             | <b>Key Questions</b>   |
|------------------------------|--|
| Teenage pregnancy            | 1. What is your view on teenage pregnancy in Malaysia?<br>2. Why do you think there is an increase in the number of pregnant teenagers?  |
| Sex Education                | 3. In your opinion, what is sex education?<br>4. Why is sex education important?<br>5. What are the topics that should be included in sex education?<br>6. How to deliver sex education to pregnant teenagers?<br>7. What challenges did you face in teaching pregnant teenagers about sexual and reproductive health? |
| Individual factors           | 8. What precautions should a pregnant teenager take to avoid herself from being pregnant again?  |
| Family factors               | 9. In your opinion, what are the roles of parents in dealing with this issue?  |
| Social and community factors | 10. How can our community reduce the number of pregnant teenagers in our society?  |
| Psychosocial support         | 11. What practical psychosocial support can be provided to the high-risk teenagers before they discharge and those seeking outside help?   |

#### *Procedure*

The respective caregivers who gave consent were interviewed to explore their perspectives on crucial factors in reducing recurrent unwed pregnancy. Informants were selected using purposive sampling and given an information sheet and consent form on the written information about the study and the agreement to take part in the research (Howitt & Cramer, 2017). The interview involved 15 caregivers with durations of 45 – 60 minutes for each informant. The informants were guided using a semi-structured, open-ended topic list with questions such as "In your opinion, what are the topics that should be included in the sex education program?". During the interviews, further probing questions were asked to understand better the answers given. The discussion was taped and transcribed verbatim.

### *Data Analysis*

The thematic analysis method was used to analyze the data obtained from the informants. According to Howitt and Cramer (2017), thematic analysis is one of the most used methods in a qualitative study. The textual material such as in-depth interviews and focus group discussions were analyzed to determine the significant themes and sub-theme.

According to Nowell, Norris, White, and Moules (2017), thematic analysis can be widely used across various epistemologies and research questions. This analysis is also a helpful method to examine the perspectives of different research informants, highlight similarities and differences and generate surprising insights (Braun and Clarke, 2006). Howitt and Cramer (2017) stated that the Braun-Clarke Approach could do thematic analysis. This approach involved six essential steps, which are (i) Familiarisation with the data, (ii) Initial coding generation, (iii) Searching for themes based on the initial coding, (iv) Review of themes, (v) Theme definition and labelling and (vi) Report writing.

### *Ethical Issues*

Ethical approval was sought from the Ethics committee from the Malaysian Welfare Department with code JKMM 100/12/5/2 : 2020 / 431, the primary authority of government-based Female Protection Centres (TSP). The informants were informed of the study's purpose, procedure, privacy, and confidentiality of data recorded during the interview session before it began. At any point during the study, informants were able to opt-out without adverse consequences. This information was sought through the informants' information sheet given to all potential informants before informed consent to participate in the current study.

## Result

### *Demographic Characteristics*

The samples comprised 15 female caregivers recruited from the Malaysian Government Female Protection Centre (TSP), Perak, who provided informed consent for the interviews, as shown in Table 1 below.

Table 1: *Demographic Information of Informants*

| Informants | Ethnicity | Level of Education | Marital Status | Years of Service |
|------------|-----------|--------------------|----------------|------------------|
| A1         | Malay     | Diploma            | Single         | 4                |
| A2         | Malay     | SPM                | Married        | 12               |
| A3         | Malay     | Diploma            | Married        | 1                |
| A4         | Malay     | Diploma            | Married        | 8                |
| A5         | Malay     | Bachelor           | Single         | 2                |
| A6         | Malay     | SPM                | Married        | 14               |
| A7         | Indian    | Bachelor           | Married        | 8                |
| A8         | Malay     | SPM                | Widow          | 14               |
| A9         | Indian    | STPM               | Single         | 9                |
| A10        | Malay     | SPM                | Married        | 12               |
| A11        | Malay     | Diploma            | Married        | 13               |
| A12        | Malay     | SPM                | Married        | 12               |
| A13        | Malay     | STPM               | Married        | 24               |
| A14        | Malay     | STPM               | Married        | 9                |
| A15        | Malay     | SPM                | Single         | 12               |

### *Analysis of Data*

From the information obtained from 15 interviews, three themes – empowerment, social support, and sexual education-emerged on critical factors to prevent recurrent pregnancy among unwed teenagers. In addition, there was evidence of the presence of sub-themes that contributed to each theme. Figure 4.1 and Table 4.2 summarize the themes and their respective sub-themes.

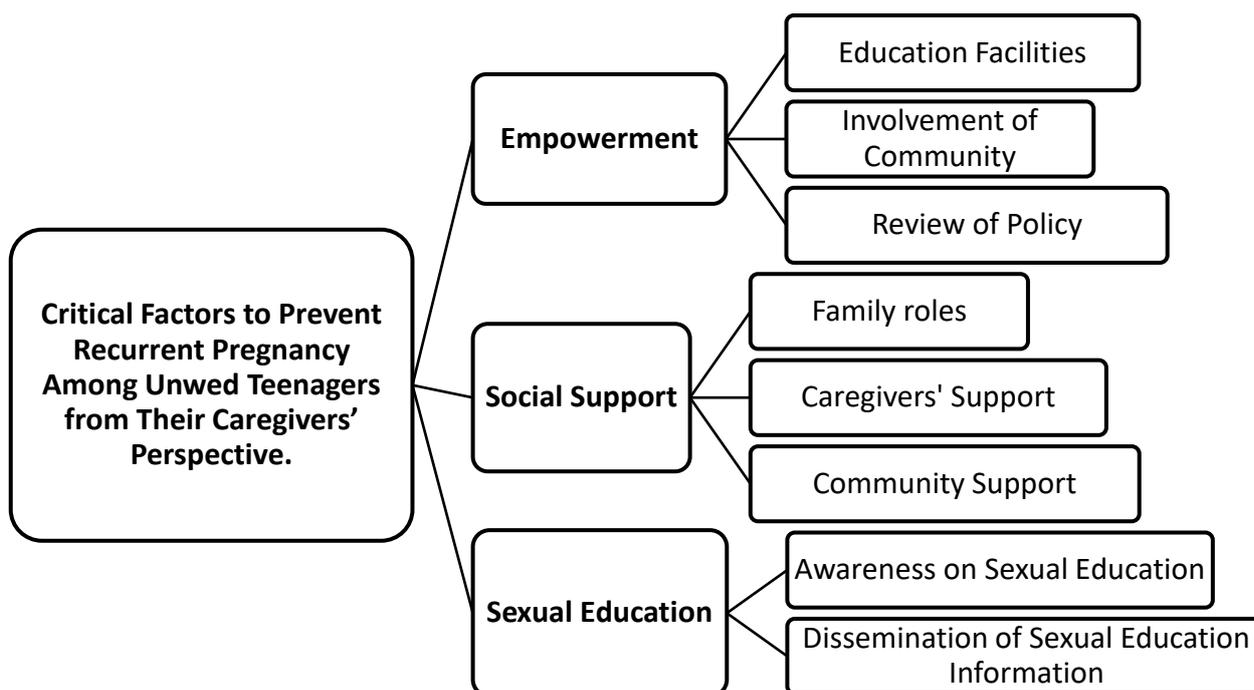


Figure 1: Proposed Outcome Framework

Table Error! No text of specified style in document..1: Theme and Sub-theme of caregiver’s perspectives on critical factors to prevent recurrent pregnancy among unwed teenagers

|   | Theme          | Sub-theme                | Transcripts   |
|---|----------------|--------------------------|---|
| 1 | Empowerment    | Education Facilities     | In TSP, we provide education for the teenagers in terms of vocational and religious classes.” (Informant A1)  |
|   |                | Involvement of Community | “The community should help each other, something like ‘I care for your children, you care for my children.” (Informant A13)                                   |
|   |                | Review Policy            | “Second point, in terms of the institution, I think there is much more to be reviewed because the recovery process is still not comprehensive” (Informant A5) |
| 2 | Social Support | Family Roles             | “Parents should support their children. Do not give negative vibes to the children.” (Informant A4)   |

|   |   |  |
|---|---|--|
|   | Caregiver's support                           | "Like myself, I will ask the kids about their future planning and focus. Here, we will show a way for them on what action to be taken." (Informant A12)  |
|   | Community support                             | "The community should not see the teenagers as someone who is not useful to the community." (Informant A2)   |
| 3 | Sexual education                              | Awareness of sexual education<br>"I think sexual education is crucial because if we compare the current situation and, in the past, we can see our youngsters are very open to sexual behaviours." (Informant A10) |
|   | Dissemination of Sexual Education Information | "We can show these videos to them. If we just explain to them without example, some might not understand the real situation." (InformantA4)  |

### Theme 1: Empowerment

The first theme found as a critical factor in preventing recurrent pregnancy is empowerment. Under this theme, there are three sub-themes: education facilities, community involvement, and policy review.

#### *Education Facilities*

To prevent recurrent pregnancy among unwed teenagers, teenagers need to empower themselves with education and good values to avoid recurrent pregnancy. A protection centre can provide the appropriate education required by the teenagers to accomplish the target. This could help them learn valuable skills and understand religions as protection before facing the real world.

*"In TSP, we provide education for the teenagers in terms of vocational and religious classes. I think there should be improvisation in the vocational class. But in terms of the religious class, I could see the improvement of the residents." (Informant A5).*

#### *Involvement of Community*

Prevention of recurrent pregnancy among unwed teenagers also involves the empowerment of the community. The community should be empowered to take part and play their roles in tackling the social issues in society. In this matter, the community can spread awareness through programs with pregnant teenagers in the protection centres.

*"Community can come to the protection centre and give awareness to the residents in the centre. Maybe all this while, the kids are not aware of the effect they will be facing in the future due to their actions. Therefore, we need the community to come here and explain to them." (Informant A13)*

### *Review of Policy*

As a protection centre that involves protecting and recovery of high-risk teenagers, there are a few things that JKM and TSP could do in terms of the policy to ensure the decrease in the number of unwed pregnancy admission to the centre. According to one respondent, the Malaysian Welfare Department (JKM)JKM should develop a sexual education module for caregivers.

*“JKM should develop a sexual education module for the resident in this protection centre. So, when the module is developed, the caregivers can carry it out. We are not the experts in this field, and we cannot teach the kids just like that; we might teach them the wrong way” (Informant A5).*

### **Theme 2: Social Support**

Social support is the second theme that emerged as a critical factor in reducing recurrent pregnancy among unwed teenagers. Data collected from the interviews reported three sub-themes under this theme; social support from family, social support from caregivers, and social support from the community.

#### *Family Roles*

Growing up, teenagers need social support from the family to shape themselves into better people. The support they receive from the family will motivate them to change for a better future despite the stigma and discrimination they face from society. According to Informant A4:

*“Parents should support their children. Do not give negative vibes to the children. They should learn to accept whatever has happened to their child and start to be close to them and be their friends.” (Informant A4)*

Responses from informants agree that for teenagers to change, the parents should also have to make changes.

*“We can help change their children, but we cannot help change how their parents raise their children at home. Therefore, everything depends on the parents. If they expect for us, the caregivers, to change their children in 6 months, that expectation is too high for us.” (Informant A8)*

#### *Caregivers’ Support*

As someone close to high-risk teenagers in the protections, caregivers play a vital role in safeguarding these kids from repeating the same mistakes and engaging with risky sexual behaviour. Caregivers can also provide social support to teenagers to prevent them from engaging with risky sexual behaviour and repeating the same mistake by helping them plan for their future. With this, the teenagers can prepare before facing the real world to increase their determination to deal with outside challenges.

*“I will give them all the possibilities, both good and bad out there. I will explain the real situation in which teenagers cannot expect the family and the environment to change. I will list down the negative things that will happen if they continue the same attitude. We prepare them to be mentally strong as the challenges outside are harder.” (Informant A7)*

### *Community Support*

The community can provide social support to reduce the occurrence of recurrent pregnancy among unwed teenagers. From the caregivers' perspectives, the community should stop discriminating and judging teenagers because of the damage done. Few narratives provided by informants support this.

*"Oh my God, to make the community realized is difficult. Because they are the ones who destroyed the self-esteem and the spirit of the teenagers, the stigma of the community is hard to get rid of, from the simplest form of action. However, if the kids heard of it, they would keep it to themselves, eventually forming a grudge in the kids. Then, the kids will think that there are no points in changing for the better since everyone around them will still talk bad about them. So, please stop la our community, please educate them." (Informant A1).*

### **Theme 3: Sexual Education**

Sexual education is the final theme in critical factors to prevent recurrent pregnancy among unwed teenagers. Under this theme, there are two sub-themes highlighted: the awareness of sexual education and dissemination of sexual education information

#### *Awareness of Sexual Education*

Although sexual education is taboo, especially in Malaysia, it cannot be denied that sexual education should be taught at a younger age. In preventing recurrent pregnancy, sexual education is crucial. This has been agreed upon by most of the respondents from the interview session.

*"Sexual education is genuinely important for everyone, especially the primary school student because they need exposure. Surprisingly, they also have started to watch pornography videos. Since I worked here, I have tried to arrange programs related to sexual education every year. Normally, the focus will be on risky sexual behaviours and sexually transmitted infections (STIs) because teenagers don't know about AIDS and STIs. When they were involved in the program, it was the first time they heard about those things." (Informant A7)*

*"Sexual education is important. But it is not clear enough. We must develop a clear objective of why we should incorporate sexual education? Is it for prevention? I think there are many aspects that we can concentrate on. If we want to teach this, we have to find the practical methods so that the teenagers will feel scared to do it and are aware of the long-term effect." (Informant A8)*

#### *Dissemination Of Sexual Education Information*

Focusing on delivering sexual education, as mentioned by Informant A8, there is a need practical method to teach sexual education to youngsters. Most respondents agree that they see the best practices to teach sexual education through interactive videos and games to captivate the youngsters' attention and focus.

*"Teenagers in TSP mostly have learning difficulties; some are disabled youngsters. There is no point if we use higher-level modules, they would not understand." (Informant A3).*

The Informants suggested that the caregivers use videos and pictures to explain sexual education since most of the residents in the protection centre faced learning difficulties. With videos and little explanation from the caregivers, the teenagers could better understand STIs. Similarly, responses from Informant A4 also focus on how the examples provided can help the teenagers to understand better

*“Besides teaching sexual education verbally, we can also give examples from social media. I believe now that there are more videos on sexual education on many platforms. We can show these videos to them. If we explain to them without example, some might not understand the real situation.” (Informant A4)*

### **Discussion and Implication**

From the information obtained from 15 interviews, three themes – empowerment, social support, and sexual education-emerged on critical factors to prevent recurrent pregnancy among unwed teenagers. These themes are saturated themes as more than 50% repeated by the informants relevant to reducing recurrent pregnancy among unwed teenagers. These themes were identified based on the qualitative method as stated above. The relationship between each factor was discussed as follows.

#### **Theme 1: Empowerment**

Empowerment is one of the critical factors to reduce recurrent pregnancy among unwed teenagers. The study's finding is related to what has been stated by (Nkhoma et al., 2020). It suggested that the teenagers in protection are equipped with religious and vocational classes to empower them with vocational skills and instil religious values besides informal education on sexual education.

Concerning the religious values proposed in this research, Ihwani et al (2017) have further explained sex education based on the Quranic approach. According to them, Muslim scholars have provided guidelines on topics emphasized in Islamic sex education. The topics include health and sexual hygiene, sexual purity before and after marriage, the value of marriage and family, the role of men and women at home and in community, decision-making skills on sexual matters, politeness and Islamic manners, the interaction between genders, social relationship, dress code and the ethical and moral principles of Islam (Shaikh Abdul Mabud, 1998 as cited in Ihwani et al., 2017).

According to Nkhoma et al (2020), the community may have the capacity to raise the likelihood of adolescent pregnancy while also providing a safe atmosphere that may keep teenagers from experiencing remarkable growth in all aspects of life. The study proposed that the community should be empowered to take part and play their roles in tackling the social issues that occur in society through awareness programs taking care of the neighbourhood.

Oyedele et al (2015) believed individuals, families, communities, and official and informal organizations/institutions must successfully implement a comprehensive teen pregnancy prevention program. According to the researchers, no single program can significantly lower teen pregnancy and birth rates, but rather a combination of initiatives.

Implementing principles of action would have a fundamental impact on its people. Focusing on preventing recurrent pregnancies, the policy should concentrate on the education system in which regulations should be implemented. This will ensure girls receive compulsory education, incorporating tailored sexual health education and a supportive atmosphere that empowers adolescents and improves their health (Nkhoma et al., 2020).

The suggestion on policy development is related to the data collected from the research. It is recommended that JKM and TSP revise the policy and system on the recovery process of the teenagers admitted into the centre and develop a sexual education module that would benefit the caregivers in providing information on sexual and reproductive health.

**Theme 2: Social Support**

Social support is an important aspect that can help lessen recurrent pregnancy among unwed teenagers. From the study, social support from family, caregivers, and community can motivate teenagers to stop engaging in risky sexual behaviour and change for a better future. This study has shown that family roles are essential in preventing teenage pregnancies among unwed teenagers.

As suggested in the study, the social support from the family corresponds to one of 6 ways that parents can contribute to preventing teenage pregnancies by (Kiprotich, 2018). Similarly, in research on adolescent pregnancy, Chiazor et al (2017) recommended a few practices for parents to provide social support. The method includes ensuring the development of a close relationship with their children, parents' values, parental regulations, and parent-child connectedness in terms of support, closeness, and warmth, and familiarity with their children's friends educating them on having an intimate relationship with the opposite sex.

On the other hand, caregivers can support the teenagers by helping them plan for their future and have favourable judgments towards the teenagers in the protection centre. The planning can help teenagers prepare themselves to face the outside world besides identifying possible things that can be done after being released from the protection centre. Meanwhile, the caregivers' positive perceptions towards them would make them feel appreciated and motivated to change for the better.

Referring to judgment and stigma towards teenagers in the protection center, a qualitative study on school-going teenage mothers by Amod et al (2019) revealed that teachers at school have been dismissive of young mothers. In addition, the teenagers felt that they were stigmatized, getting judgmental responses from the teachers during their pregnancies and after their return to school.

The community can show their social support by breaking the stigma and judgment on teenagers. The study's outcome suggested that the stigma and judgment received from the community put an end to the teenagers' change effort.

The stigma and discrimination that the teenagers faced from this study are similar to what has been described by social workers who provided services to pregnant teenagers in rural and urban areas of Capricorn (Skobi & Makofane, 2017). Discrimination and stigmatization are significant challenges pregnant teenagers encounter, leading them to isolate themselves from the community and have suicidal ideations. According to Kim et al (2017), significant reasons for discrimination are due to the social stigma tied to being a young mother with lower education status and unwed, lack of connectivity with their peer groups that lead to lack of social support from peers, and the misinterpretation of undesirable and irresponsible teenagers by media that contribute to low encouragement and acceptance from the society.

**Theme 3: Sexual Education**

Although sexual education is taboo, especially in Malaysian culture, it cannot be denied that sexual education is crucial in preventing recurrent pregnancies. From this study, sexual education plays a vital role in the community and the unwed teenagers in the protection centre. Providing sexual education to the community can help prepare them and give them early exposure, especially to children and primary school students. In addition, teenagers in the protection centre will benefit significantly from the sexual and reproductive health information obtained from the centre. This is because their current understanding of sexual health is limited to basic knowledge of sex. They are also not being exposed to other topics

regarding sexual education, such as contraceptive methods and numerous sexually transmitted infections (STIs).

The outcome of the study is supported by a survey conducted by Ollis and Harrison (2016) that reported 94 percent of teenagers felt that sex education is crucial because it can help to alleviate adverse sexual health outcomes among teenagers such as sexually transmitted disease (STI) or unplanned pregnancy (Fisher et al., 2020). In addition, qualitative research focusing on teenagers' perception of teenage pregnancy and STIs and how these issues could be addressed suggested that sex education should be comprehensive, accurate, and reach all teenagers.

Despite the importance of sexual education, interview sessions with teenage mothers and fathers in a school in South Africa disclosed that sex education in school does not encourage them to change their behaviours (Wood and Hendricks, 2016). The teenagers described the approaches used by the teachers or health practitioners that focus only on bio-medical facts and warn of negative consequences without relating them to the social context the youth is currently experiencing. The research finding suggested that pregnancy prevention education should have a more youth-friendly approach that can support young parents in dealing with their situations and discussing the options and possible consequences of teenage pregnancy (Wood and Hendricks, 2016).

Focusing on delivering sexual education to youngsters, the study revealed that using videos and playing interactive games is suitable for caregivers or teachers to teach students about sexual education. Teenagers prefer those kinds of fun activities to have fun learning while gaining input on sexual education.

The result of the study is consistent with research by (Haruna et al., 2018). They concluded that game-based learning (GBL) and gamification could improve the sexual health education of adolescent students. As sexual health topics are rarely discussed publicly, these two methods will assist teenagers in learning and asking questions at their own pace, and exploring sexual health education in a private environment, without fear of embarrassment or offending others. (Haruna et al., 2018). In addition, the researchers believed that these innovative methods might result in healthy behaviour changes, particularly in risky sexual behaviours.

This study also suggested delivering sexual education in small groups that involve male and female students. This would help both genders to have a better understanding of their role in preventing recurrent pregnancy. However, according to Rose et al (2019), gender may influence teacher and student comfort with sexual health lessons. Respondents from the qualitative research reported that having mixed-gender classrooms affect students' comfort levels during sexual health lessons, with students expressing discomfort during the classes due to the disruptive and immature behaviour of the male students. Nonetheless, professional development offered by the school district has assisted teachers in addressing their discomfort in the classroom and helped them alleviate discomfort for their students (Rose et al., 2019).

## **Conclusion**

In conclusion, there are three critical factors to prevent recurrent pregnancy among unwed teenagers from caregivers' perspectives found in this study. Three central themes include empowerment, social support, and sexual education. The first theme; empowerment, found in this study comprises empowering the teenagers with education and instilling good values, empowering the community to get involved in social issues in society such as conducting

awareness programs with pregnant teenagers in protection centres and for the related organizations to review their policy to ensure the decrease in the number of unwed pregnancy admission to the centre. The second theme, social support, is associated with the support received from family, caregivers, and community. The support received can help teenagers prepare before facing the real world and increase their determination and courage to deal with challenges. The final theme found in this study is sexual education, which focuses on awareness of sexual education and disseminating sexual education information. Findings from the current study suggest that sex education is crucial in preventing recurrent pregnancy. Furthermore, the best practices to teach sexual education are interactive videos and games to captivate the youngsters' attention and focus. Theoretically, the factors found in the current study are supported by the social cognitive theory proposed by Albert Bandura (Akpor & Thupayagale-Tshweneagae, 2019). The approach suggested that learning also occurs through observational learning or modelling. In this study, for the teenagers to learn how to adapt and survive in an actual situation, they need a role model for guidance: the family members, caregivers, and the community, as mentioned in this study.

Findings from this study managed to identify the critical factors in preventing recurrent pregnancy among unwed teenagers. Interestingly, these factors are based on the caregivers of Malaysian protection centres to help the government and related agencies such as the Malaysian Welfare Department (JKM) develop new strategies and re-structure the existing system and policies to reduce teenage pregnancy cases in the country. The findings are also a call for the Malaysian Welfare Department (JKM) to establish a comprehensive sexual education module for all protection centres of high-risk teenagers, and corresponding to the suggestion by Shahrudin et al (2018) on the importance of proper caregiver's guideline to educate high-risk teenagers in the protection centres. Interestingly, a local study by Mohamed (2014) also revealed that the mental health issues among unwed teenagers could be intervened with standardized guidelines for a better future and quality of life.

However, this study has several limitations: insufficient past studies within the Asian context, limited views of informants, and potential bias during the online interview session. Therefore, it is recommended for future studies on unwed teenage pregnancy in Malaysia to look at these issues through prospective design on the severity of recurrent pregnancy among unwed teenagers in Malaysia and the associative factors.

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