

**UNDERSTANDING ADOLESCENTS' EXPERIENCE
WITH AN UNWANTED PREGNANCY**

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ABSTRACT

Adolescence pregnancy is a global dilemma. It is by no means a new occurrence but a continuing issue that needs to be attended to, in the context of the Malaysian society. Aiming to contribute to the body of knowledge in addressing ways to curb the issue, the study focused in gaining an in-depth understanding of the adolescents' experience with an unwanted pregnancy. It is important to note that the purpose of study has only been to find out how the adolescents in this study made sense of their experience without any external interference of counseling elements. The Interpretative Phenomenological Analysis (IPA), a qualitative approach is used to explore the experiences of purposively sampled four unmarried adolescents between 16 to 18 years old. The data collection process involved a series of three, in-depth interviews with each participant focusing on the life history, current experience and reflection on the experience. A total of 23 in-depth interview sessions were carried out with each session ranging from 40 to 90 minutes. Other forms of data collection were also obtained via observations and documents such as diaries, drawings, field notes and the researcher's reflexive notes. Data analysis were based on Smith's (2009) six-step analysis in IPA. The consequences of an unwanted pregnancy have an impact on the participants' psychological make-up. However, the sense making of the experience is unique to each of the participants. The participants' journey with an unwanted pregnancy was an "experience" of importance when they reflected on the significance of what had happened and engaged cognitively in making sense of that "experience", whence seven (7) themes emerged. The seven themes were: "search for fun, freedom and love", "abortion attempts", "emotional numbing", "spiritual strengthening", "transformation from unwanted to wanted pregnancy", "transformation of self" and "sexuality education". The themes uncovered that the participants have transformed from a sense of hopelessness to a hopeful future.

The turning point of transformation and the emotional journey are unique to each of the participants. Crisis counseling and effective counseling methods applied in the helping professionals practice are important to facilitate and to enhance this positive transformation. Additionally, outcomes of the research may provide further insights to the policy makers in formulating better and more effective policies in tackling unwanted pregnancies among adolescents. The study also indicated there is room for a better preventive program and healing process to be promulgated and implemented.

ABSTRAK

Kehamilan remaja adalah satu dilema global. Ini tidak bermakna ia satu kejadian baru tetapi merupakan isu berpanjangan yang perlu diberi perhatian dalam konteks masyarakat Malaysia. Bertujuan untuk menyumbang kepada ilmu pengetahuan dalam menangani cara untuk membendung masalah ini, kajian ini memberi tumpuan dalam mendapatkan pemahaman yang mendalam terhadap pengalaman remaja dengan kehamilan yang tidak diinginkan. Adalah penting untuk mengambil maklum tujuan penyelidikan hanya untuk mengetahui bagaimana remaja dalam kajian ini memberi makna kepada pengalaman mereka tanpa sebarang gangguan luar iaitu unsur-unsur kaunseling. *Interpretative Phenomenological Analysis* (IPA), pendekatan kualitatif digunakan untuk meneroka pengalaman empat remaja belum berkahwin berusia antara 16 hingga 18 tahun yang dipilih secara pensampelan bertujuan. Proses pengumpulan data melibatkan tiga siri temubual mendalam dengan setiap peserta memberi tumpuan kepada sejarah hidup, pengalaman semasa mengandung dan refleksi terhadap pengalaman. Sebanyak 23 sesi temubual mendalam telah dijalankan dengan setiap sesi berlangsung di antara 40 hingga 90 minit. Bentuk pengumpulan data lain yang telah dikumpulkan adalah melalui pemerhatian dan dokumen seperti diari, lukisan, nota lapangan dan nota refleksif penyelidik. Proses analisis data dilaksanakan berdasarkan enam langkah analisis IPA yang disarankan oleh Smith (2009). Kehamilan tidak diinginkan telah mengakibat dan memberi kesan kepada *psychological make-up* peserta. Walaubagaimanapun, memberi makna kepada pengalaman adalah unik bagi setiap peserta. Perjalanan peserta dengan kehamilan yang tidak diinginkan merupakan “pengalaman” penting apabila mereka menggambarkan refleksi signifikasi kejadian yang telah berlaku serta melibatkan proses kognitif dalam memberi makna terhadap

pengalaman seterusnya menghasilkan tujuh (7) tema. Tujuh tema ialah: "mencari keseronokan, kebebasan dan cinta", "percubaan pengguguran", "kebas emosi", "pengukuhan rohani", "transformasi daripada yang kehamilan tidak diingini kepada kehamilan diingini", "transformasi diri" dan "pendidikan seksualiti". Tema-tema tersebut membongkar bahawa peserta telah melalui transformasi dari perasaan putus asa kepada suatu masa depan yang memberi harapan. Titik perubahan transformasi dan perjalanan emosi adalah unik bagi setiap peserta. Kaunseling krisis dan kaedah kaunseling yang berkesan yang digunakan dalam amalan profesional yang membantu adalah penting untuk memudah dan meningkatkan transformasi positif ini. Selain itu, hasil penyelidikan ini boleh memberi maklumat lanjut kepada pembuat dasar dalam merangka dasar-dasar yang lebih baik dan berkesan dalam menangani kehamilan yang tidak diingini di kalangan remaja. Kajian itu juga menunjukkan masih ada ruang untuk program pencegahan yang lebih berkesan serta proses penyembuhan yang boleh diwartakan dan dilaksanakan.

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LIST OF ABBREVIATIONS

Interpretative Phenomenological Analysis	IPA
Ministry of Women, Family and Community Development	MWFCD
National Population and Family Development Board	NPFDB
Observatory Comment	OC
Orkid	O
Researcher	R
Rose	Ro
Royal Malaysia Police	RMP
Sakura	S
Self-Reflexive	SR
Sexually Transmitted Diseases	STDs
Sijil Pelajaran Malaysia	SPM
Violet	V

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CHAPTER 1: INTRODUCTION

Background of Research

Presently, Malaysia is facing the many waves of social ills such as premarital sex, child abuse, substance abuse, delinquency and criminal offenses amongst adolescents; disturbing the tranquillity and balance of family lives similar to developed countries (Denzin & Lincoln, 2000; Larkin, Watts, & Clifton, 2006). The fast pace of development which focuses only on the importance of economic and physical developments of infrastructures has resulted in the phenomenon of the community rushing headlong into reaping the material benefits of working long hours and ignoring the familial values and needs of the adolescents, grouped as young and healthy people aged between 10 and 19 years old (Molina, Roca, Zamorano, & Araya, 2010; World Health Organisation, 2009). In the Malaysian context, the Child Act 2001 (Act 611) and Regulations Malaysia; a consolidation of Juvenile Courts Act 1947, the Women and Young Girls Protection Act 1973 and the Child Protection Act 1991; categorize adolescents within the age group of 18 years and below as children. Adolescents in this modern world face many challenges creating tremendous stress on them which maybe one of the causality of unhealthy social ills. This new phenomenon has resulted in millions being spent each year to fight the social ills.

Recently, one of the social ills that have made headlines in the country is the increase in the number of pregnancy amongst adolescents, a consequence of premarital sex. For this reason, the phenomenon of unplanned pregnancy amongst adolescents is a social ill that should not be ignored. Worldwide, 38% or 80 million of the total population were unintended and recorded in 1999 (World Health Organization, 1999). Adolescence pregnancy and parenthood are by no means new occurrences and a global dilemma for many countries (Farber, 2009; IPAS, 2005). The World Health

Organisation (2009) has categorized adolescence pregnancy as unplanned pregnancy that occurs amongst unmarried girls aged between 10 to 19 years, and most often results in an unwanted pregnancy. Unwanted pregnancy can be defined as a conception that was unplanned and unintended by the female adolescent (IPAS, 2005; Pinto e Silva, 1998). Female adolescent may get pregnant upon reaching puberty and their fertility rates usually began from the ages of 12 to 13 years old (Farber, 2009; IPAS, 2005). Adolescence pregnancy is subjected to personal and societal factors. The rates of adolescence pregnancy differ between nations due to variances in stages of sexual actions, information on sex education provided and access to inexpensive contraception methods. Globally, adolescence pregnancy rates range from 143 per 1000 in some sub-Saharan African countries to 2.9 per 1000 in South Korea (Fade, 2004; Klimstra, 2012). Adolescence pregnancy is a transition to motherhood. It is a vital yet traumatic lived experiences which comprises numerous risk aspects (psychological, socioeconomic and marital) for first time adolescent mothers due to their youth coupled with unintended pregnancy, thus; unwanted (Farber, 2009; Macleod, 2010).

Statistically, it was recorded that early sexual initiation amongst adolescents in Malaysia has seen the rise in the abandonment of babies based on the sexual cases statistics obtained from the Royal Malaysia Police (RMP) (Royal Malaysia Police, 2012). These babies were often found either dead or alive, dumped at places unimaginable such as suitcases, at sacred places such as mosques, in toilet bowls, at door steps, garbage dumps just to name a few. The limited understanding on the consequences of early sexual initiation, lack of family cohesion, socioeconomic and societal hypocrisy (Evans, 1986) may be some of the many contributing factors that lead to the abandonment of babies. It has been found that early sexual activity is often associated with unintended and unplanned adolescents' pregnancies, hence; unwanted pregnancies, out-of-wedlock childbearing affect their psychological and emotional wellbeing (Miller, 2000). The outcome of the unwanted pregnancy will often be

regarded as a problem pregnancy crisis and adolescents have been found to undergo illegal abortion and experienced emotional numbing resulting in an adverse effect on their health (Klingman, 1993). Counseling interventions may be useful to curb the early sexual initiations among adolescents by providing and aiding them with information and the potential risks they may face including the sexually transmitted diseases (STDs) (Sandoval, 2013). It has been found that these risks can be eliminated or reduced should the adolescents refrain from sexual activity. Counseling interventions may include program to help in deferring early sexual initiation amongst adolescents to reduce their involvement in unwed and unwanted pregnancies, STDs, and psychoemotional harm (Kim & Rector, 2008).

In this study, the terminology adolescent will be used throughout to describe the adolescent's experience with an unwanted pregnancy.

Statement of Problem

One of the social ills that have been highlighted is the sexual activity among Malaysia adolescents which have begun to increase and raise concerns in the past years (Lee, Chen, Lee, & Kaur, 2006; Zulkifli & Low, 2000). It has emerged that adolescence pregnancies are becoming a disturbing trend in Malaysia with a huge sum of female adolescents seeking assistance from the Department of Social Welfare under the umbrella of the Ministry of Women, Family and Community Development about their predicament. The Department has already recorded 111 such cases in middle 2010 while a total of 131 cases were recorded in 2009. The statistics provided by the Department of Social Welfare has shown that for the year 2010 there were 373 out-of-wedlock children being placed in homes managed by the department. The increasing statistics has indicated a phenomenon that is distressing to the society in general. The statistics mentioned may not reflect the actual number of cases being reported. Under reporting of actual cases may occur and remain unknown. True and actual

representation of actual cases may not be reflected and this may do more harm than good to the nation.

The issue became prominent due to recent cases of abandonment of babies as reported by the Royal Malaysia Police (2012). The statistics indicated that there was an increase beginning 2007 to 2011 whereby 76 and 98 babies were found abandoned respectively. Meanwhile, in January to April 2012, there were 23 cases of abandonment of babies (Royal Malaysia Police, 2012). Out of the total cases recorded from the year 2007 to 2011, 26 cases were found to be linked to adolescents aged 18 years and below (Royal Malaysia Police, 2012). It was found that the abandonment of babies includes residential areas, sacred sites, dumpsites and outside banks; just to name a few (Royal Malaysia Police, 2012). The statistics may indicate the adolescents' unpreparedness to parenthood hence, the abandonment of babies.

A study conducted by the World Health Organisation in 2005 on Sexual and Reproductive Health of Adolescents and Youths in Malaysia, found that an alarming increase of adolescents under the age of 18 have engaged in sexual intercourse. This is the common cause of the rise in the number of unplanned and unwanted pregnancies cases amongst the adolescents (World Health Organisation, 2005). Previously, a Malaysian Health and Lifestyle Survey held in 1991 affirmed that the percentage of unwed adolescents experienced in sexual intimacy has increased to 13% from 9% (Low, 2009) when compared to a similar study conducted in 1986 (Zulkifli, Low, & Yusof, 1995). In 1992, a national Health and Lifestyle Survey discovered 52% of adolescents and young adults aged between 17 and 24 years had multiple sex companions. The Ministry of Health Malaysia recorded 50% of these youths were involved in premarital sex in the same year.

In Malaysia, even though the occurrence of sexual intimacy among adolescents is considered low, the problems need to be addressed early and prioritize to prevent risk behaviors of these adolescents (Lee et al., 2006). The involvement of sexual behaviors

in adolescents may result in the unplanned and unwanted pregnancies with babies born out of wedlock. It is becoming increasingly difficult to ignore these controversial issues.

One of the reasons for the increasing number of premarital sexual activity in Malaysia is due to the social changes in the country (Zulkifli et al., 1995). The study found that boys have lesser pressure to remain a virgin and have a higher tolerance to experiencing and experimenting premarital sex compared to girls due to their risky behaviours (Zulkifli et al., 1995). In the study, older girls were found to be more actively engaged in sexual activities in comparison to younger girls. However, these girls were not well-informed about the possible consequences such as getting pregnant. Moreover, the openness and unlimited boundary in the relationship between adolescents have led to an increase of premarital sex, a consequence of globalisation (Zulkifli & Low, 2000).

Subsequently, adolescents find the notion of dating and socializing between opposite sex very attractive. Studies have indicated that more adolescents are involved in premarital sex at a younger age (Jaafar, Wibowo, & Afiatin, 2006; Omar et al., 2010; Zulkifli & Low, 2000; Zulkifli et al., 1995) although the religion forbids it (Jaafar et al., 2006). Particularly, in Islam; proper dress codes for the sexes are to be adhered to cover the *awrah*, no socializing between the opposite sex allowed and the taking of alcohol and designer drugs such as ecstasy pill forbidden. However, lack of religiosity and the influence of the western culture have changed the adolescents' views towards fashion, socialisation and lifestyle. Therefore, it is crucial to understand the phenomenon of the unwanted pregnancy, a consequence of premarital sex amongst adolescents in their context. More studies are required to provide a true picture of the unwanted pregnancy phenomenon focusing on female adolescents.

The study on the understanding of the adolescents' experience with an unwanted pregnancy is considered to be at its infant stage when compared to the developed countries. This is because in Malaysia, an open discussion on adolescence sexuality

issues is considered to be a taboo resulting in limited understanding on the subject (Jaafar, Wibowo, & Afiatin, 2006). A study conducted abroad does not reflect the true account of adolescent's experience in the local context, hence limiting the understanding on the adolescent's experience locally.

Additionally, the adolescents with an unwanted pregnancy are impacted by the pregnancy whether or not the cases are being reported. Empirically, adolescence pregnancy were mostly unplanned and to the economically and materially disadvantaged group, this is viewed as negative and has resulted in an increase of post-partum depression and stress-related illness among adolescent and adult mothers (Irvine, Bradley, Cupples, & Boohan, 1997). The study conducted did not particularly focus on the adolescent age group; hence there is a need to further analyze the psychological make-up of the adolescents in their context. In another study by Palacios and Kennedy (2010), unwanted pregnancy cases are often grouped with young adults, hence it was challenging to link outcomes unambiguously to understanding the impact of the experience during adolescent age. This inadequate study resulted in the urgent need to understand adolescents experiencing unwanted pregnancy from their perspectives.

Next, past studies focused mainly on the reasons for sexual involvements and means to curtail the problems via survey method (Lee et al., 2006; Low, 2009; Low, Ng, Fadzil, & Ang, 2007; Macleod, 2010; Omorodion, 2006; Pinto e Silva, 1998; Sabo, Miller, Farrell, Melnick, & Barnes, 1999; Schmiede & Russo, 2005; Low, 2004; Zulkifli & Low, 2000; Zulkifli et al., 1995). There were extensive research on the factors that caused sexual initiation amongst adolescents and its consequences done internationally in comparison to local studies. In the Malaysian context particularly, several studies conducted focused on the cause, consequences and outcome of premarital sexual activities and on usage of contraception (Lee et al., 2006; Low, 2009; Omar et al., 2010; Ravindran, 2003; Zulkifli & Low, 2000). Studies in Malaysia were mostly done based on open-ended questionnaires survey form. There is a deficit of

knowledge in understanding the adolescence sexuality and experiences which is thought to be somewhat conservative to be discussed in the context of Malaysia. Caused by the deficit of study, the adolescents' outlooks towards sexual matters in Malaysia require further studies. Hence, there is an impending need to further understand adolescent experience first-hand.

In addition, only one study was currently found focusing on the experience of adolescents with sexuality issues in the context of Malaysia. The qualitative research design was applied to provide an insight on the sexuality issues. However, only male participants were selected for the study (Low et al., 2007). The experience of female adolescents with an unwanted pregnancy was neither conducted nor explored. In this study, I hope to contribute to the understanding of adolescent's experience with an unwanted pregnancy by providing insight from the emic perspectives of the participants. This can be achieved best through the qualitative approach to help comprehend the phenomenon of unwanted pregnancy. This is to avoid the participants unique experience to be categorically predetermined resulting in restrictions of data.

In consequence, deficit of studies based on the female adolescents' perspective contributed to the knowledge gap among the helping professionals in understanding the phenomenon of an unwanted pregnancy. Several studies have indicated that the helping professionals faced difficulties when dealing with adolescents with unwanted pregnancies due to lack of adequate training (Sandoval, 2013; Schmiege & Russo, 2005). In most cases, the adolescents who were already grappling with their issues felt trapped with continuous suffering and loss of orientation (Dallas, 1978; Schmiege & Russo, 2005; Vinovskis, 1981). Therefore, this study is hoped to assist the helping professionals to better understand the adolescents experiencing an unwanted pregnancy and come up with the best treatment plan.

In summary, the literature search has indicated that studies mostly involved the assessment of risk in adolescent pregnancies, factors that contribute to the increase of premarital sex amongst the adolescents, sexuality issues from the perspectives of the boys, sexuality behaviors, but lacking in the area of understanding the experience of the adolescents with an unwanted pregnancy. Essentially, understanding the experience of the female adolescents and factors that trigger their behaviors are beyond the means of statistics and will be tackled in this study. In order to fully understand the phenomena that involve the adolescents, I will have to look from their perspectives and not focusing on the adult preoccupations (Thompson, 1995).

The aim of this research is to discover the experience of unwed adolescents with an unwanted pregnancy and seeks to answer the research question: (1) how do adolescents with an unwanted pregnancy make sense of their experience?

Research Objective

The central objective of this research is to obtain a deeper understanding of adolescents making sense of their experience with an unwanted pregnancy. The outcome of this study comes from sharing sessions with the adolescents on their sense making by providing meaning and essence of their experience from the emic perspectives.

Research Questions

The main question of, “How do adolescents with an unwanted pregnancy make sense of their experience?” was asked to provide an in-depth discovery. The question was asked to seek the essence of meaning on the experience of adolescents with an unwanted pregnancy.

Significance of Research

The significance of this research is to understand the adolescents’ experience with an unwanted pregnancy encompassing three areas. The first area was aimed at creating an understanding and awareness among the helping professionals on how best they can contribute to the betterment of the adolescents’ psychological make-up. Secondly, the significance of the study may assist parents to better understand the consequences of lack of effective parenting. Finally, the third area of significance is to assist in contributing towards the implementation of policy on matters related to adolescence pregnancy.

Firstly, it is vital to comprehend what are the thought processes of the adolescents with an unwanted pregnancy. Understanding this unique phenomenon will assist the helping professionals to come up with specific strategies and techniques to assist the adolescents. By understanding the emotional turmoil and psychological make-up of the adolescents, specific strategies can be carried out to cater to their needs. The helping professionals, counselors in particular were found to encounter challenges with their clients due to the sensitivity of the issues discussed (Sandoval, 2013). Counselors have to be extra careful catering to the wellbeing of their clients (Falk, Falk, Hanson, & Milsom, 2001). Counseling may be used as a method to educate the adolescents on sexuality issues relating to preventing unwanted pregnancy (Moos, Bartholomew, & Lohr, 2003). By understanding the personal meaning of the adolescent’s behavior with an unwanted pregnancy, it may assist the counselors to conduct and carry out effective

counseling techniques in assisting and amplifying the adolescents' ability in achieving catharsis, an emotional release which is linked to a need to release unconscious conflicts. In addition, interventions and effective counseling services can be provided to the adolescents within their context once the dilemma or predicaments of the adolescents are well understood. The essence and meaningfulness of the adolescents' experience will provide and support the knowledge of understanding and making sense of the adolescents' experience perceiving the world.

Secondly, parents will also benefit from the research by understanding the risk behaviors involving adolescents, owing to lack of parental supervision, ignorance and neglect on their part. Parents need to understand the importance of having a strong family structure which includes positive communication style and effective parental guidance. Education and knowledge begin from home, thus; parental role model and guidance are required to reduce the risk behaviors that are often associated with adolescents such as alcohol and substance abuse; and involvement in sexual intimacy at a young age (Costa, Jessor, Donovan, & Fortenberry, 1995; Jessor & Jessor, 1984; Jessor & Jessor, 1977).

Next, a model on prevention and/or reduction of the unwanted pregnancy could be developed by the Ministry of Women, Family and Community Development. An appropriate and a more specific model targeting the adolescents in their sociocultural can be developed, once the gap of knowledge on unwanted pregnancy has been reduced. The policymakers are also able to assess the current situation and decide on the current status of the sexuality education policy. A need analysis and drawing up of modules could be considered to cater to the special needs of the adolescents. The understanding of the psychological makeup of the adolescents with an unwanted pregnancy is desirable to assist in the right formulation of prevention programs and to stress on the importance of sex education curriculum to accommodate to the needs of the adolescents. The phenomenological approach using the Interpretative Phenomenological

Analysis (IPA) assisted in the in-depth analysis and rich description of the data by providing the essence of meaning to their experiences that could be helpful for the gatekeepers. The Department of Social Welfare could also benefit from this study by coming up with ways and means to obtain political commitments, encourage government interventions, raise the community awareness, seek financial assistance to educate the adolescents on sex education, preventive programs and model to curb the unwanted pregnancy amongst adolescents.

Purpose of Research

The identified purpose of this research was to gather deeper understanding of adolescents' experience with an unwanted pregnancy. The experience is based on unmarried adolescents' first pregnancy. Outcomes of this study came from the sharing of the adolescents' emic perspective of pregnancy. Conclusions of this research may offer new knowledge to help bolster the professional's skills in formulating the best appropriate treatment plan for the adolescents. In addition, the knowledge gap is bridged thereby helping and enhancing the education and skill of the helping professionals. Policy makers may be able to improve the current services rendered by extending their implementation policy to include the adolescent group while parents may improve their parenting skill.

Conceptual Framework

The conceptual framework is aimed at providing a tentative theory of the phenomenon (Maxwell, 2005) that I plan to investigate. It is therefore best to map the entire framework of how the research is intended for in a graphic form, to assist in enhancing the research focus of the studies (Sundby, Svanemyr, & Mæhre, 1999). The conceptual framework is only used as a guide and flexibility will be retained allowing any unanticipated data to emerge (Frost, 2011; Marshall & Rossman, 2010). Thus, for a

better understanding on how I will conduct the research, a Conceptual Framework is depicted in Figure 1.1.

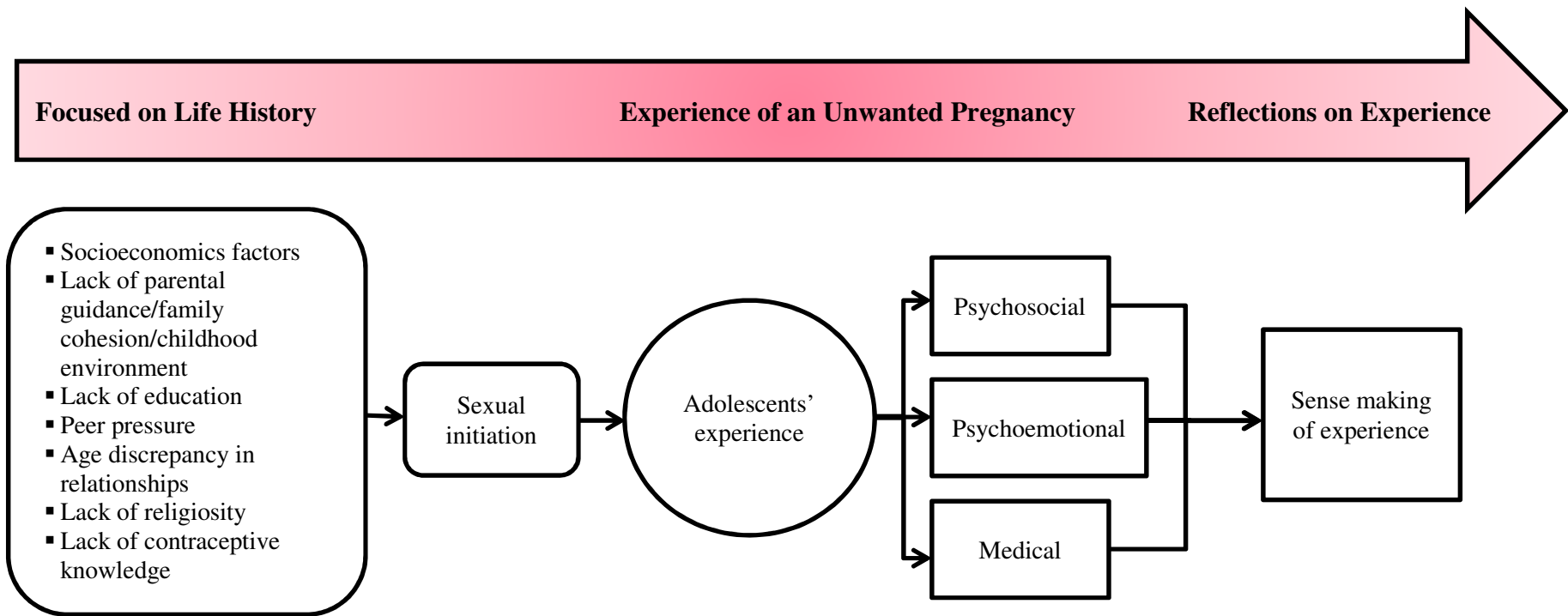


Figure 1.1: Conceptual Framework

Miles and Huberman (1994) stated that the graphic form of conceptual framework helped to address the important key factors, constructs, and variables that are to be investigated in this study by addressing the connection between the important factors. The aim is to look at the experience of adolescents with an unwanted pregnancy. Therefore, the attempt to make sense the original account of experiences of the adolescents with an unwanted pregnancy involved their past life histories and their details of lived experiences. The conceptual framework acts as guide throughout the study.

Based on past literatures, the factors that contributed to premarital sexual initiation, hence the outcome of an unwanted pregnancy were socioeconomic factors, lack of parental guidance, cohesion and childhood environment, lack of education, peer pressure, age discrepancy in relationships, lack of religiosity, and lack of contraceptive knowledge (Jaafar, 2011; Kogan, 2004; Rodgers & Rowe, 1993; Coleman, 2006; Lee, Li, Kwong, & So, 2006; Tamkins, 2004; Lee et al., 2006; Low, 2009; Fade, 2003; Pinto e Silva, 1998; Vundule et al., 2001; Marin, Coyle, Gomez, Carvajal & Kirby, 2000).

The conceptual framework was divided into three sections, (1) focused on life history, (2) experience of an unwanted pregnancy and (3) the adolescents' reflections on experience. To understand the true and personal account of the unwanted pregnancy experience, the past history of the adolescents were focused on the abovementioned contributing factors. The experience of the unwanted pregnancy was then divided into the psychosocial, psychoemotional and medical aspects. The psychosocial components were included to look at the interrelation of social factors and individual thought and behavior while psychoemotional focused on the psychological interactions with the adolescents' emotions. Finally, medical component looked into the medical concerns for issues related to the prenatal care and care during pregnancy.

Next, the adolescents reflected, provided meaning and made sense of their experience with an unwanted pregnancy with no influence on my part and based entirely on their personal accounts. Detailed discussions on how I arrived at the outcome of sense making by the adolescents are discussed in Chapter 3: Methodology of Research under the title of Reliability, subtitle Epochè/Bracketing. Briefly, the bracketing refers to putting aside my personal identification; position or reflexivity of personal interests and experience, cultural issues, presumptions and guesses that may affect the research. Objectivity of the study is maintained by bracketing.

Operational Definitions

For the purpose of this research, only four important terminologies are defined. They are adolescent, adolescence pregnancy, unintended or unplanned pregnancy and unwanted pregnancy. For each term, the operational definitions are listed below:

Adolescent. In this study, the terminology adolescent instead of teenager will be applied. The adolescents in this study refer to unmarried female adolescents aged between 16 to 18 years old.

Adolescence pregnancy. The terminology adolescence pregnancy is defined as pregnancy that occurs before marriage and it is an unplanned pregnancy due to unprotected sexual initiation.

Experience. Experience in this study refers to the personal story related by an adolescent with an unwanted pregnancy that includes her past and current reflections on her experience. It is a story or lived experiences told by the participant in the study from her own perspectives.

Unintended/unplanned pregnancy. Unintended or unplanned pregnancy among adolescents is a pregnancy occurring without any proper planning and often before marriage. Unintended or unplanned pregnancy may also occur when contraception and other precautionary methods are applied. However, the unintended or unplanned pregnancy amongst adolescents may include a degree of wantedness or unwantedness. In this study, the unintended or unplanned pregnancy resulted in an unwanted pregnancy.

Unwanted Pregnancy. Unwanted pregnancy may be defined as unintended pregnancy resulted in the pregnancy being unwanted by the female adolescent involved in consensual sexual behaviors with their respective partners.

Limitation of Research

The objective of this research is to acquire an exhaustive and in-depth understanding of the adolescents' experience with an unwanted pregnancy. I faced some limitations while conducting this research. One of the limitations was the time constraint during data collection whereby I was required to ensure a completed collection of data from the various sources before the participants go into labor. The participants was sampled purposively and limited to unmarried female adolescents without taking into consideration their partner's experience. The sample size cannot be expanded due to the inability to have adolescents fitting the research criterion. The selection of site was conducted based on the highest incidence in the figures provided by the Royal Malaysia Police (Royal Malaysia Police, 2012), hence; it is impossible to generalize the outcomes to a larger population. However, generalisation of the study could be produced by another researcher based on their applicability and availability to replicate the study.

Chapter Summary

In this study, unwanted pregnancy among adolescents as a result of premarital sexual initiations is an issue that must not be ignored. It is a global endemic and has now landed on the shores of Malaysia. Among the explanations for the rise in the statistics of unwanted pregnancy are the rapid globalisation and modernisation of Malaysia in her endeavor to achieve a developed country status by the year 2020. Morality has somewhat deteriorated although the Malay-Muslims is the dominant majority in multi-racial and multi-religious Malaysia. As a conservative society, Malaysian parents abstain discussing sexuality issues openly to their children, thus; their children are left to explore their own sexuality from their peers and other sources. Adolescents are known for their creativity, hence; their curiosity most often results in risk behaviors associated with adolescents – early initiation of sexual behaviors. In order to be accepted in a group of friends, these adolescents will imitate what are considered as an accepted behavior in the group.

The lack of parental guidance may contribute to a detached relationship between adolescents and their parents. As a result, peer pressure will be harder to surmount in the absence of parental guidance. The deficiency of religious training is another reason for the increase number of unwanted pregnancy. Adolescents indulge in premarital sexual behaviors without being readily prepared physically, emotionally and psychologically. Henceforth, when found pregnant, the adolescents will find means to terminate their pregnancy to eliminate risks to their health, avoiding trauma and socioeconomic issues (Irvine et al., 1997). The adolescents will go through a traumatic experience and may take drastic action to avoid their pregnancy being known to their families and others. Consequently, adolescents experienced depression and were unable to have clarity of mind, resulting in the increase number of abandoned babies as reported by the RMP.

Finally, the research is important and significant because the recommendations would help relevant authorities and helping professionals in coming out with the specific necessities of adolescents faced with unwanted pregnancies and the options to be taken next. Thus, it is crucial to understand and explore the meaning or essence of unwanted pregnancy from the subjects themselves. The true meaning could then assist many in ensuring the adolescents are properly informed of the consequences that they have to face due to their actions.

CHAPTER 2: REVIEW OF LITERATURE

Introduction

This chapter encompassed discussions on theoretical and empirical literature pertaining to adolescents involved in unwanted pregnancy, their risk behaviors, causes and consequences; and prevention methods of unwanted pregnancy. The literature review is steered to answer the research question: (1) “How do adolescents with an unwanted pregnancy make sense of their experience?” In this study, the terminology ‘adolescent’ will be used throughout to describe the participants.

According to the World Health Organisation (2009); Molina et al. (2010), adolescents are group of youths from 10 to 19 years old. Worldwide, there is an estimated population of 1.2 billion youths from 10 to 19 years making up the largest generation of adolescents in history (World Health Organisation, 2009). In developed countries, adolescents have the opportunities and resources to develop themselves. However, they may face stiff competitions to develop themselves and those coming from a lower socioeconomic background will be grappling to survive in the wake of rapid globalisation and modernisation which may result in their situations being compromised (Besharov & Gardiner, 1997; Jessor, 1991). In contrast, adolescents in developing economies are prone to the dangers of violence, sexual exploitations, child labor, child marriage and unwanted pregnancy. The risk behaviors associated with early sex, child marriage, adolescent childbirth, sexual violence and domestic labor has resulted in adolescents girls being more vulnerable (Denzin & Lincoln, 2000; Jessor, 1991; Jessor & Jessor, 1984; Jessor & Jessor, 1977; World Health Organisation, 2009). In Malaysia, it has been reported that 11.8 million (40.9%) adolescents made up from the 28.9 million of the total population for the year 2010 (Department of Statistics Malaysia, 2010).

Adolescent pregnancy is a global endemic giving rise to health concern which is currently a problem in Malaysia (National Population and Family Development Board Malaysia, 2008). The consequences of early initiation in sexual experiences among adolescents gives rise to the adolescent pregnancy (Byrne, Kelley, & Fisher, 1993; Kaljee et al., 2007; Lee et al., 2006; Omorodion, 2006; Pinto e Silva, 1998; Zulkifli & Low, 2000; Zulkifli et al., 1995). Even though the occurrence of sexual intimacy amongst adolescents in Malaysia is comparatively low (Lee et al., 2006), the steady increase of the early sexual initiation among the adolescents Malaysia is not to be taken lightly (Jaafar et al., 2006; Low, 2009; Low et al., 2007; Omar et al., 2010; Zulkifli & Low, 2000; Zulkifli et al., 1995). The abandonment of babies, a result of unwanted pregnancy is an eye opener for the authorities to take precautionary measures and prevention programs to curb the issues (Royal Malaysia Police, 2012). Officially, Islam is the main religion in Malaysia. Despite that it allows her multi-racial citizens to perform their religious beliefs. Although the religions forbid premarital sex, the adolescents are now more open in their relationship with the opposite sex. This is much encouraged by the globalisation that has its effect on the Malaysian shore (Jaafar et al., 2006; Low, 2009; Omar et al., 2010; Zulkifli & Low, 2000; Zulkifli et al., 1995).

Besides, sexuality issues are not discussed widely and openly with the adolescents within the Malaysian culture. Parents find it a taboo to discuss issues pertaining to the sexuality with their adolescents leaving them to find out about their sexuality from other medium such as the media and peers (Athar, 1996; Lee et al., 2006). In many cultures, including the Malay-Muslims, dating amongst adolescents are no longer new, however; many traditional families still uphold their religious beliefs, values and morality issues. Traditional families with some religious background produced more grounded adolescents and stressed upon the issues of morality (Jaafar et al., 2006). In the case of Malay-Muslims families, premarital sex is forbidden. The act of consummation is only

conducted after marriage, however; statistics have shown that the highest case of abandonment of babies occurred amongst the Malay-Muslims, causing a public outcry (Royal Malaysia Police, 2012).

Moreover, in the court of law in Malaysia, any males performing an act of sex to a female adolescent under the age of 16 years either consensually or by force could be charged under statutory rape S.376 of the Penal Code facing possible imprisonment of between 5 and 20 years. The perpetrator may be whipped. In the case of incest, S.376A of the Penal Code stated that the perpetrator may face possible imprisonment of between 5 and 20 years and may be whipped. For male adolescents, 18 years and below, performing the act of sex with female adolescents under the age of 16 years may result in them being held up in a rehabilitation school for boys aged 18 years and below.

The adolescents with unwanted pregnancy are most often associated with negative implications and social problems due to the early reproduction (Macleod, 2010). Past research has identified that the psychosocial factors that most often are associated with the adolescents with unwanted pregnancy are factors such as lack of education, socioeconomic and demographic factors, the lack of religiosity and family cohesion as well as the social relationship with others (Jaafar et al., 2006; Low et al., 2007; Macleod, 2010; Pinotti & Faúndes, 1989; Pinto e Silva, 1998; Zulkifli & Low, 2000).

Evidently, the present knowledge of adolescence sexuality in Malaysia, thought to be somewhat conservative is limited in the literature. Unwanted pregnancy amongst the adolescents which is a taboo subject and the psychological wellbeing of these adolescents and their knowledge on sexuality are not being researched. The adolescents are not exposed to sex education since it is not being taught as a subject on its own but absorbed in other subjects. In the context of Malaysia, many cases of pregnancy out of wedlock are unwanted due to the sensitivity of the religion, morality issues and it is considered a taboo to be pregnant before marriage (Jaafar et al., 2006). On that note,

although adolescent sexual health is regarded as an imperative area for research and intervention, vital gaps in the understanding of the problems still exist. A deficit of study was evident on the overall perceptions, sense making, emotions and experience relating to the pregnancy of the adolescents (Coleman, 2006; Kogan, 2004; Lee et al., 2006; Macleod, 2010; Middleton, 2011; Pinto e Silva, 1998). Many past literatures have predominantly utilized the quantitative research methodology in their studies (Coleman, 2006; Jaafar et al., 2006; Kellogg & Hoffman, 1995; Lee et al., 2006; Zulkifli & Low, 2000; Zulkifli et al., 1995). Henceforth, this chapter on literature review will cover the topics on adolescents risk behaviors and personal meaning, the experiences of unwanted pregnancy, contributing factors and the outcome of unwanted pregnancy as well as studies that have been conducted previously.

Adolescents and Risk Behaviors

Adolescent is a transitional period and bridges the childhood and adulthood (Kaye, 2008; Jaafar, 2011; Macleod, 2010) and is categorized as a group within the age of 10 to 19 years old (Molina et al., 2010; World Health Organisation, 2009). At this age, adolescents experience hormonal changes in their body and their sexuality is an interplay of biology, psychosocial and cultural influences that has an impact on the adolescent's sexual behavior (Low et al., 2007). It is vital to comprehend the sexual behavior of the adolescents to curb the unplanned and unwanted pregnancies thereby helping to surmount the current problem in Malaysia. The unhealthy and risk behaviors of these adolescents are made up of their social interactions, personality system and their perceived environment that they socialised in (Jessor, 1991; Jessor & Jessor, 1977; Low et al., 2007). According to Jessor (1991), a large segments of the adolescents are living in a world with limited resources and pervasive adversity which affects their

wellbeing and development. Therefore, these adolescents are unable to show their true potential due to the poverty state that they are in.

In the eyes of the adolescents, achieving a transition in social status is what defines them as being an adult and matured. Consensual awareness among adolescents who are prone to problem behaviors may view the age graded behaviors as normative and acceptable by the society. The personal meanings of behavior may also include a way to achieve independence and freedom from parental control and take control of personal's life (Jessor, 1984). Jessor (1984); Jessor and Jessor (1984); Jessor and Jessor (1977) has also stated that getting pregnancy may represent independence from parental control and taking charge of owns life. According to Coleman (2006), rebelliousness is another factor that results in initiation of early sexual experience and unwanted pregnancy. Rebellion may be associated with defying parents, going against conventions, rules and regulations, engaging in thrill-seeking activities which may be unlawful, and is against the norms and values of society.

Sexual Experience

Experience can be defined as the source of all knowing and the basis of behaviour (Clandinin & Connelly, 2000). It can be further explained as the sense of awareness at any point in time and the basis of understanding others and the general world (Clandinin & Connelly, 2000). Becker (1992, p.11) stated “without human experience, there would be no human world”. Moreover, issues pertaining sexuality, sexual self-concept and sexual behaviors are issues central to human life experiences (Gabrielle, 2006). The journey of understanding the experience of the adolescents with unwanted pregnancy in their context is the ultimate focus of this study. This will include the understanding and exploration of their psychological makeup, personal meaning and the evaluation of self-based on their emic perspectives.

It was evident that a number of early sexual experiences amongst adolescents albeit being labelled as consensual, involved unwanted contacts (Kogan, 2004). A National Survey of Adolescents in the United States of America was conducted on 4,023 adolescents aged 12-17 via a telephone interview using a computer assisted telephone interviewing technology that prompts interviewers with each consecutive question on a computer screen (Kogan, 2004). It was concluded that most adolescents involved in the unwanted sexual experiences may somewhat disclose their experiences. Therefore, it is essential to understand the factors that may affect the disclosure of their experiences to detect psychological trauma, provide the necessary support, treatment as well as protections to the survivors (Kogan, 2004). This may include the significant social, emotional, interpersonal and legal ramifications that might have an adverse effect on the adolescent. The cognitive development of the adolescents nowadays make them more aware the risks involved in informing family members who more often than not react negatively as compared to their peers (Kogan, 2004).

Unwanted Pregnancy

The scenario of adolescence pregnancies is happening worldwide, an endemic to the society. Previously, terms such as unwed motherhood and illegitimacy was referred to pregnancies that occurred out of marriage (Macleod, 2010). Presently, a scientific term has been coined to indicate pregnancy among adolescents, that is teenage or adolescent pregnancy (Macleod, 2010). Adolescence pregnancy was often associated with social problems and have been segregated from women pregnancy resulting in pressure and prejudice on the adolescents (Macleod, 2010).

At large, the adolescent females may have both planned and unplanned pregnancies. Accordingly, while some adolescent pregnancies are planned, the unplanned pregnancies rate was evidently high (Schutt-Aine & Maddaleno, 2003).

Many of the adolescents pregnancies are unplanned which has been recognized as a stressful life event regardless of age (Adler & Dolcini, 1986; Cohen & Roth, 1984; Mohamad Nor & Sumari, 2013). Unplanned pregnancies are often associated with various issues including the lack of education on sexuality issues, low educational background, lack of contraceptive knowledge, peer pressure, low socioeconomic factors, lack of religiosity and family cohesion (Jaafar et al., 2006; Lee et al., 2006; Low, 2009; Omar et al., 2010). Unplanned pregnancies often resulted in unwanted pregnancies (Macleod, 2010; Palacios and Kennedy, 2010; Pinto e Silva, 1998). However, in some pregnancies, the unplanned pregnancy may be a wanted pregnancy during the term of pregnancy and after delivery (Mbizvo, Bonduelle, Chadzuka, Lindmark, & Nystrom, 1997). Generally unplanned and often unwanted, pregnancy among adolescents was due to the first initiation of sexual experiences (Pinto e Silva, 1998). Hence, unwanted pregnancy is defined as a conception that was unplanned and unwanted by female adolescents.

History of Unwanted Pregnancy

According to a 2001 UNICEF survey, in 10 out of 12 developed nations with available data, more than two thirds of young people have had sexual intercourse during their adolescence years. In Denmark, Finland, Germany, Iceland, Norway, the United Kingdom and the United States, the proportion is over 80%. In Australia, the United Kingdom and the United States, approximately 25% of 15 year olds and 50% of 17 year olds have had sex. In a 2005 Kaiser Family Foundation study of US teenagers, 29% of teens reported feeling pressure to have sex, 33% of sexually active teens reported "being in a relationship where they felt things were moving too fast sexually", and 24% encountered sexual experience unwillingly (Kaiser Family Foundation, 2005).

In the Indian subcontinent, early marriage sometimes means adolescent pregnancy, particularly in rural regions where the rate is much higher than it is in urbanized areas. The rate of early marriage and pregnancy has decreased sharply in Indonesia and Malaysia, although it remains relatively high in the former. In the industrialized Asian nations such as South Korea and Singapore, adolescents' birth rates are among the lowest in the world (World Health Organisation, 2009).

In the African continent, studies have indicated an increased number in adolescence and young women pregnancy. These pregnancies are often unintended and unwanted. In a survey conducted in 1997, 27% women in south western Nigeria had been pregnant although they do not want to be. Similarly, another study was conducted in mid-1990s and 20% of adolescents and young women from the total population was reported had experienced unwanted pregnancy. The unwanted pregnancy posed public health risks and resulted in increase rates of induced abortions. Complications during induced abortions were recorded and resulted in morbidity.

Nationally, Malaysia has witnessed an increase in the numbers of adolescents initiating in early sexual acts (Low, 2009). The trend is steadily increasing and has been associated with many factors such as low socioeconomic background, lack of parental guidance, lack of religiosity, lack of sexuality education and schooling overview, peer pressure and lack of contraceptive knowledge (Omar et al., 2010; Low, 2009; Low et al., 2007; Jaafar et al., 2006; Zulkifli & Low, 2000). The Malaysian Health and Lifestyle Survey (1991) which aims at providing data for AIDS prevention and education programs and campaigns in collaboration with the World Health Organisation for adolescents and young adults aged from 15 to 21 years indicated that there is an increase in the adolescents indulging in premarital sex at 9% and 13% in the year 1986 and 1991 respectively. In another study, it was also found that adolescents' age group involved in early sexual initiation were getting younger (Zulkifli, Low & Yusof, 1995)

whilst older age groups were recorded to have more than 1 partner (National Health Survey, 1992). Often than not, the early sexual initiations has resulted in unplanned pregnancies. This had a significant impact on the psychosocial, psychoemotional and medical consequences of these adolescents.

Contributing Factors for Unwanted Pregnancy

The following are the contributing factors for unwanted pregnancy found in past studies.

Socioeconomic factors

Poverty is associated with increased rates of adolescent pregnancy (Besharov, Douglas & Gardiner, 1997). Economically poor countries such as Niger and Bangladesh have far more adolescent mothers compared to economically rich countries such as Switzerland and Japan (UNFPA, 2003). In Peru, youths at greatest risk of adverse reproductive health outcomes appear to be from families with low socioeconomic conditions (Schutt-Aine & Maddaleno, 2003). Low socioeconomic contributed to the unsatisfying relationship in a family. The economic constraints require longer hours for either father or both parents to work and less interaction time with their children.

Voluminous studies have analyzed socioeconomic inequalities in unintended pregnancy that ends in births. However, a few researchers have analyzed the unintended pregnancy linking it to the socioeconomics determinants and concluded that the unintended and unwanted pregnancy is more frequent in unmarried, young and poor adolescents and women (Font-Ribera, Pérez, Salvador, & Borrell, 2008; Mbizvo et al., 1997; Sedgh et al., 2006). Faced with an unwanted pregnancy, adolescents of lower socioeconomic position are more likely to choose induced abortion, although this is not the case among young or single women. It is profound that the unintended and

unwanted pregnancy has resulted in the decline of birth rates and increase in induced abortions (Sedgh et al., 2006). Coupled with lack of education, the women in the lower socioeconomic strata have more occurrences in unwanted pregnancy. In another study, it has been found that there is a strong correlation of low socioeconomic factors and the significant growth of sexual initiation by the adolescents which results in unplanned and unwanted pregnancies leading to neonaticide or abortions (Lee, Li, Kwong, & So, 2006). Adolescents engaging in premarital sex are mostly not aware of the consequences and the adverse effects on their emotional, physical and mental health. Socioeconomic factor plays a vital role in the decision making of a pregnant adolescent. The inability to financially sustain both adolescent and their child is the main cause of induced abortions (Sedgh et al., 2006).

Lack of parental guidance, family cohesion and childhood environment

Many studies have indicated that a lack of family cohesion contributed to premarital sex resulting in an unplanned and unwanted pregnancy (Jaafar, 2011; Jaafar et al., 2006; Kogan, 2004; Low, 2009; Low et al., 2007; Omar et al., 2010; Zulkifli & Low, 2000). Kogan (2004) in his study has found that not living with both parents resulted in out of wedlock and unwanted pregnancy and associated with maintaining the secret of having premarital sexual experiences. The lack of family bonding often associates with familial stressors. This coupled with the psychological trauma of pregnancy resulted in the non-disclosure of the pregnancy by the adolescents.

According to past research conducted in Malaysia, the adolescents are in the stage of experimenting and looking for a new identity. Lack of parental guidance, control and understanding issues on sexuality may result in them seeking advice from their peers (Jaafar, 2011; Jaafar et al., 2006; Low, 2009; Low et al., 2007; Omar et al., 2010; Zulkifli & Low, 2000). Subsequently, adolescents become sexually active due to lack of

parental guidance (Jessor et al, 1983). It has been found that adolescents who are greatly swayed by their peers coupled with lack of involvement with their families are those to be highly sexualized. In Malaysia, parents often felt very uncomfortable discussing issues of sexuality because of embarrassment (Athar, 1996). Omar et al. (2010) stated that inadequate family support in providing an informed sexuality discussion contributes to an increase of sexually transmitted diseases and unwanted pregnancies.

Past studies have found that women exposed to abuse, domestic violence, and family strife in childhood are more likely to become pregnant as adolescents, and the risk of becoming pregnant as an adolescent increases with the number of adverse childhood experiences (Tamkins, 2004) . According to a 2004 study, one-third of adolescent pregnancies could be prevented by eliminating exposure to abuse, violence, and family strife. The researchers note that family dysfunction has enduring and unfavourable health consequences for women during the adolescent years, the childbearing years, and beyond. When the family environment does not include adverse childhood experiences, becoming pregnant as an adolescent does not appear to raise the likelihood of long-term, negative psychosocial consequences (Tamkins, 2004).

Studies have also found that girls whose fathers left the family early in their lives had the highest rates of early sexual activity and adolescent pregnancy. Girls whose fathers left them at a later age had a lower rate of early sexual activity, and the lowest rates are found in girls whose fathers were present throughout their childhood. Even when the researchers took into account other factors that could have contributed to early sexual activity and pregnancy, such as behavioral problems and life adversity, early father-absent girls were still about five times more likely in the United States and three times more likely in New Zealand to become pregnant as adolescents than were father-present girls (Ellis et al., 2003).

In summary, parental support and guidance play a major role in the development of children. Past studies have indicated that the majority of adolescents involved in early sexual initiation, thus resulting in unplanned and unwanted pregnancy are those receiving little support from their parents and family members (Macleod, 2010). Adolescents who are pregnant or mothers are seven times more likely to commit suicide than other adolescents (Ermisch, 2003). In Malaysia, the dynamics of working with family members in helping adolescents with unwanted pregnancy have not been instituted. Therefore, it is pertinent to include working with family members to curb the issue of unwanted pregnancy.

Lack of religiosity

Lack of religiosity is one of the contributing factors to adolescents' involvement in sexual experience (Coleman, 2006; Jaafar et al., 2006). The significant increase in the number of unwanted pregnancies in Malaysia has alerted and awakened the authorities to the rise in unhealthy and risk behaviors of the adolescents. Malaysia is a multiracial nation made up of the predominant Malays who are Muslims, the Chinese, Indians and other races. Though Islam is the official and main religion of Malaysia, the various other races are allowed to practise their own religious beliefs such as Christianity, Buddhism and Hinduism. All these religions forbid or frown upon premarital sex. The Bible has stated "Run from Sexual Sin! No other sin so clearly affects the body as this one does. For sexual immorality is a sin against your own body." (1 Corinthians 6:18) (B. Byrne, 1983); whilst the Quranic approach is "Do not approach adultery" (Athar, 1996). This clearly signifies the importance of avoiding adultery at all costs. Moreover, it is inherent in the eastern culture that premarital sex is a taboo (Jaafar et al., 2006). However, the number of out-of-wedlock pregnancy among adolescents is still prevalent, a consequence of lack of religiosity.

In another study, unwanted pregnancies led to induced abortions and it was recorded that 34% of Catholic and 31% of Muslim young women stated the most important reason for seeking an abortion was being unmarried and to stop or space births. It was also found that the distribution of reasons for seeking abortion did not differ significantly between women in urban and rural areas. These young women had also cited that being young, still schooling and economic reasons were other reasons to stall childbearing, resulting in abortions (Sedgh et al., 2006).

It was apparent that their religion or belief system does not deter them from committing abortions. Their decision was mostly made based on the psychosocial factors which affects them psychologically. They were pressured by their partners, parents and have to abide by the societal norms. In the context of Malaysia and Indonesia, lack of religiosity is one of the main contributing factor to unwanted pregnancy (Jaafar et al., 2006). This is supported by Coleman (2006) who found that lack of religiosity increases the likelihood of abortion amongst adolescents with unwanted pregnancy.

Lack of education

It has been recorded that the high level of incidence in unwanted pregnancy is due to the lack of education in sexuality issues. The sexuality issues are not formally informed to the adolescents consequently they have limited knowledge about their bodies and sexuality and most often, the adolescents find themselves susceptible to all sorts of sexually transmitted diseases, unplanned and unwanted pregnancy and unsafe abortions (Lee et al., 2006). The lack of education on safe sex, whether it's from parents, schools, or otherwise, is a cause of adolescent pregnancy. Many adolescents are not taught about methods of birth control and how to deal with peers who pressure them into having sex before they are ready. Many pregnant adolescents do not have any cognition of the

central facts of sexuality. Some adolescents have said they are pressured into having sex with their boyfriends at a young age, and yet no one had taught these teens how to deal with this pressure or to say "no" (Macleod, 1999). Also the educators who have a great influence in the lives of the adolescents do not demonstrate the awareness, sensitivity and knowledge of the current sexuality problems affecting youth. Henceforth, the adolescents with unwanted pregnancy do not have the right support and knowledge on how to become a parent and experience motherhood. This affects the psychological wellbeing of these adolescents with unwanted pregnancy.

Low educational outlooks have been identified as a risk factor (Stephenson et al., 2008). In Colombia, Dominican Republic, Guatemala and Mexico, female adolescents who has longer years of education were found to be four times less likely to have initiation in sexual activities by the age 20 in comparison to those who were less educated (Schutt-Aine & Maddaleno, 2003). The unwanted pregnancy in the young population indicated a lack of family and school orientation (Pinotti & Faúndes, 1989). Similar outcomes has been recorded in Ecuador where the percentage of young women between 15 to 24 years that have been pregnant declines with education, from 60% with no education to 29% with university education. The correlation between earlier childbearing and failure to complete high school reduces career opportunities for many young women (The National Campaign to Prevent Teen Pregnancy, 2002). In another study, a girl is also more likely to become a parent if her mother or older sister has given birth in her adolescence years (East & Jacobson, 2001).

Peer pressure

Peer pressure is also one of the factors that encourage male and female adolescents to have sex (Jaafar et al., 2006; Omar et al., 2010). Growing peer pressure of premarital sex plays a major role in sexual related decision-making among adolescents (Low,

2009). Most often than not, the adolescents in Malaysia committed the act due to curiosity and seduction from their partners without understanding the outcome of their act (Fade, 2003). Jaafar et al. (2006) claimed that the adolescents are more likely to initiate and engage in sexual behavior due to peer pressure. In a Kaiser Family Foundation study of US teenagers, 29% of adolescents reported feeling pressure to have sex, 33% of sexually active adolescents reported "being in a relationship where they felt things were moving too fast sexually", and 24% had "done something sexual they didn't really want to do". The adolescents most often look up to their peers and initiation of sexual activities may happen if they perceived that their peers are involved in sexual behavior (Kinsman, Romer, Furstenberg, & Schwarz, 1998). Jaafar et al. (2006) supports this and stated that peers are often the major influence in the life of an adolescent which also include the initiation of sex by the adolescent. In addition, the adolescents whose peers are involved with sexual behaviors will be influenced to engage in similar activities which are assumed as a norm of life. Thornburg (1981) has suggested that peer pressure may propel the adolescents into sexual behavior without them realizing that they are not ready psychologically to deal with such behaviors and outcome. It is important to understand that peer influence is one of the major causes that attract students to initiate early sexual behaviors. Peer is commonly relied upon to ensure that the adolescent is accepted in a group. In order to be accepted in a group, adolescents may often be influenced by the behavior of others in the group.

Age discrepancy in relationships

According to the conservative lobbying organization Family Research Council, studies in the US indicate that age discrepancy between the adolescent female and the men who impregnate them is an important contributing factor. Adolescent females in relationships with older boys, and in particular with adult men, are more likely to

become pregnant than adolescent girls in relationships with boys their own age. They are also more likely to carry the baby to term rather than have an abortion. In a study conducted on 19 ethnically diverse middle schools located in Northern California; a total of 2,829 students in their sixth grades participated in the survey to find (a) the frequency of relationship between older boyfriends and younger girlfriend in an urban setting; (b) under the association between social demographics and unwanted sexual advances, under peer norms and under large age difference between boyfriend and girlfriend; (c) whether relationship with older boyfriend and girlfriend contributed to early sexual onset; and (4) impact of gender age differences on such relationship (Vanoss Marín, Coyle, Gómez, Carvajal, & Kirby, 2000). The study have found that adolescents females involvement in early sexual onset and had unplanned and unwanted pregnancy due to the pressure or power differential between partners resulting from age differences (Vanoss Marín et al., 2000).

Lack of contraceptive knowledge

Adolescents may be decontextualized in the understanding of family planning and thus, lack knowledge of, or access to, conventional methods of preventing pregnancy, as they may be too embarrassed or frightened to seek such information (Vundule, Maforah, Jewkes, & Jordaan, 2001). It is also found that mothers rarely impart to their adolescents the knowledge of sexuality, thus; knowledge on contraception is often gained through media, peers and female relatives (Vundule et al., 2001). Adolescent contraception is to prevent a first pregnancy and repeat pregnancies (Molina et al., 2010). The contraception for adolescents presents a huge challenge for the clinician and since little research has been done in contraception for adolescents (Molina et al., 2010). Misconceptions about contraception occurs where the adolescents often think of contraception either as 'the pill' or condoms and have little knowledge about other

methods (Molina et al., 2010). In other cases, contraception is used, but proves to be inadequate. Inexperienced adolescents may use condoms incorrectly, forget to take oral contraceptives, or fail to use the contraceptives they had previously chosen (Pinto e Silva, 1998; Vundule et al., 2001). Statistically, the misuse of contraception methods amongst adolescents especially those coming from the lower socioeconomic background are greater in comparison to young adults (Besharov, Douglas, Gardiner & Karen, 1997).

Obviously, pregnancy that has occurred is unwanted if contraceptives were used (Pinto e Silva, 1998). Adolescents are heavily influenced by negative, second-hand stories about methods of contraception from their friends and the media. Prejudices are extremely difficult to overcome. Overly concern about side-effects, such as weight gain and acne, often affect choice of contraception. Missing up to three pills a month is common, and in this age group the figure is likely to be higher. Restarting after the pill-free week, having to hide pills, drug interactions and difficulty getting repeat prescriptions can all lead to method failure (Adams, & D'Souza, 2009).

In the United States, according to the 2002 National Surveys of Family Growth, sexually active adolescent women wishing to avoid pregnancy were less likely than those of other ages to use contraceptives. It was found that 18% of adolescents aged between 15 to 19 years used no contraceptives, versus 10.7% average for women ages between 15 to 44 years (Chandra, Martinez, Mosher, Abma, & Jones, 2005). More than 80% of teen pregnancies are unintended (Speidel, Harper, & Shields, 2008). Over half of unintended pregnancies were to women not using contraceptives (Trussell & Wynn) and most of the rest are due to inconsistent or incorrect use (Speidel, Harper, and Shields, 2008).

In societies where adolescent marriage is less common, factors such as young age at first intercourse and lack of use of contraceptive methods (or their inconsistent and/or

incorrect use; the use of a method with a high failure rate) contribute to adolescence pregnancy. Most adolescence pregnancies in the developed world appear to be unplanned (Moore, Miller, Sugland, Morrison, & Gleib, 2000).

It can be concluded that lack of knowledge on contraceptive use lead to the increased rate of unwanted pregnancy. In developed countries, the inconsistent and incorrect use in contraceptive methods is the main cause of unwanted pregnancy. Meanwhile in under developed countries, the adolescents' lack of education contributes to the rise in unwanted pregnancy. Most often, these adolescents were involved in coitus interruptus as a preventive method from being pregnant. The lack of knowledge in contraceptive methods may be due to cultural influence in Malaysia where there are no parental discussions on matters relating to sexuality.

Consequences of Unwanted Pregnancy

Under this heading, the consequences of psychosocial, pscyoemotional and medical on adolescents with unwanted pregnancy will be discussed.

Psychosocial

Several studies have examined the social indicators and the psychological impact of pregnancy and parenthood that has an adverse effect on the adolescents. Early initiation of sex frequently results in unplanned and unwanted pregnancy (Abernethy, 1974; Irvine et al., 1997). The aftermath of unwanted pregnancy is noted to be detrimental and may cause disruption in the life of adolescents where they are often unprepared emotionally and cognitively. Pinto e Silva (1998) has found that the first unplanned and unwanted pregnancy has not deterred the female adolescents from getting pregnant again resulting in a clearly worsening problem. Pinto e Silva (1998) stated that “unplanned pregnancies as an expression of auto-destructive behavior in the sexuality

and reproduction sphere of adolescent. Pregnancy, unprotected sex and other high-risk attitudes are elements that, conscious or not, materialize adolescents' dissatisfaction with their condition or their non-adaptation to their family, to their social environment and to the period of life they are going through". Most of the adolescents pregnancies resulted in induced abortion and those babies who survived were normally given up for adoption, abandoned or under the care of family members (Pinto e Silva, 1998). However; it has been recorded that infant morbidity and mortality rate are greater among adolescent mothers as opposed to women in their 20s.

As a consequence of the continuation of these pregnancies, serious problems will occur in the family organization. The adolescent unwanted pregnancy may implicate on the personal lives of the female adolescents which may include the way they behave, relations with others, manner in looking at self, decision making and the process they undergone to reach the decisions about steps to be taken next pertaining their pregnancy (Frautschi, Cerulli, & Maine, 1994). The pregnancy will influence the routine of personal, work and school aspirations by frequently taking adolescents away from school. On many occasions, adolescents with unwanted pregnancies are expelled from homes, schools, lose their jobs resulting in impulsive unhappy marriages and lose other opportunities (Jessor, 1991; Pinto e Silva, 1998).

Life outcomes for adolescence mothers and their children vary. Other factors, such as lack of income or social backing, may be more vital than the age of the mother (Middleton, 2011; Pinto e Silva, 1998). Often, lack of finances had a significant impact in enhancing the risk of negative behavioral outcomes of the mother and her child (Birkeland, Thompson, & Phares, 2005; Zabin & Cardona, 2002; Zabin & Hayward, 1993). Many solutions to counteract these negative implications have been proposed. Adolescent parents who can rely on family and community support, social services and child-care support are more likely to continue their education and get higher paying jobs

as they progress with their education (Saba, Hamayun, & Bilal, 2013). Many unplanned and unwanted pregnancies do not necessary results in the child being unwanted. Pinto e Silva (1998) found that many children perceived as unwanted are quickly accepted or become wanted throughout resulting in apparently happy and balanced situations.

Gender role is being used to classify the different roles of adolescent females and male, determined by the adolescent's sociocultural context. In Brazil, pregnant female adolescents faced expulsion from school resulting in lost opportunities to have a better employment. On the other hand, the male adolescents responsible for the impregnation lead life normally, without facing the consequences faced by the pregnant female adolescents.

The reasons for terminating pregnancies by adolescents, even when abortion is prohibited by law include (Olukoya et al., 2001): (a) becoming pregnant as a result of incest or sexual abuse; (b) becoming pregnant due to lack of contraceptive use or contraceptive failure; (c) fears of upsetting parents or bringing shame to the family; (d) fears of expulsion from the family home, school or jobs; (e) lack of a stable relationship; fears of difficulty in finding a marriage partner (in areas where men prefer to marry virgins); (f) lack of financial means to care for a child; (g) a desire to complete their education or achieve other goals; (h) already having a young child to care for; and (i) disliking the man who caused the pregnancy or having a poor relationship with him.

Psychoemotional

Past research has indicated that a minimum of 10% of abortion will result in a negative psychological consequences (Coleman, 2006). This is because adolescents mature later and decision making is often difficult, resulting in intensive pressure physically and emotionally. In addition, adolescents who made the decision to undergo abortion may experience an uneventful relationship with their parents (Coleman, 2006). The abortion

may increase in numbers should the adolescents who experience emotional disconnection, are risks taker with assertive personalities.

Many unintended pregnancies end in abortion. In countries where abortion is illegal and unsafe, unintended pregnancy is a major contributor to maternal morbidity and mortality. Abortion is estimated to have caused 400,000 of the 700,000 deaths resulting from unintended pregnancy worldwide between January 1995 and December 2000. Given the legal status of abortion and current medical practices in the United States, abortion-related mortality and morbidity, including long-term psychological problems such as depression are less common than birth-related mortality and morbidity. It was also evident that adolescents with unwanted pregnancy who undergone an abortion has more psychological problems and more inclined to seek help than those who delivered (Coleman, 2006).

Medical

Consequences of unwanted pregnancy are associated with adverse child health outcomes and risk factors for poor health outcomes. Women with unwanted pregnancies are less likely than those with wanted pregnancies to seek prenatal care during the first trimester (Santelli et al., 2003). Research indicates that pregnant teens are less likely to receive prenatal care, often seeking it in the third trimester, if at all (Makinson, 1985). The Guttmacher Institute reports that one-third of pregnant teens receive insufficient prenatal care and that their children are more likely to suffer health issues during childhood such as hospitalization than those born to older women. Many of the health-issues associated with adolescent mothers, many of whom do not have health insurance, appear to result from lack of access to high-quality medical care (Alan Guttmacher Institute, 1981).

Additionally, pregnant adolescents face many of the same obstetric issues as women in their 20s and 30s. There are however, additional medical concerns for mothers age 14 or younger. For mothers between 15 and 19, risks are associated more with socioeconomic factors than with the biological effects of age. However research has shown that the risk of low birth weight is connected to the biological age itself, as it was observed in teen births even after controlling for other risk factors (Middleton, 2011). Medically, maternal, prenatal and perinatal health is of particular concern among teens that are pregnant or parenting. Unwanted pregnancy, mostly associated with negative consequences is a phenomenon that occurred not so recently but has risen progressively through a period of time. Some of the negative consequences include repeated induced abortions, incidence of premature birth, low birth weight, congenital diseases, maternal mortality and perinatal care. Morbidity rate is high and has always been related to pregnancy in adolescents (Pinto e Silva, 1998). The first unwanted pregnancy does not stop the recurrence of repeated pregnancies among the adolescents and this recurrence increases the rate of health problems.

Many pregnant adolescents are subjected to nutritional deficiencies from poor eating habits, a common occurrence including attempts to lose weight through dieting, skipping meals, food faddism, snacking, and consumption of fast food. Inadequate nutrition during pregnancy is an even more marked problem among adolescents in developing countries. Complications of pregnancy result in the deaths of an estimated 70,000 teen girls in developing countries each year (Jones, 1989).

The increased sexual activity among adolescents is manifested in increased adolescents pregnancies and an increase in sexually transmitted diseases (STDs). Young mothers and their babies are also at greater risk of contracting HIV (Zekan, Novotny, & Begovac, 2008). The World Health Organization estimates that the risk of death following pregnancy is twice as great for women between 15 and 19 years. The

maternal mortality rate can be up to five times higher for girls aged between 10 and 14 than for women of about twenty years of age. Illegal abortion also holds many risks for adolescent girls in areas such as sub-Saharan Africa (World Health Organisation, 2009).

Risks for medical complications are greater for girls 14 years of age and younger, as an underdeveloped pelvis can lead to difficulties in childbirth. Obstructed labor is normally dealt with by Caesarean section in industrialized nations; however, in developing regions where medical services might be unavailable, it can lead to eclampsia, obstetric fistula, infant mortality, or maternal death. For mothers in their late teens, age in itself is not a risk factor, and poor outcomes are associated more with socioeconomic factors rather than with biology (Makinson, 1985).

Adolescents who come from a high socioeconomic level frequently solve the problem of unwanted pregnancies with induced and safe abortions. However, the lower income group will only have the option of either accepting the pregnancy or terminating it via illegal induced abortion (Pinto e Silva, 1998).

In conclusion, there are documented social and reproductive factors underlying unwanted pregnancy. Risk factors for unplanned pregnancy form a pattern similar to those for maternal mortality. Thus unplanned pregnancy is a major indicator of the presence of factors known to increase the risk of maternal death. Policy makers and health education should address factors contributing to unplanned pregnancy and its prevention in order to prevent reproductive mortality and morbidity. The attending negative issues associated with unplanned pregnancy on their health after delivery process should also alert service providers to the need for appropriate contraceptive counseling as part of post-delivery care.

Transformation from unwanted to wanted pregnancy

A hospital-based case referent study was conducted in Harare, Zimbabwe to assess the number of pregnancies that are unplanned based on their sexual relationships and socio-demographic patterns (Mbizvo et al., 1997). The study found that out of the 923 women who undergone delivery, unplanned and planned pregnancies recorded a total of 377 and 546 respectively. The study has also indicated that unplanned and unwanted pregnancy occurs in adolescents within the age of 14 to 16 years and that unmarried mothers may be associated with low socioeconomic and demographic factors. The relationship pattern is another factor that contributes to the rise of unplanned and unwanted birth. The study has also found that an unplanned pregnancy may be a wanted pregnancy at the time of delivery and contraception.

Dealing with Sensitive Topics

Dickson-Swift, James, Kippen, and Liamputtong (2008) and Owens (1996) suggests that an understanding of, and training in basic counseling skills would be of help, not so that interviewers could become some kind of counselor, but having basic skills makes a researcher better equipped to deal with emotional interviews and remain professional in the face of displays of emotion and emotional requests for help. (Owens, 1996, p. 65).

It is important for researchers to have the skills to resolve emotional issues since studies have found that those who undertook research in the areas of domestic violence, rape cases and unwanted pregnancies have experienced physical and emotional symptoms including compassion fatigues (Boscarino, Figley, & Adams, 2004). Basic counseling skill in dealing with emotional issues does not warrant a researcher in becoming a counselor while research was being undertaken, but to provide an avenue for researcher to resolve their personal issues whilst maintaining objectivity (Carkhuff, 1979).

Theoretical Framework

The usage of theories and relating them to their practicality has tremendous values in the educational system (Spruijt-Metz, 1999). In view of that, theory-based research is fundamental to the progress of understanding in the field of research. According to (Spruijt-Metz, 1999, p. 41); “it is essential to review extant theories used in the study of health-related behavior in order to ground the ensuing research and interventions firmly in theory”.

Sequentially, theoretical framework is used to describe what, how and why a specific theory is used in the study and it is useful in building a broad base of understanding, coherence and an immensely effective way in providing process of evaluation in the context of a study (Spruijt-Metz, 1999). The theoretical framework presented in this study will only be used as a guide to frame and assist in the existing knowledge before I begin the research. For the purpose of the study, I intend to apply and integrate two theories which are deemed appropriate to frame the study on unwanted pregnancy amongst adolescents. These two theories are Problem Behavior Theory and Choice Theory which have been introduced, implemented and revised accordingly. I will discuss each theory independently and provide justifications on the choice of theories.

Firstly, Problem Behavior Theory (Jessor & Jessor, 1984) was originally developed in 1968 to guide in the study of adolescent deviance in the south western United States. Problem Behavior Theory is a psychosocial model that attempts to explain behavioral outcomes such as substance abuse, deviancy, and risky sexual behaviors. The fundamental premise of the theory is that all behavior is the result of person-environment interaction (Jessor & Jessor, 1977). Problem behavior is “behavior that is socially defined as a problem, as a source of concern, or as undesirable by the social and/or legal norms of conventional society and its institutions of authority; it is

behavior that usually elicits some form of social control response, whether minimal, such as a statement of disapproval, or extreme, such as incarceration” (Donovan, Jessor, & Costa, 1991, p. 52). Jessor and Jessor (1984) found that a subset of problem behaviors that constitute transgressions of societal and/or legal norms and that tend to elicit some sort of social control response were linked systematically in adolescent populations. The Problem Behavior Theory was developed to explain adolescent participation in dysfunction and maladaptation problem behaviors (Jessor & Jessor, 1977). Jessor (1991) posited “that these seemingly different behaviors may all serve a similar social-psychological function, an overt repudiation of conventional norms or expression of independence from parental control”.

According to Jessor, Problem Behavior Theory consists of three independent but related systems of psychosocial components. According to Jessor and Jessor (1977); Spruijt-Metz (1999), the point of departure of the Problem Behavior Theory is the assumption of the three systems, (a) personality system; (b) the perceived environment system; and (c) the behavior system and the fluctuating social-psychological relationships between them. Each system consists of variables which act as the instigator or control against the involvement in problem behaviors. It is the balance of instigations and controls across the three systems that determines the adolescent’s overall level of problem behavior proneness, also known as psychosocial unconventionality (Donovan et al., 1991). The personality system includes social cognitions, individual values, expectations, beliefs, and attitudes. The perceived environmental system consists of proximal and distal social influence factors such as family and peer orientation and expectations regarding problem behaviors. The third component of Problem Behavior Theory, the behavior system, consists of problem and conventional behavioral structures that work in opposition to one another. Examples of the problem behavior structure include illicit drug use, tobacco use, alcohol abuse, and

deviant behavior (e.g., delinquency, precocious sexual behavior). Jessor and colleagues (Costa et al., 1995) postulate that these problem behavior stems from an individual's affirmation of independence from parents and societal influence (Jessor et al., 2003).

In addition, Jessor and Jessor (1984) suggested that important personal meanings of behavior might play a central role in determining adolescent risk behavior. He termed this the symbolic significance of behavior or the psychological function of behavior. He concluded that risk behavior is purposeful, goal-directed, and capable of fulfilling multiple goals that are central to adolescent life through the personal meanings with which adolescents imbue behaviors. These meanings are not intrinsic to the behavior itself, but depend on larger processes of socio-cultural definition and the unique learning and socialisation experiences of adolescent. Problem Behavior Theory has been developed to account for proneness to engage in problem behavior which departs from the regular norms (Donovan et al., 1991; Jessor, 1991; Jessor & Jessor, 1984; Jessor & Jessor, 1977). In adolescent, problem behavior is relative to age-graded norms and age-related expectations whereby, the same behavior is deemed passable for those who are older but not accepted for those who are younger (Donovan & Jessor, 1985). For instance, engaging in sexual intercourse which is acceptable among adults may bring out the social control for an adolescent. "Consensual awareness among youth of the age-graded norms for such behaviors carries with it, at the same time, the shared knowledge that occupancy of a more mature status is actually characterized by engaging in such behavior. The transition of status from less matures to more mature, and from adolescent to adult will take place. The list of meanings or functions of adolescent risk behavior is tabled in Table 2.1.

Table 2.1: Jessor's List of Personal Meanings of Behavior (Jessor, 1984, pp. 78-79).

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1. A way to attain goals that are blocked or seem otherwise unattainable (for instance, getting pregnant may represent gaining independence from parental control and take personal control of one's own life.
 2. Rebellion against adult authority, norms and values of society
 3. A coping mechanism for dealing with anxiety, frustration, inadequacy, failure, fears of failure, anticipation of failure (school, expectations of peers or parents). Examples given here by Jessor are over eating, drug and alcohol abuse.
 4. A way to gain admission/membership to peer group, expressing solidarity, demonstrate identification.
 5. Confirmation of valued attributes of personal identity (macho, cool, experienced).
 6. Transition marker, affirming maturity – indulging in age graded behaviors.
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These personal meanings of behavior differ from expected outcomes or perceived benefits (Jessor & Jessor, 1977). The personal meanings may not be related to external events, and they are often disassociated from available knowledge and information. Personal meanings of behavior represent psychological functions of behavior which are broader in context.

On the contrary, Choice Theory as explained by Nurullah, Makol-Abdul, Imam, and Abd Rahman (2009); Smith, Flowers, and Larkin (2009); Smith and Osborn (2003a) believed that the underlying problems of most clients are the same that is, an unfulfilled relationship with other. Kantner and Zelnik (1973) further explained that the clients are either involved in an unsatisfying relationship or lack of the relationship itself. The reality therapists believed that the way people behave is due to their choice at the point in time to deal and react to the unsatisfying relationship. Therefore, the client has the choice to choose how they want their life to be instead of blaming others. (Kantner & Zelnik, 1973) further explained that the clients are responsible for their own

doing and could path out the ways that they want if they are willing to self-evaluate and recognise that the only person that they can change is oneself.

According to Kantner and Zelnik (1973) and Smith et al. (2009), individuals are not born as a clean slate but rather each are born with five genetically encoded needs which are (a) survival; (b) love and belonging; (c) power or achievement; (d) freedom or independence; and (e) fun. Sequentially, these needs are important in keeping the people motivated to keep on going and living. Choice Theory described that since birth, one would continually conduct oneself in ways to achieve satisfaction (Kantner & Zelnik, 1973; Smith et al., 2009). This concept is called a quality world and is at the core of everybody's lives. The quality world is what the reality therapists described as what the client wants in their lives. For example, relating to the study, the adolescents with unwanted pregnancy might want to experience love and the way they conduct their behaviors with their respective partners are based on the assumptions of showing their love. At that point in time, they conduct their behavior they thought could satisfy their needs and wants, in their journey to find love. Kantner and Zelnik (1973) and Smith et al. (2009) further explained that in the quality world, people are the most important component and often these are the people that we want to connect with. Therefore, the identification of the unsatisfying relation among the adolescents needs to be addressed.

Additionally, Choice Theory defined that our choices affects and moulds our behavior (Kantner & Zelnik, 1973). Therefore, the adolescents need to be informed that their behavior is always their attempt in getting what they want and satisfying their needs. According to Kantner and Zelnik (1973), the total behavior is made up of four distinctive components being acting, thinking, feeling and physiology. He further explains that behavior is purposeful because it bridges the want and perceived ideas of what one is getting. Accordingly, when someone is in a misery, developing the paining behaviors are only the best behaviors that are able to be devised at the time to achieve

their wants. In relation to the study, adolescents with unwanted pregnancy developed the behavior at that time to achieve their wants. On the other hand, these adolescents have the choice to go out of the pain, conduct self-evaluation and make plans to come out of the problems. At the same time, the relationship issues with their loved ones will hopefully be mended.

Sequentially, Choice Theory focuses on what clients can control in the relationship by conducting self-evaluation, give little attention to self-defeating behaviors and encourage the client to look at the now and present moment. Kantner and Zelnik (1973) explained that one is responsible for what they choose to do. Therefore, they have to act responsibly as to how they choose to behave to ensure that the behaviors do not have an adverse effect in their relationship with others.

By understanding the two theories and how it could complement each other, I believe that the theories of Problem Behavior Theory and the Choice theory are the most relevant to my study. In order to understand the experiences of the adolescents with unwanted pregnancy, Problem Behavior Theory will focus on the past experiences and relate it to their outcome of behavior. While the choices made by the adolescents reflect the outcome of the behavior, the main tasks of the theory are to focus on the present and now. The self-evaluation on the part of the adolescents will result in having a positive and satisfying relationship with the one they loved. Choice theory also focuses on the want and needs of these adolescents, hence; the plan in making the goal work in meeting their needs of power, independence and fun will be stressed upon. Again, I wish to highlight that these theories will only assist in framing my study, and emerging of themes from the study will be encouraged.

In this study, I will be looking at the risk behaviors of the adolescents involving in premarital sexual intercourse resulting in unwanted pregnancies. The theory allows the exploration of the current experiences on the adolescents with unwanted pregnancy and

focus on the evaluation and meaning making based on the reflection of these experiences.

In conclusion, the justifications for choosing the two theories namely Problem Behavior Theory and Choice Theory are based on the following arguments. The Problem Behavior Theory has proven useful in understanding adolescent risk behaviors and indicates a number of possible targets for intervention, although it is not specifically prescriptive. Three independent psychosocial components and six personal meanings of behavior have provided me with the existing knowledge as to the outcome of behaviors of the adolescents who are involved in risky sexual behaviors, in this particular study; the adolescents with unwanted pregnancy. By understanding the framework of Problem Behavior Theory, it allows me to relate the psychosocial components whereby, the personal system coupled with the perceived environment system results in the behavioral system of each adolescent. This theory in particular focuses on the adolescents' perception of self and environment whereby the outcome of their behavior is contextualised. In this context, it can be concluded that this theory looks at the outcome of the event based on the three psychosocial components which are interrelated. A particular emphasis on past events were analyzed to see the outcome of behavior which Jessor later came out with the six personal meanings to the adolescents' behavior. I decided to choose this theory to frame my understanding of the adolescents past to relate to their current situation, wants and needs.

On the other hand, the Choice Theory is included in this study to see how the adolescents react and make sense of their experiences with unwanted pregnancy. This theory believes that each individual are responsible for their own action and the outcome of their behavior are due to their choices made at that point of time. The underlying assumption of this theory is that all long-lasting psychological problems are relationship problems. Primarily, this theory encourages the adolescent to look at their

current situation with the objective to conduct self-evaluation and understanding that one is empowered by choices. Hence, the adolescents will understand that what happened in the past has everything to do with what they are today, but they can only satisfy their basic needs right now and plan to continue satisfying them in the future. The needs can only be fulfilled by satisfying the pictures in their quality world. The aim is to behave and achieve what they want and need as pictured in the quality world. In order to achieve and fulfil all of their basic needs of love and a sense of belonging, the basic goal of reality therapy is to assist the adolescents that with the fulfilment of their needs, power or achievement; freedom or independence; and fun will be attained. Additionally, these theories have provided some understanding in the process of creating the interview protocol.

Lack of Past Studies on Adolescents Experience with an Unwanted Pregnancy

Previously, findings from a survey in the Malaysian Health and Lifestyle Survey (1991) which aims at providing data for AIDS prevention and education programs and campaigns in collaboration with the World Health Organisation for adolescents and young adults aged from 15 to 21 years indicated that there is an increase in the adolescents indulging in premarital sex from 1986 (at 9%) to 1991 (at 13%). The list of questions were adapted and reconstructed to fit the local population, approved by the Ministry of Health Malaysia. The samples are youths drawn from the general public and secondary schools mainly in Form 4 and 5 equivalents to Year 10 and Year 11. The rise in the number of premarital sex suggested that the social changes in the society, peer pressures and lack of family cohesion contributed to the increase. Other factors are due to the lack of religiosity and low education background.

Besides, it was also evident from the findings that lack of knowledge on sexuality issues and preventive measures contributes to the rise in the number of unintended

pregnancies and unwanted pregnancy. Consequently, this will lead to an unsafe abortion that may be risking the health of the adolescent. This study only focuses on the determinant factors of sexual acts in adolescents. The purpose of this study is to provide an informed data for the preventive program to avoid HIV/AIDS from spreading amongst adolescents. However; the study lack the rigor and cannot be generalized. This is because the sample size is not equally distributed whereby only the Form 4 or Year 10 students participated in the survey. A large number of students in Form 5 or Year 11 pull out from the survey owing to the fast approaching SPM, a nationwide based examination. The survey focuses only on the determinant factors of premarital sex without focusing on their actual experience. Validity of the study may also be questioned since the students may not provide the true answer and thus, the findings do not reflect the true data. An in-depth study on the experience of the adolescents' sexual act should be captured to gather more realistic and useful data to further enhance the study. The lack of sex education in Malaysia is again highlighted and the importance of having a module to suit the need of the adolescents based on their age is now required.

In another study, Lee et al. (2006) found in their cross-sectional school survey that sexual intercourse amongst adolescent is indeed a concern and the average age of early initiation of sex begins at 15 years. One percent out of the total of 4,500 adolescents was recorded as having made someone pregnant or has been pregnant. It was evident in this study that the proportion of male adolescents (8.3%) having sex is higher than the female adolescents (2.9%) and no significant differences of sexual experiences among different ethnic groups, religions or urban/rural localities. It can be concluded in the study that the factors contributing to the increase in the risk behavior of sexual intercourse is a consequence of (1) socio-demographical factors (age, gender); (2) environmental factors; and finally (3) substance use (alcohol use, cigarette smoking and drug use). The risk behavior of adolescents in early sexual experience has increased up

to 5.4% (Lee et al., 2006) from 1.8% as recorded in the Second National Health and Morbidity Survey (1996) by respondents in secondary school who claimed to have had sex.

On the contrary, it was noted that the percentage of adolescents' sexual experience is lower as compared to other earlier studies conducted in Malaysia which were recorded at 13% (Zulkifli & Low, 2000) and 9% (Zulkifli et al., 1995) respectively. This could be due to the sample whereby the earlier studies maybe conducted among adolescents in their later stage of the age 15 to 19 years. The conservative outcome in this study may not be a true picture since adolescents in Malaysia may not be forthcoming to discuss sexual experiences. In addition, illiterates were not able to answer honestly and drop-out students were not reachable. Therefore, study could not be generalized nationwide. The drop-out students may be considered as the high risk adolescents who indulge in sexual activities resulting in unwanted pregnancy.

Studies in Malaysia on the issues of sexuality is lacking especially in the context of understanding the adolescents' unwanted pregnancy experiences and their psychological wellbeing while going through the pregnancy. Evidently, factors such as physiological immaturity, poverty, lack of education, rapid modernisation and globalization; and lack of family support contributes to the yearly significant increase in the unwanted pregnancies (Jaafar et al., 2006; Low, 2009; Low et al., 2007; Omar et al., 2010; Zulkifli & Low, 2000; Zulkifli et al., 1995). It is estimated that more than 10,000 adolescent girls become pregnant and give births in Malaysia, a consequence of rising concerns on matters pertaining unsafe abortions and abandonment of babies (Omar et al., 2010).

A study was conducted by Omar et al. (2010) in two main hospitals serving the urban population of Malaysia to assess the outcomes and risk factors of adolescent pregnancies. The methodology of research is based on a case-control study where the

control group consists of women aged 20 to 35 years whilst the case group is focused on pregnant girls aged 10 to 19 years and give births in the hospitals. The sample size involved 204 participations for both groups; 102 participants for adolescent study group and 102 for adult control group. Identification of the pregnant adolescent girls is done via the hospital admission record and informed consent is required for the adolescent girls aged 18 years and below. Findings of the study has indicated that there is a significant correlation between adolescent pregnancies coming from the low socioeconomic background, engaging in unsupervised peer activities after school and not engaging in extracurricular school activities. It shows that adolescent girls who do not do well in their studies show an inclination towards being a mother which they found more attractive. Being raised by a single parent also indicates a correlation with adolescence pregnancy. There is however no significant relation between adolescent pregnancies and ethnicity. This study could not be generalized since it is only being conducted in 2 public hospitals located in Kuala Lumpur and details of adolescent pregnancies and giving birth in other hospitals are not accounted for. 52% of the adolescents involved in this study are unwed and physiologically immature and practice unsafe sex resulting in unplanned and unwanted pregnancy (Omar et al., 2010). This study however, does not indicate the psychological wellbeing of the pregnant adolescents, the decision making to send their new born either for adoption or foster care; and the participation of their partner in the decision making. This particular study does not have a follow-up session where the adolescents are given counseling on post-natal care and education on safe sex.

A longitudinal study of adolescent health were conducted to reflect the factors of pregnancy and the findings proved that risk taking and the desire to leave home are the main contributing factors (Coleman, 2006). It is also a coping mechanism for dealing with anxiety, anger, frustration due to expectations from school, peers and/or parents.

Prevention programs

Many health educators have argued that comprehensive sex education would effectively reduce the number of adolescence pregnancies, although opponents argue that such education encourages more and earlier sexual activity. It is of importance to highlight the lack of or unavailability of reproductive services to cater to the needs of adolescents. A successful recipe for prevention programs is usually elusive with inconsistent family planning policy, inadequate and insufficient contraceptive methods as well as appropriate professional orientation (Pinto e Silva, 1998). Professional supports are important to ensure a decline in the number of unwanted pregnancy in adolescents. The professional support extended to parents might assist them in coping with deviant issues relating to children (Logsdon & Davis, 2003).

Evidently the number of adolescents pregnancies in the United States of America has declined in numbers in recent years due to the prevention programs organized such as sex education and abstinence programs (Coleman, 2006). Nevertheless, the childbirth rates and adolescent pregnancy are highest in the United States of America as compared to the other developed countries worldwide (Coleman, 2006). It is crucial to curb the phenomenon of adolescents' unwanted pregnancies and everybody has to play a role in overcoming the issues, be it policy makers and all other social agents. Evidently objective measures need to be carried out to curb the phenomenon. The causes and consequences which have an adverse impact on the health of these adolescents may provide a better scenario on how best the policy makers could draft out with prevention programs to cater to their needs. Adolescents as role models might be one of the option to raise awareness of sexuality issues among themselves, a person where they can relate to. The involvement of adolescents and young people can act as multiplier agents of educational actions, training and dissemination of information to their community.

In Brazil, there is an obvious lack of effective policies and programs involving youth in existing promotional activities. Existing laws and practices impose concrete obstacles in providing sexual education and fertility regulation orientation and services, especially to single female adolescent.

In the UK, the adolescence pregnancy strategy, which was initially run by the Department of Health is now under the Children, Young People and Families directorate in the Department for Children, Schools and Families, works on several levels to reduce adolescence pregnancy and increase the social inclusion of adolescent mothers and their families by:

- a) joined up action, making sure branches of government and health and education services work together effectively;
- b) prevention of adolescence pregnancy through better sex education and improving contraceptive and advice services for young people, involving young people in service design, supporting the parents of adolescents to talk to them about sex and relationships, and targeting high-risk groups;
- c) better support for adolescent mothers, such as helping them further their education, advice and support, work with young fathers, better childcare and increasing the availability of supported housing.

The adolescence pregnancy strategy has had mixed success. Although adolescence pregnancies have fallen overall, they have not fallen consistently in every region, and in some areas they have increased.

In the United States the topic of sex education is the subject of much contentious debate. Some schools provide "abstinence-only" education and virginity pledges are increasingly popular. A 2004 study by Yale and Columbia Universities found that 88% of those who pledge abstinence have premarital sex anyway (Hauser, 2008). Sex education provides not only information on the anatomy and physiology of reproduction

but also allowing the construction of a new model of human relationship which is urgently needed. Ussher (1989, p. 102) stated that “there is a need to provide support allowing the adolescents with unwanted pregnancy to channel their unhappiness and grievances without perceiving that it is the end of the world”.

Most public schools offer "abstinence-plus" programs that support abstinence but also offer advice about contraception. A team of researchers and educators in California have published a list of "best practices" in the prevention of adolescence pregnancy, which includes, in addition to the previously mentioned concepts, working to "instil a belief in a successful future", male involvement in the prevention process, and designing interventions that are culturally relevant. On September 30, 2010, The U.S. Department of Health and Human Services approved \$155 million dollars in new funding for comprehensive sex education programs designed to prevent adolescence pregnancy. The money is being awarded "to states, non-profit organizations, school districts, universities and others. These grants will support the replication of adolescence pregnancy prevention programs that have been shown to be effective through rigorous research as well as the testing of new, innovative approaches to combating adolescence pregnancy" (U.S. Department of Health & Human Services, 2011).

The Dutch approach to preventing adolescence pregnancy has often been seen as a model by many countries. The curriculum focuses on values, attitudes, communication and negotiation skills, as well as biological aspects of reproduction. The media has encouraged open dialogues and the health-care system guarantees confidentiality and a non-judgmental approach (Valk & Guus, 2000).

A study has been conducted by Gabrielle (2006) to descriptively understand the experience of female first sexual intercourse using the phenomenology method. The focus is particularly given to areas such as the affect and meaning surrounding first

coitus. The participants were Australian-born and educated Caucasian women between the ages of 18 and 30. All interviews were on voluntary basis and a semi-structured format was adopted. The women were all selected based on purposive sampling and requested to sign an informed consent before participating in this study. The Nud*IST program was used to organise the data. The findings of the study have indicated that the emerging themes for female first sexual intercourse are (1) educational; (2) physical; (3) transitional; (4) developmental; (5) influential; and (6) emotional. The outcome of the study, thematic first sexual initiation by females is useful and valuable to educators in sexuality education. The study recommended an improvement on the existing sex education to better prepare the women before their first experience in sexual act. The study has suggested for the syllabus to include the experience of the first sexual act to ready the mental preparedness of women and adolescents who intend to initiate their first sexual experience. This study however, lacks discussion on the family cohesion and religiosity of the women under study. Therefore, it is unclear what the contributing factors are that resulted in the first sexual act among adolescents.

In Harare, Zimbabwe, a study was conducted on 923 women after giving birth to identify unplanned pregnancy and found that socioeconomic level, demographic factors and relationship patterns of the mothers affected the rise in the number of unplanned, hence unwanted pregnancy (Mbizvo et al., 1997). Prevention programs include the adaptation of Beijing and Cairo conferences on Family Care International, 1995 where governments are to develop high quality but affordable sexual and reproductive health services through the primary health care services. Amongst others, the study has put forward suggestions for the economic power of women to be increased, improve implementation of family planning and health care services, to provide support for effective pregnancy care and improve abortion care.

A 1992 Washington state study of 535 adolescent mothers found that 62% of the mothers had a history of being raped or sexual molested by men whose ages averaged 27 years. This study found that, compared with non-abused mothers, abused adolescent mothers initiated sex earlier, had sex with much older partners, and engaged in riskier, more frequent, and promiscuous sex. Studies by the Population Reference Bureau and the National Centre for Health Statistics found that about two-thirds of children born to adolescent females in the United States are fathered by adult men age 20 or older (Gracie Hsu, Statutory Rape Family Research Council).

Developing countries have developed programs pertaining reproductive health targeted for adolescents, however; most often these programs are not coordinated well and are usually available in small scales. Sri Lanka on the other hand, has a structured policy framework on sex education taught in their schools (Mehta, Suman, Groenen, Riet & Roque, 1998). The non-governmental organizations played a vital role in facilitating young women on contraception issues. Reduction in child marriage is evident although still being practiced in the country (Mehta et al., 1998). In countries such as Indonesia, Iran and the Indian state of Kerala, the increase in educational attainment has resulted in a reduction of younger age at first birth.

Previous research has indicated that in developed nations, adolescence pregnancies are often linked to social factors, lack of education, low socioeconomic, and lack of "life outcomes" in children of adolescent mothers. Adolescence pregnancies in developed nations are mostly due to premarital sexual acts which are socially unacceptable in numerous cultures and communities. This has prompted numerous research and campaigns to be conducted with the attempt to uncover the sources and curb the rise in statistics of adolescence pregnancies. Worldwide, it was reported that 10%-14% of young women have experienced unwanted pregnancies (UNFPA, 2003) and an estimation made in past study has concluded that an approximate of 2 to 4.4

million abortions occurred amid adolescent females in developing countries (Treffers, 2002). Adolescence pregnancy has been demarcated as a social endemic in the social research field and has resulted in a significant increase in the health problem among adolescents (Pinto e Silva, 1998). In a study conducted by Pinto e Silva (1998), in the United States of America, a total of 11% of girls ages 15 to 19 years old (constituting more than one million) has been reported pregnant. Half of these girls became unmarried adolescent mothers in an unplanned and unwanted way (Pinto e Silva, 1998). In a recent study conducted by the UNICEF (2009), the United States of America has recorded a total of 40% of adolescents having experienced pregnancy out of wedlock. The unplanned and unwanted pregnancy led to a significant rise in the total sum of abortions that lead to health problem related issues among the adolescents (UNICEF, 2009). However, the lack of reliable data has resulted in the true figures being compromised.

Chapter Summary

In most Western countries, efforts to reduce the rise of adolescence pregnancies were by introducing sex education curriculums. Generally, the pattern in Europe since 1970 has seen a reduction in the sum of fertility rate, a reduction in the birth of new-borns among adolescents, and an increase in women's age with first birth. This is evident in most continental Western European countries where low adolescent birth rates were recorded. For countries such as Netherlands and Scandinavia, it can be distinctly credited to effective sex education coupled with effective usage of contraception. Meanwhile, in countries such as Spain and Italy it was due to their traditional values and social stereotyping. Switzerland on the hand has not only effective sex education, informed usage of contraceptive methods, but also conforms to their traditional values and social stigmatization. It was found that in Canada, the birth rates among adolescents have

declined for younger adolescents and older adolescents grouped between 15 to 17 and 18 to 19 years old from the year 1992 to 2002 (UNFPA, 2003).

Pregnancy that was unintended may be reflective of premarital sex bringing about social stigmatization and resulting in riddance of the unborn baby. It was also found that involuntary marriages occurred to thwart out-of-wedlock children and often result in a lesser outcomes as compared to marriage by choice. It has been widely acceptable for developing and industrialized countries to be involved in premarital sex, single parenting and illegitimate children. Unintended hence unwanted pregnancy is often associated as the main stressor that contributes to the social stereotyping and played a vital role in portrayals of premarital sex, adolescence pregnancy and children born out-of-wedlock.

CHAPTER 3: METHODOLOGY OF RESEARCH

Introduction

In this chapter, detailed discussion on flow and procedure of the research are presented. It is with utmost importance that the methodology and ethics of conducting this research are laid down to ensure the procedures, ethical issues, validity and reliability of the study is clearly defined within the boundary of research. The choice of the methodology of research was made to answer the following research question: “How do adolescents with an unwanted pregnancy make sense of their experience?”

Design of Research

The purpose of this research is to make available an in-depth insight of the adolescents’ experience with an unwanted pregnancy. The qualitative research methodology was selected as the research design to obtain the rich descriptions of the adolescents’ experience with an unwanted pregnancy. It concerns with the quality of human experiences and how they make sense to the individuals’ daily life (Draper, 2004). According to Creswell (2009); Denzin and Lincoln (2005); McLeod (2001, 2003); Silverman (2010) & Merriam (2009); qualitative research is to understand people's attitudes, behaviors, value systems, concerns, motivations, aspirations, cultures or lifestyles, in their natural settings without intentionally manipulating the environment. The key features of qualitative research are centred on its distinctive methodological methods of investigation that investigate human and social issues. Therefore, the characteristics of qualitative research were best suited to fit in the context of this particular study done in its natural setting. To further understand the significant events that happened in the life of the adolescents with an unwanted pregnancy, various sources of data were collected. This enabled the problem to be observed from a multiple

perspective, flexible and holistic approach based on interpretive analysis (Creswell, 2009; Draper, 2004; Merriam, 2009; Norani, 2001).

Likewise, the techniques of qualitative research are useful when a subject is too complex to be defined, and to explore the subjectivity and authenticity of the experience (Silverman, 2010). For instance, in this study, I have explored the meaning and essence of the adolescents' experience going through an unwanted pregnancy. Therefore, it was vital to emphasize the emergent nature of qualitative research design from the samples since the qualitative study played a crucial role in describing, clarifying experience and illuminating the meaning of lived experience in an unobtrusive manner (McLeod, 2003; Shinebourne, 2011). In this research project, I attempt to observe and interpret the emerging themes and meanings in its actual context, hence; it is neither possible nor appropriate to finalize research strategies before the process of data collection begins. (Patton, 1990).

Additionally, Stiles (1993) stated that qualitative research can be regarded as the natural language of the participants. Seamark and Lings (2004, p. 1) mentioned that "words, especially organised into incidents or stories, have a concrete, vivid, meaningful flavor that often proves far more convincing to a reader, another researcher, a policymaker, a practitioner; than pages of summarized numbers". Lincoln and Guba (1985); Patton (1990) and Stiles (1993) have identified that within the qualitative study, the research design is flexible, expecting the unaccounted for issues and being aware of each individual uniqueness based upon their personal experiences. In turn, this will encourage the adolescents in expressing their emotions, experiences and thoughts in their own words based on their perspective. Accordingly, Crotty (1996) stated that by learning and understanding an individual's experiences, the subjectivity of the experiences lead to an obvious and multi-faceted importance. Therefore, by understanding the adolescent's individual experiences, I had the chance to understand

their various experiences in detail based on their uniqueness as an individual. Qualitative data provided a well-grounded source with its rich and thick descriptions; a good data could lead to serendipitous results and to new combinations of findings by going beyond the initial conceptions framed earlier in the study (Seamark & Lings, 2004). This helps in revising the conceptual framework as data is being gathered and analyzed (Seamark & Lings, 2004). Hence, the phenomenology approach will be the most appropriate and valuable research design that is suitable to study human experience in understanding the phenomenon of adolescents with an unwanted pregnancy.

Phenomenology is a philosophical approach coupled with various methods of research to understand how matters are perceived from the lived experiences and focuses on the essence or structure of an experience (phenomenon) in the research. (Merriam, 2002; Patton, 2002; Smith et al., 2009). Higginbottom et al. (2006, p. 191) described that the phenomenologist “insist on careful description of ordinary conscious experience of everyday life (the life-world) and a description of ‘things’ (the essential structures of consciousness) as one experiences them”. According to Eatough, Smith, and Shaw (2008, p. 181), lived experiences is commonly used ‘to encompass the embodied, socio-culturally and historically situated person who inhabits an intentionally interpreted and meaningfully lived world’. This methodology gives character to the individual’s lived experiences of a phenomenon via extensive and in-depth narrative data gathered from a small sample size. The objective is to provide a better understanding of the “essence” of a phenomenon based on the individual’s perception and not from the researcher’s own perspectives (Creswell, 2009; Patton, 2002). Human experience is a “cornerstone of knowledge about human phenomena” (Gabrielle, 2006). Therefore in this study, I have depicted the essence of meaning or basic structure of

experience (Merriam, 2002) from the experience of the adolescents with an unwanted pregnancy.

To further understand the phenomenological concept applied in this study, I will focus on the Interpretative Phenomenological Analysis (IPA), an approach to qualitative, experiential and psychological research that is based on concepts and debates on phenomenology, hermeneutics and symbolic interactionism (Shinebourne, 2011; Smith et al., 2009; Wilde & Murray, 2009). IPA research is the newest entry to the existing qualitative approach and is popular in the area of health and counseling psychology with sex and sexuality as one of the key areas (Smith et al., 2009). The IPA has been widely used in studying sex and sexuality owing to the delicate issues related to the participants involved (Smith et al., 2009). IPA is an alternative to discourse analysis where it shares an obligation to the vitality of language and qualitative analysis (Chapman & Smith, 2002; Smith et al., 2009). Discourse analysis is “generally sceptical of the possibility of mapping verbal reports onto underlying cognitions and attempts, rather to elucidate the interactive tasks being performed by verbal statements, how those tasks are accomplished and the linguistic resources drawn on” (Chapman & Smith, 2002, p. 126). However, IPA central focus is cognitive; “is concerned with understanding what the respondent thinks or believes about the topic under discussion” (Chapman & Smith, 2002, p. 126; Grigoriou, Families, & Group, 2004). In the health and counseling psychology, the series of connections linking physical condition, cognition and verbal response is observed and IPA focuses on the these connections (Chapman & Smith, 2002; Smith, 1996). IPA explores the lived experiences to examine how the adolescents make sense of their personal and social world, its first major theoretical axis (Shinebourne, 2011; Smith et al., 2009; Wilde & Murray, 2009). Hence, it will assist in understanding the essence of meaning through the adolescents’

perspectives and points of view, rather than fixing the experience in predefined or overly abstract categories (Smith et al., 2009).

Next, IPA is used to provide an in-depth description of human experience (Clayton & Thorne, 2008). Experience is a complex concept, however; as an IPA researcher, I have particular interest in understanding the everyday happenings of the participants' specific moment that represents their daily flow of lived experience. For example, an adolescent might not be aware that her intimate relationship with a boy might lead to her being pregnant. At that moment, she is only aware of the blissful joy of being in a relationship, basking in the feeling of being wanted and loved. Momentarily, she will realize her experience of being in a relationship, however; most of the time, the adolescent will be immersed in the experience of in a relationship rather than explicitly aware of the consequences (Smith et al., 2009). Hence, once pregnant, the adolescent will enter into a new experience; perhaps her emotions, behavior and cognitive aspects will be affected highlighting the new experience in life. Therefore, the pregnancy is marked as an experience, something significant that is happening in the life of the adolescent.

The description illustrates a hierarchy of experience. The adolescent in the beginning is caught up, unaware and unself-conscious in the everyday flow of experience. As soon as the adolescent becomes conscious of what is happening, it can then be described as 'an experience' as opposed to a mere experience (Smith et al., 2009).

Whatever presents itself as a unit in the flow of time because it has a unitary meaning, is the smallest unit which can be called an experience. Any more comprehensive unit which is made up of parts of a life, linked by a common meaning, is also called an experience, even when the parts are separated by interrupting events.

(Dilthey, 1976, p. 120).

As illustrated by the example above, the smallest unit in this case is the experience of the adolescent being in a relationship. IPA however; is more commonly interested in the comprehensive unit as described by Dilthey (1976). Referring to the case of the adolescent with an unwanted pregnancy, as an IPA researcher, I am trying to understand the comprehensive unit of the adolescents' experience. The comprehensive unit of experience could be the impact of pregnancy comprising of a range of parts of life. This was observed through the psychological makeup of the adolescents, affecting the affective (emotions), behavior and cognitive of self, dealing with relationship and reactions from significant others, family members and society; and displaying the change of body shapes in the public. It could be concluded that although the parts of experience are separated in time, it is however; linked with a common meaning. Consequently, adolescents who experienced a significant and traumatic event in their daily lives, would start thinking, feeling and reflecting on the meaning of that specific event (Smith et al., 2009). Therefore, I wish to understand in detail how the adolescents make sense of a major transition in their life: an unwanted pregnancy.

Significantly, the attempt to make sense of the adolescents experiences is the second major theoretical axis of IPA (Smith et al., 2009). In understanding the interpretative meaning, the theory of interpretation based on the hermeneutics, notably Heidegger; is applied (Shinebourne, 2011; Smith et al., 2009). Heidegger has looked at the etymological definition of phenomenology and dissected it into two main components, derived from the Greek phenomenon and logos (Smith et al., 2009; Smith & Osborn, 2003b). Phenomenon interprets the appearance of being which has dual quality for Heidegger. In this sense, what appears around us may have a visible definition or meaning however; Heidegger is also interested to find out the hidden meaning. On the other hand, logos can be translated into discourse, meaning or

judgment (Akers, Muhammad, & Corbie-Smith, 2011; Amoako-Agyeman, 2012; Smith et al., 2009). According to Smith et al. (2009); Smith & Osborn, (2003b), Heidegger's hermeneutic method describes phenomenon, in its perceptual manner using thick description to discover the logos, its meanings and ways of being (practices) in lived experiences in an analytical manner.

In this study, I wish to understand and be intimate with the personal world of the participants, hence having the ability to understand the perceptions of these adolescents experiencing an unwanted pregnancy from their emic perspectives. However; as an IPA researcher, it is impossible to achieve this fully since the access to data depends and is often complicated by own conceptions. Thus, a two-stage interpretation process, or a double hermeneutic is involved (Frost, 2011; Nupponen, 1998; Smith & Osborn, 2003b). Frost (2011); Nupponen (1998); Smith and Osborn (2003b); Wilde & Murray, (2009) stated that "the participants are trying to make sense of their world while the researcher is trying to make sense of the participants trying to make sense of their world". In a nutshell, the aim of IPA in this study is to explore the sense making of the adolescents with an unwanted pregnancy based on their experiences. Simultaneously, IPA recognizes my conceptions which are necessary in the sense making of the adolescents' personal world conducted through an interpretative study (Chapman & Smith, 2002). According to Frost (2011), my own preconceptions and prejudices in this study may constitute an obstacle to the interpretation of meaning, therefore; bracketing needs to be applied where the true experiences of the adolescents will be described and discussed with minimum prejudice on my part. Bracketing is also known as epoché and will be discussed thoroughly in the later part of this chapter. In conclusion, Heidegger's formulation of phenomenology as an interpretative activity and the relationship of the understanding and sense making on the meaning from the viewpoint of the participants explain the second major underlying assumptions of IPA.

In addition, idiography, which is concerned with the particular, is the third major theoretical axis of IPA (Frost, 2011; Smith et al., 2009). Although IPA is commonly used in the psychological related research work, the term idiography contrasts with the nomothetic applied in psychology, generalising a group or population level and with establishing general laws of human behaviors (Smith et al., 2009). Idiography in IPA emphasizes on the specific and operates at two different levels of commitment. This can be further explained by having two female adolescents with an unwanted pregnancy coming from similar background may describe two different accounts of experience while going through the pregnancy. This indicates that IPA focuses only on the particular by looking at each individual's experience differently.

Firstly, the IPA focuses on the sense of detail, committed to the particular and the depth of analysis resulting in a thorough and systematic analysis of data (Frost, 2011; Shinebourne, 2011; Smith et al., 2009). Frost (2011); Smith et al. (2009) described the analytic process as a process which begins from an individual case which leads to a thorough and detailed investigation of differences and commonalities across cases. Consequently, patterns and common themes are produced from these shared experiences. The IPA does not abstain from generalization but establish the generalisations in a different manner.

Secondly, the IPA is committed in understanding the uniqueness of each individual. According to Frost (2011), the idiography in IPA is suitable to understand the uniqueness and the individual's experience. As a researcher of this particular study, I seek to understand the unique experience of each of the adolescents with an unwanted pregnancy and how they manifest the experience within the context of self and in their other cultural roles (Frost, 2011; Smith et al., 2009; Smith & Osborn, 2003b). The unique and in-depth account of experiences of each adolescent marks the beginning for inductive study and then compared to other cases of adolescents with an unwanted

pregnancy to highlight the shared themes and concerns. Analytic induction is a method conducted to come up with a set of theoretical explanations. The process of analytic induction is an iterative process and it allows flexibility in changing the theoretical explanations based on new evidences assessed (Smith et al., 2009).

Justification of Research Design

Understanding the phenomenon involving the lived experience of individuals is consistent with the narration of their personal story. Husserlian phenomenology seeks to find the essence of commonalities of a phenomenon (Henkelman & Paulson, 2006; Jeynes, 2006; Palacios & Kennedy, 2010). However, searching for absolute outcomes contradicts the abundant variations in an individual's contextualized life (Paulson, Everall, & Stuart, 2001). Paulson et al. (2001) argued that instead of a universal phenomenological outlook of the world, interpretive phenomenology are interested in understanding how one's background have an impact on the experience of an individual. Furthermore, this approach identifies that the environment an individual is born into dictates the possibilities and avenues for the individual's life (Coleman, 2006). By choosing the IPA, I have explored, described, interpreted and understood how the adolescents make sense of their experiences with an unwanted pregnancy based on their unique background.

First and foremost, I aim to find meaning and essence from the lived experience of the adolescents with an unwanted pregnancy and how they make sense of their personal experience (Merriam, 2002; Patton, 1990; Shinebourne, 2011; Smith et al., 2009). Therefore, the most suitable approach in qualitative research that looks into understanding the lived experiences of the adolescents with unwanted pregnancy is the IPA which identifies with my objective to seek an understanding about the adolescents' experiences in detail basing on their individual uniqueness (Chapman & Smith, 2002;

Frost, 2011). The IPA research is also useful to explore the sex and sexuality issues, whereby; it is one of the key areas of the research (Smith et al., 2009).

Secondly, IPA identifies the important role played by the researcher in the adolescents' sense making of their experience (Frost, 2011; Shinebourne, 2011). For this purpose, epoché or bracketing is applied whereby the aim is to comprehend the pure experience of the adolescents by attempting to comprehend the sense making in their perspectives with insignificant evidence of biasness (Harvey, 2004). This is achieved by the researcher's sense making to understand the significance of things from the adolescents perspectives which include their personal and social world (Frost, 2011; Harvey, 2004; Shinebourne, 2011; Smith et al., 2009).

Thirdly, an in-depth analysis of data using IPA will be applied. IPA is an approach to analyze qualitative data providing an avenue of meaning making under the phenomenological study (Chappell, Eatough, Davies, & Griffiths, 2006). I have conducted an analytic induction process on each case and will then compare it to the other cases to seek out the common themes or concerns. By drawing together additional cases to the individual case, I was able to undertake the process of analytic induction, thus; making a more general claim for similar group. IPA focuses on the symbolic interaction between the participants and the social world, resulting from the process of sense making between the two connections (Wilde & Murray, 2009).

Finally, the research is not based on my personal assumptions and preconceived notions of the study, but through a detailed and comprehensive data collection based on the observation and interview of the participants in their environment. Hence, bracketing will be imposed in this study to avoid having personal misconceptions on my part. In conclusion, IPA facilitates in understanding the phenomenon of unwanted pregnancy based on the adolescents' contextualised life.

Researcher

In this section, a personal biography, role and biases as the primary researcher in this study are addressed to ensure that preconceived ideas on issues pertaining adolescents with an unwanted pregnancy were dealt with. As a primary researcher and human instrument, I may be exposed to biases and prejudice in the context of study. Hence there was a need to conduct and act as a sensitive instrument in the research to obtain a more meaningful and rich description coming from the emic perspectives of the participants during the data gathering process. (Creswell, 2007; Johnson & Christensen, 2007; Merriam, 2009). Denzin and Lincoln (2000) have proposed that a report on the background of researcher inclusive of fieldwork, training, data acquisitions and analysis of data be reported as a component of the qualitative research methodology.

Personal Biography

Personally, I have decided to choose my research path by conducting the qualitative research methodology to feed my initial curiosities to better understand the phenomenon of adolescents with an unwanted pregnancy conducted in the natural setting. The phenomenon of adolescence pregnancy is a global endemic and has also hit the shores of Malaysia. The media played a vital role in highlighting the increasing growth of unwanted pregnancies among adolescents. It has also become an interesting topic to be discussed amongst colleagues and academics, hence; the interests in practice and growing scholarly interests on the topic of adolescents (Marshall & Rossman, 2010). As a novice researcher, an extensive literature review has been conducted, however; there were not much discussion and literature on the affective reactions of these adolescents. Henceforth, I intend to understand and make sense of how the adolescents view their personal lived experiences from the emic perspective.

Personally, my own three pregnancies could be considered as unplanned and first thought as unwanted. For each pregnancy, I was not ready for a child and have often felt unprepared to take new responsibilities. However, the feelings of wantedness emerged while carrying the pregnancy to full term. This interests me more to find out about adolescents being pregnant at a very tender age without being married. I could not possibly imagine their feelings, emotional turmoil (if any); or simply what is playing on their mind. I am very keen to study the real world situations of these adolescents as the story unfolds naturally, not limited by predetermined constraints on findings (Johnson & Christensen, 2007). The close contact with all participants will produce a better insight of the phenomenon that I wish to find out.

By training and profession, I have always been working with adolescents as well as young adults in the educational system. In turn, this has sparked my interest to work with those in this age group. I found that more often than not, this group has been misunderstood and their inner feelings were not explored. Most adolescents in this age group tend to internalize their feelings hence the need for further exploration. Registered as a license counselor for approximately two years, I have undergone training with the National Population and Family Development Board (NPFDB), Ministry of Women, Family and Community Development, also known as *Lembaga Pendudukan dan Pembangunan Keluarga* (LPPKN) and have been certified to teach and train students on matters pertaining sexuality based on their modules. In addition, training sessions with high school students were conducted on matters pertaining sexuality. I found that from my interactions with these students, the subject on sex and sexuality should not be broached in their household fearing that they would be called perverts, hence the interest on such subjects were often found from the internet and their peers. This study was thought of when I found that adolescents who were pregnant do not have the avenue to externalize their feelings, often misunderstood, labelled with name calling

and ostracized by their own family. Literature on the subject was also limited to the factors that contributed to sexual initiation. Therefore, by understanding what goes in the mind of these adolescents, I hope to provide well informed findings to assist the various stake holders to better the life of these adolescents.

Role of Researcher

Lincoln and Guba (1985) have suggested that for the purpose of qualitative inquiry, the main data-gathering instrument is the human researcher. In this study, the needs, fantasies and expectations of each participant introduced to the research process were observed by me who acted as the primary instrument. (Lincoln & Guba, 1985; Patton, 1990). Data from the adolescents with an unwanted pregnancy were gathered mainly from interviews. According to Seidman (2012) the importance of languages and stories will assist in further understanding and knowing the experience of the adolescents based on their personal account. Acting as the primary human researcher handling interviews, it is inevitable that biases may be involved. Trustworthiness and openness of the study need to be intact hence it is important for biases and prejudgements that might influenced the outcome of the study to be eliminated or reduced. Biasness in this study was minimised for fear of false conclusion.

Subsequently, I have managed to be objective during the collection and analysis of data. Bracketing was applied to ensure that any preconceived ideas were eliminated or reduced. Amongst the biases that were identified include: (1) the background of adolescents encompassing their educational and socioeconomic backgrounds; (2) adolescents were unknowledgeable on matters pertaining to sexuality, sex and contraception issues; (3) peer pressure and lack of religiosity contributed to the rise of unwanted pregnancies, (4) adolescents involved in such act were drop outs and; (5) unwanted pregnancy can be controlled by understanding the psychological make-up of

these adolescents. In conclusion, explicit information on the process of this research were detailed to ensure a valid study (Daly & Lumley, 2002).

Research Procedure

In this research project, I obliged to the procedures of research which acts as a guideline of ethical conducts during the process of research being studied, paying particular attention to possible rise of ethical concerns (Creswell, 2002). Figure 3.1 below depicts the mapping of research procedure conducted in the study.

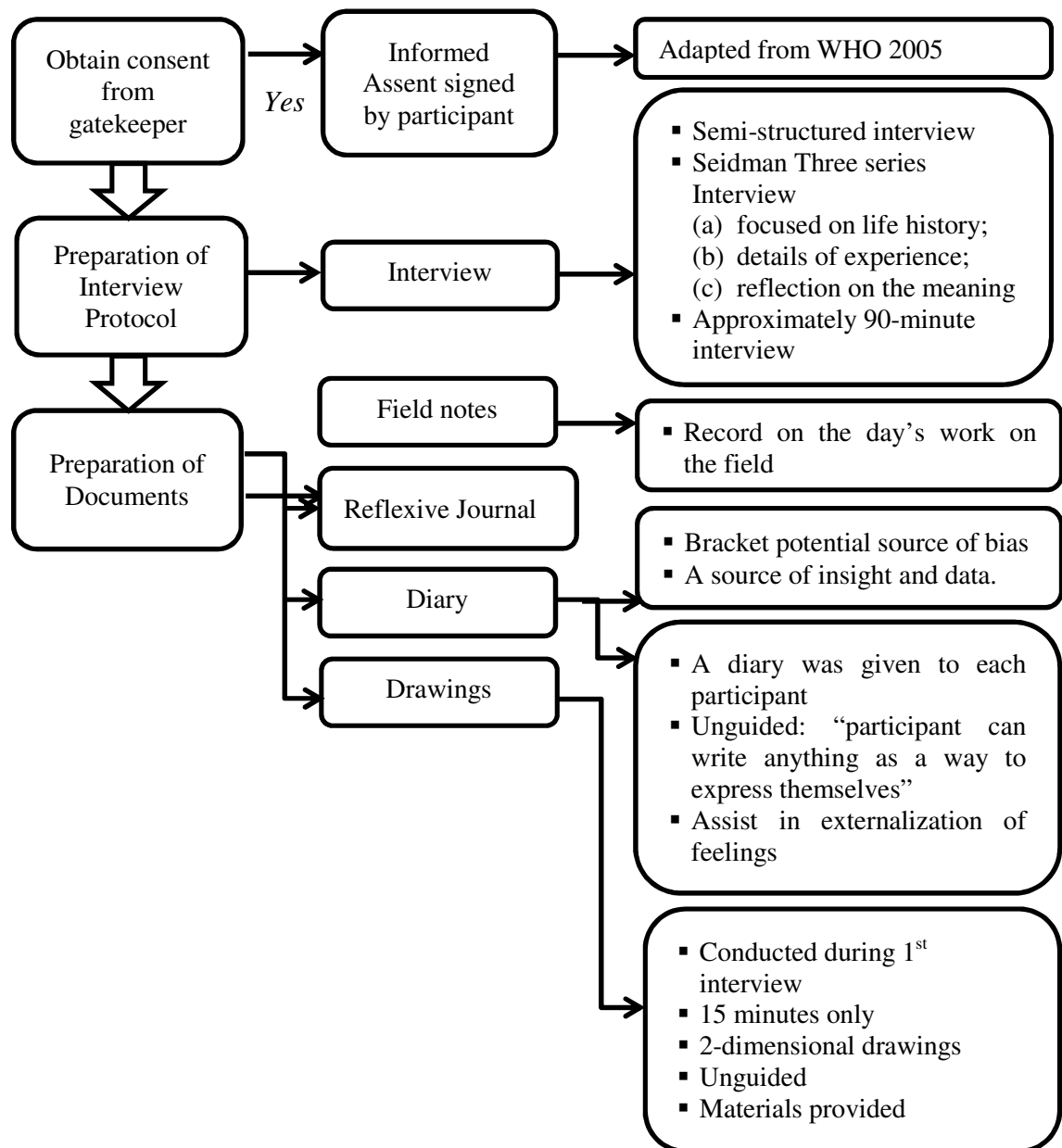


Figure 3.1: Mapping of Research Procedure

Before embarking on the collection of data, it was necessary to obtain an approval and consent letter to conduct the research at the identified home deemed appropriate, from the gatekeeper. In this case, the gatekeeper was responsible for the adolescents housed in the privately owned safe home and can be regarded as the guardian. Consequently, consent and request from the person in charge was completed by filling up the informed consent form before embarking on collection of data (Appendix A).

Legally, adolescents below 18 years old are under the care and guidance of their parents, hence; the informed consent should be obtained from the parents. However, since this study involved untoward risks to the adolescents under the age of 18 years, I was not required to obtain an informed consent from the parents as stated by Norani (2001). It suffices that the informed consent was only obtained from the gatekeeper of the safe home who acted as their guardian.

Additionally, I have obtained assents from all the participants who were adolescents below 18 years old as suggested by Sieber and Stanley (1988); Willis (2013). The informed assent form includes the information of the study and certificate of assent signed by the adolescent participating in the study (Appendix B). The adolescents have the choice to decide their participation in the research. Silence does not mean they agree to participate, thus; it was my task as a researcher to clarify the aims and ways the research will be conducted. I have secured the adolescents' assent to the study by requesting all of the participants to fill up the details of their participation in the informed assent form, an ethical conduct that I need to observe at all times (Savenye & Robinson, 1996). The main objective of the ethical conduct is to explain the adolescents' role in the study (Norani, 2001; Wiersma & Jurs, 2004). The introduction or information part of the informed assent form described the objectives, procedures, likely durations of research as well as any possible risks involved in the study (Norani,

2001; Wiersma & Jurs, 2004). The adolescents participating in this research were guaranteed of their confidentiality, anonymity, privacy, vulnerability, legal and social implications (Creswell, 2009; Savenye & Robinson, 1996; Wiersma & Jurs, 2004). Participations in this research were voluntary. Withdrawal from participating in the research was allowed should they wish to do so at any time (Boserman, 2009; Norani, 2001). Self-descriptions of a demographic form to all participants were distributed to capture their personal information as a purpose of identification during the data collection. At all times, the participants were assured that no personal information will be distributed or leaked to any parties based on the signed certificate of informed assent. All participants penned down their signatures before any interviews were conducted.

A semi structured and interview protocol that acted as a guideline and standard protocol was prepared to assist in the process of interview. Wiersma and Jurs (2004, p. 1056) described interview as “classic qualitative research method that is directly interactive”. Interviews focusing on the participants’ views of their experience were carried out (Merriam, 2002) and in this particular study, the experience of adolescents with an unwanted pregnancy. The semi-structured interview enabled and provided the opportunity for the participants of the study to lead the conversation followed by probing questions (Brown, 2014). Brown (2014) also maintained that this will lead to a natural point from the perspective of the adolescents during the interview. By probing further into the interview, the adolescents were able to share and describe in detail the experiences significant to them from their emic perspectives. For the purpose of recording the whole interview sessions at the designated time, a digital audio recorder was used. The digital audio recorder was used for recording, transcribing and future references as recommended by Brown (2014). The usage of digital audio recorder was highly recommended instead of merely relying on the memory once the analysis of the

data takes place to ensure that data collected is transcribed correctly. The duration for each interview session varied with some lasting up to 90 minutes.

Additionally, observation of the participants' body language was noted during the interview session in the field notes at the research site (Creswell, 2009). After each interview session, data were transcribed verbatim (Creswell, 1998) and analysis of data was done simultaneously with data collection. To confirm the validity and reliability of the study, I have applied data and investor triangulations approaches as suggested by Malloy (2012) and Patton (2002). Further details on each research procedure are described under its own heading in the following sections.

Data Collection

Data collected have been divided into two sections, namely Data Collection Part 1 and Part 2. Data collection Part 1 focused on the selection of sample and site while Part 2 provides details that emphasised on the different sources of data collected.

Data Collection Part 1

Under this section, the setting or site of research, participants, events and the process within the setting were thoroughly discussed. These were the considerations that were taken into account before embarking on this project.

The Selection of Sample and Site

Miles and Huberman (1994); Miles, Huberman, & Saldaña (2014) and Seamark and Lings (2004) have identified four aspects that I need to consider while conducting the research: the setting or site of research, the actors (participants), the events (what will be observed or interviewed) and the process, the evolving natural event that will take place

within the setting. Figure 3.2 depicts the selection of sample and site conducted in this study.

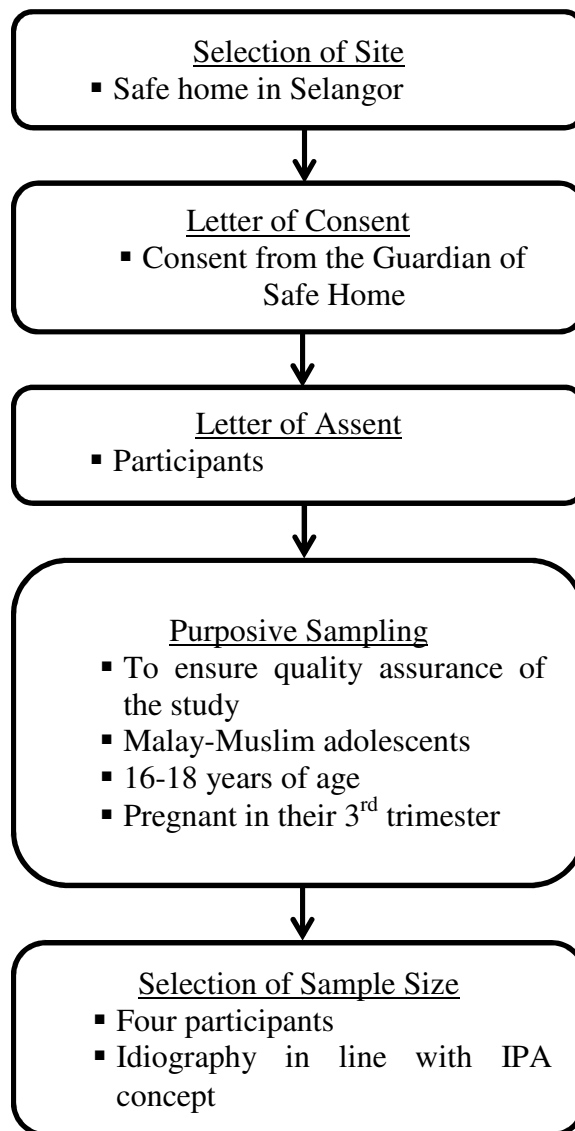


Figure 3.2: The Selection of Sample and Site

Firstly, before I embarked on this study, selection of site was taken into great consideration. Table 3.1 indicates the statistics of abandoned babies by adolescents under the age of 18 years old according to States in Malaysia as reported by the Royal Malaysia Police (2012).

Table 3.1: Statistics of Abandoned Babies from 2007-April 2012

(Royal Malaysia Police, 2012)

State	2007	2008	2009	2010	2011	2012 Jan - April
Perlis	0	0	1	0	0	0
Kedah	4	6	3	4	3	2
Pulau Pinang	5	10	5	9	6	2
Perak	0	5	7	7	7	0
Selangor	20	25	16	21	25	6
Kuala Lumpur	1	0	0	6	10	1
Negeri Sembilan	4	5	8	5	5	0
Melaka	0	0	0	5	1	0
Johor	21	13	11	10	13	2
Pahang	3	4	6	3	0	2
Terengganu	0	3	1	3	1	1
Kelantan	0	4	4	4	6	1
Sabah	11	20	12	6	15	4
Sarawak	7	7	5	8	6	2
Total	76	102	79	91	98	23

The statistics from the year 2011 to April 2012 have indicated that Selangor has the highest record of abandonment of babies by adolescents under the age of 18 years totalling 31 cases. The State of Sabah, Johore and Kuala Lumpur has recorded the second, third and fourth highest number of abandoned babies totalling 19, 15 and 11 cases for the Year 2011 to April 2012 respectively. Hence, a site in Selangor was selected based on the highest recorded number of abandoned babies and to further

understand the experience of the adolescents with an unwanted pregnancy placed in the safe home in Selangor regardless of their place of origin.

Next, I identified three sites located in Selangor that housed adolescents with unwanted pregnancy. The early initiation to secure the site was conducted via telephone conversation followed up with a letter of consent approved by the gatekeeper. According to Kamus Dewan (2002); Nitz (1999) and Creswell (2012); a gatekeeper plays a vital role in the research. The gatekeeper is the one guarding access to the site and participants. The gatekeeper of the first site has informed that researchers were not allowed in their premise. Meanwhile, the second site has informed that I am only allowed to conduct interviews during weekends to avoid disruption to their daily activities, however; the gatekeeper has also forewarned that their adolescents may not be willing to participate. On the other hand, the gatekeeper of the third site has been very cooperative to allow interviews to be conducted with the adolescents. Hence, the setting of the research was held at the safe home whereby consent was obtained and located in Selangor which housed adolescents experiencing an unwanted pregnancy.

Following this, participants in this study were purposively sampled. In this study, the sample was chosen due to the similar characteristic that allows a detailed exploration of the phenomena being studied as stated by Creswell (2002); Patton (1990); Shinebourne (2011). Chappell et al. (2006); Patton (1990) also described that the criterion sampling which falls under the category of purposive sampling means that I am able to pick all cases that meet with the same criterion to ensure quality assurance. Quality assurance can be enhanced through the credibility of the study by selecting the participants based on criterion set. According to Mortazavi, Sohrabi, and Hatami (2012) the overall sampling strategy used in qualitative study is called criterion sampling while Patton (1990); Willis (2013) and Johnson and Christensen (2007) uses the term purposeful sampling to describe the same process. Johnson and Christensen (2007)

Wilde and Murray (2009) stated that the purposive sampling is to ensure that the experience of the adolescents with an unwanted pregnancy is being addressed appropriately in accordance to the research issues.

One of the criteria set in this study was identifying a homogenous sample to ensure meaningful research questions and how it made sense to the adolescents in relaying their lived experiences (Nupponen, 1998). The extent of homogeneity or setting a boundary for each case is guided by the focus of the study for adolescents with an unwanted pregnancy. Adolescents who have been involved in multiple pregnancies were excluded from this study. The sampling was also made based on the participants' first pregnancy due to sexual encounter with their partners on consensual basis. All sources of data collected must be collected from the participants before the birth of their baby.

In addition, only Malay-Muslim adolescents were under study. This particular sampling was selected due to the highest and increasing number of unwanted pregnancy cases as reported by the Royal Malaysia Police (2012). It was recorded that the Malay-Muslim has represented the highest number in abandonment of babies, whether found alive or deceased. The record has indicated that Malay-Muslim was involved in 99 cases of babies being abandoned for the year 2007-2012 while the Chinese and Indians recorded 3 and 7 cases respectively. The number was significant and it has triggered my interest in finding out why the Malay-Muslims were the most involved in such cases.

Next, I began my initial intake on six Malay-Muslim adolescents and found that they are within the age group of 14 to 23 years old. However, only adolescents within the age group of 16 to 18 years were selected. This is to avoid any statutory rape cases in reference to the Child Act, 2001 that clearly stated statutory rape applies to all female adolescents under 16 years old even if the act were on consensual basis. The selection was also made to avoid rape cases which requires more time dealing with the police

force. Hence, only four participants were deemed qualified within the criterion set. Participants who were above 18 years of age were rejected since they do not fit in the definition of adolescence as defined by the Child Act, 2001.

Subsequently, selecting the number of participants is an abstract idea that can be put into practicality through gaining access to the gatekeepers and subjects (McLeod, 2003). In determining the exact participants for the study, there is no determinant factors and exact limitations on the precise number of the participants in the phenomenological approach as stated by Merriam (2002) and Creswell (1998). Hence, in this study only four adolescents were chosen on the basis of criterion set and mentioned earlier. Although the sample is small, it is sufficient to attain a meaningful and holistic understanding of the phenomenon, upon saturation of data as stated by Marohaini (2001). The small sample size selected purposively is in line with the central focus of IPA which targets at the quality of the study and not the quantity, hence; the recommended number of between three to six participants as proposed by Smith et al. (2009). Furthermore, the small sample size is in line with IPA idiographic approach of understanding the particular phenomenon of an unwanted pregnancy looking at the personal and in depth description of individual experiences (Smith et al., 2009).

All participants purposively selected were all in their third trimester, in their sixth going to seventh month of pregnancy. This is due to the fact that most of the participants were sent by their parents to the safe home before the baby bump became obvious and noticeable to family members and the general public. Subsequently, the participants of the study were selected on the voluntary basis and readiness to impart their personal stories about the phenomenon of interest.

Data Collection Part 2

Under this section, interviews, observations, field notes, reflexive journal, diaries and drawings as sources of data will be discussed in detail. The different types of data collection is another method of triangulation to enrich the trustworthiness and reliability of the study (Hoeger & Hoeger, 2014). In this study, interviews were the main mode of data acquisition. Complementarily, data collected through observations recorded as field notes, reflexive journal, diaries and drawings were also used to strengthen and support the findings from interviews.

The process of interviewing, and collecting other sources of data from the adolescents with an unwanted pregnancy housed in the safe home in Selangor were completed within four months. I understood that the collection of data is not specified according to its time limit but according to its saturation of data (Malloy, 2012). However, in my study, priority is given to both time limit and saturation of data. The time limit for Data Collection Part 2 was introduced at the beginning of the study. This was due to the fact that the participants were all in the third trimester and time is of constraint whereby one of the criteria set was for all data to be collected before the birth of their baby. This is in line with the availability of resources and deadlines as stated by (Jorgensen, 1989). The availability of resources and deadlines were important factors that were considered to ensure that the study could be completed on time (Mahmud & Habib, 2001).

The interviews and observations were conducted individually until data collection has achieved its saturation. In this case, data saturation was achieved due to the existence of repetitions and redundancy in the data and it can no longer contribute to the findings (Smith et al., 2009). The following sections are detailed discussions on Data Collection Part 2 comprising interviews, observations and documents as data source.

Interview

In this research, I have conducted interviews as the main source of data and a method that was flexible, detailed and personal in gathering information from the participants of this study (McLeod, 2003). The main aim of the interview was to collect information with a purpose, explore, describe and interpret the sense making of adolescents' experience, consistent with the IPA's inductive procedures, and its focus on the interpretation of meaning (Merriam, 2009; Smith et al., 2009). The intent was to get the information and to understand what is going in the minds of the participants, from their own detailed accounts of the lived world (Patton, 1990; Smith et al., 2009). Patton (2002) further explains that what goes on inside the mind of the participants could not be observed, hence; interviews are conducted to permit the researcher to enter into the experiences of the adolescents from their perspectives (Roulin, Hurst, & Spirig, 2007). In this study, I have conducted interviews for four participants with the aim "to recall the parts and their connections and discover the common meaning in the experience" (Smith et al., 2009, p. 2).

Based on the IPA methodology, semi-structured and one-to-one interview sessions were applied (Frost, 2011; Johnson & Christensen, 2007; Wiersma & Jurs, 2004). The semi-structured and one-to-one interviews were the ideal method since it encouraged the individual adolescent with an unwanted pregnancy to share their stories in their own terms, providing them the space to think, speak and be heard (Smith et al., 2009). This permits the voice of the individual adolescent to be heard.

Subsequently, an interview protocol was drafted for the interviewing process. The interview protocol is a list of semi structured questions focusing on answering the research questions in a no predetermined wording or order. The list of questions served "as an aide-mémoire for the interview to cover similar topics with the interviewee" (Gabrielle, 2006). Bernard (1988) explains that it is best for the data to emerge from the

participants and the usage of probing, semi-structured and open-ended queries by the researcher is important to promote the thickness of description. The use of open-ended questions is a widely acceptable method that allows the participants to respond to the question in their own voice unlike close-ended questions which came in with a fixed set of responses (Ballou, 2008; Geer, 1988). However, I was cautious on how the open-ended question was best and effectively asked since it may result in a different manner (McNamara, 2009). For example, “how have your experiences with an unwanted pregnancy influenced or not influenced you in the decisions that you have made in the in raising your child?” This type of questioning permits the participants to talk about their experiences with an unwanted pregnancy affecting their decision making without assuming the influence of their experience. However, if a similar question was posted from a different perspective, it might sound as follows: “How have your experiences with an unwanted pregnancy affected you as a parent”? This is not a close-ended question, but assumes the influence of the experience affecting the participant.

Merriam (2009) mentioned that probing questions are follow up questions or comments after leading questions have been asked and are prepared as per the interview protocol in Appendix C. Probing is another method used to gather information and details out of the participants and coupled with rapport with the participants, I managed to get access to true data reflected from their experiences (Leidy, Parke, Cladis, Coltrane, & Duffy, 2009). Prompts were used during the interview as a stimulus to encourage further discussion for the next interview session. This is to encourage the adolescents to share their experiences; therefore, rapport building was crucial to encourage the participants to describe their stories in a detailed description (J.W. Creswell, 2007).

Therefore, the interview protocol acted only as a guide, encouraging dialogues and stimulating responses between the participant and I. The initial questions prepared

in the interview protocol were modified accordingly based on the responses from the adolescents. The flexibility allows a more interesting and in-depth study to be conducted. This is supported by Miles and Huberman (1994) whereby the predesigned and structured protocol will blind the researcher and may lead the study to unreliable and skewed information.

Accordingly, each interview session with individual participant went up to 90 minutes (Seidman, 1998) and a digital voice recorder was utilized to document the interview as recommended by Bernard (1988). For this particular study, the Dolbeare and Schuman 90-minute format was applied (Seidman, 1998, 2006). The 90-minute format argues that an interview conducted “within an hour carries with it the consciousness of a standard unit of time that can have participants watching the clock” while 120 minutes is considered very long in a sitting (Breslow, 1972; Witmer & Sweeney, 1992). The time allotted for the interview is sufficient for the participants to consider themselves to be taken seriously and for the study to be within its context. A lengthy interview will only result in the unravelling of the interviewer’s purpose and the diminishing of the participant’s confidence that the interviewer are not abiding to the agreement as set in the informed consent (Seidman, 1998). A lengthy interview may result in swaying from the objectives of the studies and collections of superfluous information. Data overloading would affect the effectiveness of the analysis, therefore; the 90-minute time for the interview is deemed sufficient for the purpose of this study (Miles and Huberman, 1994).

The interviews were only conducted during weekdays since weekends were already filled with prearranged activities at the safe home. There was no any right time for interview, but to ensure the comfort of the participants, interviews were often conducted in the morning since the participants mentioned they took a nap at about 2pm. The interviews were conducted in a room allocated for this study. The

interviewing process was conducted in a relaxed manner whereby, it started off with “how are you today?” or “how are you feeling today?” to ensure that the participants are comfortable and willing to impart with their stories. Since the interviews were conducted based on availability of the participants and time constraints that is before they give birth, at most times, two interviews were conducted in a day. A 30 minute to 1 hour break interval was taken before I embarked on the next interview, to avoid any preconceived ideas or untoward biasness (Lincoln, 2002).

Significantly, the implementation stage of the interview process is crucial to encourage the participants to tell their stories in detail (Harvey, 2011). The following tips as described by Harvey (2011) have assisted in improving the interview sessions. This includes (a) occasionally checking on the digital audio recorder to see if it is functioning, (b) posing questions one at a time, (c) be neutral without showing any emotions, (d) avoid any facial or body language that might disrupt the interview, (e) occasionally nodding to encourage response from the participant, (f) transition from the existing topic to make it more interesting and; (g) never to lose track of the research objectives. The digital audio recorder was useful in conducting and completing the transcription of each interview immediately after each session. The usage of the digital audio recorder assisted in replaying hence improving the transcription of the interviews to enable a different perspective in analyzing the data (Silverman, 2004).

For the purpose of this study, an in-depth three-interview series based on phenomenological type of interviewing as suggested by Breslow (1972) were conducted. The open-ended questions helped in gathering responses from the adolescents with an unwanted pregnancy based on their reconstruction of experience under the study (Breslow, 1972). Breslow (1972) further explained that one of the most distinguished feature of the three-interview series is that the interviews will be

conducted separately with each participant encompassing interviews on (a) life history; (b) the details of experience; and (c) reflection on the meaning.

According to Seidman (1998), the three-interview series was best applied with each interview being spaced out between three to seven days apart. Consequently, the participant will have sufficient time to mull over the next interview without losing any connection with the first interview. Consequently, I will have approximately three weeks to complete my interview with each participant and reduce any possibilities of idiosyncratic interviews whereby the participants might be distracted, hence affecting the quality of the interview (Seidman, 1998). The constant visits will indirectly establish a positive relationship with all participants, hence strengthening the rapport building between the participants and I.

The first interview concentrated on the participants' background and the initial interview sessions has helped built rapport and familiarization between each participant and I. The interviews were based on semi structured and open-ended questionnaires (Seidman, 1998; Bernard, 1988). By applying the open ended questionnaires, the data collected were deemed rich based on the lived experience of each participant and unobtrusive (McLeod, 2003). The semi-structured questions that I posted have provided some form of guidelines for the interviews and permits unexpected results to arise. Therefore, my task was to ensure that the participants related their life histories based on their perspectives in the context of the study (Seidman, 1998). "What made you decide to be part of this research?" and "how do you compare your life before you were here in the safe home?" were among the questions posted enabling the participants to be comfortable as an avenue for the researcher to build initial rapport with the participants.

Next, the second series of the interview encompassed the concrete details of present experience for each participant. During the interview, each participant was

requested to convey her story based on her experience. Questions posted included “how is your experience with an unwanted pregnancy?” and “what makes you go on with the pregnancy?” The questions posted were mainly on how and what they go through while being pregnant. The participants were encouraged to elicit concrete details of their experience based on the focus of the study (Seidman, 1998).

Finally, the third series of interview focused on the reflection on the meaning of their experience. According to Seidman (1998, p.12), “the question of “meaning” is not one of satisfaction or reward, although such issues may play a part in the participants’ thinking. Rather, it addresses the intellectual and emotional connections between the participants’ work and life”. In other words, sense making necessitates the participants looking back at their past experiences and relate it to their present lives. Thus, it was my task to allow the participants to understand and explore the past lived experiences which require the participants to clarify the events that led them to describe the situation in which they are in presently. In turn, this encourages detailed descriptions of their present lived experiences establishing conditions and reflecting at what they are now doing in their current or present lives. Among the questions asked were: “how does this experience make sense to you?”, “where do you see yourself in the future?”. The third series of interview were meaningful only after the first two interviews were established (Seidman, 1998). Accordingly, the first interview focused on past events and allows the participants to make meaning from their experience. In the second interview, by relaying the concrete details of their experiences, the participants would relay their stories and frame it as a beginning, middle and an end, making it meaningful. However; in the third interview, I focused on the questions based on the first two interviews in the context of the study and my central of attention would be of meaning making.

IPA recommended an in-depth, thick and detailed data, hence; I had interviewed the adolescents with an unwanted pregnancy more than once for all the three series

interview (Smith et al., 2009). To explain further, the first interview may result in insufficient information gathered on life history of each participant. Therefore, the next scheduled interview was aimed to gather as much information on the life history of the participant. Data were collected until redundancy or saturation across the interviews were achieved (Paulson et al., 2001). I then moved to the next series which focused on the details of experience and followed similar steps mentioned earlier until saturation of data had been achieved before moving on to the third series of interview, reflection on the meaning. In ensuring that the data collected were of true accounts of the participants, there was a need on my part to understand the adolescent's perspectives as well as looking at the data in its contextual factor. An extraction of interview transcript is attached as Appendix D. Initial noting based on interview transcript is attached as Appendix E.

Observations

Besides interviews, I conducted observations which were also considered as primary data in the qualitative research (Merriam, 2009). Observation was used as a technique to obtain clearer picture and holistic perspective of the researched phenomenon (Dixon & Smith-Adcock, 2012). Observations evoked my understanding whereby "one source of observational data in connection with interviewing is the participants' behaviors, facial expressions, gestures, bodily tone, clothing, and other nonverbal indications" (Polkinghorne, 2005, p. 143). Observation was also used as a method of data triangulation to further provide a rich data and enrich the trustworthiness of the study (Merriam, 2001). The source of data through participatory observation was collected based on the observations of the physical setting, the verbal and body language of the participants in their own time and during their interactions with other members of the home. This was especially useful to gather data from participants who might have

difficulty expressing and relating their personal lived experiences. In addition, their body language was observed to recount their narrative description.

I have conducted the observations for all three stages: entry, data collection, and exit as suggested by Merriam (2009). The total time spent, number of visits and observations were not predetermined but relied on the depletion of resources which coincided with the saturation or repetition of information (Merriam, 2009). Once data saturation was achieved, the exit was conducted through less frequent visits to the home and eventually stopped altogether (Bowlby, 1973). I conducted a participant observation where the activity being observed included discussion of experience. This was to give a sense of purpose to my observation and not just a random observation. The observations were recorded in-situ in the form of field notes. Evidently, I had conducted most of the observations concurrently with the interview session due to availability of resources and time constraints (Jorgensen, 1989). Protocol for observations is attached as Appendix F.

Field notes

In this study, field notes were recorded in a note pad right after each interview and observations in line with Polkinghorne (2005, p. 143) suggestion which stated that “observational notes in the field can be recorded during an interview, but most often, they are made immediately after its conclusion. The immediacy is important to allow better recall of the observations and their contribution to an understanding of the experience”. Field notes were documented observation (visual and verbal) of what I experienced in the process of data collection and reflection as described by Bogden & Biklen (2007). The field notes acted as a reminder for me to probe further in the next interview with a purpose of making sense to the experience from an emic perspective. The field notes were formatted in such a way that it was expanded from the initial field notes, typed and formatted using the Microsoft Word 2003 to ensure easy accessibility

to information which includes the time, venue and the objective of the field work (Merriam, 1998). The field notes included detailed description of the setting, participants and the actions happening around the place of observation and after each interview. A sample of the field note is attached (Appendix G).

Reflexive Journal

McLeod (2003, p. 83) argued that “in counseling, the idea that practice involves the systematic ‘use of self’ is widely accepted. Therapeutic concepts such as counter transference and congruence represent the contribution that self-involvement and purposeful use of personal feelings and experiences can make to the therapeutic process”. By contrast, it is commonly known that researchers have tended to regard their own personal experience as a potential source of bias, rather than as a source of insight and data. A reflexive journal was used to note down all thoughts and conceptions on my part. The term reflexivity is recently used as opposed to reflective and researcher’s position to critically reflect on self as the researcher. Bowlby (1980) has coined the term reflexive interpretation to stress upon that a study will be moulded and framed based on the “theoretical, cultural and political context of individual and intellectual involvement which will affect the interaction with whatever is being researched”. This is due to the fact that data analysis is an iterative process which involved interpretations to be made. Therefore, I kept a reflexive journal to document all of my personal experiences, fore-structure of understanding in the context of the study to assist in the understanding of process and recognize biases. For the purpose of this study, the field note and reflexive note were combined as one and attached as Appendix G.

A critical interpretation as well as the reflection based on the text production and the language used by the adolescents in this study were analyzed to undertake further

probing to gain insight in the phenomenon. Since I am the primary and human instrument in the study, the reflexive journal was compiled to reflect on the personal experiences, values, interests and beliefs while collecting data. Consequently, the reflexive journal has enabled me to look at the larger purpose in life and social identities which might shape the study. On that note, Merriam (2001) has stated that all comments by the researcher are important to reflect and critically analyzed the situation and participants being observed in the field.

Diary

Sosin (1983), stated that “the concept of the diary as a transitional object adds a new perspective to the theory and treatment of adolescents”. Moreover, “the findings of this pilot study suggest that the diary mirrors, soothe, helps inhibit frightening impulses, and helps integrate inner and outer realities” (Sosin, 1983). Accordingly, the applicability of the adolescent’s diary usage allow enhancement and enrichment which encourages the development of the "second separation-individuation" (Sosin, 1983). The usage of diary was to understand the diary-diarist relationship which led to a clearer understanding of the phenomenon.

In the context of adolescents with an unwanted pregnancy, problems were associated with difficulty to communicate and relate their experiences with risk behaviors, therefore; diary was an effective technique and had been able to assist the adolescents at realizing, gaining insights and be aware of their problems (Porter, 2007) and minimising the potential of bias (Demecs, Fenwick, & Gamble, 2011). Diary writing was useful to gain insight of the lived experiences (Hocking, 2007) that these adolescents with an unwanted pregnancy were not willing to share.

In this study, a diary was distributed to each participant before their first interview. I had provided the participants with diaries that came in a B5-sized and the

cover came in three different colours for them to choose from. The three different colours were pink, blue and green which have no significant meaning but simply for the participants to be able to choose a colour that they prefer. I used the diary writing by the participants as one of the techniques frequently applied in counseling to assist clients recognize problematic thoughts and behaviors (Porter, 2007). I found that diary writing has helped the participants of this study to externalize issues that cannot be explained verbally thereby allowing a lengthy, free-style expressive writing and not guided by any format (Stepakoff, 2009). Thus, I had requested the participants to write whatever that came across their mind to allow for an expressive writing on their part.

Subsequently, a diary was given to the participants on the first day that I met them and was collected during the third interview series. This enabled the participants to have an adequate time writing in their diary. There is no word limit set and the participants were informed that they could request for another diary should the need arise. Before the beginning of the second series of interview, the details of experience; I requested for the diary and an interview based on the diary writing was held. A sample transcription of the interview based on the diary is attached as Appendix H. A sample of a diary written by a participant is attached in Appendix I. These diaries had been analyzed and found to reflect their innermost experiences. Appendix J depicts sample of initial noting based on a participant's diary.

Drawings

A female experience of pregnancy has an impact on her physical and psychological aspects and the usage of art therapy groups may be useful to understand the transition to motherhood among females (Egbert, 1980 ; Hocking, 2007; Lugo & Hershey, 1979). Hogan (2003), found that pregnant women appreciates a support group discussing on feelings about their pregnancy, fear, birth and the transition to motherhood. Wadson

(2000) stated that pregnant women experiencing psychosis uses art therapy as a medium to prepare for delivery. The directives used in the study of Wadeson (2000) include self-portraits, life-size body tracings, and drawings of self before, during and after pregnancy. It has been proven beneficial to women who undergo art therapy during their pregnancy and it may also benefit the adolescents with an unwanted pregnancy in understanding and give meaning to their lived experiences.

In this study, I have conducted an unguided drawing approach, whereby the participants drew spontaneous, self-expressive arts without any directives. The participants were requested to express themselves via drawing. Participants were given an A3 paper size art block, color pencils, and magic ink pens and were then requested to draw anything that came to their mind. The drawing session was conducted only once before the first interview was conducted. This is to help the participants externalized their feelings and acted as a rapport building. While the participants were drawing, I informed them that I would be sitting in the same room without looking at their drawings until they were done, to elude anxiousness of the participant. The discussion on the drawings via interview was only done in the second interview. I realized that “the wealth of drawings, paintings, and writings by children gave us entry to a profound dimension of their suffering and strength, not merely providing examples but portraying experience” (Allan, 1988). An extract of a participant’s interview transcription on the drawing is attached as Appendix K. A sample of a participant’s drawings and extraction of initial noting are attached as Appendix L and M respectively.

The interviews conducted to discuss on the participants’ drawings are listed in Table 3.2.

Table 3.2: Interviews Conducted on Participants' Drawing

Name of Participants	Number of interview conducted	Interviews Conducted based on Drawings
Orkid	1	2 nd interview
Sakura	2	1 st and 2 nd interview
Violet	1	4 th interview
Rose	2	2 nd and 3 rd interview

Table 3.2 above has indicated that with the exception of Sakura, the interviews on drawings were not necessarily conducted during the first interview. The drawings acted as a tool to assist in providing an avenue for the participants to begin telling their stories with regard to their experience with an unwanted pregnancy.

Data Analysis

The aim of data analysis was to relate the data back to the research question. I took note that conducting a qualitative analysis involved a massive collection of data hence the goal of data analysis was to understand and arrange all data in a coherent manner as well as making sense of the data (Yin, 2009). I had conducted the analysis of data parallel with the collection of data as prescribed by Merriam (2001). A two-stage data analysis was conducted.

The first stage of data analysis was the original analysis of data conducted concurrent with data collection comprising interviews, observations, field notes, reflexive journals, diaries and drawings (Glass, 1976). Analysis of data began almost immediately by sorting the participants' personal accounts with an unwanted pregnancy according to the three-interview series which focused on the participants' background, current experience and the reflections on meaning of experience (Breslow, 1972; Seidman, 1998). In addition, the reflexive journal based on my own personal values,

perceptions, views and beliefs during the study helped in providing a more critical review of the phenomenon. This was gained by constant reflections of self and has provided an avenue that encouraged further probing during the interviews in the context of the study. All data gathered were analyzed immediately after each day of data collection.

Next, the second stage of data analysis in this study were conducted rigorously after all data were collected (Saat, 2009). Since this was a qualitative research work, it was obvious that the data collected was enormous and requires a step-by-step analysis to ensure the reliability and replicability of the study. Data were analyzed based on steps of IPA as proposed by Chapman & Smith (2002) and Smith (2009). Figure 3.3 below indicates the manner in which the first and second stages of analysis were conducted.

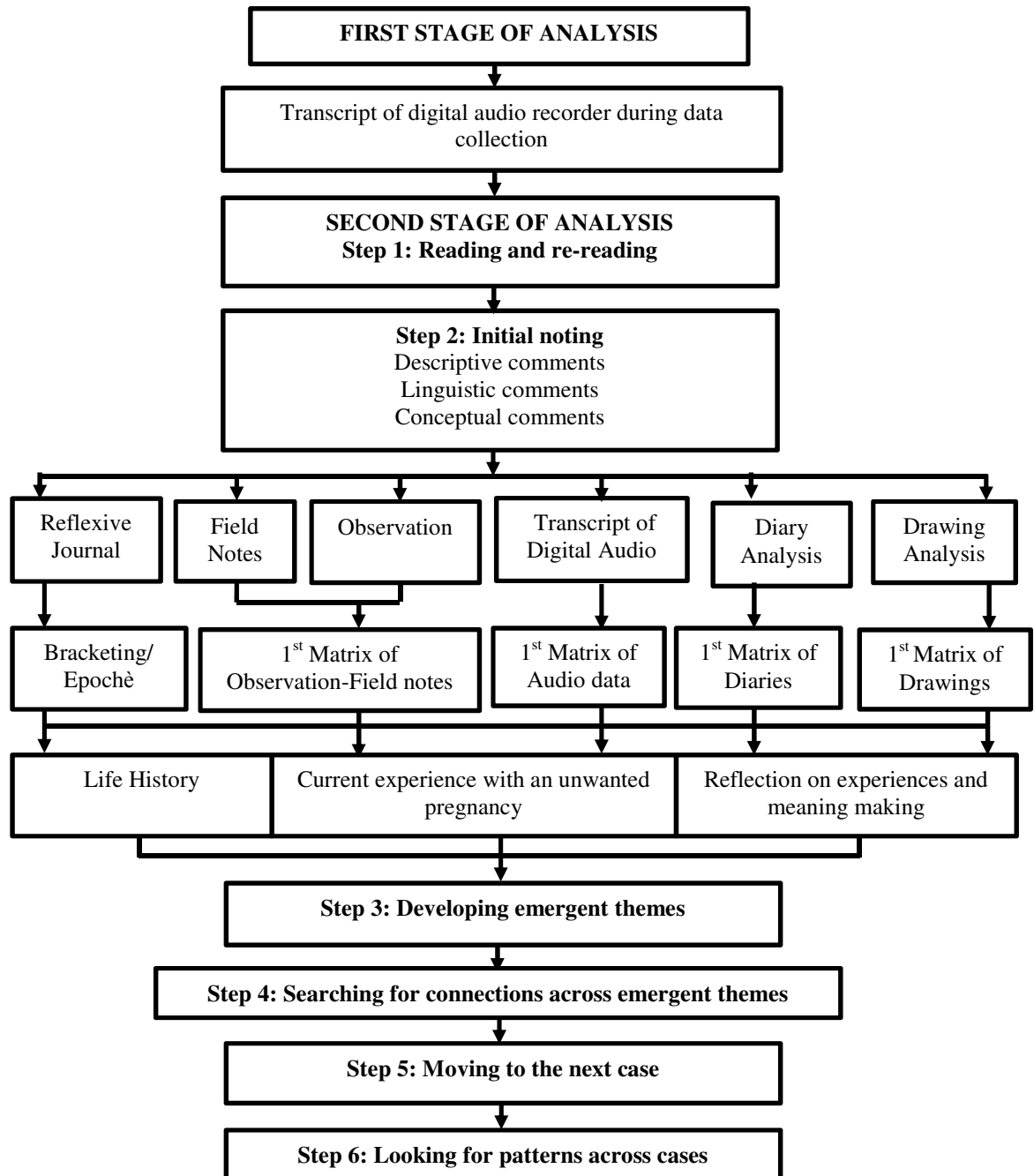




Figure 3.3: Framework of Data Analysis

The first stage of analysis conducted in this study was transferring all digital audio data by transcribing it into a textual form (Creswell, 2009). All digital audio data were transcribed verbatim and subjected to the IPA steps of analysis (Smith, 1996; Smith et al., 2009). There were no exclusions of data or picking up only the relevant data to avoid imposing of the frame of reference on the interview data. This was crucial to

ensure that the too early step of zooming or winnowing process is avoided at any costs (Seidman, 1998). All interviews were kept in an electronic file and parked under the Interview Folder with individual subfolders for each participant. The transcripts were saved individually in a different file bearing the participants' name, number of interviews and the date of interviews. The first stage of data analysis helped in personal reflection. It also assisted in subsequent interviews.

Next, the second stage of data analysis was more rigorous and involved six different steps as proposed by Smith et al. (2009) and described in detail below. The analyzing of data were conducted systematically and in chronology as depicted in the following Table 3.3.

Table 3.3: Order of Data Analysis

	Name of Participants	Order of analysis			
					
	1. Orkid	Interview	Observations/Field notes/ Reflexive notes	Drawings	Diary
	2. Sakura	Interview	Observations/Field notes/ Reflexive notes	Drawings	Diary
	3. Violet	Interview	Observations/Field notes/ Reflexive notes	Drawings	Diary
	4. Rose	Interview	Observations/Field notes/ Reflexive notes	Drawings	Diary

I started off by analyzing each participant sources of data as indicated by the horizontal arrow before moving down to the next case, indicated by the vertical arrow.

Step 1: Reading and re-reading.

The first step in IPA requires reading and re-reading to familiarize and immersed with the original data. Familiarization with data helped in ensuring that the participant was the focus of analysis. According to Briggs (1986), it is important for a researcher to look at the process as a whole to avoid any misconceptions or prejudgment of the phenomenon. Hence, I went through the transcripts more than once to ensure that the continued readings helped in capturing and understanding the ‘lebenswelt’ or essence of meaning and actions by the adolescents with an unwanted pregnancy (Seamark & Lings, 2004; Wilde & Murray, 2009). In IPA, the focus was to get in the participant’s world and this was done by my active engagement with the data. This helped me to bind certain narratives gained from different interviews together. By being actively engaged with the data, I realized that there is pattern of shifting from generic explanations in the beginning to specifics of particular events towards the middle of the interview and a synthesis of the participants’ life stories at the end of each interview (Smith et al., 2009).

Step 2: Initial noting

Step 2 included discussions on initial noting also known as initial coding. The term would be used in this thesis interchangeably. The initial transcriptions were prepared and transcribed verbatim using the Microsoft Word 2003, using a “line by line coding whereby words and phrases that captured the concepts related to what were said would be highlighted and assigned a descriptive label or code in the margin” (Akers et al., 2011; Demecs et al., 2011, p. 114). This is the initial stage of the data analysis and consumed most time spent and detailed in nature. This step examined content and language used on a very exploratory level. Line numbers were also used for easy reference. Figure 3.4, 3.5, 3.6 and 3.7 depicted samples of extracted transcription from

interviews, observations recorded in field notes, reflexive notes, diary and drawing of participant in this study.

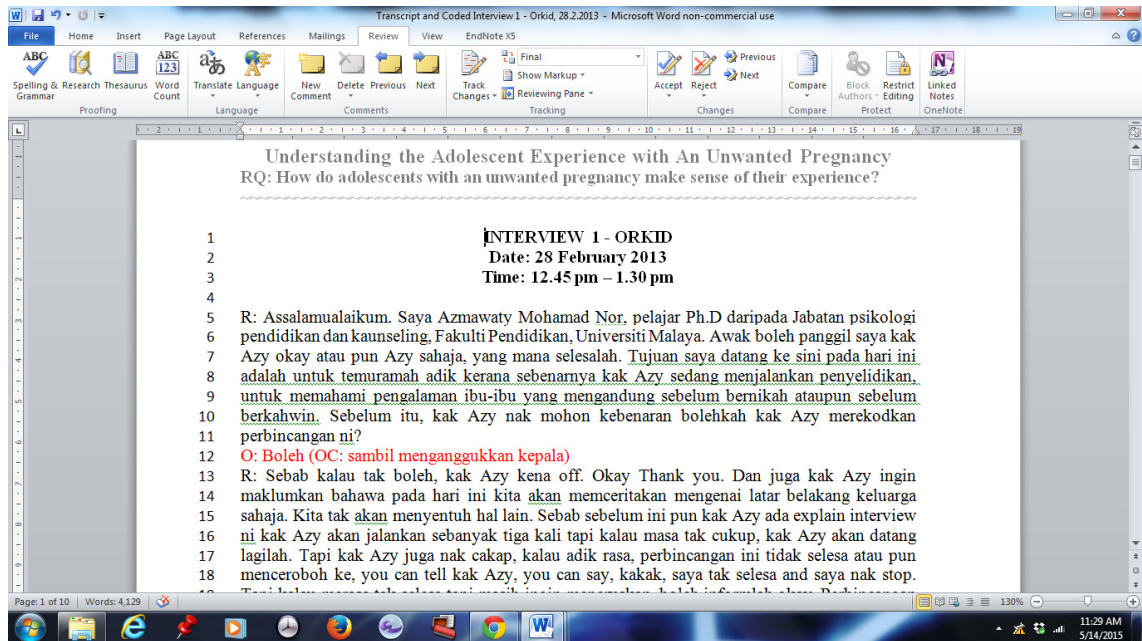


Figure 3.4: Sample of Transcript Interview

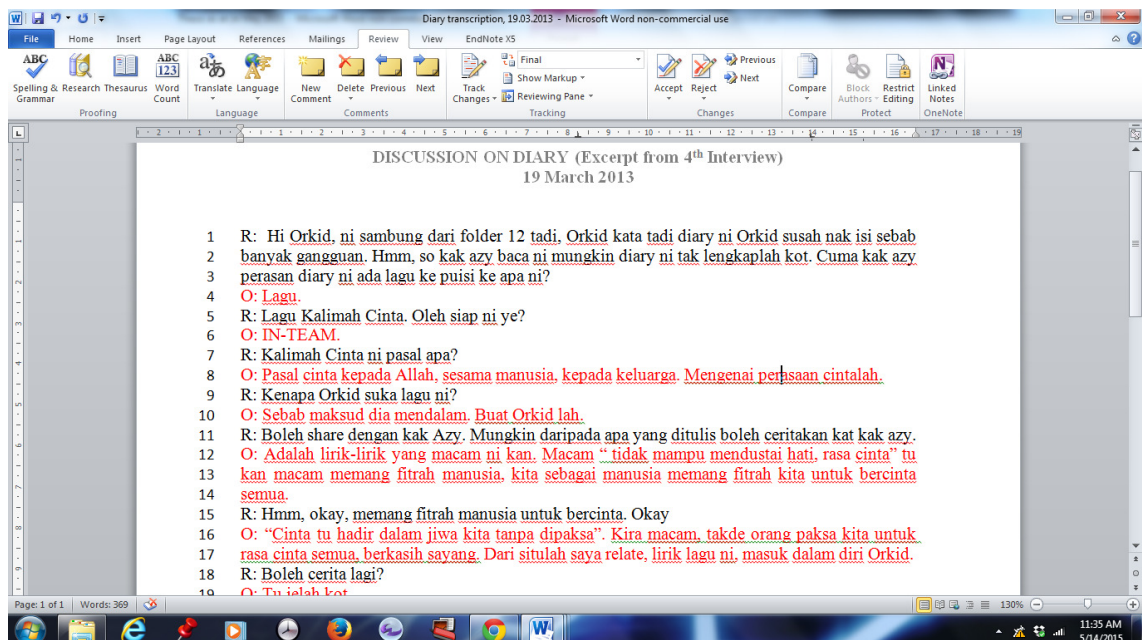


Figure 3.5: Sample of a Diary Transcript Interview

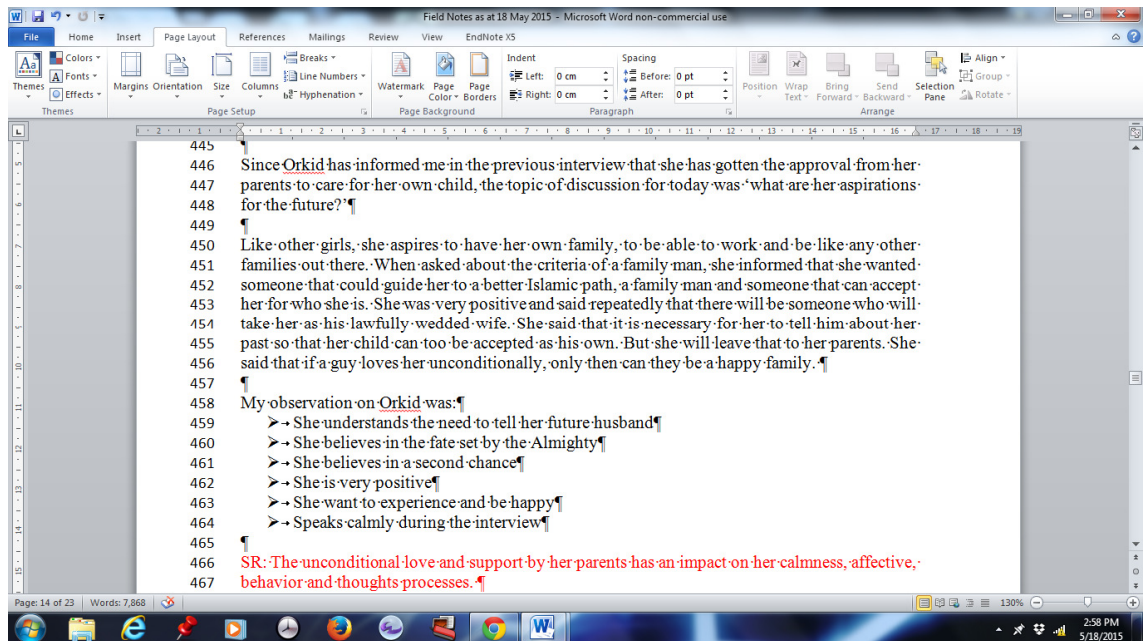


Figure 3.6: Sample of Observation/Field Notes/ Reflexive Notes

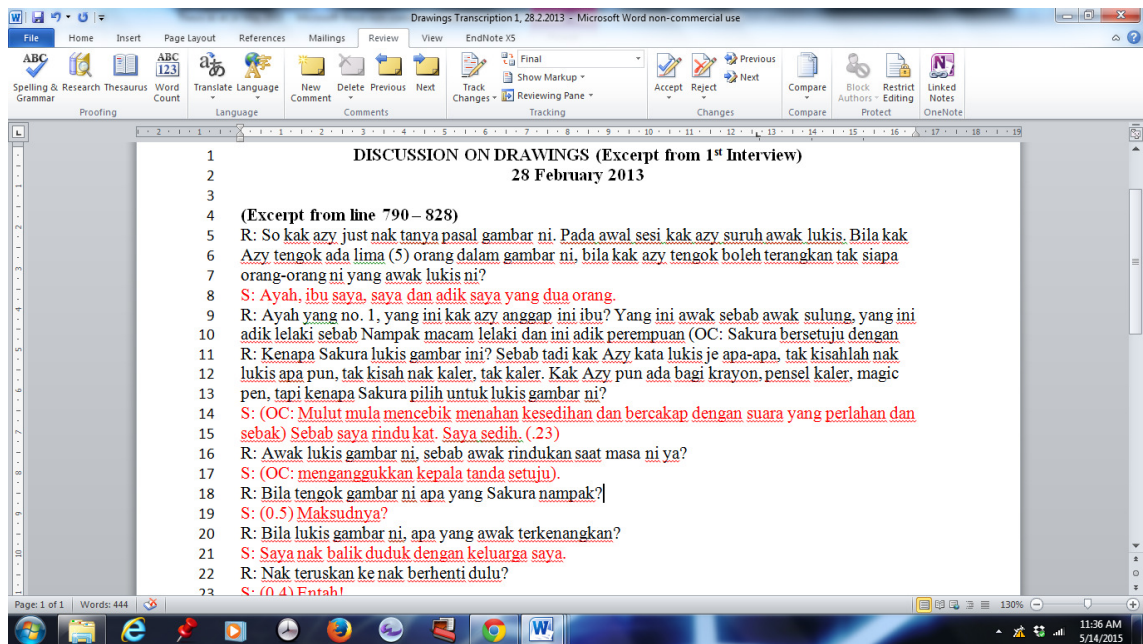


Figure 3.7: Sample of a Drawing Transcript Interview

Step 1 and step 2 requires familiarization of data to ensure that detailed and free textual analysis were conducted. NVivo 10 program was used to assist in the sorting of data and initial noting. Figure 3.8 depicted the initial coding and nodes derived from the interview.

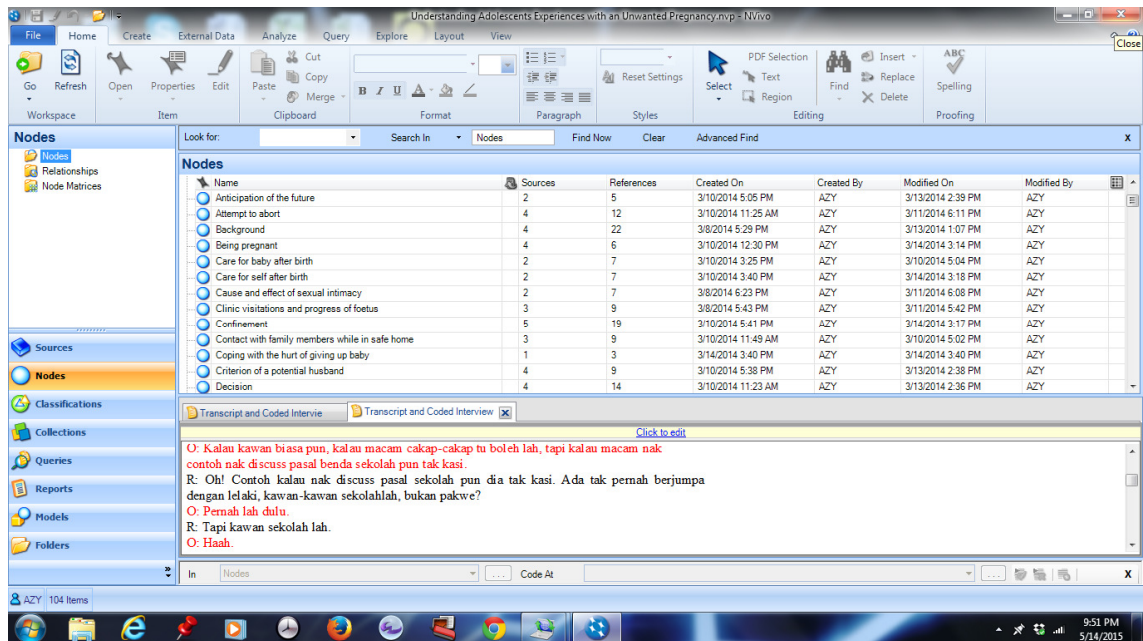


Figure 3.8:Initial Coding Using the NVivo 10 Software

However, for detailed initial noting which required the inclusion of descriptive, linguistic and conceptual comments, Microsoft Word 2003 was used and I had to conduct the analysis manually. In order to come out with initial comments, I was actively engaged in the data to avoid superficial reading, to see only what I wanted to see in the data. Active engagement in the data has brought me to see three different components of comments in the data being (1) descriptive comments, (2) linguistic comments and; (3) conceptual comments as prescribed by IPA (Smith et al., 2009). I had conducted the three different sub-steps in a systematic way by transcribing and focusing only on the descriptive comments only and then went back to analyzing based on linguistic comments and finally on the conceptual comments. This was to ensure that I did not mess and misunderstood the data if non-structured way of analyzing was conducted.

Descriptive comments focused on describing the content of what the participant had said; the subject of the talk within the transcript. This may include key words, phrases or explanations used by the participants that were recorded. The descriptive comments were made based on the events, key objects and the experiences in the participant's lifeworld. The descriptive exploratory comments may see the participants discussing their experience as negative since it was an unwanted pregnancy. However, as the analysis developed further, I was able to see and develop richer accounts of the meaning of these objects based on interviews, observations and documents collected from the participants.

Linguistic comments focused upon exploring the specific use of language by the participants. The things that I looked out for in linguistic comments were pronoun use, pauses, laughter, tears, repetition, tone and degree of fluency. Metaphor is an influential component of the analysis because it is a linguistic device which links descriptive notes to conceptual notes (Smith et al., 2009). Details of each linguistic comments made by each participant were based on their personal interviews, observations conducted and documents collected from them and were described in detail in the following sections.

Conceptual comments focused on engaging at a more interrogative and conceptual level. This was particularly the case during the earlier stages of analysis, when one did not yet have a detailed overview of the data, and where each interesting feature of a participant's account might prompt further questions. It was found that some questions led to nowhere whereas other questions lead back to the data, where reanalyzing, or reflecting on what the codes meant might well furnish the study with some tentative answers. Conceptual comments normally involved a shift in your focus, towards the participants' overarching understanding of the matters that they were discussing. This stage required a lot of time spent on my part. Conceptual coding

required reflection on my part. For example, the participant had highlighted major issues of questioning self. I put myself in their shoe and question myself: “what would happen if I am in their situation?”, “what would I do?” It is not about pinning down for answers and understandings but more for opening a new range of provisional meanings. On another level, I question, “Who are the participants if they are not themselves?” This brings about the multiplicity of selves that such a tiny but powerful expression implies. Broader interrogation might lead to questioning the relationship between diagnosis and this potential sense of fragmentation of self. Other notes refer to a critical sense of time frame. For example, in the early part of pregnancy, the adolescents wanted to abort the unborn child but to no avail, therefore; “have they accepted the fact that they are pregnant?” By doing this, I can see the different interpretations on the early part of the pregnancy, as compared to the present, and their outlook in the future. The different interpretations of the pregnancy experience were discussed further in the following sections. Although the conceptual comments require a deep involvement on my part as the researcher, I was required to analyze the participant and not my own account. This is essential when references are made to see the source of data where the themes are being observed (Coleman & Cater, 2005). By doing so, codes with similar meaning could then be grouped into one category and the reference to the particular theme could be easily identified and presented in segmentation of texts or quotations from the participants (Coleman & Cater, 2005; Demecs et al., 2011). This method would be conducted throughout the process of coding to ease the comparison between other cases to observe the similar themes that emerged.

For the purpose of illustrations, the extractions of initial noting from interview transcripts, observations recorded in field notes, diaries and drawings were conducted based on a diagonal matrix as depicted in Table 3.4 below. This is a sampling of various data sources obtained from different participants.

Table 3.4: Initial Noting based on Sampling of Various Data Sources

Participants	Interview Transcripts	Observations/ Field notes	Drawings	Diary
Violet	√			
Sakura		√	√	
Orkid				√

I am aware that this research was interested in finding out the comprehensive experience of each participant, a case-by-case analysis before finally looking for patterns across case. However, I wish to indicate sampling of initial noting from each participant based on various sources for illustration purpose only.

Table 3.5 – 3.8 indicate the steps of making initial comments for interviews, observations extracted from field notes, diary and drawings. The descriptive comments are indicated as normal text, while language and conceptual comments are indicated in *italic* and underline respectively.

Table 3.5: Initial Noting from Interviews

Source of Data	Original Transcript	Exploratory comments
Violet/Transcript Interview1 /Line 60-64	I didn't know what my feelings were, too stressful to think of a lot of things, the thoughts, bad thoughts, abortion, want to abort, I don't know, can't think straight, find ways, and in the fourth month I purchased some medicines to try to abort. Afterwards, upon scanning the doctor said that my baby is healthy without complications. Maybe, nothing, nothing happened. Umm that makes me think about sins.	Overwhelmed with the thinking about the pregnancy. <u>What goes in her mind? Find ways?</u> Abortion was her choice. But it never happened. <u>What makes her want to abort in the first place? The discovery by others perhaps?</u> <i>Clear sense of struggling to articulate and express difficult feelings and thoughts.</i> <i>Speaks too fast while relaying her stories</i>

Table 3.5, continued

Source of Data	Original Transcript	Exploratory comments
<p>Violet/Transcript Interview1 /Line 60-64</p>	<p>I didn't know what my feelings were, too stressful to think of a lot of things, the thoughts, bad thoughts, abortion, want to abort, I don't know, can't think straight, find ways, and in the fourth month I purchased some medicines to try to abort. Afterwards, upon scanning the doctor said that my baby is healthy without complications. Maybe, nothing, nothing happened. Umm that makes me think about sins.</p>	<p><i>Amplifications of words (the thoughts, bad thoughts, abortion, want to abort, I don't know, can't think straight)</i></p> <p><i>Hesitant repetitions (maybe, nothing, nothing)</i></p> <p>Realization of pregnancy.</p> <p>Thinking about her sins, <u>Spirituality comes to her mind. Repented?</u></p>

Table 3.6 depicts the initial noting from observations extracted from field notes. The termed self-reflexive on my part has been abbreviated with the letter SR. The conceptual comments were mostly derived from the reflexive notes made immediately after each interview or field work. The descriptive, linguistic and conceptual comments are indicated in normal texts, italic and underlined respectively.

Table 3.6: Initial Noting based on Observations Extracted from Field Notes.

Source of Data	Observations / Field notes / Self Reflexive	Exploratory comments
Sakura/Field notes/ 5.3.2013	<p>As I went upstairs, I saw that their room was nicely made up and arranged and she told me that they just went for their monthly routine check-ups yesterday, 4 March 2013. I saw that she was smiling and her eyes were shining. Sakura was bubbly on that day. SR: Happiness was translated via the tidy and neat arrangements in the room. I can sense her happiness and told myself that I shall explore what is on her mind today, focusing on her emic perspectives. Encouraging her to speak freely about her personal story.</p> <p>She shared about her baby's progress and was smiling at all times when sharing news about her baby. She speaks and smiles a lot today. She was delighted to know that the baby is healthy, no longer in breach position and was happy to see the baby via ultra-scan. For a moment, I can see that she was happy to be a mother. SR: I am happy for her too, but deep down inside, I can feel that she is also in pain. So, my next questions was, how does she cope with the feelings of knowing that she has to give up the baby?</p> <p>Once we are done with the session, she seems sad since she knows that she will not be in the position to decide the baby's fate and will have to abandon the baby and let him go to a family who are financially better-off. Her voice keeps trailing off every time she describes her story of having to give up her child. She knew for a fact that she would never get the support from her parents and financially not viable for her to support the child. SR: I felt her sadness, loneliness and guilt but I also know that she has the choice to make and will continue seeking answers to what goes in her mind. What goes in her mind while making the decision? How does she cope with the feelings?</p>	<p>Happiness was translated via the tidy and neat arrangements in the room. <u>How can one be happy and yet know the outcome of giving the baby up for adoption right after birth?</u></p> <p><i>She was bubbly and happiness can be seen radiated from her face when discussing her unborn baby. It was also translated via her smiles and twinkling of her eyes. She tends to speak fast and always giggly while relaying her stories.</i></p> <p>Happy upon discovery that the baby was healthy and not in breach position.</p> <p>She flinched upon mentioning the word 'breach'. Fearful that her baby might be in a breached position. <u>What makes her fearful of the word? How would she take it if the baby is in breached position nearing full term?</u></p> <p>Realization struck upon knowing that the unborn baby would have to be given up for adoption. <i>Tone of voice changed from bubbly to speaking softly and at times trailing off. Emotional and facial expressions gave it away. Looked dejected. <u>What goes in her mind upon knowing that she will have to give her baby up for adoption? How will she cope since she has begun to feel the love for the unborn baby? Would she regret her decision?</u></i></p>

Table 3.7 below depicts the initial noting extracted from interview based on diary written by one of the participants. Abbreviations R and O were used to indicate the Researcher and Orkid, the participant in this study. The descriptive, linguistic and conceptual comments are indicated in normal texts, italic and underlined respectively.

Table 3.7: Initial Noting Extracted from a Diary based Interview

Source of Data	Original Transcript	Exploratory comments
Orkid/Transcript Interview/Discussion on Diary/19.3.2015/ Line 4-27	<p>R: Orkid, you mentioned earlier that it was difficult for you to write in this diary due to distractions. Umm, I noticed that this diary is not filled. Can you explain what you wrote?</p> <p>O: A song by In-Team. It is about love Allah the Al-mighty, amongst humankind, and family. It is the feeling of love. It has a deeper meaning for me. The lyrics “<i>It cannot deceives my heart</i>” indicated the nature of mankind to love. Nobody can force you to love, but only you can decide who to love and become your partner. Life will be incomplete without the love from the Supreme Being. Love is not only to humankind but the Supreme Being. It means, if we don’t remember or submit to the Supreme Being, our life will not be fulfilled and complete.</p>	<p>Express her love for the Supreme Being, her family and others.</p> <p><i>She was calm and collected when discussing the topic of Love. Repetitions on the usage of word ‘Love’. <u>Is that an indication that she one day hoped to marry?</u></i></p> <p><u>What was she thinking when discussing about love? Is she seeking forgiveness from her parents and the people close to her for her conditions? Is she hoping that these people will have the love in their heart to forgive her?</u></p> <p>Spiritual strengthening. Realizing that Supreme Being is forgiving and full of love. <u>Is she submitting to Allah, the Supreme Being? Is she asking for her conditions and her wrongdoings based on her perceptions; to be forgiven?</u></p>

Table 3.8 below depicts the initial noting extracted from the interviews based on drawings. Abbreviations R and S were used to indicate the Researcher and Sakura, the

participant in this study. The descriptive comments are indicated in normal text while the linguistic and conceptual comments are indicated by the *italic* and underlined fonts respectively.

Table 3.8: Initial Noting Extracted from the Interviews based on Drawings

Source of Data	Original Transcript	Exploratory comments
<p>Sakura/Transcript Interview/Discussion on Drawings/Line 5-33</p>	<p>R: When I looked at this drawing, there are five (5) people in it. Can you explain who these five people that you draw are?</p> <p>S: Father, my mother, myself, and my younger brother and sister. I drew them because I missed them terribly. I am sad. I wish that I can be with my family once again.</p> <p>R: Do you want to continue or stop this interview?</p> <p>S: What do I hope for? I hope and wish that I have to opportunity to do the redemption of my sins, all of my sins towards my parents.</p> <p>The interview was stopped due to Sakura crying uncontrollably.</p>	<p>Experiencing emotional and physical abandonment. Is she really thinking that her parents abandoned her for good?</p> <p><i>Her lips began to shiver and mouth pouted indicating her choking of emotion. Began to speak in a low voice and became teary-eyed. At first, it was just the formation of tears at the corner of her eyes and later, her tears came pouring out and she was crying uncontrollably. Her body rocked backwards and forward repeatedly. She seems lost for words and all I can hear was her crying out for her family.</i></p> <p><u>Does her family ever call or even visits?</u></p> <p>Spirituality strengthening. Seeks forgiveness from her parents. <u>What about redemption of sins from the Supreme Being?</u></p>

Step 3: Developing emergent themes

Firstly, this IPA study involved a detailed case-by-case analysis of individual transcripts (Chapman & Smith, 2002; Smith, 1996, 1999; Smith et al., 2009). The main focus of IPA is to study in detail the perceptions and understandings of the specific group studied rather making a more generalized claims (Chapman & Smith, 2002). In this study, interview transcript remained as the main and central source of data. I had conducted extensive and comprehensive descriptive, linguistic and conceptual comments and saw an expansion of the data set. Smith et al. (2009) described the larger data set formed the focus of the next stage of analysis – developing emergent themes.

Therefore, in this study, I had analyzed each participant's three-series interviews, diaries and drawings to understand the making of meaning by each participant. The interview was originally participant-led and oriented, whereby each participant was allowed to discuss their experience with an unwanted pregnancy solely on questions raised spontaneously in a natural setting without any predetermined set of structure (Turner III, 2010). Subsequently, I was required to include more of my interpretative analytical skills in the analysis of the adolescents' experiences. Hence, as a researcher, I was involved directly with the lived experiences of the participants resulting in collaborative efforts by both parties (Smith, 1996; Smith et al., 2009; Smith & Osborn, 2003a). The emergent themes were the result of the participant's original words and thoughts collaborated with my interpretative and analytic view. It also presents a more detailed understanding of an experience while the initial noting or coding are more open and loosely tied.

Next, in developing emergent themes, the large amount of data set derived from the initial noting were then reduced whilst at the same time maintaining its complexity, the interrelation mapping, patterns and connections between the exploratory notes. My focus was no longer with the original transcripts but on the initial noting. The initial

noting were sufficient since they were conducted in a comprehensive and extensive manner whereby they were analyzed based on the exploratory notes made up of descriptive, linguistic and conceptual comments and tied to the original transcript as stated by Smith et. al. (2009). This resulted in data reduction, also known as condensation of data (Tesch, 1990). Data reduction was a component of the data analysis and referred to “the process of selecting, focusing, simplifying, abstracting, and transforming the data that appear in written-up field notes or transcriptions” were continuously conducted (Miles & Huberman, 1994, p 10). The reduction of data was conducted in various manners: through summary or paraphrasing; coding, categorizing and teasing out themes.

Sequentially, collapsing of common themes occurred and grouped together as “master themes” (Wilde & Murray, 2009). A table summarizing the categories and themes was produced to indicate the coherent analysis from the study. These were produced in detail with line numbers; references and hyperlink to relate back the categories or themes to the raw data. When all individual cases have been analyzed, cross comparison will then be made to come up with the final themes of the said study.

The emergent of common themes reflected the shared understanding among participants of the phenomenon under study. The whole process was an iterative process and dynamic since an analysis on each transcript was compared on the other transcripts of experience based on the adolescents with an unwanted pregnancy. This allowed the themes and descriptions to emerge inductively from the data. For the purpose of easy identification, I applied the usage of continuous line numbers for quick access to the exact transcription of each participant in the study. Simplified, emergent themes were developed via the analysis that was concentrated upon the production of common themes and descriptions derived from the transcripts. The themes were then arranged accordingly in the manner in which order they came up. As a researcher, I took note the

similar patterns, regularities, explanations while maintaining openness. The emerging themes were verified for their confirmability, plausibility and sturdiness, that is their validity (Miles & Huberman, 1994). Table 3.9 showed the development of emergent themes derived from transcripts of interviews, observations recorded as field notes, diaries and drawings. The descriptive comments are indicated as normal text, while linguistic and conceptual comments are indicated in *italic* and underline respectively.

Table 3.9: Development of Emergent Themes from Interview Transcript

Source of Data Violet/Transcript Interview1/Line 60-64				
Original Transcript	Combined Exploratory comments	Individual comments	Individual statements	Emergent Themes based on Individual Comments
		Descriptive comments		
I didn't know what my feelings were, too stressful to think of a lot of things, the thoughts, bad thoughts, abortion, want to abort, I don't know, can't think straight, find ways, and in the fourth month I purchased some medicines to try to abort. Afterwards, upon scanning the doctor said that my baby is healthy without complications. Maybe, nothing, nothing happened. Umm that makes me think about sins.	<p>Overwhelmed with the thinking about the pregnancy. <u>What goes in her mind? Find ways?</u></p> <p>Abortion was her choice. But it never happened. <u>What makes her want to abort in the first place? The discovery by others perhaps?</u></p> <p><i>Clear sense of struggling to articulate and express difficult feelings and thoughts.</i></p> <p><i>Speaks too fast while relaying her stories.</i></p> <p><i>Amplifications of words (the thoughts, bad thoughts, abortion, want to abort, I don't know, can't think straight)</i></p> <p><i>Hesitant repetitions (maybe, nothing, nothing)</i></p>	Overwhelmed with the thinking about the pregnancy.	I didn't know what my feelings were, too stressful to think of a lot of things, the thoughts, bad thoughts, abortion, want to abort, I don't know, can't think straight	Emotional turmoil
		Abortion was her choice. But it never happened.	abortion, want to abort, I don't know, can't think straight, find ways, and in the fourth month I purchased some medicines to try to abort. Afterwards, upon scanning and meeting up with the doctor here, said that my baby is healthy without complications.	Abortion attempt
		Realization of pregnancy.	Afterwards, upon scanning the doctor said that my baby is healthy without complications.	Motherhood – the realisation
		Thinking about her sins.	Umm, that makes me think about sins.	Spirituality

Table 3.9, continued

Source of Data Violet/Transcript Interview1/Line 60-64				
Original Transcript	Combined Exploratory comments	Individual comments	Individual statements	Emergent Themes based on Individual Comments
	Realization of pregnancy.		<i>Linguistics comments</i>	
	Thinking about her sins. <u>Spirituality comes to her mind. Repented?</u>	<i>Clear sense of struggling to articulate and express difficult feelings and thoughts.</i>	<i>I didn't know what my feelings were, too stressful to think of a lot of things, the thoughts, bad thoughts, abortion, want to abort, I don't know, can't think straight, find ways, and in the fourth month I purchased some medicines to try to abort. Afterwards, upon scanning the doctor said that my baby is healthy without complications. Maybe, nothing, nothing happened. Umm that makes me think about sins.</i>	Emotional turmoil
		<i>Hesitant repetitions</i>	<i>maybe, nothing, nothing</i>	Motherhood – the realization
		<i>Speaks too fast while relaying her stories.</i>		Spirituality
		<i>Amplifications of words</i>	<i>the thoughts, bad thoughts, abortion, want to abort, I don't know, can't think straight</i>	Abortion attempt

Table 3.9, continued

Source of Data Violet/Transcript Interview1/Line 60-64				
Original Transcript	Combined Exploratory comments	Individual comments	Individual statements	Emergent Themes based on Individual Comments
		<u>What goes in her mind?</u> <u>Find ways? What happens if the parents find out?</u> <u>What makes her want to abort in the first place?</u> <u>The discovery by others perhaps?</u> <u>Spirituality comes to her mind. Repented?</u>	<u>Conceptual comments</u> Primary instrument as a researcher plays an important role in collaborating with the participants to arrive at each theme.	Emotional turmoil Abortion attempt Spirituality

It was noted that in the case of Violet, the first emergent theme, emotional turmoil were gathered from the initial exploratory notes derived from the descriptive and conceptual comments. It described Violet's inability to feel her emotions and understand her feelings. It was difficult for Violet to explain her feelings and thoughts at that particular of time since she was unable to articulate well. She spoke too fast and at times does not seem to pause. This indicated that she was emotionally numb and unable to understand the changes that were happening to her. Table 3.10 to 3.12 are illustrations on the initial noting conducted on observations recorded in field notes, diary and drawings. Descriptive, linguistic and conceptual comments are all based on their normal text, italic and underlined sentences respectively.

Table 3.10: Development of Emergent Themes from Observations, Field notes and Self-Reflexive Notes

Source of Data Sakura/Field notes / Self Reflexive Notes/5.3.2013			
Original Transcript	Combined Exploratory comments	Individual comments	Emergent Themes based on Individual Comments
		Descriptive comments	
<p>As I went upstairs, I saw that their room was nicely made up and arranged and she told me that they just went for their monthly routine check-ups yesterday, 4 March 2013. I saw that she was smiling and her eyes were shining. Sakura was bubbly on that day. SR: Happiness was translated via the tidy and neat arrangements in the room. I can sense her happiness and told myself that I shall explore what is on her mind today, focusing on her emic perspectives. Encouraging her to speak freely about her personal story.</p> <p>She shared about her baby's progress and was smiling at all times when sharing news about her baby. She speaks and smiles a lot today. She was delighted to know that the baby is healthy, no longer in breach position and was happy to see the baby via ultra-scan. For a moment, I can see that she was happy to be a mother. SR: I am happy for her too, but deep down inside, I can feel that she is also in pain. So, my next questions was, how does she cope with the feelings of knowing that she has to give up the baby?</p>	<p>Happiness was translated via the tidy and neat arrangements in the room. <u>How can one be happy and yet know the outcome of giving the baby up for adoption right after birth?</u></p> <p><i>She was bubbly and happiness can be seen radiated from her face when discussing her unborn baby. It was also translated via her smiles and twinkling of her eyes. She tends to speak fast and always giggly while relaying her stories.</i></p> <p>Happy upon discovery that the baby was happy and not in breach position.</p> <p>She flinched upon mentioning the word 'breach'. Fearful that her baby might be in a breached position. <u>What makes her fearful of the word? How would she takes it if the baby is in breached position nearing full term?</u></p> <p>Realization struck upon knowing that the unborn baby will have to give her baby up for adoption.</p>	<p>Happiness was translated via the tidy and neat arrangements in the room.</p> <p>Happy upon discovery that the baby was happy and not in breach position. She flinched upon mentioning the word 'breach'. Fearful that her baby might be in a breached position.</p> <p>Realization struck upon knowing that the unborn baby will have to give her baby up for adoption.</p> <p>Realization of pregnancy</p> <p>Thinking about her sins.</p>	<p>Motherhood - the realization.</p> <p>Transformation from an unwanted to wanted pregnancy.</p> <p>Motherhood – the realization.</p> <p>Emotional numbing</p> <p>Motherhood – the realization and journey</p>

Table 3.10, continued

Source of Data Sakura/Field notes / Self Reflexive Notes/5.3.2013				
Original Transcript	Combined comments	Exploratory	Individual comments	Emergent Themes based on Individual Comments
<p>Once we are done with the session, she seems sad since she knows that she will not be in the position to decide the baby's fate and will have to abandon the baby and let him go to a family who are financially better-off.</p> <p>Her voiced keeps trailing off every time she described her story of having to give up her child. She knew for a fact that she will never get the support from her parents and financially not viable for her to support the child. SR: I felt her sadness, loneliness and guilt but I also know that she has the choice to make and will continue seeking answers to what goes in her mind. What goes in her mind while making the decision? How does she cope with the feelings?</p>	<p><i>Tone of voice changed from bubbly to speaking softly and at times trailing off. Emotional and facial expressions gave it away. Looked dejected.</i></p> <p><u>What goes in her mind upon knowing that she will have to give her baby up for adoption? How will she cope since she has begun to feel the love for the unborn baby? Would she regret her decision?</u></p> <p>Realization of pregnancy Thinking about her sins.</p>		<i>Linguistic comments</i>	<p>Transformation from unwanted to wanted pregnancy</p> <p>Emotional numbing</p>
			<p><i>She was bubbly and happiness can be seen radiated from her face when discussing her unborn baby. It was also translated via her smiles and twinkling of her eyes. She tends to speak fast and always giggly while relaying her stories.</i></p> <p><i>Tone of voice changed from bubbly to speaking softly and at times trailing off. Emotional and facial expressions gave it away. Looked dejected.</i></p>	
			<i>Conceptual comments</i>	<p>Emotional numbing</p> <p>Spiritual strengthening.</p> <p>Transformation of self</p>
			<p><u>How can one be happy and yet know the outcome of giving the baby up for adoption right after birth? What makes her fearful of the word?</u></p> <p><u>How would she takes it if the baby is in breached position nearing full term?</u></p> <p><u>What goes in her mind upon knowing that she will have to give her baby up for adoption? How will she cope since she has begun to feel the love for the unborn baby? Would she regret her decision?</u></p>	

Table 3.11: Development of Emergent Themes from Transcript of Diary Interview

Source of Data Orkid/Transcript Interview/Discussion on Diary/19.3.2015/Line 4-27				
Original Transcript	Combined Exploratory comments	Individual comments	Individual statements	Emergent Themes based on Individual Comments
		Descriptive comments		
A song by In-Team. It is about love Allah the Al-mighty, amongst humankind, and family. It is the feeling of love. It has a deeper meaning for me. The lyrics “It cannot deceive my heart” indicated the nature of mankind to love. Nobody can force you to love, but only you can decide who to love and become your partner. Life will be incomplete without the love from the Supreme Being. Love is not only to humankind but the Supreme Being. It means, if we don’t remember or submit to the Supreme Being, our life will not be fulfilled and complete.	<p>Express her love for the Supreme Being, her family and others.</p> <p><i>She was calm and collected when discussing the topic of Love. Repetitions on the usage of word ‘Love’. <u>Is that an indication that she one day hoped to marry?</u></i></p> <p><u>What was she thinking when discussing about love? Is she seeking forgiveness from her parents and the people close to her for her conditions? Is she hoping that these people will have the love in their heart to forgive her?</u></p> <p>Spiritual strengthening. Realizing that Supreme Being is forgiving and full of love. <u>Is she submitting to Allah, the Supreme Being? Is she asking for her conditions and her wrongdoings based on her perceptions; to be forgiven?</u></p>	Express her love for the Supreme Being, her family and others.	It is about love Allah the Al-mighty, amongst humankind, and family.	Searching for love
		Spiritual strengthening. Realizing that Supreme Being is forgiving and full of love.	Life will be incomplete without the love from the Supreme Being. Love is not only to humankind but the Supreme Being. It means, if we don’t remember or submit to the Supreme Being, our life will not be fulfilled and complete.	Searching for love Spirituality strengthening
		Linguistic comments		
		<i>She was calm and collected when discussing the topic of Love. Repetitions on the usage of word ‘Love’.</i>	<i>It cannot deceive my heart.</i>	Transformation of self

Table 3.11, continued

Source of Data Orkid/Transcript Interview/Discussion on Diary/19.3.2015/Line 4-27				
Original Transcript	Combined Exploratory comments	Individual comments	Individual statements	Emergent Themes based on Individual Comments
		<u>Conceptual comments</u>		
		<p><u>Is that an indication that she one day hoped to marry?</u></p> <p><u>What was she thinking when discussing about love? Is she seeking forgiveness from her parents and the people close to her for her conditions? Is she hoping that these people will have the love in their heart to forgive her?</u></p> <p><u>Is she submitting to Allah, the Supreme Being? Is she seeking forgiveness?</u></p>	<p>Primary instrument as a researcher plays an important role in collaborating with the participants to arrive at each theme.</p>	<p>Sexuality education</p> <p>Searching for love</p> <p>Spirituality strengthening</p>

Table 3.12: Development of Emergent Themes from Transcript of Interview based from Drawings

Source of Data Sakura/Transcript Interview/Discussion on Drawing/Line5-33				
Original transcripts	Combined exploratory comments	Individual comments	Individual statements	Emergent Themes based on Individual Comments
		Descriptive comments		
R: When I looked at this drawing, there are five (5) people in it. Can you explain who these five people that you drew are?	Experiencing emotional and physical abandonment. <u>Is she really thinking that her parents abandoned her for good?</u>	Experiencing emotional and physical abandonment.	I wish that I can be with my family once again.	Emotional and physical abandonment
S: Father, my mother, myself, and my younger brother and sister. I drew them because I missed them terribly. I am sad. I wish that I can be with my family once again.	<i>Her lips began to shiver and mouth pouted indicating her choking of emotion. Began to speak in a low voice and became teary-eyed. At first, it was just the formation of tears at the corner of her eyes and later, her tears came pouring out and she was crying uncontrollably.</i>	Spirituality strengthening. Seeks forgiveness from her parents.	I hope and wish that I have to opportunity to do the redemption of my sins, all of my sins towards my parents.	Spirituality strengthening Transformation of self
R: Do you want to continue or stop this interview?	<i>Her lips began to shiver and mouth pouted indicating her choking of emotion. Began to speak in a low voice and became teary-eyed. At first, it was just the formation of tears at the corner of her eyes and later, her tears came pouring out and she was crying uncontrollably. Her body rocked backwards and forward repeatedly. She seems lost for words and all I can hear was her crying out for her family. <u>Does her family ever calls or even visits?</u></i>	Linguistic comments		
S: What do I hope for? I hope and wish that I have to opportunity to do the redemption of my sins, all of my sins towards my parents.	<i>Her lips began to shiver and mouth pouted indicating her choking of emotion. Began to speak in a low voice and became teary-eyed. At first, it was just the formation of tears at the corner of her eyes and later, her tears came pouring out and she was crying uncontrollably. Her body rocked backwards and forward repeatedly. She seems lost for words and all I can hear was her crying out for her family.</i>		I drew them because I missed them terribly. I am sad.	Emotional and physical abandonment
The interview was stopped due to Sakura crying uncontrollably.	Spirituality strengthening. Seeks forgiveness from her parents. <u>What about redemption of sins from the Supreme Being?</u>			

Table 3.12, continued

Source of Data Sakura/Transcript Interview/Discussion on Drawing/Line5-33				
Original transcripts	Combined exploratory comments	Individual comments	Individual statements	Emergent Themes based on Individual Comments
		<u>Conceptual comments</u>		
		<u>Is she really thinking that her parents abandoned her for good?</u> <u>Does her family ever calls or even visits?</u> <u>What about redemption of sins from the Supreme Being?</u>	Primary instrument as a researcher plays an important role in collaborating with the participants to arrive at each theme.	Emotional and physical abandonment Physical abandonment Emotional numbing Spirituality strengthening

Step 4: Searching for connections across emergent themes

The next step required my involvement in the mapping of how the themes could be best fit together. Step 4 was not prescriptive and I was allowed once again to explore the organisation of the analysis. I understand then that not all emergent themes can be grouped together and some may be discarded. This once again involved data reduction and was dependable on how best the research question could be answered. The manner in which I identified the connections between themes was by listing the emergent themes in chronological order in which manner it appeared. I listed the themes down and many times arranged and rearranged the cluster of meanings for the themes to understand and grouped it together.

Another way of grouping the themes together was by the manner of abstraction, a basic form of identifying patterns between emergent themes and developing a sense of what could be called a super-ordinate theme as proposed by Smith et al. (2009). It involved a process of coming up with a new name for the group of emerging theme. A super-ordinate theme emerged at a higher level as a result of putting the themes together. An example is displayed in the Table 3.13 below.

Table 3.13: Abstraction Leading to the Development of Super-Ordinate Themes based on Rose’s Experience

Initial notings from interviews, observations/field notes/reflexive notes, diary, drawings	Emergent themes	Abstract or Super-ordinate themes
<ul style="list-style-type: none"> ➤ Deprived of parental love ➤ Sexual initiation 	<ul style="list-style-type: none"> ▪ Lack of parental guidance ▪ Peer pressure ▪ Personal choice ▪ Sexual initiation as a measure of love 	<p>Searching for fun, love and freedom</p>
<ul style="list-style-type: none"> ➤ Discovery of pregnancy ➤ Force to opt for abortion 	<ul style="list-style-type: none"> ▪ Emotional turmoil ▪ Riddance of baby ▪ Fear of others knowing about the pregnancy 	<p>Abortion attempts</p>
<ul style="list-style-type: none"> ➤ Suicidal thoughts ➤ Thinking of marriage ➤ Sent to safe home ➤ Emotionally and physically abandoned 	<ul style="list-style-type: none"> ▪ Suicidal thoughts ▪ Abandoned by family in time of need/emotional and physical abandonment ▪ Self-blame ▪ No contact with partner 	<p>Emotional numbing</p>
<ul style="list-style-type: none"> ➤ Motherhood 	<ul style="list-style-type: none"> ▪ Fear for unborn baby’s future ▪ Love the unborn baby 	<p>Transformation from an unwanted to wanted pregnancy</p>
<ul style="list-style-type: none"> ➤ Spirituality strengthening ➤ Fear for unborn baby’s future 	<ul style="list-style-type: none"> ▪ Spirituality ▪ Acceptance ▪ Forgiveness 	<p>Submit to Supreme Being, Allah</p>
<ul style="list-style-type: none"> ➤ Acceptance 	<ul style="list-style-type: none"> ▪ Lack of support from others ▪ Outlook on marriage and partner ▪ Positive living ▪ Economic viability 	<p>Transformation of self</p>
<ul style="list-style-type: none"> ➤ Information on sexuality 	<p>Prevention Lack of knowledge on contraceptive</p>	<p>Sexuality education</p>

Step 5: Moving to the next case

In this study, it was necessary to move to the next case. Moving to the next case requires the repositioning of me as the researcher. I had to once again be objective and focus on the participants without any influence and prejudice from the previous case. This was done by bracketing any preconceived notions arising from the first case analysis. I then moved on to the third case once the second case is completed and subsequently followed by the fourth case. This was necessary to keep up with the third axis of IPA – idiography which focuses on the particular. To ensure that I remained objective and not influenced by the previous cases, the rigourity and systematic steps presented above has been followed through. At times, the data analysis was halted when I felt that I was being influenced by the previous cases. Bracketing is necessary to ensure objectivity.

Step 6: Looking for patterns across case

In this step, patterns across case were identified. This is necessary to see how one theme from a case can help illuminate a different case and helped identify which particular theme was glaring for one particular participant. An example of identification of similar themes, its differences were identified and illustrated in the Table 3.14 below.

Table 3.14: Master Themes (Cluster of Meaning)

Similarities of Themes	Participant Interview	Source of Data
Emotional Numbing	<ul style="list-style-type: none">▪ <u>Abortion</u> <p>Orkid: <i>Firstly, when found pregnant, I wanted to abort. Because it is without life. The fetus was without a life. My mother purchased the pregnancy test, she bought the pills to encourage menstruation. It wasn't working. Maybe it wants to live. After a while, it's alright if it want to live.</i></p>	Orkid/Transcript Interview1 /lines 335-338
	<p>Sakura: <i>I told him, "if you don't want me, it's alright. But please help me abort this child, because I don't want. I don't want this child", I told him.</i></p>	Sakura/Transcript Interview1 /Line 668-669)

Table 3.14, continued

Similarities of Themes	Participant Interview	Source of Data
	<p>Violet: <i>I didn't know what my feelings were, too stressful to think of a lot of things, the thoughts, bad thoughts, abortion, want to abort, I don't know, can't think straight, find ways, and in the fourth month I purchased some medicines to try to abort. Afterwards, upon scanning the doctor said that my baby is healthy without complications. Maybe, nothing, nothing happened. Umm that makes me think about sins.</i></p> <p>Rose: <i>After that I said, I don't know what to do. He said aaa he said umm difficult, it is difficult to get married in this kind of situation. He told me to abort first before it fell in the category of killing. It is like now the baby is not alive yet but it was considered as killing it (tailing off)</i></p>	<p>Violet/Transcript Interview1 /Line 60-64</p> <p>Rose/Transcript Interview1 /Line 394-397</p>
<p>Emotional Numbing</p>	<p>▪ <u>Emotional and physical abandonment by family</u></p> <p>Orkid: <i>It's nearing two months. A bit upset. Because have to leave the family.</i></p> <p>Sakura: <i>I want to go home and be with my family.</i></p> <p>Violet: <i>When I told them I cried in front of them because I don't want, I don't want to go because, because it was like I'm being kicked out, it's like, it's like they will not take me back. After that, mmm, I still go.</i></p> <p>Rose: <i>Because I was unmarried, and my siblings were upset that I made the decision to get married or what else I am not sure of. Then they never visited me here, have never been in contact with me. I felt depressed. It is like I have nobody else. I am there, alone.</i></p>	<p>Orkid/Transcript Interview1 /Line 345</p> <p>Sakura/Transcript Interview1 /Line 807</p> <p>Violet/Transcript Interview1 /Lines 466-486</p> <p>Rose/Transcript Interview1 /Lines 628-630</p>

Quality Assurance Strategy

Quality assurance strategies were undertaken in this study to help strengthen the validity or rigour of research in the phenomenological approach, making it extensively available, recognized and combined into decision making (Reynolds et al., 2011). To enhance quality of this study, due considerations were given on criteria such as

credibility, soundness and ethical conducts in the research (Higgs, 2001). The quality assurance strategies conducted in this study were bracketing, reflexive notes, peer review, audit trail and ethical code of conduct and explained in detail in the following paragraphs (Reynolds et al., 2011).

Firstly, the credibility of the study is recognised when other researchers or reader confronted with similar experience can apply it in their context (Gabrielle, 2006; Koch & Harrington, 1998). It allows replicability of the study and aims at providing another researcher some notions on how one can continue with their personal research (Seale, 1999). Credibility was also achieved by bracketing whatever misconceptions that I had about the study to allow only the true account of the adolescents' experience emerged from the data. This meant that any potential amendments to alter the meaning of the experience relayed by the adolescents with an unwanted pregnancy were avoided at all costs. On that note, only true meaning and understanding of the phenomena will be addressed and recorded in the study. Bracketing, also known as epochè is discussed in detail under the Reliability section.

Further credibility tests and assurance were conducted via peer review whereby all transcripts, initial noting, emergent themes and collapsing of emergent themes to arrive at the super-ordinate themes were discussed with peers and supervisors for continued confirmation of credibility. This was conducted fortnightly with peers from similar counseling background, my supervisor as well as qualitative experts. From the discussions, new perspectives are incorporated in the analysis of the data and research procedures are enhanced.

On the other hand, soundness is indicated by having a clear process of the whole study, enabling other researchers conducting similar studies to follow and understand the research process. This was done via audit trail whereby all documents are properly documented. Auditing is an exercise in reflexivity, which involves the provision of a

methodologically self-critical account of how the research is done. Reflexive journal was kept throughout the data collection and analysis procedures. They included the researcher conducting an audit or decision trail to document all decisions and interpretations made at each stage of the research; on-going dynamic discussion of quality issues with my peers. Detailed description of the soundness is clearly depicted under the subtitle audit trail and reflexive journal.

Another contribution to the quality assurance strategy of the study was via ethical conduct. Since this study deals with human subjects, ethical code of conduct will be applied throughout the study. In the University of Malaya, there is no review board to base the ethical conduct whilst dealing with human subjects, therefore; the universal code of conduct was applied in this study. The issues on ethics are depicted and clearly described under the subtitle Ethical Issues.

Validity and Reliability of Research

Validity

In a qualitative research study, validity refers to findings of the study being true and certain by providing an accurate reflections of findings supported by evidence (Guion, Diehl, & McDonald, 2011). Draper (2004) describes qualitative data analysis as commonly criticized for being subjective and reflecting researcher's vested interest and prejudice. Therefore, the interpretive analysis should be conducted in a transparent manner to provide clear connections between data and descriptions. According to Denzin and Lincoln (2000), the terms validity and reliability have been retheorized and been called in different terminology, however; in this study the term validity and reliability will be applied. This is supported by Merriam (2002) who stated that the terminology validity and reliability is applicable in the qualitative study to ensure the rigidity of the study and to defend the findings from being challenged. Hence, the

internal and external validity, reliability and ethical issues will be discussed to guarantee the credibility of the study.

Sequentially, internal validity is a strategy used to make certain that I have conducted the collection of data in the right manner. By conducting this study, the findings are actually based on how I interpret the participants' interpretations of experience from their emic perspectives. I am the primary instrument in this study and will be accessing the experiences of the participants through interviews, field notes, reflexive journal, diary and drawings. Therefore, the internal validity, the strength of qualitative study is necessary to ensure the credibility of the research. Henceforth, this study will be enriched via the process of audit trail, triangulation, prolonged engagement, member checks, and peer review, to address the issue of rigidity.

Triangulation

Merriam (2001) mentioned that triangulation using numerous sources of data means comparing and cross-checking data collected through observations at different times or in different places, or interview data collected from people with different perspectives or from follow-up interviews with the same people. This is supported by Guion et al. (2011) & Patton (2001) who stated that triangulation is used to verify and establish validity by analyzing a research questions from various perspectives. Patton (2002) and Merriam (2001) have acknowledged four different types of triangulation that could be applied which are data, methods, theoretical framework and investigator triangulations. However, Guion et al. (2011) has identified an additional type of triangulation presented as environmental triangulation. In the context of this study, the validity will be based on data triangulation by conducting in-depth interviews and document analysis of diaries, drawings, field notes and reflexive journal. Investigator triangulation was also implemented in this research. In summary, triangulations improve the confidence in the

research data, understanding the phenomenon and revealing the unique findings of a study (Guion et al., 2011).

Prolonged Engagement

To assess the internal validity of the study, I was involved in a prolonged engagement with the participants by engaging and submerging with the data. Consequently, an in-depth findings and descriptive understanding of the phenomenon were achieved (Merriam, 2002). This is particularly true for interview whereby, prolonged engagement enhances the credibility of the researcher. According to Patton (1990), the researcher will be involved in the interview period long enough to be able to become oriented to the site and its environment so that the setting is treasured, understood and enabled rapport building.

In short, I managed to blend-in, built rapport and gained the trust of the participants. As a result, rich data were obtained during the data collection stage. In addition, prolonged engagement enabled detection and account for distortions that might be in the data (Patton, 1990) (e.g. researcher begins to blend in; respondents feel comfortable disclosing information that no longer 'tows the party-line'). Finally, it helped in diminishing the preconceptions that I had in the earlier stage of the study.

Member checks

Member checks also known as respondent validation is another common strategy to affirm the validity of the research. This is a method commonly used to attain the approval and solicit feedback of the participants on the interviews conducted with them (Merriam, 2009). By doing so, misinterpretations of the meaning from the participants' standpoint were eliminated. Any misconceptions and preconceptions on my part were identified and bracketed to ensure only true account of the adolescent's experience was

captured (Maxwell, 2005). I have requested all participants to check the verbatim of each transcribed interviews prepared. However, I noted that the danger of allowing the participants to go through the verbatim transcribed interview resulted in most of the documents being doctored in the fear of their confidentiality being breached. Thus, I recognised that it was crucial for the rapport building between the researcher and participants to be established beforehand. For the purpose of the study, to avoid any doctored transcriptions by participants, I only go back to each participant whenever I was unable to understand and describe the experience based on their accounts (Merriam, 2002).

Peer Review

According to Merriam (2001, 2002), another strategy for triangulation is peer review. Therefore, I have managed to get assistance from colleagues in the same field and my very own supervisor to conduct a thorough peer examination. This step requires them to assess the unprocessed data, checking the plausibility of the results derived from the data. The peer examination was also helpful in making sure that I am on the right track. In this particular study, the steps as proposed by Lincoln and Guba (1985) were undertaken. The form of documentations included all raw data which comprised of written field notes, related documents, summaries of condensed notes and theoretical notes. Reflexive journal and participants' diary have provided an avenue to a free-flowing text resulting in the strengthening of the internal validity of the study.

Translation

Translation is defined as a process of tuning the meaning of what was written and spoken (source language) into another language (translated language) (Esposito, 2001; Regmi, Naidoo, & Pilkington, 2010). In this qualitative study, interview is the main key approach for data collection, mainly in the form of audio recordings and documentary analysis. The interviews were all conducted in the Bahasa Malaysia, the source language for all participants. I was unable to conduct any interview in English language as the participants had limited vocabularies and grammatical usage of the language. Hence, there was a need to conduct a translation for the purpose of writing the thesis when language is deemed as a barrier (Esposito, 2001). It was important to conduct the interviews in the participants' source language to seek an understanding of behavior and social processes that describe the participants' behavior in their natural setting (Birbili, 2000; Hennink, 2008).

Next, transcribing spoken words into text is more than just writing. The main aim was to obtain interpretations or meanings, however; I took note that knowledge in understanding participants' intimate language and culture is important (Birbili, 2000). The word equivalence is very much a contextual term and I have theorized equivalence to form validity in meaning or interpretation in two different categories: semantic and content equivalence. Semantic equivalence equates to similar meanings after being translated whereas content equivalence refers to the extent to which a construct holds similar meanings and relevance in two different cultures or languages (Regmi et al., 2010). It was challenging to maintain accuracy when the study is carried out in the source language of the adolescents participating in this research and the analysis and writing of this study is completed in English Language, the translated language (Khan & Manderson, 1992). Therefore, it was necessary for me to engage with meanings to produce accurate and valid translations (Jootun, McGhee, & Marland, 2009).

As such, a respectable practice for translation is to employ two bilingual and competent translators familiar with the research (Brislin, 1970). Brislin (1970) proposed that one can translate forward and another to translate back to the original language without having seen the original text. However, I realized that the process of translation was a daunting task and resource intensive when dealing with a large data pool to be analyzed (Halai, 2007). For the purpose of this study, as a novice researcher, I have followed suggestions by Emmel (1998) that proposed the usage of a different researcher to check recordings and transcripts to ensure accuracy in the translation process. I have requested a qualified researcher and an expert in the English Language to assist in the task of checking the translated work made based from the transcriptions. The transcriptions were based on the transcribed work from the participants' language of origin that I have completed. The letter to the expert requesting her services, acceptance form filled by the expert and letter of completion of translated transcriptions are appended herewith as Appendix N, O and P respectively. I then, took the liberty to edit the transcripts with reference to the original recordings or the field notes. I took note that ideas, concepts, and feelings might not always translate exactly from one language to another (Halai, 2007).

In order to enhance the validity to research findings, I have checked and rechecked transcripts against the translated interpretations during analysis process (Lyons & Coyle, 2007). Second, only the key themes or issues that emerge in the process of translation are transcribed (Birbili, 2000). It has been argued that this approach saves time and entails less transcribing, therefore, suggested that a minimal transcript should ideally be retranslated into the original language unless a problem has emerged in the process of translating with the sample transcripts (Strauss & Corbin, 1998).

Reliability

Reliability is the ability of the study to be replicated by other researchers (Merriam, 2002). In the context of the study on unwanted pregnancy, it was difficult to get a data that would yield the same result since an individual had a unique experience from her own perspectives, thus; I focused on the consistency of the results. This is supported by Merriam (2002) who stated that the replicability of the study is based on the consistency of the findings that are derived from the data collected. Formerly, Lincoln and Guba (1985) have conceptualised that reliability in a qualitative study as dependability and consistency. As a result, the study that I conducted looked at how the results make sense, consistent and dependable rather than trying to replicate any other past studies. In replicating other studies, it will mean that the data collected will have to be exactly the same as conducted by other researcher which is not the characteristics of a qualitative study whereby an experience is unique based on each participants lived world. Amongst the methods that were applied to determine the dependability and consistency or reliability of the study were triangulation, peer review, investigator's standpoint and the audit trail. The triangulation and peer review have been aforementioned under the internal validity.

Audit Trail

An audit trail is a collection of documentation that enables the readers to trace back and assess the appropriateness and authenticity of the methods of data collection and analysis, and the rigor of the analysis and interpretation of findings by looking at the steps of any process or procedure (Carcary, 2009; Draper, 2004; Merriam, 2002). The method was first introduced by Guba and Lincoln (1981) to ensure the dependability and consistency of the study. For the purpose of this study, audit trail was prepared as a way to establish the trustworthiness of the study where it indicated the traceability of

the researcher's logic and determined whether the findings from the study could be applied effectively in further enquiries. Othman Lebar (2006) defined that audit trail is a compilation of documentation by the researcher during the process of research. Meanwhile, Lincoln and Guba (1985) defined an "audit trail as a transparent description of the research steps taken from the start of a research project to the development and reporting of findings". For the purpose of this study, records were recorded to ensure its objectivity. Research procedures, selection of sample and site, data collection and analysis procedures were recorded to assist in the replication of study by other researchers. By having a detailed description of each step, I was able to go back and arrive at how one decision was made. An extraction from the audit trail is attached herewith as Appendix Q.

Epochè / Bracketing

As recommended, according to the IPA approach, I was required to collect data with a sense of open-mindedness, to bracket all my preconceptions to ensure that the designing and conducting of interviews and other data collections are appropriately conducted (Frost, 2011; Smith et al., 2009). Malloy (2012) and (Gladding, 2002) stated that the collection of data requires the researcher to establish a rapport and interaction with the participants before the data could be collected from the field.

Bracketing also called *epoché* or the phenomenological reduction is a term derived from Edmund Husserl (1859-1938) for the act of suspending judgment about the natural world that precedes phenomenological analysis. In other words, bracketing typically refers to an investigator's identification, researcher's position or reflexivity of vested interests, personal experience, cultural factors, assumptions and hunches that could influence the research views the study's data (Laverly, 2003; Merriam, 2002; Lincoln and Guba, 2000, Husserl, 1970).

Bracketing and shelving of personal involvements are carried out to reduce biasness thereby enhancing the reliability of the study (Lincoln and Guba, 2000; Husserl, 1970). Harvey (2004) stated that phenomenological epoché also known as pure experience is an attempt at understanding and making sense based on the participants perspectives with minimum prejudice.

The bracketing technique used in the phenomenological approach is a method used in qualitative research to mitigate the potentially deleterious effects of preconceptions that may taint the research process (Harvey, 2004). Additionally, McLeod (2003) stated that epoché allows conclusions to arise from a process of immersion in the data, rather than imposing categories or theories decided in advance. In summary, epoché is a willingness on my part to ‘bracket-off’ assumptions about the phenomena being studied.

Generalizability

In order to further promote the validity and reliability of the study, the external validity, also known as generalizability was discussed. The underlying assumptions for the external validity or generalizability is how the study can be applied to other situations (Merriam, 2002). In this study, the purposive sampling involved a limited number of participants, therefore; it was impossible to generalize the phenomenon in other context. Debates have been ongoing on how best the qualitative study could be generalized. Consequently, the common way of generalizability in the context of a qualitative study is to look at how best the readers could use the study in other context depending on their perspectives (Merriam, 2002). By providing an in-depth and thick description of the study, the generalizability of the study could be enhanced (Merriam, 2002). In conclusion the validity and reliability of the study have been extensively discussed in

this chapter. To ensure valid and reliable research findings, the study has been conducted in an ethical manner.

Ethical Issues

Ethical issue is an iterative and dynamic process that needs to be given importance in the entire data collection and analysis period. The importance of ethical conducts is to enhance the trustworthiness of the research by ensuring that the findings are done in a rigorous, systematic and ethical manner (Merriam, 2002). According to McLeod (2003), the interviewer may inadvertently be involved in certain ethical issues having the potential to trigger painful recollections. This is supported by Smith et al. (2009) whereby as a researcher, I have to warrant avoidance of harm to the participants in the study. Although it was not necessary to have formal ethical review from an institutional review board in the University of Malaya, the ethical procedures based on the universal ethical code of conduct were adopted throughout. In this study, I had ensured the adolescents are free from any harm. By bringing up the issues of the past which may be sensitive, the adolescents might be caught in the stimulation of painful memories. Hence, my ultimate aim was to ensure the avoidance of harm stimulated from the interview sessions. This can be done through investigator triangulation whereby a peer debriefing was conducted to anticipate any safety issues to safeguard the interests of participants and myself as the researcher in the study (Smith et al., 2009). In addition, one of the challenges that I faced while gathering information from the participants was avoiding the interview turning into a counseling session. It may also be difficult to get a true data out of the participants however; as the researcher in the study, my aim is to understand the participants' perspectives to the best of my abilities.

In order to protect the participants of the study, an informed assent form must be gained from the adolescents with an unwanted pregnancy. The intent of the informed

assent form is to ensure anonymity and confidentiality of the participants (Jenkins, 2010; Smith et al., 2009). According to Smith et al. (2009), confidentiality in this case might not be true since confidentiality means for the eyes of the researcher only. However; in this study, a peer review was conducted and the confidentiality will be termed as representation. Simply, it means that the data were represented whereby the voices of the adolescents with an unwanted pregnancy were heard, within a professional and academic forum, but not at the expense of the anonymity of the participants. To ensure anonymity of the participants, pseudonyms were used (Gabrielle, 2006). This helped in safeguarding sensitivity, physical and emotional susceptibility of the participants (Jenkins, 2010).

At the data collection stage, I have obtained the consent from gatekeeper before conducting the study. At the same time, the assent forms were obtained from the adolescents since they were below 18 years. The informed assent form explained the aim of the study and subjects to be discussed during the interview. According to Boserman (2009), “children who sufficiently able to understand the proposed research should have the opportunity to be informed about the research”. The informed assent form is necessary to get the adolescents’ agreeing and approving to be a participant (Boserman, 2009). In this study, both the informed consent and informed assent as guided by the Research Ethics Review Committee, World Health Organisation were used (Boserman, 2009). An oral consent is also required to get the permission from the participants should there are any unpredicted emerging sensitive questions resulting from the main questions (Smith et al., 2009). This was needed to ensure clarity and ethical conduct during the entire data collection process. The informed consent allows the adolescents in this study the rights to pull out any time during the data collection period. On the other hand, the informed assent included the data analysis stage since

there were parts of the data that may be used in publishing and presentation of the analysis that may be deemed sensitive to the participants.

Besides that, the management of data collection is also important to protect both the researcher and the participant. Since some of the questions might be sensitive for the participants, I, therefore; have to bear in mind and provide the appropriate support deemed suitable for the adolescents with an unwanted pregnancy. Some of the qualities I acquired were flexibility, open-mindedness, patience, empathetic as well as the willingness to enter into and responds to the world of the adolescents (Smith et al., 2009). Ethically, all data gathered are kept in a laptop secured with password to avoid any leakage of information to protect the participants in this study. All data were backed up and stored into an external hard disk drive with password. The safekeeping of the data collected is my responsibility and will be kept up to seven years for future reference. All data will then be disposed of via file deletion and shredding for softcopy and hardcopy versions respectively.

Chapter Summary

In this chapter, all matters pertaining to the methodology of research will be discussed. First and foremost, the qualitative research design was chosen due to its characteristics whereby the research was conducted in its natural setting, providing the opportunity for data to be gathered from the participants perspectives based on their own lived world. The qualitative research provides the opportunity for data to be gathered in depth and for the researcher to be flexible in ensuring and encouraging the participants to deliver their experiences comfortably. The flexibility while conducting the study was one of the unique characteristics that were embedded in the qualitative research design. In understanding the meaning of the experience in the account of the participant, I was directly involved and acted as primary instrument in the study. Therefore, it was

important for me to understand and bracket all the misconceptions, preconceptions and misinterpretations that I have towards my study to minimise and finally eliminate the prejudices while conducting the study.

In order to further understand the participants involved in unwanted pregnancy, the phenomenological approach was chosen to understand the essence of meaning that the participants defined based on their emic perspectives. By trying to interpret the meaningful lived world experienced by the participants, the IPA was chosen due to its characteristics which match the criteria of the study and suitable in the area of sex and sexuality. IPA focuses on three major theoretical axis being (a) meaning making, making sense of the adolescents lived world; (b) double hermeneutics, based on both the participants meaning making and the researcher meaning making of the participants experiences; and (c) idiography, which focuses on the particular.

The sample was selected based on their availability and willingness to impart with their stories. Only four participants were selected and it is sufficient in accordance to the requirements of IPA. Modes of collection of data were via in-depth interviews, field note, reflexive journal, diary and drawings. Sequentially, the data analyzes were conducted concurrently with data collection.

To ensure the validity and reliability of the research, the followings were observed throughout the study: (a) triangulation, (b) prolonged engagement, (c) member checks, (d) peer review, (e) audit trail, and (f) epochè. The ethical issues are crucial to safeguard the interests of both the participants and the researcher. The sensitivity issues, confidentiality, management and safekeeping of data were among other issues that have been discussed in this chapter.

In conclusion, the research methodology as discuss in this chapter will be the process and procedures conducted in the field.

CHAPTER 4: FINDINGS

Introduction

This chapter presents detailed descriptions of the findings and provides a deeper understanding of the four adolescents' experiences with an unwanted pregnancy. Report findings are based on a number of data sources that are used to collect data in the study. The different sources of data were collected in the form of interview and documents. However, in-depth interview was the main data source which is consistent with the approach taken in this study of Interpretative Phenomenological Analysis. Chapter 4 consists of detailed discussions and mapping on the experiences of participants, an overview of the research question, the emerging themes derived from each case, master themes for all cases and summarization of the chapter. In this section, the findings are reported based on the flow of data analysis as recommended by Smith et al. (2009) and have been depicted in detail in Chapter 3: Methodology of Research. Figure 4.1 below indicates the steps that I have taken and closely followed during the analysis procedure.

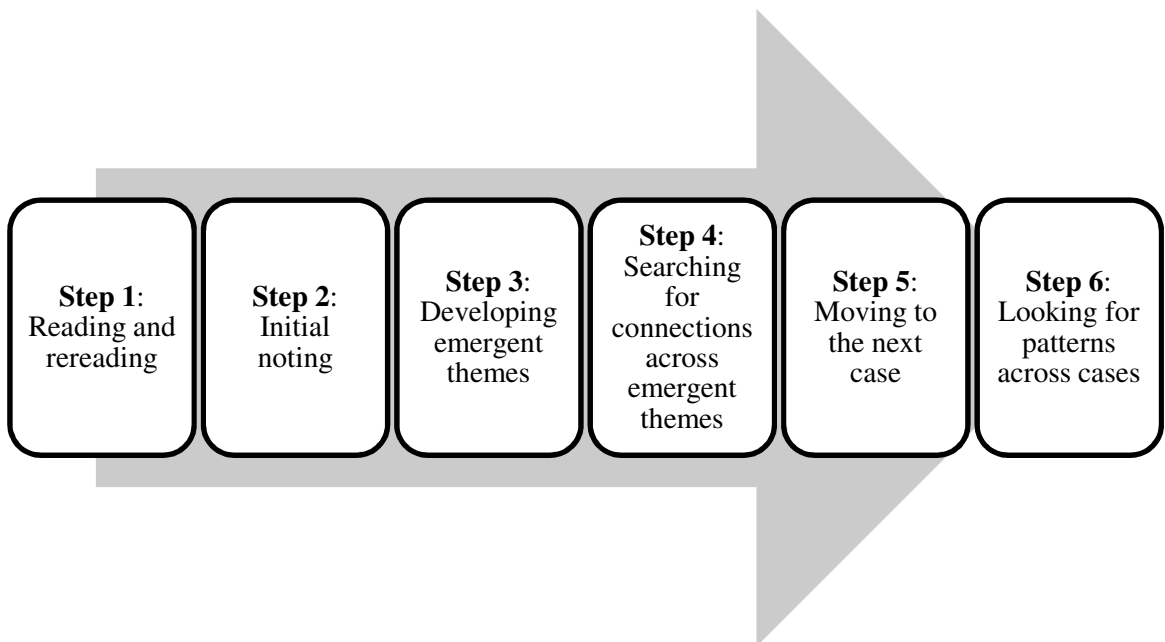


Figure 4.1: Analysis Procedure

Firstly, **reading and rereading** of the transcripts were to ensure familiarization of the data on my part. It provides a better understanding of the unwanted pregnancy phenomenon among adolescents.

Sequentially, the **initial noting** also known as initial coding; a time consuming and tedious task was completed. It was conducted on a three different level analyzing the descriptive, linguistic and conceptual comments and depicted with examples in Chapter 3: Methodology of Research.

Developing emergent themes, the third step was conducted based on collapsing the initial noting from Step 2. Acting as the primary instrument in this study, I collaborated with the participants in developing the emergent themes. As mentioned earlier in Chapter 3: Methodology of Research, under the subheadings of Data Analysis, collaboration means looking from the lens of the researcher, bracketing all biasness and achieving the objective of looking at the experiences of the adolescents from their emic perspectives. Hence, the emergent themes are the participants' own personal stories coupled with my analytical perspectives of the experience.

Fourthly, **searching for connections across emergent themes** was done by abstractions. This was done by creating a super-ordinate theme where it reflects the highest order of theme and can be renamed from an existing theme to reflect the overall emergent theme that best fits within it.

Fifthly, **moving to the next case** requires a bracketing process where I put aside all the knowledge and themes emerged from the previous case. At times, this process can be tiring and I may be influenced by findings from the previous study. To ensure the idiographic commitment of IPA is maintained, to avoid any influence from my previous case which might affect the fore structures of my study, I took a break and continued once I am in the right frame of mind. Rigority of the steps taken in the analysis were closely followed to ensure the themes to emerge naturally.

Finally, I **looked for the connections across cases** and study what was highlighted across case. However, in a particular instance, I observed themes emerging from two and not all participants. The final master themes table is presented in later in this chapter.

In this chapter, I have laid out the emerging themes for each participant and constructed a table of master themes for easy references across cases.

Profiles of Participants

Four adolescents have taken part in this study. Selections were done based on the criteria discussed under the subheadings selection of sample and site in Chapter 3: Methodology of Research. In summary, only adolescents between the ages of 16 to 18 were selected. The participants' real names were not used to provide anonymity. The participants chose the name of different flowers as their pseudonyms. The spellings of the flowers representing each participant may not be the correct spelling since they are spelt according to the source language, their spoken language. All participants were between 16 to 18 years old. This section described in detail the background of each participant, their journey with an unwanted pregnancy and reflection on experiences. Table 4.1 indicated the pseudonyms of participants and age at the time of interview.

Table 4.1: Pseudonyms of Participants and Age

Pseudonyms	Age
Orkid	17
Sakura	17
Violet	17
Rose	17

Participant 1 – Orkid

Background - Life History

Orkid (Orchid) came from a family of seven and is the second child from five siblings and the eldest daughter in the family. She was approximately in her eighth month of pregnancy; in her third trimester when I interviewed her. Orkid mentioned that while waiting for her *Sijil Pelajaran Malaysia* (SPM) examination results, a national based examinations held for Year 11 students in secondary school; she worked full time in a restaurant located in Kuala Lumpur to help supplement the family income. Alone and far from her family, she finally found her freedom. Her curiosity to get to know a male friend was finally satisfied and answered when she found herself getting close to a male friend working together in the same restaurant.

Her father was said to be the sole bread winner in the household. It was described that her parents especially her father are strict about her talking to boys her age what more going out with one, has fuelled her curiosity to befriend the opposite sex. She explained that her father had always forbidden her to talk to her male friends even if it was pertaining school work. She described:

I felt so closeted.

(Orkid, Transcript Interview1/Line 112)

She experienced jealousy when her brother was never reprimanded for having a girlfriend and this increased her curiosity level. She found it difficult discussing with her father on any issues worrying that it would only anger him. Her father is a traditional Malay-Muslim man that does not like her to mix freely with boys. Instead of explaining to her why he behaved in such manner, he instilled fear in Orkid. Fear was instilled to ensure that Orkid abided by his rules; performing her prayers on time, to dress up in the proper way as a Muslim girl does and to not mix with the opposite sex. He too stressed of the importance on education but did not seem to be able to relate well

with his children. This not only made Orkid more confused but it added on to her curiosity in wanting to know the opposite sex. She described:

Sometimes I get upset. Why can't I have friends? Why can my brother befriend girls? Why can't I?

(Orkid/Transcript Interview1/Lines 75-76)

From her story, I realized that she was fearful and at times angry with her father for not letting her experience what her other friends got to do, befriending a male friend.

(Orkid/Observation/Field notes/Reflexive Notes/28.2.2013/Lines 148 – 149)

At home, Orkid and her siblings were told that girls and boys were not supposed to be friends with each other before marriage. No due explanation was given. The way his father handled the family has not only affected Orkid but also her brothers. I was made to understand that Orkid was closer to her younger sisters in comparison to her elder and younger brother. As they grew older, Orkid realized that her brothers tend to mind their own business and their relationship were not as close as they used to be when they were younger. Orkid longed for her mother's attention but was frustrated that her mother was submissive to her father's orders. Her mother is a home maker and basically relies on her husband as the sole breadwinner for their household. She described her father as:

Because he is strict meaning umm, how to, umm... he is strict, so we felt that umm... want to share anything with him as if we felt, not comfortable ah...fear, like... is he okay...if I call him, fearing he will be upset.

(Orkid/Transcript Interview2/lines 24-26)

Orkid described her father as someone who stressed the importance of spirituality and education. She narrated:

He is strict, he told us to read the Quran, performed prayers regularly. But he is strict when it comes to religiosity. He told us to cover our awrah.

(Orkid/Transcript Interview1/Lines 158-159)

Education was also emphasized because it is important for our future. But the SPM results were out and nothing I can do because this happened. But he did stress upon education because he wants to see us successful.

(Orkid/Transcript Interview1/Lines 167-169)

Her coming to Kuala Lumpur, a metropolitan city away from the village located southern Peninsular Malaysia was a chance for her to get out of her family's strict lifestyle and helped supplement the family income. Working at a restaurant, she gets to know more people and hang out with both male and female co-workers. At work, she got to know a boy who worked at the same restaurant and later in their relationship began exploring the initiation of sex. Before engaging in sexual intimacy, she was made to believe that her partner will be responsible and marry her once she has given up her virginity. She gave up her virginity thinking that she found love and described:

O: I was afraid of getting pregnant. That makes me umm me think about what will happen. But I still do it because maybe I love him.

R: Maybe? Love?

O: I love him. That's why I gave up my virginity.

(Orkid/Transcript Interview 1/Lines 230-233)

They got engaged although her parents were against the relationship. Her boyfriend turned fiancé then broke off their engagement one month later saying that parental blessings are important to ensure a success in marriage. Orkid was devastated of the news because at that point in time she already discovered that she was with a child. A week later her partner told her that his decision was hasty and regretted it. Orkid decided to keep mum of her current condition from her partner and agreed with her father to not pursue the marriage. The decision was made not solely on his breaking off the engagement hastily but due to the fact that he was involved in substance inhalation, an intravenous drug user and was also highly temperamental in personality.

Journey with an unwanted pregnancy – An experience

The early stage of pregnancy. Orkid first found out that she was pregnant a week after breaking off the engagement. She has not had her period and thought she was late. She decided to disclose her situation to her mother that her period was late and she had unprotected sex. Her mother bought a pregnancy test kit and together they discovered positive result. It did not take her long to inform her father of her current situation. Her decision to inform her father was made because she understood the fact that her parents will always be there for her. However, her disclosure made her felt more dejected, alone, hopeless and felt used. She mentioned that the look on her parents' face made her felt that she was an ungrateful child and has failed her parents.

At that time, I didn't know. I just knew that my period was late. My mother knew. I confided and told her that I have had sex. My mother bought the pregnancy test. I was found pregnant.

(Orkid/Transcript Interview1/Lines 309-310)

The event however took a different turn when the parents were obviously upset but took a unanimous decision to help her in getting rid of the foetus. It was a consensual decision to terminate the lifeless foetus by taking pills to regularize the menstrual cycle, to no avail. She described:

Firstly, when found pregnant, I wanted to abort. Because it is without life. The fetus was without a life. My mother purchased the pregnancy test, she bought the pills to encourage menstruation. It wasn't working. Maybe it wants to live. After a while, it's alright if it want to live.

(Orkid/Transcript Interview1/lines 335-338)

Orkid and her parents agreed on the decision to go through with her pregnancy with terms and condition being: (1) the pregnancy will have to be their secret, (2) stay at the safe home until delivery of the baby and (3) the baby is to be given up for adoption for his/her own benefit. Only her parents knew of her situation and her siblings were not informed. She was then sent to the safe home to safeguard her safety, modesty and

embarrassment from the society when her pregnancy reaches 5 months old. She described her stay at the safe home as:

It's nearing two months. A bit upset. Because have to leave the family.

(Orkid/Transcript Interview1/lines 345)

She missed her family.

(Orkid/Observation/Field notes/Reflexive Notes/5.3.2013/Lines 276)

Contraception or methods to prevent pregnancy were only thought as simply a practice of withdrawing the penis from the vagina and away from the genitalia before ejaculation. This practice is also known as coitus interruptus. She described that her cause of getting pregnant was due to the fact that her partner accidentally ejaculated inside her vagina.

He withdrew and ejaculated outside. I don't know but on that day, he ejaculated inside. That's why this happened.

(Orkid/Transcript Interview1/Line 254)

The middle phase. Orkid relayed that it was not a pleasant experience staying in the safe home. There, she had to help cook and do the necessary cleaning. She mentioned that during her pregnancy she was left out in a lurch and did not know what to expect, what to do and whom to talk to. She informed that the guardians at the safe home were not trained and she felt more dejected, humiliated, discriminated and looked down. She described:

Sometimes like, here ah... there are people that cannot accept us, it makes us feel sad. Sometimes.

(Orkid/Transcript Interview1/lines 78-79)

They have labeled them as cheap girls and Orkid was not happy with that kind of labelling.

(Orkid/Observation/Field notes/Reflexive Notes/5.3.2013/Lines 261)

The safe home provided an avenue for her to be closer to Allah the Supreme Being. Among the spiritual activities conducted at the safe home were congregational prayers during Maghreb prayers, a prayer conducted at dusk followed by a religious talk.

Aaa... that's all. Umm..like a lot, lot of submission. To Allah.

(Orkid/Transcript Interview1/lines 257)

He gave me the strength.

(Orkid/Transcript Interview1/lines 259)

She felt a sense of abandonment because her parents had decided to leave her at the safe home. She missed her parents and siblings dearly. The main reason of her being separated from her family was to avoid embarrassment from their extended families, friends and the community. The safe home acts like a hide out for her however; Orkid described the experience as being in a prison, all she did was to stay in the house, with the other orphanage and girls with similar problems. She longed for her parents to come and visit her. She prayed that her parents will call her, but that only acts as a fat hope. Her mother called once and that was all. She was crying inside hoping that her parents would come and all she wanted to do was to hug them and repent. Orkid was full of regrets. She realized that the abandonment by her family was a result of her being pregnant and felt that her family was ashamed of her mistakes. She realized that it was impossible to turn back the clock. Orkid knew that it was impossible for her to call her ex-fiancé and told him of her whereabouts and that she is with his child. She seemed confused, sad but at times very angry with herself for being duped into having sexual intimacy. She regretted her foolishness. The sense of abandonment has resulted in numbness of emotion on her part.

In addition to that, she wished that the clock can be turned back. She understood that being alone, unmarried and carrying a child out of wedlock is unacceptable in the society. She finally understood why Islam forbids premarital sex. Orkid wished that she

had been an obedient servant to Allah the Supreme Being and waited to get married before initiating into sexual intercourse. She longed for her partner to be with her in times like this. To have a normal pregnancy, to have a husband by her side to give her a body rub down when she is unwell and to provide her with love and kind words.

Orkid had her check-up for the first time ever since she stayed in the safe home and it was scheduled to take place every month. Each month, she looked forward to meeting with a doctor. She glowed and sounded happy every time she narrated the meeting and what transpired during the entire check-up. She loves to see the baby on sonogram, the heart beat and the overall development of the baby. She described:

He said the baby is healthy, his heart beat is okay. Everything is fine. Physically fine.

(Orkid/Transcript Interview1/lines 259)

She explained that it was an indescribable feeling knowing a baby is growing in her and developing as what it should be. Orkid, when describing her baby, will talk in the third person manner referring to the baby as a 'he' since she already knew the sex. Her love towards the baby was transparent and could be seen on the way her face lighted up and smiling when talking about him. As her baby bump got bigger, her feelings and love towards her baby grew each day and a new thought crossed her mind: the intuition of a new mother who wants to care for her own child. She talked and described about her wish to care for her baby. When asked how she felt the moment she saw her baby moving and looking healthy inside her womb, she described:

He scanned, saw, the heartbeat, his head. Saw, happy. Because he is healthy and all. I felt happy.

(Orkid/Transcript Interview2/lines 225, 227, 233)

Orkid narrated that she realized that there was no way that she could take care of her own child due to several factors. Those factors were listed as (1) she was not ready and prepared to take care of her own child due to economic factors; (2) her parents were

non supportive of her idea; (3) promise made to gatekeeper that the baby will be adopted by a childless couple; (4) for the sake of the baby's future. She believes that for the sake of the baby, it is better for him to stay with a normal Muslim family instead of a single parent Muslim family. She feared that her child will one day asks her of his paternal father. Orkid was simply not ready to face this although she was saddened by that decision. She mentioned later that the child will be devastated upon finding out that he was born out of wedlock. Further probing has indicated that Orkid loves her yet to be born baby but knew that she will be unable to take care of him. She described:

I love this baby, but I'm unable to care for him.

(Orkid/Transcript Interview1/line 398)

Orkid too shared her experience and what she had gone through in her mind. The thought of leaving her baby behind made her sad.

(Orkid/Observation/Field notes/Reflexive Notes/5.3.2013/Lines 269-270)

I felt like what people said, there is a special connection. I felt ecstatic. If possible, I wanted to care for this baby.

(Orkid/Transcript Interview1/lines 401-402)

Even though I am unable to care for him. But aa... I have to start learning to not be sad for him. So that later, I will not have baby blues.

(Orkid/Transcript Interview2/lines 235, 237, 239)

Reflection on experiences and meaning making

The pregnancy was thought to have shattered Orkid's life. During the interview sessions with Orkid, I saw and witnessed that Orkid was feeling vulnerable, dejected and emotionally unstable. These were clearly observed during the interview and recorded in the field notes.

She seems to have difficulty relaying her stories. She slouched, her shoulders hunched, she kept gazing to the floor as if the whole floor can swallow her. She cried silently while her body shook and at times I can hear her stifling and trying to control her crying. I then told her, it is alright to cry. She spoke softly and at times voice trailing off. I have to requests for her to speak up.

(Orkid/Observation Field notes/28.2.2013/Lines 155-160)

However, her aspirations for the future kept her moving. Orkid believed that Allah the Supreme Being will always be there to see her through and seek His mercy and forgiveness. She described:

I try, I pray, I do, I conduct prayers and repented

(Orkid/Transcription Interview 2/Line 429)

Don't do things that are forbidden by Allah.

(Orkid/Transcription Interview 4/Line 185)

Orkid uses the metaphor of *Ocean of Emptiness* to describe her feelings. As described earlier in Chapter 3: Methodology of Research, under the subheadings Data Collection Part 2, drawings were used to assist all participants in externalizing their emotions and thoughts. During the interview discussing her drawing, Orkid mentioned that looking at the ocean, she saw herself as being empty from problems resulting in peace and tranquility.

O: It's empty. A peaceful place.

R: Umm... empty, nothing? Why is it empty?

O: Umm... the sea is very vast, umm... so when I looked at the sea, it looked empty, my mind seems to be empty from problems and peace and tranquility sets in.

Orkid/Transcription Interview 1/Drawings /Line 9-12)

Figure 4.2 depicts Orkid's drawing of peace and tranquility.

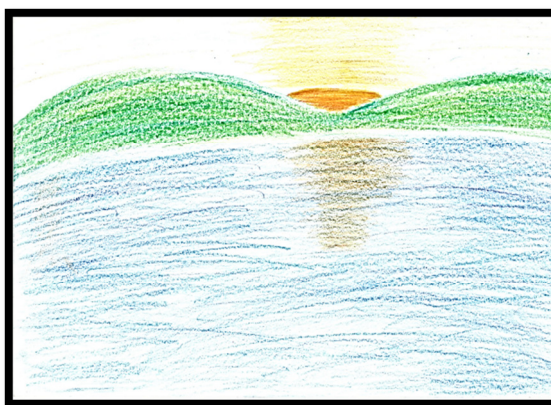


Figure 4.2: Orkid's Symbolic Drawing of Peace and Tranquillity

Orkid aspired to be a better person. She believed that she could change to be a better person but do not know how to. She longed to be with her parents and siblings. She prayed often and hoped that one day her parents would forgive her sins. The realization of having to be apart from the family made her realized that family was an important entity. She wanted to hug her parents again and seek their forgiveness. She prayed that her parents would be supportive of her in whatever she did in the near future. She wanted to understand and feel happy again. She described happiness as:

Maybe to be filled with love from all family members.

(Orkid/Transcript Interview3/Line 183)

I want to hug them.

(Orkid/Transcript Interview3/Line 204)

Being pregnant has made Orkid realized that her motherly instinct grows each day and the love towards her unborn child grows exponentially over time. She does not understand this feeling at first but then realized that the feeling is natural for a mother-to-be. The joy of motherhood crept slowly from the bottom of her heart and made her confused. Orkid worries about the future of her unborn son and questions such as: “what will happen to him?”, “will the adoptive parents be responsible parents to her child?” Many other questions rang and shot through her mind and there was not a day that she never thought of her unborn baby. She began to slowly understand the meaning of love. She longed for her baby and named him Halim, Arabic word which means patience. She talked to her baby and seek his forgiveness. In the later stage of her pregnancy, she mentioned that she wanted to care for her own baby. She began to devise a plan to run away from the hospital. She said that it was impossible for her to live a normal life without her baby. She further narrated that she will no longer be bothered with what others said. The utmost importance and priority is Halim, her baby. Orkid mentioned that she wanted to take care of her own child because of her unwillingness to part from her child.

If possible I want to take care of him myself, because he is mine and it's better to care for him myself

(Orkid/Transcript Interview 4/Line 117-118)

I can't wait to give birth to him. I feel and want to see his face.

(Orkid/Transcript Interview 4/Line 120-122)

She further described that this child of hers are not sinful. The sins and blame should be hers entirely and not even his partner. She takes full responsibility of her actions.

I don't mind. I don't mind, it doesn't matter whom he takes after, it is God's creation. I accept. Although his father has done this, I can't blame him. I can't blame him. I can't blame this unborn baby, he is not at fault.

(Orkid/Transcript Interview 4/Line 126-128)

The future is what scares her the most because she does not know what to expect. It is unpredictable. On the question of marriage, she said that it would be good to get married to a decent guy who can accept her as she is. Decent here means a man that keeps his living and takes her child in without calling him names in the future. She hoped that she would get married although she feared that it would only be her wishes. She feared that upon knowing her past, no man will even look at her what more considers her as a wife material. She described:

My mother advised me that someone will want me. How? My mother said that if someone wants me, he has to be sincere. So, I listen to my mother's advice because her words are like prayers, maybe there will be someone because of her prayers. My mother does not know who but if someone wants me he has to be sincere.

(Orkid/Transcript Interview5/lines 12-16)

When asked the typed of man that will best suit her, she described:

Most importantly, he can guide me, I don't want someone like me.

(Orkid/Transcript Interview5/lines 25)

Orkid was fearful of her future. She is economically not capable but believes in Allah the Supreme Being. She said that guidance from Him has brought her on the right path. However, Orkid is anxious about what to anticipate in the future. Her past haunted her present and future. Orkid's experience is depicted in Figure 4.3 below.

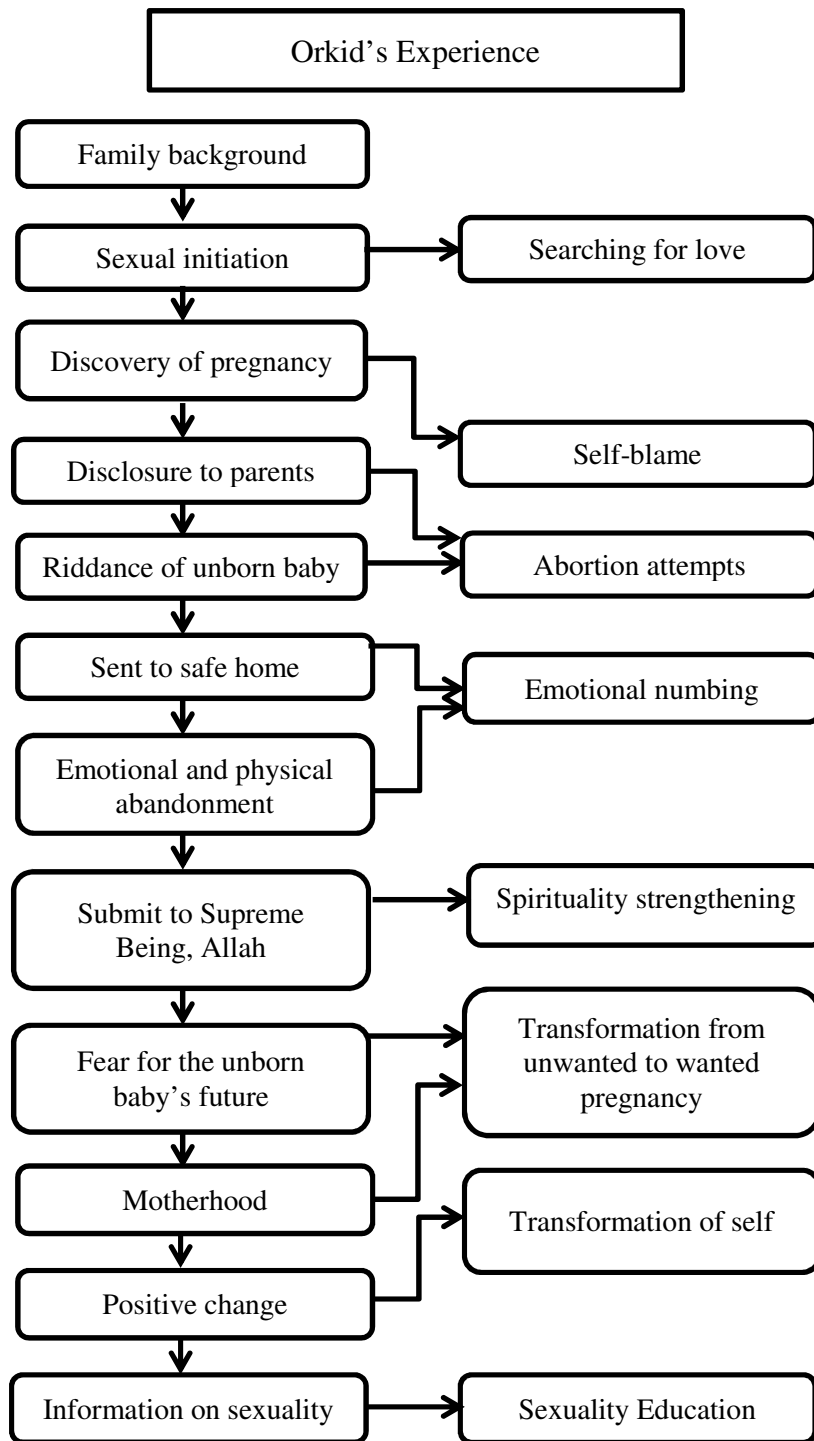


Figure 4.3: Visual Map of Orkid's Experience with an Unwanted Pregnancy

Participant 2 – Sakura

Background – Life History

Sakura (Cherry Blossom) came from a family of five people. Being the eldest in the family of three siblings, she described her family as always being chaotic. Her father worked as an odd job contract worker building and fixing homes while her mother took care of her own boutique selling and providing rental of wedding outfits and materials. Her parent's schedules were always full and with her mother beginning to get involved in politics; worsened the situation. It is normal for Sakura to witness her father arguing with her mother telling her to spend time less outside and be with their children. She described:

My mother, she joins politic...so when she often goes out and comes back late, umm, my father will reprimand her.

(Sakura/Transcript Interview 1/lines 60-61)

As a consequence, Sakura and her siblings, a brother and sister tend to be neglected and were left on their own on many occasions. She mentioned that her relationship with her father was not close as compared to her relationship with her mother. Her father prefers his youngest daughter to Sakura, reason being; she angered him with her behavior that enjoys the fun and nightlife. Sakura's relationship with her mother was also strained due to her behavior. She explained:

Ah, I'm close to my mother. Umm... my father... close, but not that close because he is closer to my youngest sibling.

(Sakura/Transcript Interview 1/Line 70-71)

Umm... I... I bring a lot of problems, and he does not want to spoil me.

(Sakura/Transcript Interview 1/Line 74-75)

It was found that during the first 15 minutes, Sakura was able to relay her stories and her voice sounds calm but as we go along discussing about her families and relating it to her drawings, her voice seems to quiver and she broke down uncontrollably. I saw that at times she was angry and blamed her family for not being strict and 'does not care' attitude that resulted her in being socially involved with male friends and finally pregnant.

(Sakura/Observation/Field notes/Reflexive Notes/28.2.2013/Lines 182 - 186)

Left alone with her siblings, Sakura described her life as very lonely yet independent. Sakura described herself as a girl who enjoyed the night life and love socialising with her fellow friends. She loves the freedom and fun that comes together with the numerous accounts of outings. On Sakura's part she found happiness whenever she was with her friends. According to her, staying out and spending time with her friends tend to make her forget about all the family related problems. She mentioned that her being away from her family is a way for her to find peace. Only two hours' drive to Kuala Lumpur city centre, Sakura often took the bus with her friends during weekends to spend the night life. Her peers even taught and shared with her how to dress sexily to entice the male attention. She described:

[I] am very mischievous and like to go out at night. Also, I am a bit social. I go out at night. Quietly, I left through the door, when they are asleep, at 12 a.m., I even go out at 1 a.m. then..umm.. Sometimes when I go out, I don't come back, I go to a friend's place, she told me to go home, ah, I just ignored her.

(Sakura/Transcript Interview1, Line 88-92)

In turn, this angered her parents especially her father due to her missing from home most of the nights and only returned home upon time to go to her morning school. She described her parents as very concerned and stressed the importance of exams and getting good results. She explained:

My mother and father stresses on the importance of education. Even if we want to stop going to school they will not allow that since in my family there is never one who doesn't go to school.

(Sakura/Transcript Interview 1/Line 442-443)

Right after her school examinations, she started working as a sales assistant in a shop selling clothes near her place and met a man whom she engaged with sexual activities. According to her, this is not the first time she had sexual intimacy but it was her first time being pregnant. When found pregnant, she disclosed the information to her partner and was promised a marriage soon after. However, she was told by her partner to first abort the foetus and helped her to get rid of it. Once found that the methods used

to abort were unfruitful, she decided to inform her parents. It was her family decision to send Sakura to the safe home. The sole reason was to prevent others from knowing of her condition.

Journey with an unwanted pregnancy – An Experience

The early stage of pregnancy. Narrating her personal account of stories, she was always riding on an emotional roller coaster ride from being angry, upset, cheerful, smiley to crying uncontrollably. Sakura first found out about her pregnancy only in her third month. At first, she thought of her period being late since she had irregular period, but after checking up; she was in for a shock when positively shown as being pregnant. Her first thought was to inform her partner at that point in time. He promised her that a marriage would be in tow after she aborted the unborn baby, but she found that he played her out when he left her without any news. She continued sending him a short message service (SMS) and narrated:

I told him, “if you don’t want me, it’s alright. But please help me abort this child, because I don’t want. I don’t want this child”, I told him.

(Sakura/Transcript Interview1/Line 668-669)

The last time I met him was during the fasting month. We had sex during the fasting month and he never message (short message service) me afterwards. I called him because I knew then that I am pregnant. I knew I am pregnant. He knew that I am pregnant. I told him that I am pregnant. He told me before that he wanted to marry me, ask for my hand after eid celebration. He said he will come. I realized that he lied because my instinct said so. Because on the first day of eid he said that he would come, but he did not. At that time I was already on the way to Malacca. Finally I said, “It’s fine if you don’t want to come, I’m on the way to Malacca”. After that he never come and see me. He went missing during my third to fourth month of pregnancy and he reappeared. He came to help abort it. He said, he wants me to consume yeast, bought yeast to pass on to me. That was the last we met and he gave me yeast to consume.

(Sakura/Transcript Interview1/Line 637-654)

Her wellbeing was affected. She was an angry person, confused, and was totally upset thinking of what would be her next decision. She tried a few other ways as

suggested by her partner to get rid of the baby; (1) drinking a mixture of coca cola with Paracetamol (Panadol) and; (2) drinking a lot of pineapple juice thinking that these methods can help rid of her unborn child. Consuming the yeast was her last straw of getting rid of the unborn child but to no avail. At her highest point of depression, the thought of committing suicide did cross her mind. She narrated:

It's like, aaa... I wanted to kill myself, by consuming a lot of medicine.

(Sakura/Transcript Interview2/Line 689)

She further told her story that her fear of dying, her fear of Allah, the Supreme Being superseded her plan to die. Finally, after a week of spending time at a friend's place upon discovery of her pregnancy, she decided to inform her parents. Her mother told her that she had to stay away from the house and was sent to the safe home. Before agreeing to be sent to the safe home, Sakura asked her mother whether she would be sent there temporarily or permanently. She agreed to the arrangements when her mother told her that it would only be a temporary arrangement until the birth of the child. Sakura did mention that her greatest fear was if her father found out. She described:

Because I am afraid if my father found out. Because my father has warned me that he would kill me if I am found like this.

(Sakura/Transcript Interview1/Line 713-714)

Upon finding out, her father was shocked but accepted that his greatest fear had been realized. He told Sakura to just go through it since it had already happened. Sakura felt so bad and guilty. She never expected her dad to react in such manner and this has made her felt like an ungrateful child towards her parents.

Staying in the safe home has made Sakura realized that being apart from her family is somewhat difficult. She misses her parents and siblings. Her mother's empty promises to visit her have made her felt emotionally and physically abandoned. She cried uncontrollably every time she described her feelings towards her family. Her drawings indicated that she wanted to be with her family at times of difficulties and

realized too late that her family was everything to her. At most times, she felt that she is being left there for good and that her parents are never coming back for her. This has caused her to be angry especially with her mother.

She seems distant during this interview and I can sense her anger which she tried very hard to control. From feeling disappointed that her family did not come and visit, she felt that they had totally abandoned her. Previously I sensed that she feared of being physically and emotionally abandoned but now, she realized that her parents were ashamed of her conditions and thus, abandoned her. She was angry, upset, a roller coaster of emotions and finally began to detach herself from discussing about her family especially her mother. She was experiencing an emotional numbing.

(Sakura/Observation/Field notes/Reflexive Notes/19.3.2013/Lines 423 - 429)

Figure 4.4 showed Sakura's drawings of her family as a unit.

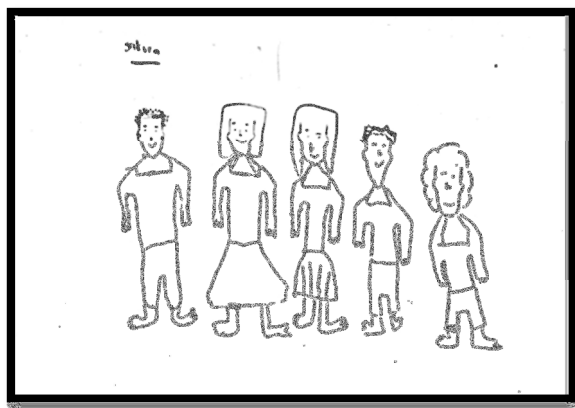


Figure 4.4: Sakura's Drawing of her Family

Sakura relayed how much she missed her family. Her drawings indicated that she wished and hoped that they were all together again especially now that she needed them the most.

Sakura longed for her family.

(Sakura/Observation/Field notes/Reflexive Notes/28.2.2013/Line 186)

Discussion on contraception and methods to prevent pregnancy, Sakura described that her partner often practice coitus interruptus, a method whereby the penis is taken out of the vagina before ejaculation took place. Sakura described:

Aaa... ejaculate outside. Yes, no ejaculation inside, but outside.

(Sakura/Transcript Interview2/Line 777, 781)

The middle phase. Her pregnancy journey became a confusing journey when she realized that she is experiencing motherhood. Her regular check-ups with the doctor saw the development of her unborn baby as being healthy and smiled every time she discussed the development of her baby. She described:

Aaa.. Saw his heart and all. Obviously happy...aaa.. baby, baby boy

(Sakura/Transcript Interview2/Line 41)

In her early pregnancy, Sakura often thought that the pregnancy caused problems and never could relate to her unborn child. She kept blaming herself for her misbehavior, the outcome of such behavior and the consequences of her behavior towards her own family. She often described that at first she disliked the idea of being pregnant but as time goes by, her feelings towards the unborn baby transformed. She described:

At first I hated it aah...as time passed and saw him moved, I felt happy, like a mother carrying a child, that kind of feelings.

(Sakura/Transcript Interview2/Line 60-61)

Sakura's feelings toward her unborn child grew stronger each day and as days passed, she felt the bonding between both mother and child. She planned to take care of her own child but she realized that her family would not agree to the idea. She had to learn and accept the idea that her child would be given up for adoption. She named her unborn baby, Irfan Rayyan. Upon realizing what she has gone through and need to face in the near future, Sakura's hatred towards her partner became stronger. In a few words, Sakura described:

I hated his father.

(Sakura/Transcript Interview2/Line 111)

During the interview, she described fuck couple as something that she regretted doing. She regretted having a partner at a very young age and then was tricked into having sexual intercourse in the hope that her partner will marry her. She hated what she did and repeatedly wrote the word 'Fuck couple' in her entries.

(Sakura/Observation/Field notes/Reflexive Notes/12.3.2013/Lines 365 – 369)

Her preparations to face the future are mostly conducted through prayers. She prays that her son will one day grew up to be a faithful servant to Allah, the Supreme Being. She fears of what her child will have to go through in the future. She blames herself entirely for the despairs that she has caused to her parents, unborn child and self. She described:

It's my fault. It is caused by me.

(Sakura/Transcript Interview2/Line 397-399)

Sakura is fearful of the birthing process. She does not know what to expect. The gatekeeper and the caretakers have never discussed with her on what to expect. She fears the worst that she could imagine. She described:

I'm scared. Scared if I need to be operated on, worry if the baby breached. I don't want to operate. Because of the scars. Because, I worry people will see.

(Sakura/Transcript Interview3/Line 81-90)

I observed that she repeatedly mentioned this during the interview. She feared of the birthing process as noted in the field notes.

I noticed that she kept repeating the word fear of baby's breached position. She feared that she might have to undergo Caesarean or C-section. Her voice then changed, she began to speak faster and mentioned that she does not want to go through C-section fearing that her future husband might noticed and asked her the question that she fear the most. I realized and observed that Sakura does not want others to know what she has gone through and if possible want to keep the pregnancy as her darkest secret.

(Sakura/Observation/Field notes/Reflexive Notes/12.3.2013/Lines 353– 358)

Sakura further narrated that she was fearful of going through confinement at the safe home. Previously, she noticed that the girls who gave birth at the safe home were only fed with fried anchovies and rice. She was confused and did not understand the

confinement process and wanted to be close to her parents, especially her mother. Every time she talked about her family, Sakura will cry and described how badly she missed her family. Sakura realized that it was not possible for her to go through the confinement process at home. Her fear of staying longer at the safe home was not only due to the confinement period but her inability to let her child go. On discussion about adoptive parents, Sakura has set a list of criteria on who she thinks is the right person to adopt her son. The adoptive parents must be financially adequate and stable, educated people with Islamic background and able to love her child unselfishly.

Reflection on experiences and meaning making

Sakura reflected on her experience and has described that if only she could turn back time, she would. Her life is full with regrets. Her pregnancy has not only affected her but her parents. Her fun seeking lifestyle caused tremendous pain to the people that she loves. She described:

Sakura wants mmm...like the old times. If I can turn back time, Sakura would turn back time.

(Sakura/Transcript Interview3/Line 363)

Not listening and obeying to parental advice has resulted in her being pregnant.

Yes I'm pregnant. Yes I'm pregnant now. I am ashamed to face my family.

(Sakura/Transcript Interview1/Line 742-743)

I felt, I felt, so sinful, because of what I've become. My father is an ex-policeman. I'm ashamed.

(Sakura/Transcript Interview1/Line 780-781)

She reflected that previously she was an angry person; feeling inadequate and not loved by her parents, hence her misbehaviors. She found happiness, fun and love outside her home. However, her experience with an unwanted pregnancy has resulted in her looking at things objectively and positively. She realized that being angry did not

bring her anywhere but patience worked for her. Her staying in the safe home has improved her relations with people around her, learning the art of respecting others and to leave peacefully with them without causing any misunderstandings. Mixing around with the right people helped her to go through her pregnancy.

Staying positive is what she intends to do to get her through her journey with an unwanted pregnancy. The emotional numbing that she felt due to physically and emotionally abandoned by her family has affected her badly. For a while she wished and was hoping that her parents would visit her at the safe home. After a while, she began to accept the fact that her parents were never coming. She started feeling angry and hated her parents for treating her in such manner. She described that this experience had affected her badly:

A bad experience, meaning, the experience that is the most negative that I've ever experienced. It is like... aaa.. .separated from my family not that I've never been away but the problem is, looking at the event, in pain and then I caused problems to the family.

(Sakura/Transcript Interview2/Line 627-630)

On the other hand, she realized that her pregnancy may have also affected her family gravely. She began to understand and realize that family was an important entity that needed to be given due care. Sakura worried about her younger sister and described:

I don't want her to be like me. I don't want her to be as bad as me. I don't allow her to be in love (before marriage). I don't know but I don't want her to be like me. Let me be the only one. Not my sister.

(Sakura/Transcript Interview1/Line 485-487)

Being positive is not enough if spiritually not healed. Sakura defines spirituality as helping her to get back on track. By submitting to Allah, the Supreme Being she found a sense of calmness. She performed salah and beginning to learn to read the Quran again. She described:

I'm weak in recital. Firstly, the ustaz told me to start reciting iqra 1 but then he told to read Iqra 4 since I am able to read proficiently. But I refused. I wanted to retract and start at Iqra 2 because I know of my own capabilities.

(Sakura/Transcript Interview1/Line 548-550)

I can sense her remorse, by listening to her. She looked at the floor, her head bowed, shoulder hunched forward, broke her knuckles, looked at her fingernails, scratched her head and her tone of voice was slower, and she began to speak slowly in comparison to the beginning of the interview.

(Sakura/Observation/Field notes/Reflexive Notes/19.3.2013/Lines 437-440)

Sakura saw the importance of education. She explained that this would not happen to her if only she knew and understood about her sexuality. She described:

Because this will not happen if there is sex education.

(Sakura/Transcript Interview3/Line 643-645)

On her future aspirations and hopes, she was weary on the subject of marriage. She questioned whether would there be anyone out there who wanted to marry her after finding out her history. She further explained that marriage would be an act of love where if the man truly loved her, he would accept her unconditionally. Sakura's visual map of experience is depicted in Figure 4.5.

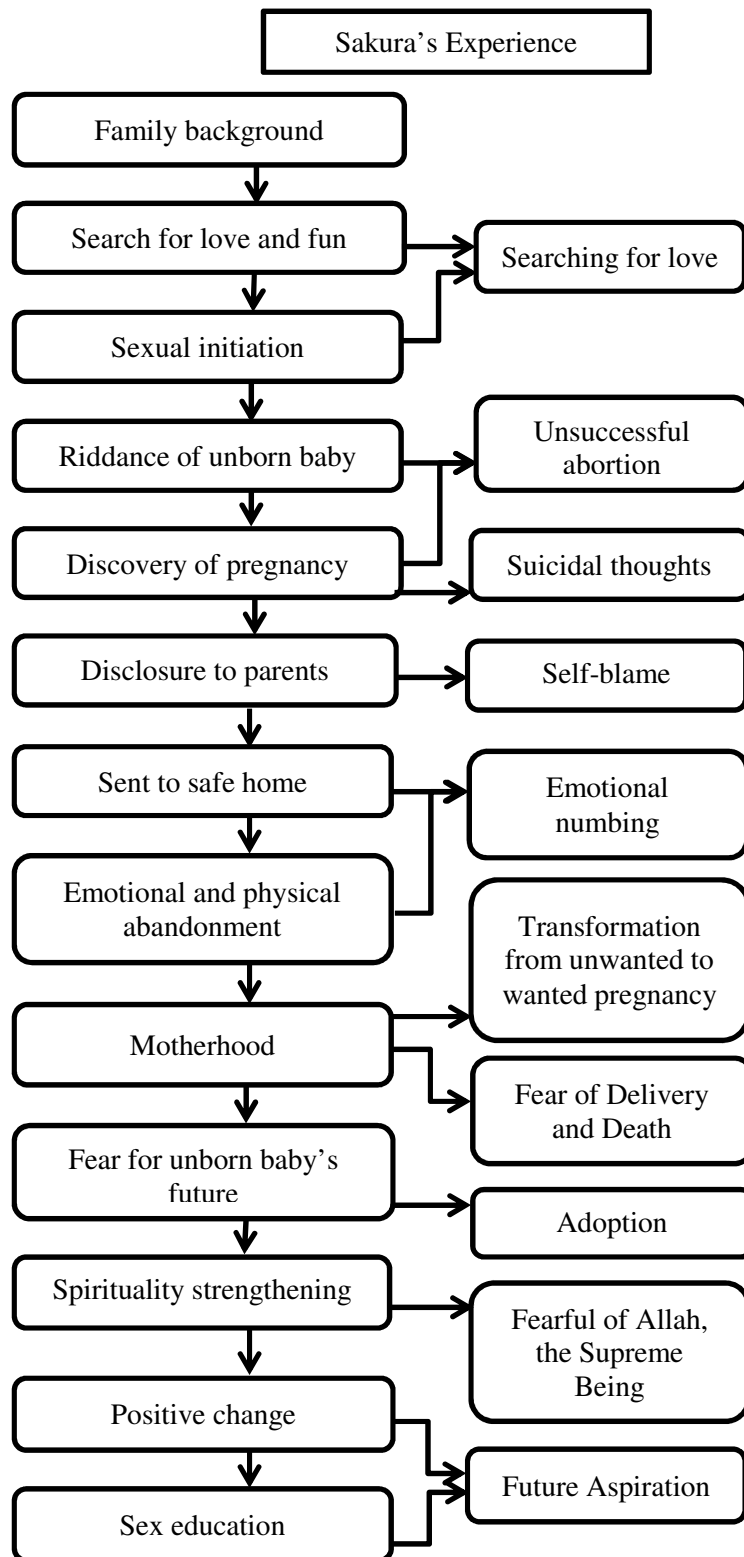


Figure 4.5: Sakura's Visual Map of Experience

Participant 3 – Violet

Background – Life History

In a family of three siblings, Violet is the eldest with a brother and sister. Right after her Malaysian Certificate of Education examinations at 17 years old, she started working at a petrol station near her home to earn some money. Her father and mother works as a fire fighter and a homemaker respectively. Violet described her family as self-sufficient and managed to live within their means. Violet described that her father although still working as a firefighter, has been diagnosed with a heart condition. Despite that, they were a happy and close-knit family.

During her working hours at the petrol station, she got to know of a guy whom later became her boyfriend. At first, their relationship started off with going out for a drink after work to having dinner together. Time spent together has made Violet felt that she has gotten her independence and started going home later than usual. When questioned by her parents, she would simply say that she went out with a friend to have a drink. The relationship blossoms and Violet started visiting her partner at his mother's place. It first started with a drink together with his family and then spending time together in the absence of his family members. She became excited sneaking in her partner's place and it soon turned into a routine. On one occasion when they were together, she described that it was natural for her to be with him in an intimate manner. They started kissing and before they realized that they had their first encounter with sexual intercourse.

She first found out about her pregnancy when she was in her fourth month of pregnancy. It was common for Violet to have irregular menstrual cycle hence she did not bother to check thinking that it was normal, that she was late. She described:

No menstrual at that time, one month, two months. Wanted to do the pregnancy test but maybe I was busy with work, and maybe it was just late, maybe it was nothing since my menstrual cycle was irregular, early of the month, middle of the month, or it'll come at the end of the month. So, I thought it was just that and didn't have the morning sickness. Hence, I didn't check.

(Violet/Transcript Interview1/Line 40-45)

I observed that Violet seemed to speak fast, her voice at times high pitched but did not sound angry just excited to tell me her stories. Probably to get things off her chest.

(Violet/Observation/Field notes/Reflexive notes/11.4.2013/Lines 561-562)

She finally decided to check when she did her own pregnancy test four months later and was shocked to find that she was with a child. Afterwards, she decided to visit the clinic to confirm her fears. She described:

After that, went to the clinic, I told him that I did not have my menstrual for 10 weeks, told him that. Then the doctor checked, checked my tummy, urine and told me that you are four months pregnant.

Violet/Transcript Interview1/Line 47-49.

Violet further informed that she was shocked when her worst fears were confirmed by the doctor. She mentioned that her partner was waiting for her in the car outside the doctor's clinic because she forbade him to come along. She was lost for words when asked by her partner whether or not she was pregnant but her silence confirmed that she was. She described her mixed feelings upon finding out that she was pregnant:

I don't know what my feelings were, too stressful to think of a lot of things, the thoughts, bad thoughts, abortion, want to abort, I don't know, can't think straight, find ways, and in the fourth month I purchased some medicines to try to abort. Afterwards, upon scanning and meeting up with the doctor here, said that my baby is healthy without complications. Maybe, nothing, nothing happened. Umm that makes me think about sins.

(Violet/Transcript Interview1/Line 60-64)

She seemed nervous discussing the topic about abortion attempts and was not sure whether she should give up or keep her babies.

(Violet/Observation/Field notes/Reflexive notes/11.4.2013/Lines 563-564)

Violet kept mum about her pregnancy and did not inform her parents about her condition. She kept to herself, cried a lot and locked herself in her room. One day, her mother called her out of her room and talked to her about her menstrual cycle. Her mother was beginning to be suspicious due to the unused sanitary pads. Violet realized that she did not have the heart to speak the truth and told her mother that it was due to her irregular menstrual cycle. Her mother confronted her by pointing out the pregnancy test which tested positive hidden in her drawer. Violet began crying and her body shook violently. She confessed and later that night, her father was informed. Her journey with an unwanted pregnancy at the safe home began three months later when her baby bump grew bigger and to avoid negative perceptions from her siblings, extended families and the community in which they were in.

Journey with an unwanted pregnancy – An Experience

The early stage of pregnancy. Her experience with an unwanted pregnancy was an emotional one. She explained that her being far away from her family had caused her to be angry with her family. She informed that instead of helping her out in the best possible ways, she was put in the safe home to be away from the eyes of the people that she loved. She described that she was feeling so lonely, confused that they would not take her in again and at times angry with her parents. She described:

When I told them I cried in front of them because I don't want, I don't want to go because, because it was like I'm being kicked out, it's like, it's like they will not take me back. After that, umm, I still went.

(Violet/Transcript Interview1/Line 466-486)

It was observed that when discussing about her families, Violet experienced an entanglement of emotions, at times angry and most of the times, emotionally detached.

(Violet/Observation/Field notes/Reflexive notes/11.4.2013/Lines 583-585)

Violet tends to self-blame for what had happened. She mentioned that she was not one that went out with friends, did not do any sleep over with girlfriends, or involved in other social activities. It was a routine for her to go to work and come home immediately after work. Hence when she met with her boyfriend, she found her independence by being free and having fun. Her guilt made her think about her sins. She kept wondering if God would forgive her and accept her prayers. She repented but was worried that it would never be accepted.

She described that she did not know any methods of contraception. At the petrol station where she formerly worked, condoms were sold at the counter and she could easily get one but she never thought of getting or using one while having sexual intercourse. She further told that some of her friends discussed about contraception pills but she never bothered to find out more about it. The only contraceptive method that she thought would work was for her partner to ejaculate outside her body on every occasion that they had sexual intercourse. In her mind, coitus interruptus was the safest method of contraception, hence; she never expected to be pregnant.

The middle phase. During her stay at the safe home and being heavily pregnant in her third trimester, she began to discuss about motherhood and getting married. Violet has many times informed that she wanted to get married but her parents were against the idea saying that it would only make them look bad in the eyes of their extended families. Their family members would question her parents incessantly asking why the haste to get married, hence; marriage was impossible for Violet and her partner. On the other hand, her partner's support that she received was enough for her to move on with the pregnancy. She described:

I felt so relieved, then I said it's okay, it's okay it is not possible to get married but as long as he admitted it. Umi, the caretaker kept asking about the baby and his progress, I told her that I want this baby.

(Violet/Transcript Interview I/Line 288-290)

Each day, Violet's love for her unborn baby grew. The love for her baby strengthened ever since she decided to stop doing harm to her unborn child. She described her joyous moment as being able to see her baby on the monitor at the doctor's office. Her partner's support had given her the strength to move on with the pregnancy and she decided that she wants to keep her baby. She informed that her unborn child was extremely active at night and it made her happy. It was a special feeling that made her felt close to her unborn baby. She started talking to her baby and named him Muhammad Putra Rayyan.

Being in the safe home and far from her family had made her closer to Allah, the Supreme Being. She realized that she had to go through the pregnancy alone and prayers were her only way to maintain her sanity. She kept on praying, performing solah and seeking His forgiveness.

Violet in my personal opinion was one of the better looking girls at the time of interview. She informed that the caretaker of the safe home planned to marry her off with one of her sons. At the proposal, she was surprised that the caretaker's son was willing to take her as his lawfully wedded wife even upon knowing that she was carrying someone's child. Violet described:

I said, I can never accept, that I am not able to accept it at all. Please don't force me to do something that I can't accept because yes, I am scared.

(Violet/Transcript Interview 3/Line 54-55)

She explained further:

I told my mother, I came here not to seek a hand in marriage. Then I said even if I can't marry my partner, I can't accept anyone else, I can live with my son only. Don't make me run away with my son. You are taking my son away from me. Then, you are sending me away to marry. Please don't do this. Please. Even if you want to get rid of me, please don't do this to me. Please. I only fear that when it was time for the wedding, I told them, don't make me run away on the wedding day.

(Violet/Transcript Interview 3/Line 56-67)

Reflection on experiences and meaning making

Reflecting on her experience, Violet realized that her plan to abort was not the right thing. She described that when she saw what abortion can do to the unborn child; mutilation of the head and body parts, she decided that it would be inhumane of her to proceed with the abortion. Before she saw the video on YouTube, she has tried several other methods to get rid of the unborn baby in her fourth month of pregnancy. She bought pills from the internet with the intention to abort. The side effect affected her badly whereby she had experienced fever, diarrhoea and a violent shaking of the body. Violet had even tried taking pineapple thinking that it would help to flush out the unborn baby but nothing happened. She then decided not to proceed with trying other method to get rid of the baby worrying that the unborn baby might be deformed if she ever decided to take care of him.

Violet then realized that she loved the unborn baby as much as she loved her partner and she would not have the heart to get rid of it. She wanted to be a mother that protects her own child and started taking food that can provide nutrients to the unborn baby. She described:

Regrets and then I wanted to be a good person. I looked for ways on how to let this baby be healthy. Then I started taking coconut drinks, milk, want the baby to be fair and cute.

(Violet/Transcript Interview1/Line 1090-1091)

Motherhood has changed Violet. She described:

Sometimes when I was in the clinic and undergo the scan, saw movements, doctor showed his heart, and the heart is here, I felt it.

(Violet/Transcript Interview5/Line 292-293)

Being in the safe home has also made her realized that family is very important. She looked forward for the days that her parents visited her. It was always the joyous moment for Violet, to spending time with her parents. She realized that family would

always be there for her in both good and bad times. She described her feeling of loneliness as:

Umm. I missed them so much.

(Violet/Transcript Interview5/Line 24)

Being close to her partner throughout her pregnancy, the thought of marriage always crossed her mind. She wanted and planned to get married to her partner but worried what their relatives and the community in their place would say if they got married in a hasty manner. The thought of marriage was not possible. She even planned to elope but the plan was shelved due to her father's health issues. Looking forward to the future, she planned to have her own family, being independent, no longer relying on her parents and have a career to support her child and family. She hoped that her family members including her siblings were able to forgive and accept her child as one of them.

When discussing her drawing, I can sense that she was more relaxed and we discussed her aspirations of the future. Figure 4.6 depicts Violet's way forward.

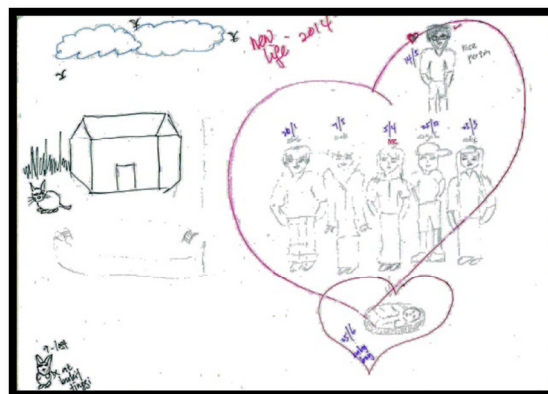


Figure 4.6: Violet's Way Forward

Violet described her experience as thought provoking and an experience that she would never want to go through again. Being close to Allah the Supreme Being resulted in the acceptance of her condition, transformation of her feelings towards her child, her views on the importance of family and life as a whole. Acceptance on the contrary will not change her fears for her unborn child. She fears for the child's future facing the reality of the world. Figure 4.7 below depicts the visual map of Violet's experience with an unwanted pregnancy.

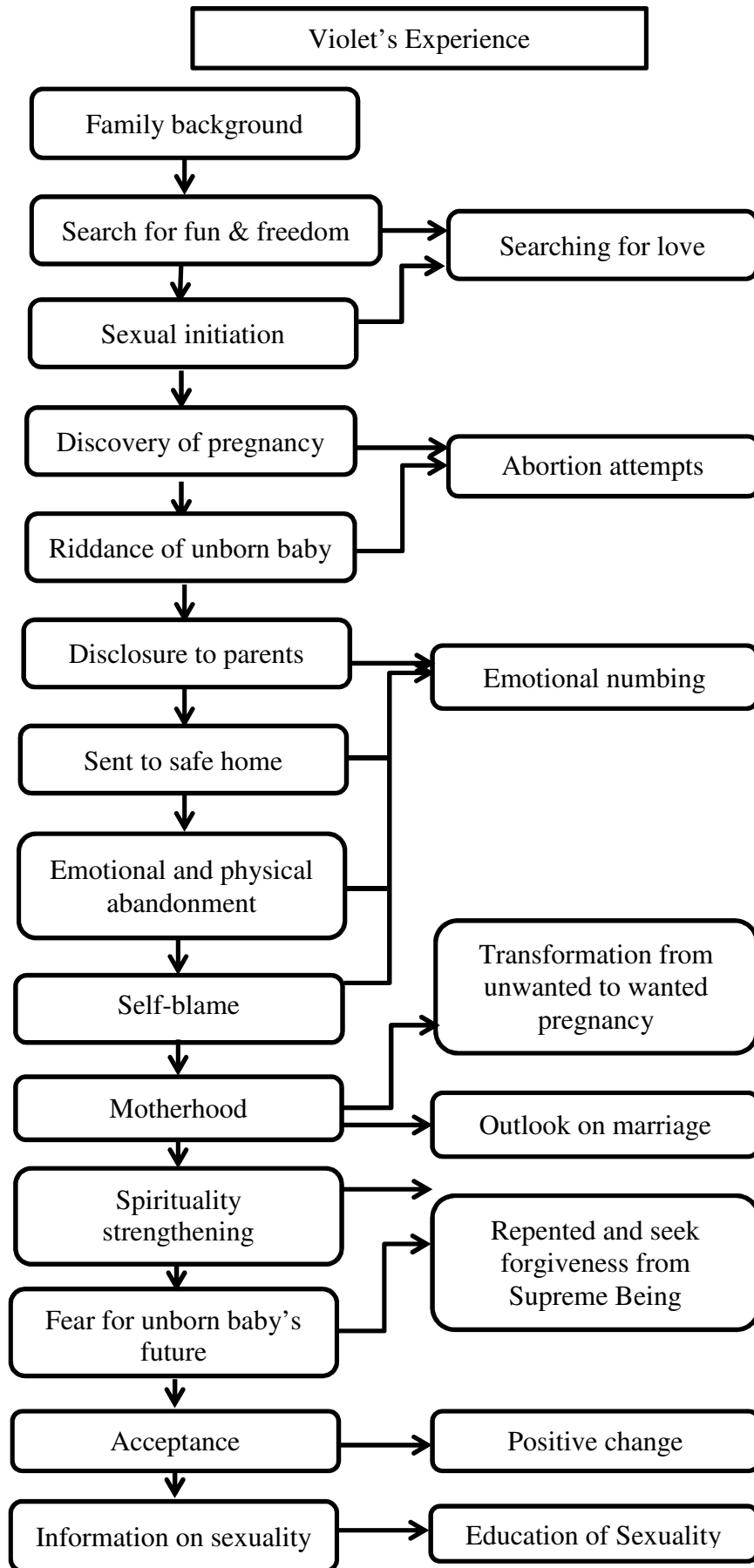


Figure 4.7: Visual Map of Violet's Experience with an Unwanted Pregnancy

Participant 4 – Rose

Background – Life History

Rose is the youngest and only girl in the family of four brothers. Her mother passed on when she was merely six months old. Another member of the family, her second brother passed on due to pneumonia when she was very young. Her father remarried when she was at the age of five upon requests from her siblings to help take care of the household. At the age of 10, her stepmother passed on due to anaemia. She described her late stepmother as one loving and caring woman who did not have a biological child of her own. Relaying her story, Rose gets to experience the love of a mother, even if it is only for a short duration. Rose then informed that she was 12 years old when her father had a remarriage due to him being lonely and needing companionship. At the time of marriage, her stepmother was a widow with a young child and her father had just retired. Rose had a negative experience with her stepmother whom she described as envious of her relationship with her father. Rose described:

It's very sad because before this my late mother treats me fine, then my father seemed to follow whatever she said because she has a young child and he has to take care of her child because she works, and my father has retired.

(Rose/Transcript Interview1/Line 153-155)

One problem led to another ever since her father got married to her stepmother. Her eldest brother decided to care for her and took her in to live with his family. Rose then relayed that her relationship with her eldest brother was very close until recently when she was found pregnant.

It all began when she started working to find extra money and got to know a man who worked at the same place. While working, she rented a place since commuting will be a hassle and found her independence. She was able to do anything she wanted, going and coming back anytime she liked without having to report or inform anyone. She began to enjoy her independence and found that each day, her interests and desire to be

with the man grew. This led to sexual intercourse and she was found pregnant soon after.

She described her relationship with her partner as:

He seems concerned about me, He is a married man and he is very caring. He seems to understand. At that point, I have lost a mother, and the love of the mother has diminished ever since my late stepmother passed on. I don't have anybody else. Yes, I have a brother but he has his own family.

(Rose/Transcript Interview1, Line 274-278)

Journey with an unwanted pregnancy – An Experience

The early stage of pregnancy. She found out about her pregnancy three weeks later when she was a week late for her menstrual. She informed her partner and together they purchased a pregnancy test kit and was first tested negative. A week later, they tested again and it was found positive. At the early stage of pregnancy, her partner told her to undergo abortion and she refused. She was angry and kept to herself most of the time. She could not figure out nor understand why her partner repeatedly told her to abort her unborn child. She was confused and shocked at the same time. He later abandoned her and she was on her own. Being alone and confused, she confided in her father first of her situation. Her family members were truly upset and had never expected her to behave in such manner. She was then sent to a safe home.

At the safe home, she had many times tried contacting her family members and none of them appeared to be sympathetic and emphatic towards her. She realized that her actions had caused them anger and embarrassment. Rose realized that she needed her family most at that point in time but everybody seemed to cast her off. She felt utter loneliness and most of the time kept to herself at the safe home. She seemed to be sleeping all the time whenever I went to visit and had to wait for her to be ready before any interviews were conducted. She described her family reaction as:

At that time I wanted to get married and my siblings were probably angry because I made the decision to get married. They have never visited, no contact and that made me so depressed. I don't have anyone and I am here alone.

(Rose/Transcript Interview1/Line 628-630)

From my observation, I recorded the following in the field notes to support the interviews conducted with Rose. The following was observed:

I walked in the safe home into Rose's 'place' and it was evident that she looked emotionally numbed. She doesn't bother to greet me. She looked dejected and forlorn. Lying down on her mattress, she seemed oblivious to her surrounding, staring into space and was a bit reluctant to be interviewed.

(Rose/Observation, Field notes, Reflexive notes/31.5.2013/Lines 703-706)

Rose narrated that she would be better off staying at a rented place and alone by herself then staying at a place that was alien to her. It was impossible for her to live with her siblings since all of them had children of their own and accepting Rose in their homes mean condoning the act of being pregnant before marriage. Although the safe home housed adolescents with similar experience, she explained that this place was not suitable for her. She found that it was depressing if someone queried and discussed about her condition. It was her negative experience and she was not proud of it. She saw herself as a tree standing alone although she had three other friends with similar experience. Figure 4.8 depicts her drawings of feeling lonely.



Figure 4.8: Rose's Drawings of Loneliness

Recollecting her experience during the early stage of pregnancy, Rose mentioned that her partner insisted her to opt for abortion, but she refused. She had mixed feelings and was fearful of going through abortion. She was requested to take a fruit named *Buah Cilaka*, a peanut-like fruit with white shells on the outside. She informed that she had never seen the fruit before due to her refusal of taking the fruit to assist in the process of so-called 'natural' abortion. She was angry when her partner forced her to take a mixture of paracetamol with coca cola and requested her to take in large amount of unripe pineapple hoping that it would assist in abortion. Rose had refused to listen to the suggestions of her partner and was no longer in contact with him afterwards.

Her experience in the early stage of pregnancy had resulted in an emotional turmoil, happy, confused, shocked, angry; to name a few. Being abandoned by her partner and staying alone in her apartment before she was sent to the safe home had made her think of suicide. At her apartment, she always sat near the window. Many times, the thought of jumping off the window crossed her mind. The thought of jumping off the window vanished every time she thought about her father and Allah, the Supreme Being.

The middle phase. Her pregnancy journey was a traumatic experience for her. She realized that she was abandoned by both her partner and family. The reality was hard for her to accept. She cried most of the times and her stress finally took its toll on her. She informed that she was even hospitalised due to bleeding. She was told by doctors to care for herself and the child. But Rose did not seem to comprehend the message and has not been eating right. Her body weight did not match and was inconsistent with her pregnancy. Her emotions were disturbed and all she wanted was the acceptance and forgiveness from the members of her family.

One day, out of the blue, her partner came to visit her at the safe home. She was told by the people at the safe home that he was there to visit her. She could not believe

what she heard and did not know how to react. She took her own time to prepare herself before realizing that it was really him that came to visit her. His being there gave her the much needed emotional support. She relayed:

Staying here, I always felt sad and I kept thinking to stay elsewhere. He said that for the moment that is not possible. Even when I requested, he said that it is impossible. If there are any other suggestions, he is open to it. He felt helpless.

(Rose/Transcript Interview 2/Line 44-47)

When asked about her experience with her unborn baby, Rose informed that she felt connected with her unborn baby. It was mentioned that it would be a boy and she looked forward to having him around. She talked to her baby and described:

Sometimes after performing solah I will talk to him, cry with him. I told him not to be stubborn like his mom. I hope that he will be the pillar of strength for us.

(Rose/Transcript Interview 2/Line 116-119)

Motherhood has changed Rose. She said that her visit to the doctor and seeing the heartbeat of her unborn baby had made her realized that he wanted to live. She described that upon seeing him on the screen; it was an experience that she could not forget. It was like she was connected to her unborn baby and he was telling her that he wanted to live. Let him live. She cried upon understanding the feelings of motherhood.

She further described her feelings for her unborn son. Her love for him is strong. She loves her unborn son. During her pregnancy, Rose suffers from emotional numbing. She seldom eats and sometimes she can forego food for a day. She lost her appetite and keeps to herself most of the time. However, she will eat a small amount of food for the sake of the health of her baby, although her food intake was irregular.

She later explained that she will be keeping her own child because her partner refused to give the unborn child for adoption. Rose personally had always wanted to keep the unborn baby. She believed that her unborn baby would be the symbol of their love and will always keep them together even if they are unmarried.

Rose informed that after delivery she would move out from the safe home. Her confinement would not be at the safe home. She witnessed other girls not being taken care of in the right manner. According to Rose, normally during the confinement period, a new mother will normally be given extra care in terms of the food that one can consume and traditional medicinal intake, massage and other traditional method conducted during confinement.

Reflection on experiences and meaning making

Rose finally understood that in search of love, she was trapped into having sex. She realized that love was not indicated by the act of sexual initiation, but through how one took care of each other. In searching for love, she got pregnant instead and it was a life changing experience.

The pregnancy has affected her in many ways. At times loneliness and emptiness crept in, however; there were also times when she does not know how to feel. Her partner and family abandoned her. She felt numb. All she ever wanted was her family and partner to accept her albeit the mistakes made. She realized that being pregnant out of the wedlock had made her into an outcast. She realized that what she did was unacceptable and sinful.

Being abandoned in the safe home, Rose had many times attempted to run away from the centre. She mentioned that being there made her felt more trapped and being with the other girls who were also pregnant made her felt more depressed. She wanted to be on her own and reflect on her mistakes. However, being economically not viable had made her stay put. Rose mentioned that by keeping to herself, she did not have to answer to the many questions that were put forward and be reminded of her past. Feeling trapped within her own body, she just wanted to forget about what had

happened but she knew it was impossible. She had to go through the journey of the unwanted pregnancy alone.

Reflecting and making sense of the unwanted pregnancy journey, Rose described that she was being left alone to face the future. Nobody seemed to care about her – her family did not bother calling or visiting her at the safe home. It was observed:

Discussing the topic of delivery of the baby, she looked emotionally unmoved, she often answered by “Yes, I am fearful...but well, I hope that everything goes well”. She does not allow any single emotion to show.

(Rose/Observation, Field notes, Reflexive notes/31.5.2013/Lines 721-723)

At that point in time, it made sense that she had to be strong and healthy for the sake of her baby. A small eater and sometimes could go without food for a day, Rose forced herself to eat at least once a day for the sake of her baby. It dawned on her that the feeling of motherhood appeared at the first knowledge of her being pregnant. It made sense that she kept the baby because of the connectedness she experienced with her unborn child. Upon seeing the heart beat during one of her check-ups in the doctor’s clinic, she relayed that it was a magical feeling when she felt that her unborn son was asking her to let him live. She cried uncontrollably thinking of what she might have done. A strong sense of love for this unborn child grew inside her. It was an indescribable feeling, a transformation from an unwanted to wanted pregnancy; and the unborn child was her hope to stay strong to face the future. She hoped that he would one day be her strength to move forward.

The journey of pregnancy had made changes to her outlook for the future. To keep her baby, she needs to further her study and be economically viable. That can only be achieved with education. She plans to pursue her studies and at least get a job that pays enough to get both of them going.

Spiritually, Rose had strengthened his faith in Allah, the Supreme Being. She performed solah and kept praying that He would forgive her sins and lead her in the

right path. She repented and realized that keeping herself close to Allah the Supreme Being had kept her sanity intact. She felt lonely but knowing and believing in Allah the Supreme Being had kept her moving forward and planning for the future.

In order to plan for the future, she needs to bring about positive change to her behavior. To be positive is easier said than done. She wonders at the possibility of her being with a child and unmarried. The thought of what the society will think of her and the child worries her. She understands that people will make judgment but can she be strong to face it.

Figure 4.9 below depicts the visual map of Rose's experience with an unwanted pregnancy.

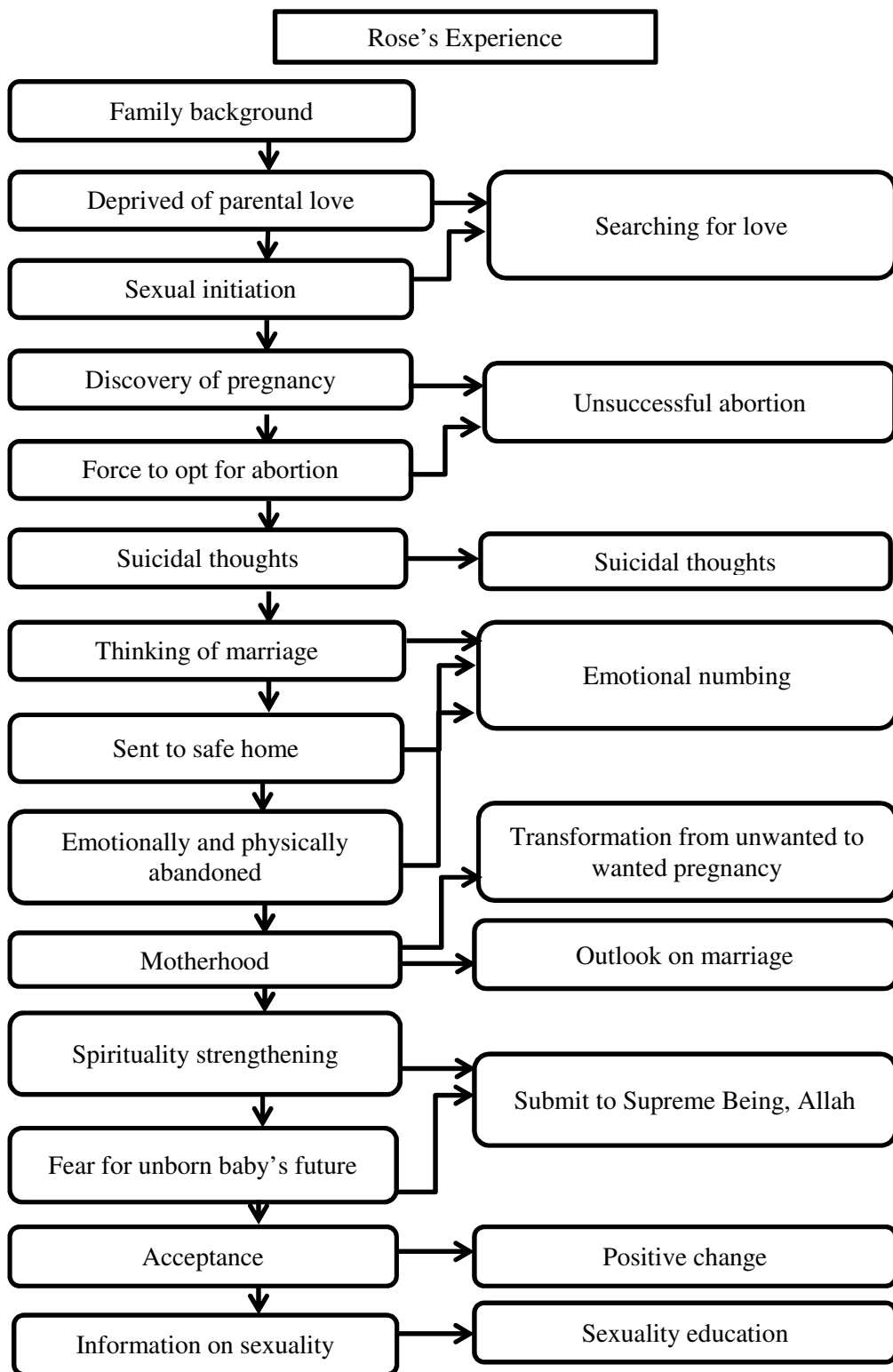


Figure 4.9: Visual Map of Rose's Experience with an Unwanted Pregnancy

Overview of the Central Research Question

For the purpose of this study, the central research question was: “How do adolescents with an unwanted pregnancy make sense of their experience?” The intention of focusing on only one central research question was to explore the phenomenon being studied in depth. The in-depth and exploratory analysis coupled with the detailed descriptions of the findings are reported in the following sections to answer the central research question.

Overview of the Findings

In this section, emergent themes from each case are mapped followed by individual report on descriptive, linguistic and conceptual comments that discuss their turning point, meaning making based on their experience with an unwanted pregnancy. The master themes or super-ordinate themes are then tabled with the evidence derived from the statement of each participant. Finally the model of adolescents experience with an unwanted pregnancy is presented depicting the participants’ journey with an unwanted pregnancy.

Visual Mapping of Emergent Themes by Each Participant

The individual mapping of emergent themes is indicated in Figure 4.10 below. The themes were derived from the combination based on exploring the participants’ journey with an unwanted pregnancy and interpretive analysis of their personal stories.

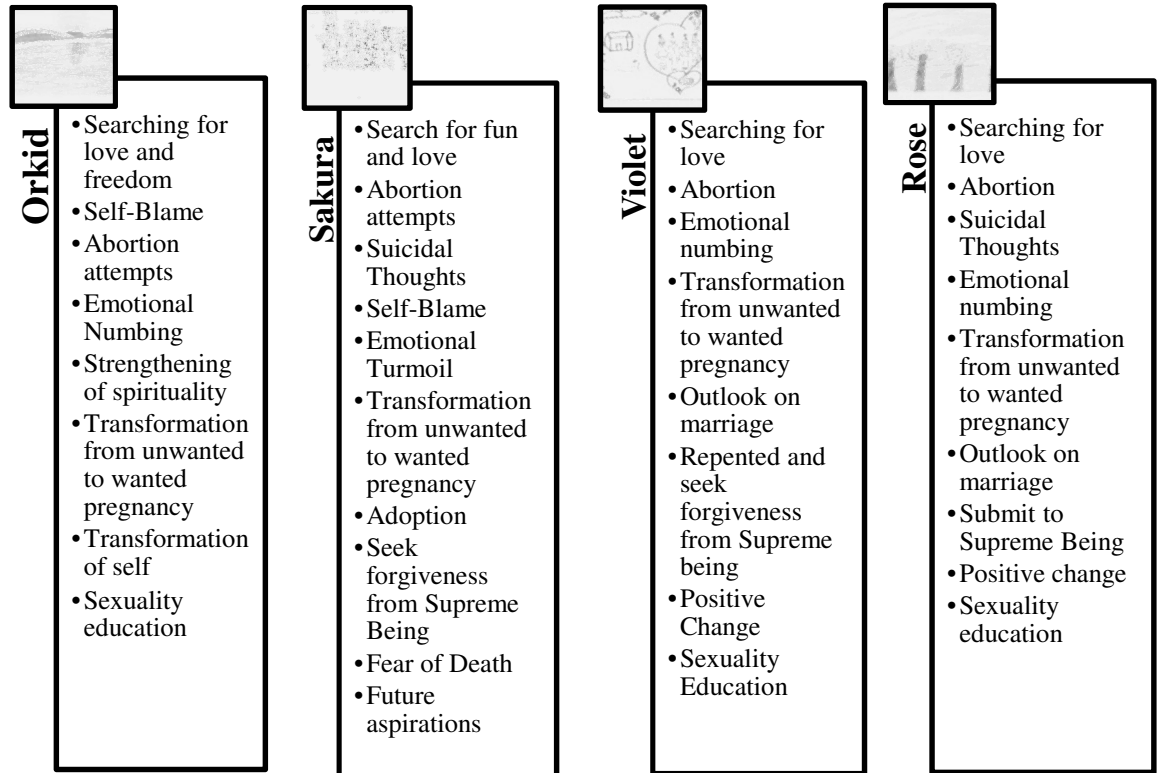


Figure 4.10: Individual Visual Mapping of Emergent Themes

Similar Patterns in Emergent Themes

I noticed similar and shared patterns in emergent themes and have highlighted and prepared a visual pattern of shared emergent themes, labeled as Figure 4.11.

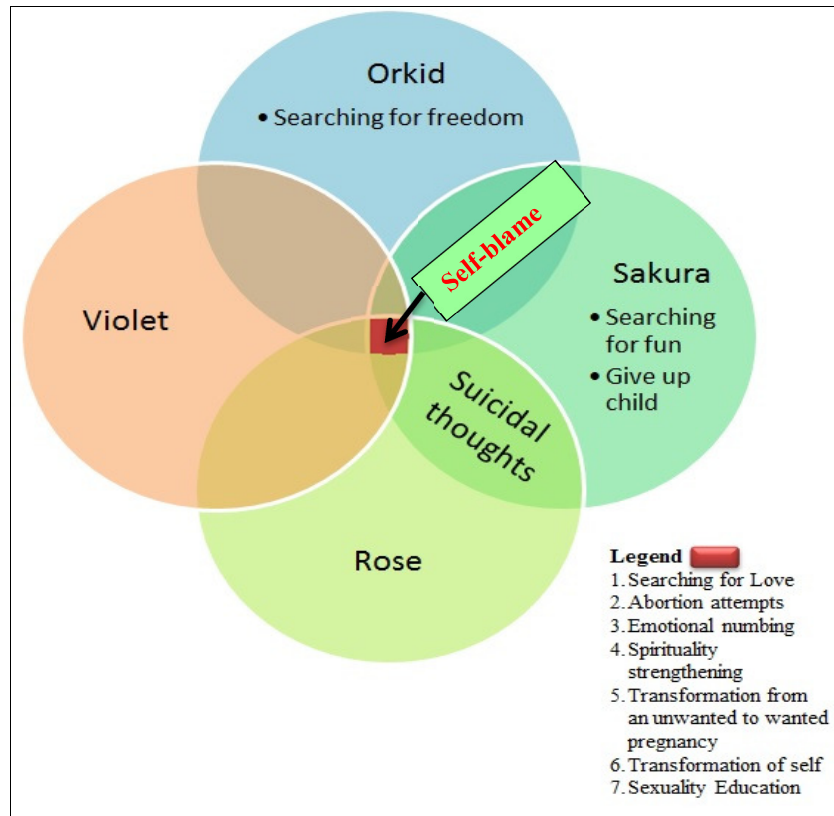


Figure 4.11: Visual Illustrations of Shared Emergent Themes

It was noted that “suicidal thoughts” were only shared by Sakura and Rose, meanwhile “self-blame” was experienced by all participants. All other seven themes have been found emerging from Orkid, Sakura, Violet and Rose. Meanwhile, I found that the individual emergent theme of “searching for fun” and “searching for freedom” only emerged from Sakura and Orkid respectively. All shared emergent seven themes is illustrated in Figure 4.12 below.



Figure 4.12: Shared Emergent Themes

Making Sense of Meaning Pattern

The experiences of all participants were mapped out to assist in sense making and meaning of their narration. Making sense of meaning made by participants was based on IPA's three component, being: (1) descriptive comments; (2) language comments and, (3) conceptual comments. The essence of each participant's experience from these three comments will discuss the turning point of participants and sense making of their experiences by highlighting their emotional journey. A turning point can be defined as a decision made at a particular time resulting in positive alterations of situations and unique to each participant. The essence of meaning was extracted and illustrated in Figure 4.13.

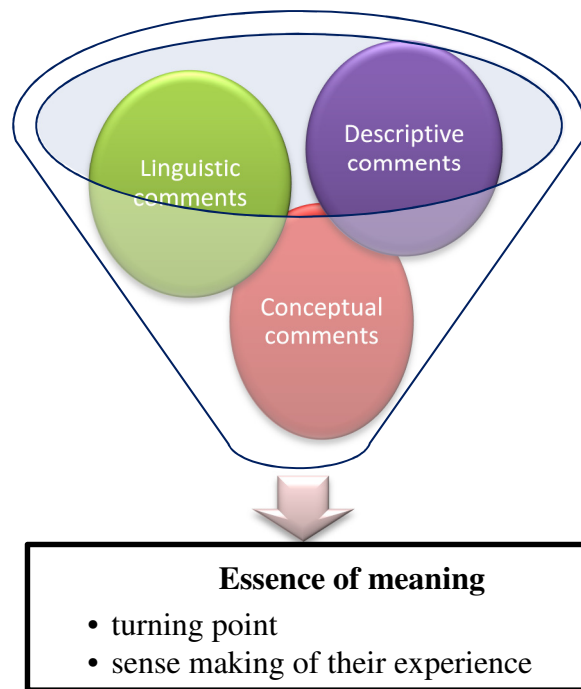


Figure 4.13: Extraction of Essence of Meaning

Descriptive Comments

The application of descriptive comments is critical to understand participants' life world and the depth of data being analyzed. The descriptive comments assisted in detecting the similarities, differences, echoes, amplifications and contradictions, if any; in their description of experience with an unwanted pregnancy. The major outcome of the descriptive comments is a personal story based on the participant's experience. It includes a major issue of questioning self.

Linguistic Comments

On the other hand, language comments are derived from pronoun use, pauses, laughter, functional aspects of language, repetition in the usage of words, degree of fluency whether the participant is articulate or hesitant. The language comments also include the usage of metaphor.

Conceptual Comments

Meanwhile, conceptual comments may take in the form of interrogative. It is not about finding answers or pinning understanding, but it is more on opening range of provisional meanings.

Orkid

Descriptive comment

Orkid narrated that the event that unfold in her life while being pregnant as a bad experience. Being away from her family, her curiosity towards boys were heightened and falling in love for the first time led her into experiencing her first encounter of sexual initiation, a consequence of **searching for love and freedom**. Coming from a family background that are too strict without explaining the reason behind each decision made has made Orkid more curious to explore her freedom on her own. Her relationship with a boy at work has resulted in her being pregnant and experiencing an emotional turbulence. Amplifications on emotions were often highlighted. She described her journey of being pregnant out-of-wedlock as a lonely journey. She **blamed herself** for what has happened, for not listening to her father's advice. She was angry, confused and sad for having to go through the pregnancy alone. She blamed herself for embarrassing her parents. Once her parents found out, Orkid **attempted abortion** with the helped of her parents but to no avail. She decided to let the unborn child live and go through with the pregnancy. Her pregnancy was not known to other family members since it was considered as an embarrassment to the family. Orkid and her parents feared what others might think of them if they ever find out that she was pregnant and the pregnancy was an unwanted pregnancy and out-of-wedlock and was later sent to a safe home. She was lonely, inexperience without any prior knowledge about pregnancy and felt that she was rejected by her own members of the family, an **emotional numbing**. To find peace

within, she started focusing on the aspects of **spirituality strengthening** and began to perform solah and recite prayers. In consequence, she began to accept her situation and felt peace within. As days passed by, she experienced the feeling of love that began to sprout from within her for the unborn child. She slowly understands that it was the journey towards motherhood and it was a pleasant experience albeit the heartache of being away from her family. Orkid made a promise to her family that she has to give her unborn child up for adoption upon delivery. The decision was made in the interest of the unborn baby, however; the feelings changed over time and Orkid decided that she wanted to care for her own child, a **transformation from unwanted to wanted pregnancy**. To care for her own child, Orkid mentioned that it is necessary for her to be economically viable to ensure that the baby's future is taken care of. She considers a **transformation of self** to ensure a better future with her child. This includes to be better educated, economically stable, seeking help from other avenues to mentally prepare her facing the community. She discussed the importance of **sexuality education** to prevent or reduce the rampant cases of unwanted pregnancy.

Linguistic comment

The linguistic pattern of Orkid varies. Often when she discussed her loneliness, being away from her family members and thinking of giving the unborn child up for abortion, she started crying, her statements tailed off, her tone of voice were softer and the fluency of her speech were often interrupted. She repeatedly mentioned that she missed her families and hoped that she would be forgiven by them and the Supreme Being.

In this study, Orkid has used a metaphor of "Ocean of Emptiness". This was reflected in her drawings and she described the vastness of ocean as being empty. Orkid stated the emptiness she felt did not reflect her feelings of being empty but the calmness

that she felt. Emptiness in her language means calmness and peacefulness. Ocean is associated with a sense of calmness.

On her feelings towards her unborn baby, Orkid described about her dream where she felt a strong sense of maternal love and her inability to let her baby go. Through her stories, I was made to understand that she felt a sense of loneliness once her baby is given up for adoption but yet, her feelings for the baby grew deeper each day. She described:

Because there was one night where I dreamt that I felt love... it's like, umm... like, umm, he stayed for a while with me and I felt that the love for him grow and I felt that I cannot possibly let him go.

(Orkid/Transcript Interview1/Lines 354-356)

At the end of the interview, Orkid has made up her decision that she wanted to keep the baby. I can see her determination, her strength shown in her voice, the tone that she used and her chin pointed up when she described her intention. That was the time when I realized that her decision to keep the baby will be realized.

(Orkid/Observation, Field notes, Reflexive notes/12/3.2013/Lines 336-339)

Conceptual comment

In her diary, she wrote “Life is difficult to be understood.” She narrated that the trust given to her by her parents was wasted because instead of helping to supplement the family income, she was carried away by her emotions and excitement to enjoy her freedom. She blamed herself for being self-destructive. She understood that her parents’ love is unconditional. Orkid reflected that if only she understood that all her father wanted to do was to protect her from harm, this would not happen. Her narration on ‘Ocean of Emptiness’ was all about sense of calmness as mentioned under the linguistic comment. However, I interpreted her feelings as being empty. Empty relates to being lonely, staying apart and feeling of rejection from her family members; riding the unknown journey of unwanted pregnancy, facing the wrath of the community, and no one that she can refer to. The unpreparedness of being pregnant in her adolescence age

increases her anxiety. Emptiness also refers to the absence of love that she felt. Orkid wrote a song in her diary entitled 'Love'.

Love

*The tree of love grows each day
Continually sprouting even when it's cut
It cannot deceives my heart
The nature of human love
Who am I to deny love?
Its presence can be felt
Life is empty
Without Love from the Al-Mighty
Adam and Eve romancing in heaven
But kept apart by the Devil
Love prevails and brings them together
That's Love*

Love was what she wanted in her life. She wanted to experience love, not only from God the Al-Mighty, but from her parents, family members and to fall in love again one day.

Sakura

Descriptive comment

Sakura described her experiences with an unwanted pregnancy as harrowing. It was her social lifestyle **searching for fun and love** that led her to the distressing event. Peer pressure played a major input in her lifestyle. She mentioned that her parents were often busy, hence her behavior. Being pregnant, she was not prepared to be a mother what more to raise a child. Her unpreparedness has led her to request her partner to help her in terminating the unborn baby. She **attempted abortion** on many occasions but each time she failed. Her failure to abort led her to have **suicidal thoughts**. The suicidal thoughts were a result of the **emotional turmoil** that she experienced; confusion, anger and shocked upon finding out that not only she was pregnant but her partner left her and was not contactable. **Self-blame** was part of her daily routine. She blamed herself for being ignorant, too trusting and not taking the precautionary measures while having

sexual intercourse. As days passed, she realized that there was a baby growing in her and her feelings changed. She described that this unborn baby created problems in her life, stopping her from having fun, inability to work, kept into a safe home to hide from others to avoid being talked about. However, motherhood slowly took place and she described that she felt connected to the unborn child. It was a unique experience and her feelings **transformed from unwanted to wanted pregnancy**. Sakura realized that there was nothing she could do about it. She tried discussing with her mother via telephone conversation about caring for her own child but the idea was not agreed upon. She realized that the best option was to give her baby up for **adoption** right after delivery. Sakura did not push the idea of taking care of her own child since her parents were against the idea and she was also unprepared for the responsibilities that came with it. Reflecting on her experience, Sakura realized that she had sins and **sought forgiveness from the Supreme Being**. She was **fearful of death** and this was amplified by her repeating the comments while narrating the delivery process. Her **future aspirations** included being a changed person, respecting her members of the family, never to repeat her mistakes and submit herself to the Supreme Being.

Linguistic comment

Sakura narrated her personal story using strong words such as “I felt like killing him”, “help me to get rid of this thing (referring to her pregnancy)”, “I hated him” indicating her anger of being pregnant. In her diary, the word “fuck couple” were written repeatedly. When questioned what she meant by “fuck couple”, it was simply described as “couple phobia”. She mentioned that even if she ever fell in love again, she wanted to enter into marriage and avoid going on dates with her partner. Her anger was amplified via her usage of words that were recorded verbally during interviews and written form in her diaries. Her tone of voice was often high pitched and angry describing her

experience with her partner. Despite writing down her frustration and anger in her diary, the voice of her diary indicated that she was lonely. Her loneliness was amplified by her repeated writing about how she missed her mother the most, her fears of being left alone in the safe home and fears of dying while giving birth. She longed for her mother and wished that her mother was there with her to help her going through with her journey of being pregnant. Her diary indicated her loneliness. At times, Sakura looked distant while describing her stories. She paused, took a deep breath before continuing her story. There were times, when she only cried to indicate her sadness. She seemed distant and confused. She missed her family terribly. She drew the emoticon of sadness to indicate how much she missed her family. There were times instead of being upset; she was in a fit of giggles.

Conceptual comment

Describing Sakura as an angry person may not be relatively correct. She is a young girl who is full of life, willing to share her love with whomever she can. Lacking attention and love from her parents, Sakura can be interpreted as a person who is seeking attention from others, especially her peers. She smoked occasionally just to fit in and be accepted amongst friends. She went out at night and got involved with the wrong companion to escape the boredom of staying home. Her actions and behaviors are all directed towards her looking and searching for attention, fun, love and freedom. At a very young age, she has been involved with sexual activities but has never been pregnant. Sexual initiation was a way of her showing her love for someone. Her experience changes her outlook towards man. She hated getting involved in a relationship and experienced couple phobia. In her mind, all men are liars and opportunists. A result of lack of family cohesion, Sakura was undauntedly trapped in her own world, being pregnant out-of-wedlock and unwanted.

Violet

Descriptive comment

Violet's intention to help supplement the economic viability of her family by working at a petrol station cashier only made her realize not only that she got financial freedom but personal freedom. She later got to know a man much older than she was and started going out with him. In **searching for love**, Violet gave up her virginity. She found out about her pregnancy and did not inform her parents. Horrified about her pregnancy and trying to hide it from her parents, she **attempted to abort** and has been taking pills, eating pineapple, and tried downing paracetamols with coca cola. Being close to her family, Violet's mother came to find out about her pregnancy. She was devastated but nothing can be done about it. Later in the pregnancy, Violet's parent came to a decision to send her off to the safe home. The purpose was to hide her pregnancy from the knowledge of her younger siblings, extended families and community in the area. Although Violet came from a family that is very supportive, she experienced emotional numbing. She was feeling depressed being apart from her partner, parents and siblings. Her partner was supportive of her but did not know what to do next. Violet and her partner discussed and suggested marriage to her parents but were worried that people would find out about her pregnancy due to the hasty manner in which the marriage was conducted. In fact, they discussed the child's welfare with the religious department and described that the person was not attentive to their request and was being unhelpful. Coming from a supportive family, her parents made time to visit her in the safe home and at times could be contactable via telephone. Despite that, Violet felt that she wanted more; she wanted to stay with her parents and to go through the journey of pregnancy with them. She does not want to feel alone and felt abandoned. She finally accepted her fate and began to find her love towards the unborn baby growing. She felt that her feelings had transformed towards the unborn baby, **transformation from unwanted to**

wanted pregnancy. Her outlook on marriage was strengthened. She wanted to get married to her partner even more so for the sake of the unborn baby. She dreamt that one day they could all be together as a family. She realized that living as one family unit was what she wanted all along. She repented and **sought forgiveness from the Supreme Being.** She realized that calmness and peace within can only be found once the Almighty have forgiven her. Her hopes and aspirations for the future were strengthened due to her wanting to keep her baby. She needs to **change positively.** She looks forward to having a good job, be self-sustaining and be happy with her child and partner. She needs to transform herself to be a better person. Violet mentioned that **sexuality education** is important for the sake of the country's future. The adolescents are interested to find out about sex, they are curious and without sufficient information, the adolescents' future will be spiralling downwards.

Linguistic comment

While narrating her personal stories, Violet often spoke fast. At times, I have to request her to repeat what she said because I cannot make out what she was trying to relate. She often speaks fast and crying at the same time. She seemed fluent in her manner of speaking and was confident in how she related her stories. She cried most of the times when discussing about her family, partner and unborn child. In her diary, Violet wrote "I know I'm a bad person. But doesn't mean I've no choice to choose?" Violet has many times described that she wanted to marry her partner and keep her baby. However, she was not given the chance to choose. Her decisions were not agreed upon by her parents. She began to feel the emotional numbing when her requests were all turned down. In fact, she was asked to marry another man and not her partner if she wanted to keep her baby and saw Violet plunging deeper into emotional numbness. I realized that Violet was emotional while relaying her personal stories. She spoke fast and incessantly

while tears rolled down her cheeks. The ultimatum given by her parents was one that she could never agree upon and resulted in her feeling emotionally numbed.

Conceptual comment

Violet was a young girl who thinks about her future and planned for it. She planned to keep her baby. I realized that Violet was serious about her decision. I realized that she was devising a plan to run away from the safe home but it was not yet finalised. She strategized and started making plans on how to keep her baby. Violet intends to marry her partner and is a girl with full determination. She was hoping to receive blessings from her parents and had never expected them to come to the idea of marrying her to someone else. She felt betrayed and devised a plan to elope with her partner and stick together as one family. She understood the possible consequences of her actions but no longer care about what her parents thought since they have betrayed her trust. At this point in time, I asked these questions; “what was she thinking, saying that her parents have betrayed her?”, “did she realize what she said?” Her determination made me realized that she was a go getter. She will realize what she plans for. Violet described, “I am determined to care for my unborn child, but for now, the storyline is already etched in my head but not yet materialised and finalised. I am now seeing the way, and every day, I kept on praying”.

Rose

Descriptive comment

Rose is the only girl and the youngest in her family. Her mother passed on when she was merely a baby. Afterwards, her step-mother took care of her and she too passed on when she was a child. She mentioned that when she was about to understand the love of a mother, she too left her. Rose seemed confused when her father remarried again and

her step-mother was not too kind on her. She did not understand the feeling, felt sidelined by her own father who wanted to care for her new wife's feelings. Rose then stayed with her brother. I heard her voice and understood that Rose longed for a mother's love. It was an obvious difference staying with her late step-mother in comparison to her brother. Most times, Rose looked lost.

Right after her mainstream examination at the age of 17, she began to seek their permission to look for a job to get some pocket money. Based on trust, her brother permitted her to work. Soon after, she found that it was tiring to commute from her brother's home to her workplace and began renting an apartment with some friends. Her first venture into freedom saw her entering into culture shock when her friends began to bring their male partner into the apartment and in their own room. She often wondered what happened behind closed doors and finally understood. Rose was lonely, often searching for a mother's love, but her **search for love** saw her falling for a man much older than her. Her partner was a married man who had been enticing her to initiate sexual intimacy. Having a companion made her happy and less lonely. She felt special with someone caring for her. She was found pregnant after several times of having sexual intimacy. Her partner upon knowing that she was pregnant demanded for **abortion**. She was confused, not understanding why someone who said that he was in love with her could ask her to do such a thing. She began taking pills of paracetamols and downed it with coke and took some pineapple too, thinking that it will be possible to help abortion. At the same time, Rose tended to be more depressed each day. She was confused and began to think about suicide. Her **suicidal thoughts** included her jumping from the windows of her apartment, located on the 16th floor. She wondered what would happen if she jumped off. Her partner then left her without any news. Rose felt hopeless and helpless. She finally informed her family but they decided for her to stay in the safe home to protect herself from the harassment of others. Her brothers told her that she

would be a bad example for their children, hence she was sent to the safe home. Rose, never being apart from her members of the family, was left alone by herself. Her partner was unreachable, and she felt depressed. She experienced emotional numbing. She was physically and emotionally wrecked. Soon after, her partner came back out of nowhere and gave her some hope. She felt that someone was there for her to give her hope. Her pregnancy has also given her some hope and provided some light for her to move on. She began to feel the love for the baby and the feelings had slowly transformed from an unwanted to a wanted pregnancy. Her outlook towards marriage revived where she wanted to stay together with her partner and unborn baby albeit his status as a married man. Most times, Rose seemed so engrossed in herself that she forgot altogether about her unborn child. She sometimes forgets to eat and this affects the growth of her baby. At times when she remembered, she prayed and **submit herself to the Supreme Being** but most of the times, she kept to herself and cried. Experiencing this journey of pregnancy had turned her life upside down. She narrated that to be happy, she had to change and be positive. **Positive change** included her thinking about her future, her plans for herself and unborn baby. Rose mentioned that the sexual cases and intimacy amongst adolescents were rising and **sexual education** should be implemented to reduce the number of unwanted pregnancies amongst adolescents.

Linguistic comment

During the interview, Rose was seen to be crying and getting very emotional. At times, she cried incessantly and I have to stop the interview since she did not want to speak. Once she was alright, she requested to be interviewed again without any compulsion. She seemed to be distant, chose her words wisely, sometimes she paused and very hesitant when answering questions posed by me. Choice of words on my part was very crucial when interviewing Rose.

Conceptual comment

In her diary, she wrote:

Everywhere I go, upon knowledge that they are carrying an illegitimate child, the mother prefers to give the child up for adoption than caring for the baby themselves. The only reason was to ensure the future of the child and to avoid embarrassment on the child. It's easier said than done. I may have done something that is unforgivable but the instinct of a mother will never allow me to give my baby up for adoption. That was my experience in the early stage of pregnancy. I planned to give up the child but I could not. I could not give him up. I am thankful that my family gives me the opportunity to care for my own child. In comparison to those mothers who seems to not have any feelings, and were able to abandon their babies, are past sins not enough? Why would I want to add more to the existing wrongdoings that I have done? I might not know what the future might bring for this child but I am keeping my hopes high. I remember a doctor's advice to me. He said "provide knowledge of the hereafter to the child, and he will be alright".

(Rose/Diary/16/5/2013)

Rose was a child deprived of a mother's love. She was searching for love but did not know what love felt like. It was apparent that Rose was hungry for a mother's love. She was devastated when her step-mother passed on at the time when she felt so close and depended on her. She was interpreted as a small brat by her latest step-mother because of her close relationship with her father. She began to distance herself from her father in caring for his wellbeing, for him not to be reprimanded by his wife.

Deprived of a mother's and later a father's love, Rose was seen to be one who easily fell in love. Interpreted as someone who is hungry for love, Rose began to fall in love with someone at her workplace. She mistook friendliness as love, and after some persuasion began to surrender herself to her partner. Being one who is deprived of love, Rose was seen to be emotionally unstable causing her to experience emotional numbing. Emotionally numbed, Rose began having thoughts of suicide. Most of the times, her suicidal thoughts were put away when her father's image came across her mind. Her longing for her father saved her many times from jumping off the window. At times, she was scared, and her suicidal thoughts were played in her mind, imagining what others would do if she really jumped off. Rose was very depressed with her experience and she

released her emotion by crying. Rose did not take good care of her health although pregnant. She was lost in her own world. With Rose, I was extra careful with the choice of words that I used, because it was apparent that she could just clamp up and not say anything afterwards. Rose seldom ate and sometimes could go up to two days without any taking any food. Often, the doctor had to remind her that she was underweight and she was forsaking the health of her unborn child. For that, she began to start eating a little by little. Rose had never intended to abort her baby, for she thought that was the labor of love from two people. Requested by her partner to abort the unborn baby has made Rose plunged deeper into emotional numbness.

Essence of Meaning on Experience with an Unwanted Pregnancy

The essence of meaning is based on each participant's experience and is unique to each individual. The turning points for all participants are found to be different and to each her own. A turning point is a decision made based on situations unique to each individual participant that results in positive changes.

Orkid. She experienced an emotional turmoil upon finding out of her pregnancy and was unable to deal with the situation alone, leading to a crisis. She realized that she needed support from her parents, henceforth confiding in them although she was rather apprehensive of her parent's reaction. It was a unanimous decision from her parents and Orkid to abort the unborn child. However, it was a failed attempt making them realized that it was fated for them to accept the fact that Orkid was pregnant and had to undergo the experience of an unwanted pregnancy. In my research Orkid had experienced two turning points whereby (1) she sought support from her parents on her attempted abortion and (2) the decision was to keep the baby. Figure 4.14 depicts the turning point for Orkid.

herself and thankful that her abortion attempt was a failure. Otherwise, she would not know how to cope with the guilt in her life. In Allah, the Supreme Being, she trusts. The evidence of Orkid's turning point is depicted in Table 4.2.

Table 4.2: Evidence of Orkid's Turning Point

Source from	Evidence
<p><u>First turning point:</u> At that time, I didn't know yet. All I know was my period was late. My mum knew. I confided in her that I had sex. My mother bought the pregnancy test. I was found pregnant.</p>	Transcript Interview 1/Lines 309-310
<p><u>Second turning point:</u> At first when found pregnant, I wanted to abort. Because it is without life. My mother bought the pregnancy test, and bought the menstrual cycle pills. Told me to take it. It does not work. Maybe it wants to live. So after a while, I let it live.</p>	Transcript Interview 1/Lines 335-338

Sakura. Unlike Orkid, Sakura was fearful of her father's anger.

S: Because I am afraid if my father finds out. Because my father has mentioned that he will kill me if I became...(voice trailing off)

R: became... what do you mean?

S: if I am pregnant

(Sakura/Transcript Interview1/Lines 713-716)

Knowing that she was a rebellious and always going against the family rules, Sakura was at first confused and angry upon discovering that she was pregnant. She experienced an unwanted pregnancy crisis, a result of family conflict and peer pressure. As per her personal stories, she had attempted abortion, experienced suicidal thoughts and after failed attempts of abortion, finally resorted to confiding in her mother. The fear of her unwanted pregnancy had made her overcome the fear of confiding in her mother. The turning point of Sakura was depicted in Figure 4.15.

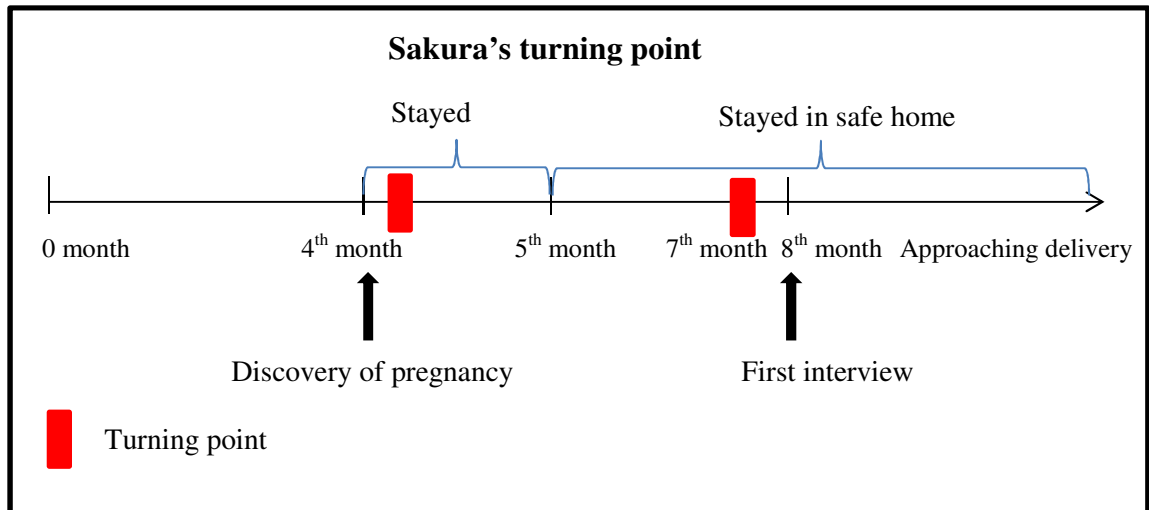


Figure 4.15: Sakura's Turning Point

I found that Sakura had attempted different ways of abortion but to no avail. After four months and indecisive about what her next steps would be, she finally decided to tell her mother of her condition. She was unable to cope with the unwanted pregnancy crisis and could only think of her mother who was the only person that could help her. Although she was fearful of her father's resentment and wrath, she never expected that her father was receptive but at the same time looked devastated upon finding out her condition. That was when she realized her misbehaviors all these while, and seeing his father saddened by the news, it struck her that his family only wished the best for her.

Sakura was pregnant for approximately four months before finally deciding to inform her mother after many failed attempts at terminating the pregnancy. She reevaluated the situation and it was self-realization learning that her family would always be there to support her resulting in the first turning point. At the same time, she had decided to keep the unborn child although she was full of resentment and anger towards the unborn child and her partner.

She finally understood and make sense that the journey of unwanted pregnancy was a negative experience in her life and she had to go through it come what may.

Getting no support or discussion on pregnancy from her family or the safe home, Sakura was in the dark and was always fearful of the birthing process. She was emotionally drained and fearful of death. She hated her child since it reminded her of her partner's irresponsibility, however; she then began to love the child when she saw the ultrasound scan of her baby. That was the second turning point in her journey with an unwanted pregnancy and she experienced it late in her 7th month of pregnancy. The evidence of Sakura's turning point is depicted in Table 4.3.

Table 4.3: Evidence of Sakura's Turning Point

Source from	Evidence
<u>First turning point:</u>	
At that point in time, I was already 4 months pregnant.	Transcript Interview 1/ Line 649
I thought thoroughly for a week and worried if something happened to me, my family would have to bear the brunt. So, from there on, my mother said, she would send me off to the safe home.	Transcript Interview 1/ Lines 672-675
At first I hated it umm... after a while, when I saw it moving, I felt happy... like a mother, umm...that's how I feel.	Transcript Interview 2/Lines 60-61

Violet. It was evident from her personal stories that she was in an emotional rollercoaster when found pregnant. Similar to Sakura, Violet tried to hide her pregnancy from her parents and had many times attempted abortion. However, the many attempts failed and she was confused, worried and was in a crisis. She did not know how to go through with the pregnancy and was hoping that at least one of the many attempted abortions would go through. She tried taking pills purchased from the internet, eating pineapple thinking that it would be flushed out naturally, and tried downing paracetamols with coca cola. Violet was experiencing a crisis and although her partner was around and supportive of her, both seemed to be too trapped in their own situations and not able to weave their way out of the issue at hand. As a result, Violet was

experiencing the beginning of depression, began to lock herself up in her room, her bubblyness was masked by the face of wariness, interacted less with her family members and ate less. This was noticed by her mother and when Violet went out working, her mother found her pregnancy test hidden in one of the chest drawers. Upon finding out, her mother confronted Violet and resulted in a meltdown between mother and daughter. At that point in time, Violet; not wanting her parents to find out, had felt a sudden rush of relief. She realized that she would no longer need to hide anything from her parents. That marked her first turning point when she realized that she had a chance to move forward. Her crisis was reduced, but not eliminated.

Upon admission of her pregnancy, Violet now felt that she could be married off to her partner and have asked the consent from her parents but it was a turnaround of event when the parents were not agreeable to the idea. According to Violet, it was not possible because their relatives and the community at her place might suspect that she was pregnant if they solemnised the marriage without any proper ceremony and celebrations. She was once again in crisis when she realized (1) it was impossible to marry her partner, (2) had to stay in the safe home and, (3) might have to give up the unborn baby.

Unlike Sakura, Violet was always worried about her partner and less attention was given to her growing belly. Her second turning point, when she began to visit the doctor and saw the baby's heart beat and that was what hit her that she began to feel the love for the child. I took note that she did not go for a medical check-up for fearing others might discover her pregnancy, hence her visit to the clinic only began once she stayed in the safe home. At that particular point in time, the bonding cemented between mother and unborn baby. She often spoke softly and touched her belly while conveying her story, a sign of love and the recognition of being a mother. However, she realized that it would be impossible for her to care for her own child without the support and consent from her parents. She realized that financially she is not capable.

Another crisis struck Violet when her parents wanted to marry her off to someone else and once again, she was faced with confusion of feelings, sad, horrified and angry at the same time. Unable to understand the reason why she was not allowed to marry her partner but someone else, Violet planned to run away from the safe home. I listened to her but have to stop the interview because she was crying uncontrollably. Off the record, I stayed with her a little while longer to just listen. The following interview, I was glad to find Violet still at the safe home. She made the decision to stay because her father had a weak heart and after what she had done, she have no heart to hurt him again, the third turning point for Violet. Figure 4.16 depicts Violet’s turning point.

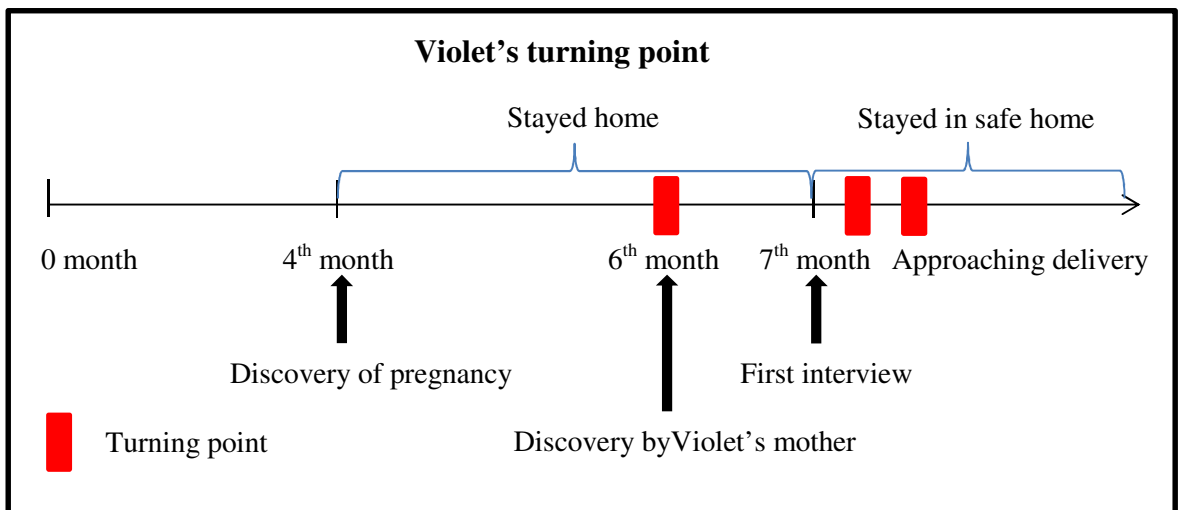


Figure 4.16: Violet’s Turning Point

It made sense for Violet to experience a mix emotion of feelings due to her situation. However, in comparison to the Orkid and Sakura, Violet has go through a three significant decision in her journey with an unwanted pregnancy as marked in the figure above. Violet made sense that there is a brighter future for her knowing that she had all the helped and support from her families. The evidence of Violet’s turning point is depicted in Table 4.4.

Table 4.4: Evidence of Violet’s Turning Point

Source from	Evidence
<u>First turning point:</u>	
I was only aware of the pregnancy at the 4 th month.	Transcript Interview 1/ Line 38
Since it was found out at 6 months. (referring to the discovery by her mother)	Transcript Interview 1/ Lines 22
Why didn’t you inform earlier? Why didn’t inform? Because I am worried and parents faced with this problems might ask me to leave, or I might run away.	Transcript Interview 1/ Lines 268-269
<u>Second turning point:</u>	
But, frankly, I want my baby, why would I not? I did not hate him, I did it with someone that I love (had sex) and I truly want to have this baby.	Transcript Interview 4/Lines 102-104
<u>Third turning point</u>	
I will run, if the marriage is still on. If I said, I don’t want, means I don’t want. I only think of my father. He has a weak heart.	Transcript Interview 3/Lines 69-71

Rose. Being without a mother’s love and the only daughter in the family, Rose had always thought of her partner as someone who could fulfil her life with love and happiness. She was always searching for love, especially a mother’s love that she had not been experiencing since the demise of her mother and later her step mother ever since she was very young. Hence, when she began to experience love and found out she was pregnant, the only fear she had was her partner will leave her. Her fears were realized when her partner abandoned her. Rose, confided her father about her pregnancy and was told to stay in the safe home as a place to safeguard her pregnancy from being known to others. Rose experienced crisis and often the thoughts of suicidal crossed her mind. She had talked about jumping off the balcony of her apartment but did not have the courage to do it. Her partner came back into her life only to help her get rid of the unborn child. Rose attempted abortion although she had never wanted to go through it because she believes that the pregnancy was a symbol of love between them. Rose was

always worried that her partner would leave her again hence; she spiralled down into emotional despair. She experienced emotional numbing and seeing that, her partner agreed to not abandoning her and shall support her and their baby. Rose was not fully assured of his promises and plunged into a deeper emotional numbing. She was always weak, not eating right, did not talk much and all she did most of the times was staring at the ceiling. Rose had little appetite and I realized that her weight was affected. The doctor that checked her up was reported to say that she needed to care for her health and food intake otherwise the baby might ended up not having the right nutrition.

The turning point for Rose was when her partner later made a promise to her that he would marry her once she completed the cycle of confinement after the birth of the baby and I saw that made Rose happier. It was also an event that had helped her transformed into a better and positive person whereby she could finally keep her own baby. According to Rose, she was always lost in her thoughts of who will be caring for her child if ever it was given up for adoption. Mostly immersed in her own thoughts, Rose was often oblivious to the surroundings, but the turning point had helped Rose got up on her foot and hoped for a better future. Figure 4.17 depicts Rose’s turning point.

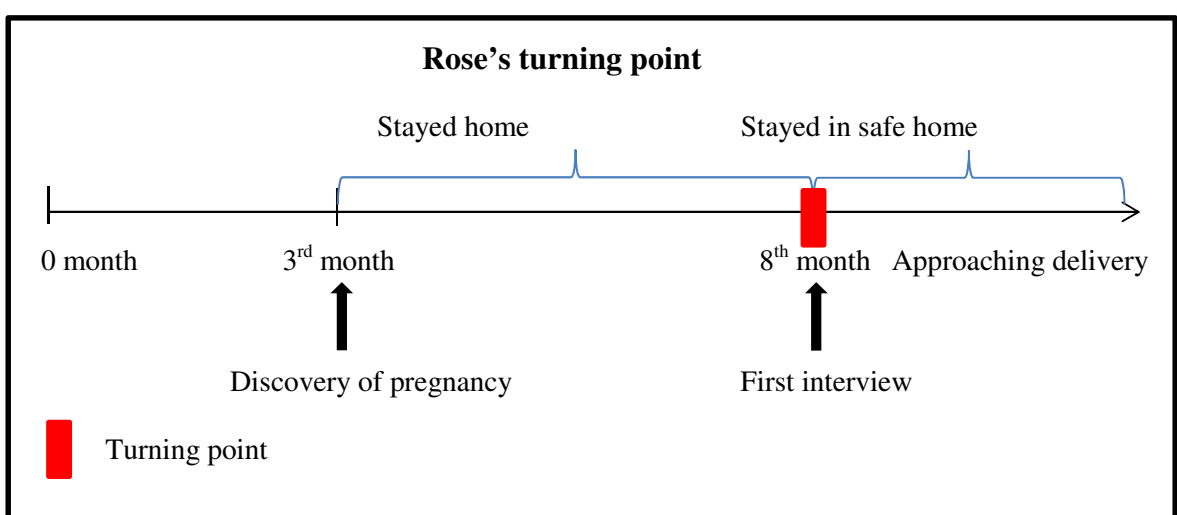


Figure 4.17: Rose's Turning Point

Table 4.5 recorded the evidence of Rose’s turning point.

Table 4.5: Evidence of Rose’s Turning Point

Source from	Evidence
<u>First turning point:</u> I am in my 8 th month	Transcript Interview 1/Line 379
He wanted to marry me, why don’t they allow?	Transcript Interview 3/Line 201
I felt his sincerity because even my dad tried talking to my brothers. We want to look after the baby ourselves.	Transcript Interview 3/ Lines 210-211

Making Sense of the Emotional Journey

It made sense to all the participants that the emotional journey with an unwanted pregnancy had a way out, a positive outlook once they gathered the support from their loved ones and family members. It was an important decision and had transformed their outlook of the future and might be a healing point for the adolescents in this study.

It was found that the turning point for each participant was unique to each of their experience and had helped them having and transforming their lives into a better future. The journey with an unwanted pregnancy was an emotional one and had started from the day they found out that they were pregnant. The participants made sense that their journey had resulted in them experiencing emotional distress, and for Sakura and Rose, thoughts of suicide had even crossed their mind. It was evident that these participants experience an emotional crisis in their journey, however; how the crisis was managed depended on how they looked and found a way out of the problem. It made sense that crisis intervention was needed and crucial to assist these girls in coping with their issues. The turning point for each participant differed and Rose experienced the longest turning point and this could be shortened should there be crisis intervention

At the safe home, the participants realized that they were alone and felt a sense of physical and emotional abandonment by their family members resulting in numbing of feelings. No counseling elements and discussion on the journey of pregnancy was introduced to participants by the researcher or safe home, hence; I found that the participants were anxious on the oncoming days especially nearing the delivery dates of their babies.

It made sense for them that in order to survive their ordeal; they ought to be in control of their lives. The safe home has provided a spiritual enhancement to the lives of the participants and all of them accepted the reality of being pregnant and embraced the experience whilst making sense of what had happened. They began accepting the reality of being pregnant and they are unable to turn back the time, but to live with it and make things bearable. They began to accept, to forgive and seek forgiveness and finally to be thankful that they were given the second chance to make amends. Spirituality helped strengthened their once distorted belief and submit to Allah the Almighty.

Orkid had expressed that she could never forgive herself if the abortion was successful. The thought of killing a life would forever haunt her. Meanwhile, Sakura; saddened by the thoughts of giving up the baby for adoption make amends by saying that if that was the best choice for the sake of her baby, she would be doing just that. On the other hand, Violet knew that she had to give up the baby since her parents were not supportive to the idea. Rose is now holding on to the promise made by her partner that would marry her once the baby was born. These events unfolded and transformed the lives of the adolescents from having negative views to positive perspectives of life. They now believed in a second chance and were hoping to make amends.

The participants realized the importance for them to acknowledge and respect their body. Hence, the information on sexuality and sex education was welcomed. Accordingly, by understanding the consequences of sexual initiation, the journey with

an unwanted pregnancy could be avoided. They now understood and made sense why family played a main part in ensuring check and balance to their life. Family role had a great impact on the lives of these adolescents and they realized that without them, life would not be as smooth a journey as they were experiencing now. It made sense that strong family bonding kept them together.

Master Themes or Super-Ordinate Themes

The final step of looking for patterns across cases is conducted and the master themes or super-ordinate themes are provided with evidence from each participant in Table 4.2 below.

Table 4.6: Master Table of Super-Ordinate Themes

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
1.	Searching for fun, love and freedom	Socioeconomic factors	<p>Orkid: Not enough money. After SPM, I worked. I wanted to help my parents.</p> <p>Sakura: My father works as a contract worker. My mother has a boutique. Mmm... like contractors. Umm, how do I describe? Sometimes he built houses. At times he helped in a renovation work; sometimes he built a house from scratch.</p> <p>Violet: My father works as a firefighter. Firefighter. My mother stays home, a homemaker. My dad earns less than RM3,000 per month.</p>	<p>Interview1/Lines 177, 193</p> <p>Interview1/Lines 37-41</p> <p>Interview1/Lines 482-286</p>
		Lack of parental guidance	<p>Orkid: Because he is strict meaning umm... how to, umm... he is strict, so we felt that mmm... want to share anything with him as if we felt, not comfortable ah...fear, like... is he okay...if I call him, fearing he will be upset.</p> <p>Sakura: I prefer staying with friends than my siblings. If I stayed with friends, all problems vanished. If I stayed home, I wouldn't know what to do.</p> <p>Violet: Maybe it was because I cannot control and thought that I can find peace and freedom.</p> <p>Rose: From umm because my mother was not around, she has passed on, so umm he (my brother) took care of me since I was in primary six.</p>	<p>Interview2/Lines 24-26</p> <p>Interview1/Lines 125-126</p> <p>Interview1/Lines 707-708</p> <p>Interview1/Lines 66-67</p>

Table 4.6, continue

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
1.	Searching for fun, love and freedom	Peer pressure	<p>Orkid: I wanted to be close to my male friends in school. Some girls can be friends and have boyfriends, why can't I?</p> <p>Sakura: Umm, it's nothing but I felt happy seeing her with her boyfriend and the boyfriend can sleep over.</p> <p>It was my own mistakes. Because I was influenced by my peers.</p> <p>Violet: During school days and working time was when I overheard girls discussing and talking about boys.</p> <p>Rose: Staying on my own, I am free and no one to refer to. So, when I decide to go out, umm, I started seeing a guy. My housemates brought men to their rooms. At first, I found it unacceptable but after some time it becomes normal.</p>	<p>Interview1/Lines 96-97</p> <p>Interview1/Lines 234-235</p> <p>Interview4/Line 375</p> <p>Interview1/Lines 776-777</p> <p>Interview1/Lines 267-269</p>
		Personal Choice	<p>Orkid: I was afraid of getting pregnant. That makes me umm me think about what will happen. But I still do it because maybe I love him. I love him. That's why I gave up my virginity.</p> <p>Sakura: And one morning about 11am, I went out early from my relative's place and went to see him at the hotel. After that we did for I don't know maybe three or four times.</p>	<p>Interview1/Lines 230-231</p> <p>Interview1/Lines 623-624</p>

Table 4.6, continue

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
1.	Searching for fun, love and freedom	Personal choice	<p>Violet: No, there was no coercion</p> <p>Rose: After the incident, we attended several courses together, he tried to coerce me but I push, push, push him away, because I don't know but after some time I finally let allow him to do it to me.</p>	<p>Interview1/Line 675</p> <p>Interview1/Lines 331-333</p>
		Sexual initiation as a measure of love	<p>Orkid: I think about it. Fear of being pregnant. But umm, I think of the possibilities. But I did it because maybe I love him.</p> <p>Sakura: After knowing him, got to know him, he made me fell in love with him because he cried. Because he cried I don't know why, maybe because we had a fight then he cried. I heard him crying. He made a face and his face looked like he was a good guy. Afterwards, we met up. Uh, At that time, I was just finished working. He came. He came and stayed in a hotel, he stayed in the hotel. Maybe two days, yeah two days. I stayed with him.</p> <p>Violet: I didn't know what I saw in him, but he is different. Because, umm, I mean, umm, I don't know why I surrender myself to him easily. Because if it is with someone else, maybe they are not serious, but with him, I saw that he was serious and I didn't know that I would give up my virginity so easily. It's like I was not aware in the beginning.</p>	<p>Interview1/Lines 230-231</p> <p>Interview1/Lines 616-622</p> <p>Interview1/Lines 647-650</p>

Table 4.6, continue

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
1.	Searching for fun, love and freedom	Sexual initiation as a measure of love	Rose: I, umm, he was concern about me, maybe because he is married, he was very caring. Umm, he seems to understand. At that time, I felt lonely due to the demise of my mother and step-mother and deprived of a mother's love. I have no one else. Yes, I stayed with my brothers, but he too has his own family.	Interview1/Lines 274-278
2.	Abortion attempts	Emotional turmoil	<p>Orkid: It is saddening when I think about it, but I ignore the feelings.</p> <p>Sakura: I told him, "if you don't want me, it's alright. But please help me abort this child, because I don't want. I don't want this child", I told him.</p> <p>Sad, and confused. Umm, abort or what next? Abortion? Umm... should I tell the baby's father, where should I go because my family members did not know of my situation yet?</p> <p>Violet: I don't know what my feelings were, too stressful to think of a lot of things, the thoughts, bad thoughts, abortion, want to abort, I don't know, can't think straight, find ways, and in the fourth month I purchased some medicines to try to abort.</p> <p>Rose: Upon discovery, I realized that I hated him, I felt like if I ever see him again I will want him to be beaten up by my brothers.</p>	<p>Interview2/Line 105</p> <p>Interview1/Lines 668-669</p> <p>Interview1/Lines 692-694</p> <p>Interview1/Lines 60-62</p> <p>Interview1/Lines 493-495</p>

Table 4.6, continue

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
2.	Abortion attempts	Riddance of baby	<p>Orkid: Actually, I did think about abortion</p> <p>Firstly, when found pregnant, I wanted to abort. Because it is without life. The fetus was without a life. My mother purchased the pregnancy test, she bought the pills to encourage menstruation.</p> <p>Sakura: Umm,..at first I umm...took Panadol with coca cola, this baby’s father taught me. Then I, umm...drink pineapple juice. Then, I took yeast, this baby’s father told me too. Then, I could take it in, I vomited.</p> <p>Violet: Aha, Another one that I have tried according to some was “cleaning the womb” medicine.</p> <p>Another one was eating pineapples. I told my boyfriend to buy me some young pineapples.</p> <p>Rose: I looked up on the internet to find out about the consequences of abortion according to Islamic laws.</p>	<p>Interview 312</p> <p>Interview1/Lines 335-337</p> <p>Interview2/Lines 858-860</p> <p>Interview1/Lines 989-990</p> <p>Interview1/Lines 1082-1083</p> <p>Interview 1/ Lines 1035-1036</p>

Table 4.6, continue

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
2.	Abortion attempts	Fear of others knowing about the pregnancy	<p>Orkid: It's to hide the pregnancy from my siblings and extended families.</p> <p>Because my parents fear that they cannot accept. To avoid the familial relationship from turning bad.</p> <p>Sakura: I was scared if my father knew. Because my father once said that he will kill me if I ever get pregnant.</p> <p>Violet: Family's reputation, mine and his.</p> <p>Rose: I asked my father if I could stay here, he said, umm... impossible, because people will talk, he doesn't like people to talk bad. Umm...</p>	<p>Interview1/Line 39</p> <p>Interview1/Lines 320-321</p> <p>Interview1/Lines 713-714</p> <p>Interview1/Line 878</p> <p>Interview1/Lines 748-749</p>
3.	Emotional numbing	Abandoned by family in time of need / emotional and physical abandonment by family	<p>Orkid: I want them to come</p> <p>Sakura: I asked my mother, "Mom, will you be coming back to me or sending me off permanently"? My mother replied, "How can I leave you there forever. Once you give birth, I will fetch you from there".</p> <p>Violet: Missing them. I want to go home.</p> <p>Rose: Nothing, I feel nothing</p>	<p>Interview3/Line 62</p> <p>Interview1/Lines 675-677</p> <p>Interview5/Line 16</p> <p>Interview1/Line 1017</p>

Table 4.6, continue

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
3.	Emotional numbing	Fear of death during delivery	<p>Orchid: But umm... at times I think of death what if umm... while giving birth, it's like you are risking your live. I do think about it but I push it aside and think positively.</p> <p>Sakura: Because if I, if I die now, I get nothing..umm...to redempt my sins and repay my family with good deeds.</p>	<p>1/387-387</p> <p>Interview2/Lines 896-897</p>
		Suicidal thoughts	<p>Sakura: It's like, aaa... I wanted to kill myself, by consuming a lot of medicine.</p> <p>Rose: When I exploded, I felt so angry, like I am going crazy, and I felt like I want to commit suicide</p>	<p>(Interview2/Line 689)</p> <p>(Interview2/Lines 871-872)</p>
		Self-blame	<p>Orkid: Because I know I am not a good person. Therefore, who am I to judge others?</p> <p>I felt like why am I so stupid and this could happen to me. Well, then again, if this doesn't happen then I would not even think of it. I felt that I was so great previously.</p> <p>Sakura: This is because of my own actions. Because I was choose to be free, umm, then umm, when my parents said the actions are bad, I said it is alright. I trusted him</p> <p>Violet: I regret it because it is too early and I can't control it. Umm...I did it, did it, got into trouble.</p> <p>Rose: I was out of control.</p>	<p>Interview/Line 132</p> <p>Interview2/Lines 459-460</p> <p>Interview3/Lines 684-686</p> <p>Interview4/Line 470</p> <p>Interview1/Line 1114</p> <p>Interview1/Line 260</p>

Table 4.6, continue

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
3.	Emotional numbing	No contact with partner	<p>Orkid: At first I was angry but when he advised me and I realized he was right. I listened to him. And I realized that whatever my father said was right. So I accept the fact that I no longer can contact my partner.</p> <p>Sakura: During the fasting month, I saw him and we did it again. Afterwards, he never even send me a message. I called but he never answered because he knew I was pregnant. I knew I was pregnant. He knew I was pregnant. I told him I was pregnant. He once told me that he wants to marry me, once to ask for my hand after Eidul Fitr. He said that he would come. I knew and realized that he lied because on the first day of Eidul Fitr he said that he would come and visit but he did not turn up. At that time, I was already on the way back to Malacca and I said “if you don’t want to come, it’s okay, I’m already on my way to Malacca”. After that, he was quiet and he didn’t even contact me for approximately three to four months. He contacted me again to help me get rid of the unborn baby.</p> <p>Violet: No, dear mother and father, please understand that I need their love, both my partner and my baby. Do not separate us.</p> <p>Rose: For two months he left. Now they supported me and said let him run, let him run, let him go away.</p>	<p>(Interview1/Lines 316-317)</p> <p>(Interview1/Lines 637-645)</p> <p>(Diary/17 May 2013)</p> <p>489-490</p>

Table 4.6, continue

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
4.	Spirituality strengthening	Spirituality	<p>Orkid: Over here, I got to learn how to read the Quran correctly. Sometimes I attended the Islamic discussions. I get to learn all the good things, all positive.</p> <p>Sakura: Prayers and solah</p> <p>Violet: Now, umm my parents were surprised to learn that I started to know how to read the Quran.</p> <p>I started to perform solah here</p> <p>Rose: Pray for strength</p>	<p>Interview1/Lines 145-146</p> <p>Interview2/Line 460</p> <p>Interview1/Line 901</p> <p>Interview1/Line 935</p> <p>Interview3/Line 241</p>
		Acceptance	<p>Orkid: I learn to accept what has happened to me, be patience, a lot of patience.</p> <p>Sakura: A very bad experience, it means, umm...totally a negative experience that I have gone through umm...it's like, umm...staying apart from my family in this condition, I'm in pain and I troubled my family.</p> <p>Violet: Because I kept thinking that this had happened and I wouldn't want it to happen twice.</p> <p>Rose: This is the worst experience in my life, i really don't know. Because all this while, I have never do anything bad, but I sometimes wonder why this happened to me. Maybe, umm, this is how God wants to test me so I began to accept it.</p>	<p>Interview2/Lines 456-457</p> <p>Interview2/Lines 627-630</p> <p>Interview6/Lines 132-133</p> <p>Interview3/Line 373-376</p>

Table 4.6, continue

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
4.	Spirituality strengthening	Forgiveness	<p>Orkid: do not do anything that Allah forbids. Start listening to my parents.</p> <p>Sakura: To seek forgiveness and make them happy.</p> <p>Violet: I don't know how I feel, I felt guilty, yes, guilty. I seek forgiveness and at times I think that life is difficult, but...(tailing off)</p> <p>Rose: I want to redeem my sins and take care of my baby.</p> <p>Most importantly I want my baby, I want to go back to my family.</p>	<p>Interview4/Line 184</p> <p>Interview4/Line 389</p> <p>Interview7/Lines 203-204</p> <p>Interview3/Line 334</p> <p>Interview4/Line 414</p>
5.	Transformation from an unwanted to wanted pregnancy	Motherhood	<p>Orkid: Umm...previously maybe I wanted to abort this unborn baby. But now I don't have that feeling anymore. It vanished. I felt love, because maybe he now moves inside me. It is a special feeling as if he can understand what I am trying to say to him.</p> <p>Sakura: At first I don't like it, umm... but when I saw him moving, I'm happy...it is how a mother feels when pregnant, that's how I felt.</p> <p>Violet: Actually, I wanted to keep this baby.</p> <p>Rose: Umm... I hope he can be the strength for us</p> <p>I love him dearly</p>	<p>Interview 1/Lines 329-331</p> <p>Interview2/Lines 60 – 61</p> <p>Interview3/Line 111</p> <p>Interview2/Line 119</p> <p>Interview2/Line 123</p>

Table 4.6, continue

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
5.	Transformation from an unwanted to wanted pregnancy	Fear for unborn baby's future	<p>Orkid: I accept because I felt that it is better off...umm...if I let him go, it is better, what it means is...umm...get all the love, full attention and love.</p> <p>Sakura: I don't want him to be ashamed when his friends talked about him. Then, his friends might be making fun and tease him that he is a bastard. If he found out that he is born out-of-wedlock.</p> <p>Violet: Worry about what the community, his birth certificate, people will tease him, and he has to face it all by herself.</p> <p>Rose: the reason why I stayed here is to ease the process of registering my baby's birth certificate. My father said, you are on your own because all of them, my siblings they do not want to be part of it.</p>	<p>Interview3/Lines 219-221</p> <p>Interview2/Lines 382-383</p> <p>Interview4/Lines 88-89</p> <p>Interview1/Lines 751-753</p>
6.	Transformation of self	Lack of support from others	<p>Orkid: Nothing but I want them to support me, please support me. Support me always.</p> <p>Sakura: I want umm...things to be like before. If possible, I want to turn back time. I want and need support.</p> <p>Violet: I want to feel love too.</p> <p>Rose: uh... no, uh...They are not around, never acknowledge my condition and I don't know if they ask about me through my father.</p>	<p>Interview3, Lines 197-198</p> <p>Interview3/Line 363</p> <p>Interview 6/Line 212</p> <p>Interview4/Lines 90-91</p>

Table 4.6, continue

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
6.	Transformation of self	Outlook on marriage and partner	<p>Orkid: My mother advised me that one day, someone will marry me.</p> <p>Sakura: It's like, umm others umm... like... umm...happy, umm... with a husband.</p> <p>I want to fall in love during marriage. I want it, umm...if he loves me, then ask for my hand in marriage.</p> <p>Violet: At times, I imagine if I am already married, I am married, got married umm and I am pregnant, like this, this. Even if I am facing hardship, but this baby... I might be happy. Happy because surrounded by people that I love.</p> <p>Rose: Umm... I am the last child and only girl in my family. My family hope that I will one day get married in a proper traditional way.</p>	<p>Interview5/Line 12</p> <p>Interview2/Line 77</p> <p>Interview2/590-591</p> <p>Interview4/ Lines 463-466</p> <p>Interview1/Line 804-805</p>
		Positive living	<p>Orkid: Umm... I will do the best. Umm... whether in my studies or work, but I shall do my best. For my family and I.</p> <p>Sakura: I want, hope to change. I want to change, I want, umm... to make my family proud of me, I umm...don't want to think about man, marriage. If I'm destined to be married, then be it. Otherwise, I don't want to think about it. I don't trust man anymore.</p>	<p>Interview3/Lines 115-116</p> <p>Interview2/Lines 408-410</p>

Table 4.6, continue

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
6.	Transformation of self	Positive living	Violet: Happy by thinking positively. I try not to think what others might think.	Interview7/Line 40
			Rose: umm I don't know what to do, I'm sad. But I have to, I have to, have to work, take care, care for my own son, just the two of us.	Interview3/Lines 566-567
		Economic viability	Orkid: In terms of financial stability.	Interview1/Line 194
			Sakura: I need a job	Interview3/Line 402
			Violet: Money can be earned	Interview4/Line 547
Rose: Once I deliver this baby, umm I need to find a place to stay, then umm I plan to work and at the same time I wish to continue with my studies.	Interview4/Lines 241-242			
7.	Sexuality education	Prevention	Orkid: By improving self and don't not do it again.	Interview4/Line 157
			Sakura: Don't be easily influence by man. Don't be easily influence with outside world. Don't be influence by man and don't be like me, pregnant out-of-wedlock and unwanted.	Interview4/Lines 457-460
			Violet: I regret doing it umm then now I want to be a good person.	Interview1/Line 1090
			Rose: Umm, I couldn't explain. The experience was if I think about it, I felt stupid, I regret it, you know for getting involved. I should have abstained.	Interview4/Lines 394-395

Table 4.6, continue

Items	Super-ordinate Themes	Sub-Themes	Participants	Evidence
7.	Sexuality education	Lack of contraceptive	<p>Orkid: He withdrew and ejaculated outside. I don't know but on that day, he ejaculated inside. That's why this happened.</p> <p>I don't know about pills or condoms</p> <p>Sakura: Aaa... ejaculated outside. Yes, no ejaculation inside, but outside.</p> <p>Violet: Contraceptive pills, I don't understand the dosage and usage. I thought contraceptives pills are for those, umm maybe if someone has a child and then she decided to have a second child, but maybe later because she wants to plan, distancing the age of the child to the next. I understand it that way.</p> <p>Rose: After lovemaking, and later umm I found myself pregnant and umm... it was my first time.</p>	<p>Interview1/Line 254</p> <p>Interview1/Line 261</p> <p>Interview2/Line 777, 781</p> <p>Interview 5/Lines 178-180</p> <p>Interview1/Lines 355-356</p>

Summary of Super-Ordinate Themes and Evidences

Table 4.7 below indicated the summary of super-ordinate themes and its evidences gathered from this study.

Table 4.7: Summary of Super-Ordinate Themes

Items	Super-ordinate Themes	Emergent Themes
Theme 1	Searching for fun, love and freedom	<ul style="list-style-type: none"> ▪ Socioeconomic factors ▪ Lack of parental guidance ▪ Peer pressure ▪ Personal choice ▪ Sexual initiation as a measure of love
Theme 2	Abortion Attempts	<ul style="list-style-type: none"> ▪ Emotional turmoil ▪ Riddance of baby ▪ Fear of others knowing about the pregnancy
Theme 3	Emotional Numbing	<ul style="list-style-type: none"> ▪ Emotional and physical abandonment by family ▪ Fear of death during delivery ▪ Suicidal thoughts ▪ Self-blame ▪ No contact with partner
Theme 4	Spirituality Strengthening	<ul style="list-style-type: none"> ▪ Spirituality ▪ Acceptance ▪ Forgiveness
Theme 5	Transformation from an unwanted to wanted pregnancy	<ul style="list-style-type: none"> ▪ Motherhood ▪ Fear for unborn baby's future
Theme 6	Transformation of self	<ul style="list-style-type: none"> ▪ Lack of support from others ▪ Outlook on marriage and partner ▪ Positive living ▪ Economic viability
Theme 7	Sexuality Education	<ul style="list-style-type: none"> ▪ Prevention ▪ Lack of Contraceptive

Theme 1: Searching for fun, freedom and love

Descriptive comments

The theme searching for fun, freedom and love was illuminated across the four cases in this study. The participants made sense that their past life histories have influenced their present situation. The participants were all inclined to work right after their major examinations to contribute towards the family income. The strict familial background had also encouraged the adolescents to embark on the new journey of working life, in search of fun, freedom and love. While working, the participants in this study experienced excitement that they had never felt before, the freedom from parental strict rules and regulations. The lack of parental guidance coupled with peer pressure was the cause of initiation of sexual act of these adolescents. All of the participants have agreed that the sexual initiation was of their personal choice and an act of love on their part at that particular time.

Linguistic comments

It was observed that all participants had different linguistic comments when describing their personal encounter in searching for fun, freedom and love. Orkid when describing her experience was more careful with words, while Sakura and Violet tend to be hastier when relaying their experience. Sakura tends to laugh a lot when describing her experience, indicating her sense of humor was still intact although she was emotionally affected by her pregnancy. However, I interpreted the fit of giggles as a way for her to externalize her feelings. Violet was observed to be nervous and often spoke incessantly. At times, in her excitement to narrate her story, I had to stop her to seek clarifications. Violet tended to use certain words repeatedly to highlight and describe her feelings. Meanwhile, Rose was quieter and speaks slowly when relaying her personal story. She

tended to choose her words very carefully to relate her story. Metaphor was also used to describe how they perceived things individually.

Conceptual comments

Making sense of their experience, the participants realized that their search for fun, freedom and love was due to their lack of parental guidance. Thinking that they had found love with their partner, they were involved in sexual intimacy and realized later that, all they wanted was their parents' love and attention.

Theme 2: Abortion attempts

Descriptive comments

The participants' discovery of their own pregnancy had resulted in them facing an emotional turmoil. When found pregnant, most of them were shocked, afraid, angry, and sad of the outcome. Most of them encountered emotional turbulence not knowing what to do next and have attempted abortion. The abortion attempts were made to rid of the unborn baby and not letting others know of their pregnancy. All participants have tried getting rid of the unborn child by various methods of abortion. The most common way used by all participants was by drinking coca cola mixed with paracetamols, thought to be able to induce abortion. The abortion was also a result of their fears of others knowing about the pregnancy. It was highlighted most commonly that it was the main reason why they were sent to the safe home.

Linguistic comments

Discussion on abortion attempts often brought tears to the participants. They were all confused, at times seems lost and dazed by the idea that they had tried to rid of the unborn baby by taking all the various unsafe steps to abort. Although all four

participants described their abortion attempt as a failure, Orkid and Violet was more receptive to the idea that they are pregnant. On the other hand, Sakura was an angry person and on many occasions asked the assistance of her partner to help her rid the unborn child. She was angry that the attempted abortion failed. Sakura often used harsh words and when describing her story, her tone of voice was high. Rose was confused as to why her partner requested her to abort her child. She cried a lot and at times, she needed time to be consoled and continued the interview later once she was calmed.

Conceptual Comments

It was found that the abortion attempts were made by all but one participant to hide the pregnancy from their parents. Orkid consulted her parents and together they made the decision to abort the unborn child. Violet's attempted abortion was due to panic on her part. Upon finding out about their pregnancies, all the adolescents first thoughts were to abort the unborn child. My question of "what goes in their mind?" was answered. As for Orkid, she feared that her immediate family members would find out. Meanwhile Violet intended to hide it from her parent's knowledge. Sakura on the other hand was afraid of her father's wrath hence her erratic behavior and language used when describing her personal story of attempted abortion. Only Rose wanted to keep her baby from the beginning but was confused by the demand from her partner. Reluctantly she followed his advice to abort the unborn child but it was a failure. Going through the attempted abortion, the adolescents faced tremendous stress upon finding out that they were still pregnant.

Theme 3: Emotional numbing

Descriptive comments

All participants encountered emotional numbing thereby affected their relationship with family members. The siblings of Orkid and Violet were ignorant of their stay in the safe home thinking that they were in Kuala Lumpur, working. Sakura and Rose's siblings were however aware of their conditions but were allowed to only come home after delivery. The predicaments of these adolescents were not made known to their other family members. They experienced the numbing of feelings, being abandoned by their own parents at the time when they needed them the most. In the case of Orkid, Violet and Rose, their decision to keep the baby had somewhat torn the family apart. However, Orkid's family finally gave in to her insistent request to keep the baby. Emotional numbing experienced by all participants resulted by the feelings of abandonment of family members. The participants narrated the situation as being physically and emotionally abandoned. The participants found that at times when they needed their family the most, they were left all alone without any guidance. The participants felt that the family no longer love them. Although the participants realized that they had made a mistake in their life, they thought that the family unit would stay together. The abandonment by the family members had the participants blaming themselves. Negative thoughts were played again and again in their mind. One of the emergent themes shared by two participants that needed to be highlighted was suicidal thoughts experienced by both Sakura and Rose. The suicidal thoughts were played repeatedly in their mind. Sakura planned to swallow a large amount of paracetamols while Rose had always sat near her apartment window with thoughts of jumping out of the window. These thoughts were also fuelled by their anger and resentment towards their partner. Both girls while thinking of the suicide attempt were being left by their respective partners without any news.

Linguistic comments

The language used while describing the feeling of abandonment by both their family and partners were often followed by tears. The participants have experienced an acute sense of loneliness, resulting in self-blame and even thoughts of suicide. Participants were often hesitant, not articulate and took their time (pauses) while relaying their stories.

Conceptual comments

The participants understood and finally realized that their behavior and the outcome of pregnancy affected their familial relationship. Emotional numbing was their own doing, coupled with the abandonment by their parents. Suicidal thoughts that came across the mind of two participants need to be addressed to understand their frame of mind at that particular time when the thoughts crossed their mind. In Violet's case, the emotional numbing was caused by her request to take care of her own child. Violet did not get the support from her parents to keep her unborn baby. Their disagreement had resulted in Violet's behaving coldly towards them. Meanwhile, Sakura had willingly accepted her parents' decision to give up the baby for adoption owing to her fears of losing parental love. It was found that all participants mentioned that the pregnancy made them realized the importance of a familial support. Instead of abandoning their children, parents were much needed in times of crisis faced by the adolescents. The participants felt abandoned and not wanted, and being left at the safe home affected their psychological make-up. A question that came across my mind was: "was it cultural or societal beliefs that made parents abandoned their child in times of crisis?"

Theme 4: Spiritual strengthening

Descriptive comments

All four participants described their experience as a life changing situation. However, through spirituality, they realized that there would always be hope. By submitting themselves to the Supreme Being, all participants found inner peace. They were more calm and knew that the Supreme Being would always be there to guide them. They began to accept the fact that they were pregnant, although unwanted, but it was a mistake that they regretted. The participants repented and mentioned that life goes on. Forgiveness from Supreme Being and their parents were what they were seeking. The strengthening of spirituality gave all of the participants hope that life could be better in the future.

Linguistic comments

Participants in this study often repeated the usage of word 'repent', 'seek forgiveness', 'acceptance' of their fate and hoped for a better future with or without their partners. They often paused and seemed to be lost at times when relaying their innermost thoughts, fearing that Allah, the Supreme Being and their parents would never be able to forgive them. Sakura for instance kept repeating and asking whether her sins would be forgiven by the Supreme Being. She feared of dying while giving birth not knowing whether her sins were forgiven. All participants began to accept that the pregnancy had a negative impact in their life.

Conceptual comments

Conceptually, the participants knew and understood that the pregnancy had helped strengthened their belief and spirituality. However, they were fearful that the Supreme Being would not accept and forgive their sins even though they have repented. Their

relationships with others began to improve since they had accepted the fact that people around them might comment negatively towards them. They learn to accept that pregnancy before marriage could never be accepted especially amongst the Malay-Muslims. There was a question of why society can be judgmental instead of helping them out. Inner peace was achieved by submitting to the Supreme Being, performing *solah* (prayers) and reading the Al-Quran. All four participants have experienced spirituality strengthening and it has helped them to be positive in coping with their life experiences.

Theme 5: Transformation from an unwanted to wanted pregnancy

Descriptive comments

The experience of the pregnancy began with a negative feeling. However, in the second trimester of the pregnancy, all participants began to have a different outlook towards their pregnancy. They realized that motherhood was a journey that could not be described with words. It was an experience filled with love towards the unborn child. They felt a special bonding with their unborn child. The feelings that they had with their unborn child was special. They started talking to their child, hoping and praying for the unborn baby's wellbeing. The special bonding that they had with the unborn baby made them realized that they wanted to keep the baby and raise them up by themselves. The special bonding that existed between mother and child has resulted in the transformation from an unwanted to wanted pregnancy. The participants described that they experienced motherhood and naturally, a mother would care for their own child. Orkid, Violet and Rose intended to care for their own child but were not sure if that was possible. Sakura on the other hand knew that it was impossible since her parents were against the idea. All of the participants fear for the unborn baby's future. Although Sakura wanted to keep her unborn child, she was fearful of losing her parental love,

hence agreeing to her parents' decision in giving the baby up for adoption. However, the decisions made by Orkid, Violet and Rose was unaccounted for and had received mix reactions. Insistent requests by Orkid and Rose's had brought positive results. Meanwhile, Violet's parents were against her idea turning her into an angry person, plunging deeper into an emotional distress.

Linguistic comments

The participants tended to speak fluently when describing the transformation of unwanted to wanted pregnancy and the journey of motherhood indicating their happiness. Their tones of voice changed when they started discussing the future of the unborn baby. They repeatedly voiced their concern and posed questions such as: "what if the baby found out about his status?", "what if his school friends started teasing him?", "would I be able to forgive myself if I give this baby away?", "what if the baby comes back and hated me for life?", "would my son be able to forgive me?"

Conceptual comments

It was interesting to find that all participants began to relate their own pregnancy experience to that of their mothers. They understood what their mothers had gone through when pregnant with them; experiencing the pain, joy and happiness. They finally understood maternal love. Conceptually they wanted to care for their own children but they knew that it was impossible due to several factors that might affect and change their lifestyle. The fear of dismissal that they experienced prohibited them from approaching the matters to others about the choice to care for the baby. The misconducts, being pregnant before marriage had reduced chances to talk about their wants and needs and left them with feelings of shame, helplessness, frustration, a dishonour to the family, and feeling of being abandoned. The participants' fear for the

future of their unborn child was highlighted owing to the fact that the unborn child was conceived out-of-wedlock.

Theme 6: Transformation of self

Descriptive comments

The participants realized that in their current condition, they lacked the support from their family members and others. This included the people at the safe home. Although they were provided with shelter and food, there was no support system to help them deal with their emotional and physical pain. The transformation of self requires positive change within self whereby they needed to plan about their future. Their outlook towards life changed considerably. When discussing about marriage and choice of partner, all four adolescents were uncertain whether a man would ask their hand in marriage. They felt 'dirty'; yet they too wished for a normal life, to be married to a man who is not only caring but also a responsible family man. Positive living required a change in lifestyle and outlook towards life. The participants realized that in order to lead a happy life, they needed to be economically viable. For instance, Sakura wanted to care for her baby. Being objective, she understood her economic incapability and the best option was for the baby to be cared by others through adoption. She realized and agreed to her parents' decision to protect her interests and the future of the baby.

Linguistic comments

The participants' description on their transformation of self was carefully worded, indicating their seriousness in their quest to change.

Conceptual comments

The transformation of self by all participants needed constant guidance by people around them. The pregnant adolescents were seen to have erratic emotions and at times seemed very distant and wanted to be all by themselves. Words of encouragement amongst the adolescents themselves pushed all of four of them forward to face the uncertainties in life. Being alone and lacking support from family members and people around them, their bid to transform faced difficulty. However, their dreams and hopes to lead a better life facilitated in their transformation. The adolescents wanted to lead a normal life, keeping a dream of having a family of their own one day. Nevertheless, they fear that no man would want to marry them after knowing their life history. They see themselves as dirty and used items.

Theme 7: Sexuality education

Descriptive comments

There was a lack of formal sexuality education. The participants mentioned that the issue of sexuality was never discussed at home or school. The mentioning of word 'sex' was considered a taboo and never to be discussed in the open. All four participants agreed that sexuality education needed to be implemented and discussed in the open to prevent the social ills of sexual initiation before marriage. Lack of contraceptive knowledge had also contributed to the widespread of baby born out-of-wedlock. For instance, Violet used to work as a cashier in the petrol station and packages of condoms arranged nicely at the counter was a common sight. However, the thought of using condom had never crossed her mind.

Linguistic comments

The participants' chooses their words carefully while describing their personal encounter with condoms and contraceptive pills. At most time, the girls were rather giggly and erupted into laughter when describing a condom, indicating that they were clueless about the usage. The usage of the word 'coitus interruptus' echoed in the discussion and thought to be the most successful way of not getting pregnant.

Conceptual comments

The participants were found to be ignorant when it comes to sexuality education. It was found that there is an impending need to review the need to implement formal sexuality education. The prevention programs and information on contraception were among the issues echoed to reduce the number of unwanted pregnancy.

The Model of Adolescent's Experience with an Unwanted Pregnancy

The model of adolescents' experience with an unwanted pregnancy is derived from the super-ordinate themes indicated in Figure 4.18 below. Overall, it captures the essence of the adolescents' experience with an unwanted pregnancy in answering the research question of "how do adolescents with an unwanted pregnancy make sense of their experience?" The key findings of the model are searching for fun, love and freedom, abortion attempts, emotional numbing, spirituality strengthening, transformation from an unwanted to wanted pregnancy, transformation of self and sexuality education. Another findings is the existence of crisis and the need for crisis interventions, and the outcome of crisis which led to the adolescents reevaluating, reflecting and self-exploration to make sense of the experience. Consequently, the adolescents experience a turning point that led to a transformation of self. In this study, no element and involvement of counseling on the part of researcher or safe home was present. However,

it was found that the presence of the researcher was one way for the adolescents to achieve equilibrium or homeostasis.

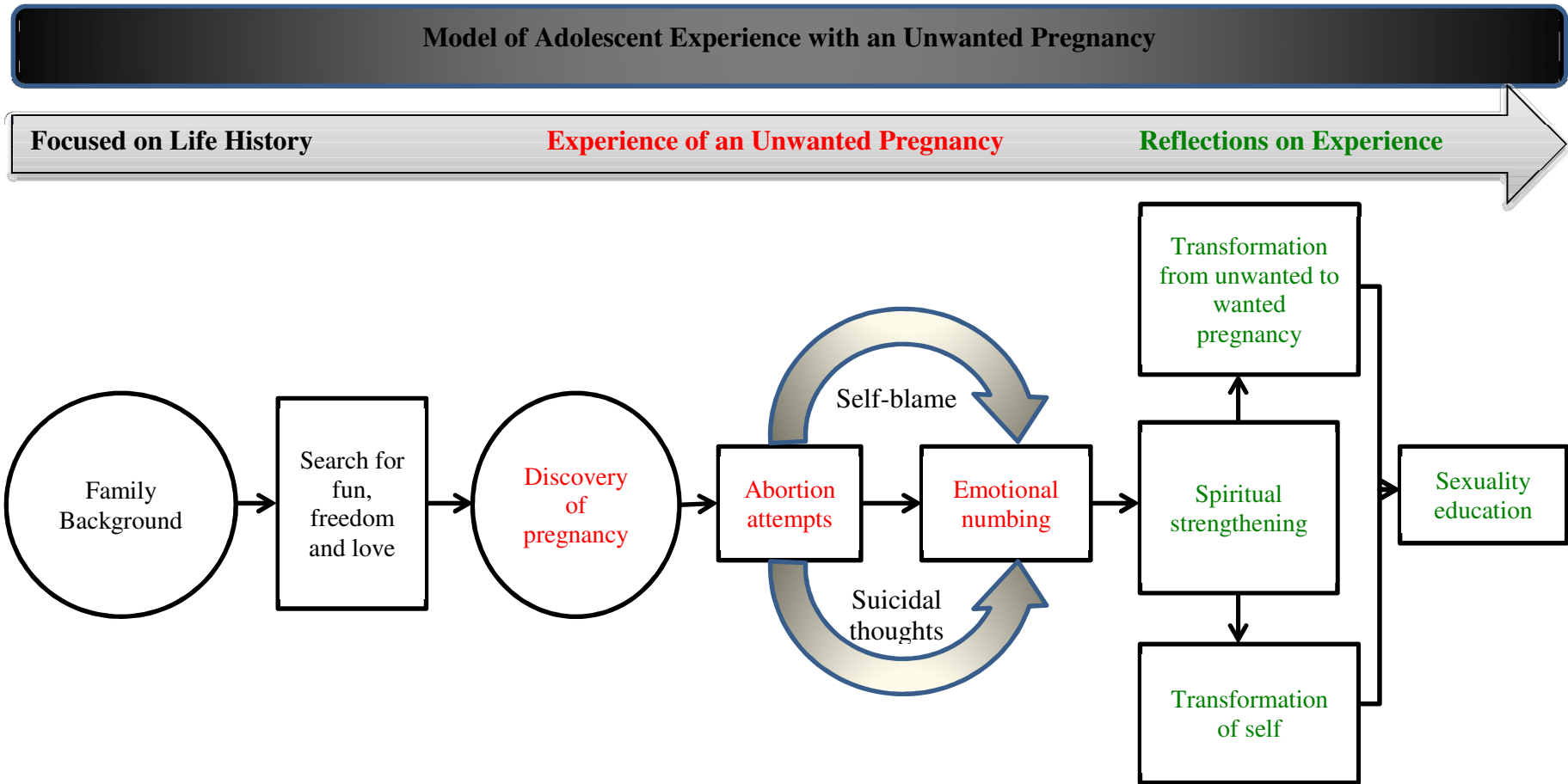


Figure 4.18: Model of Adolescents' Experience with an Unwanted Pregnancy

Chapter Summary

Conclusion from this chapter has arrived at seven super ordinate themes describing the sense making of the unwanted pregnancy experience by the adolescents. They were: (1) searching for fun, freedom and love; (2) abortion attempts; (3) emotional numbing; (4) spiritual strengthening; (5) transformation from an unwanted to wanted pregnancy; (6) transformation of self; and (7) sexuality education. Themes were then refined into three steps of comments analysis. They are the descriptive, linguistic and conceptual comments. By dissecting the themes into the respective comments analysis, the sense making by the adolescents with an unwanted pregnancy in was found to be interrelated. Their life histories have an impact on the current life experience and reflection of experiences.

CHAPTER 5: DISCUSSION, IMPLICATION, RECOMMENDATION AND CONCLUSION

Introduction

In this chapter, the overview of research, summary of research findings, discussion, implications of these collective findings and suggestions arising from this study are provided. The first section offers a brief account of the research including problem statement, methodology, and analysis of data and findings; in relation to the suggested research question. The discussion of the research findings is elaborated in detail followed by implications and recommendations. Implications of the present study will focus on theoretical, practical and knowledge aspects. Recommendations are provided herein to act as a guide for researchers to conduct future research from the results obtained. Conclusion of the study is presented in the last section of this chapter.

Overview of Research

The objective of this research is to understand how the adolescents with an unwanted pregnancy make sense of their experience. In particular, it focuses on how the adolescents reflect on their experience. This is achieved by examining the participants' detailed description of their personal story. To begin with, the rise in sexual initiation amongst adolescents in Malaysia has resulted in unplanned and unwanted pregnancy. The increase in the number of babies being dumped at places unimaginable and abandoned is alarming (Royal Malaysia Police, 2012). As pregnancy out of wedlock is still a taboo to be discussed widely in Malaysia, it is imperative to highlight the experience of the adolescents involved in the unwanted pregnancy to assist all relevant authorities and agencies handling the issues of adolescence unwanted pregnancy effectively. In Malaysia, it is found that the present knowledge of adolescent sexuality,

thought to be somewhat conservative is limited. There is lack of evidence on the psychological wellbeing of adolescents who have experienced unwanted pregnancy and their knowledge on sexuality being discussed. Hence, a qualitative research method, in particular the phenomenological approach is applied to understand the meaning of the experience of the adolescents involved in the unwanted pregnancy. The essence of meaning by exploring and describing the experience of the adolescents going through the journey of an unwanted pregnancy will be ascertained. Understanding the emotional turmoil and psychological profile of the adolescents going through the unwanted pregnancy could assist in understanding the risk behaviors of the adolescents, what the adolescents have gone through, what goes in their mind upon discovering that they are pregnant and how do they come to the decision that they have made (Kaye, 2008). The research to express what one presume, feel and know in terms of knowledge (Ahern, 1999), the research essence to describe a phenomenon derived from physical objects, thoughts and emotion (Fischer, 2009) and the research to explain the experience within the phenomenon (Williams & Morrow, 2009) with the hope of being able to assist the adolescents overcoming their issues effectively. It is important and crucial to document the female adolescents' experiences with an unwanted pregnancy to assist in ensuring policies and care can be improved to arrive at the specific requirements of the adolescents. Moreover, knowledge gained from the adolescents with unwanted pregnancy enables the ability to intervene effectively (Akers et al., 2011).

This study on the issues related to unwanted pregnancy is vital for many reasons. The importance of this research is to understand the affective emotions, feelings, thoughts and behavior of the adolescents with unwanted pregnancy from their own lived experiences and perspectives. By capturing all the data coming primarily from the adolescents in their natural setting, the emerging themes could be used and applied in understanding their behavior in their own socio-cultural context.

To understand the phenomenon of an unwanted pregnancy experienced by these adolescents, the qualitative research approach was employed. Sequentially, the IPA was considered the best approach to understand the adolescents and their sense making of the unwanted pregnancy experience. The participants were purposively sampled. Selections were done on unmarried female adolescents housed at a safe home, between 16-18 years of age, pregnant for the first time and in their third trimester. The participants of this study were four unmarried adolescents selected from the Malay-Muslim ethnicity who went through the experience of their first pregnancy that is also an unwanted pregnancy. The participants in this research are not representative of female adolescents with an unwanted pregnancy mainly because experience is unique to each individual. As mentioned before, IPA work does not focus on generalizability but on specific and personal account of each participant (Grigoriou et al., 2004). Based on the narrative personal story told by these participants, this research outcome resulted in an in-depth understanding of how the adolescents make sense of their unwanted pregnancy experience. Data was mainly collected via interview and documents. The analysis of data was conducted based on Smith et al. (2009) IPA approach. Research results were based on four participants and cannot be generalized to a larger population. The conclusions derived were narrative of personal accounts from participants and my personal interpretive analysis (Chapman & Smith, 2002; Smith et al., 2009).

The outcome of this research intended to provide helping professionals such as counselors, psychologists, psychiatric, social worker, and other professional helpers' to gain an in-depth understanding of adolescents sense making on unwanted pregnancy experience.

Summary of Research Findings

Research results indicated that the adolescents with an unwanted pregnancy made sense of their experience by externalising it through the following super-ordinate themes: (1) searching for fun, love and freedom, (2) abortion attempts, (3) emotional numbing, (4) spirituality strengthening, (5) transformation from an unwanted to wanted pregnancy, (6) transformation of self; and (7) sexuality education.

Figure 5.1 to 5.7 depicts all the themes as mentioned above.

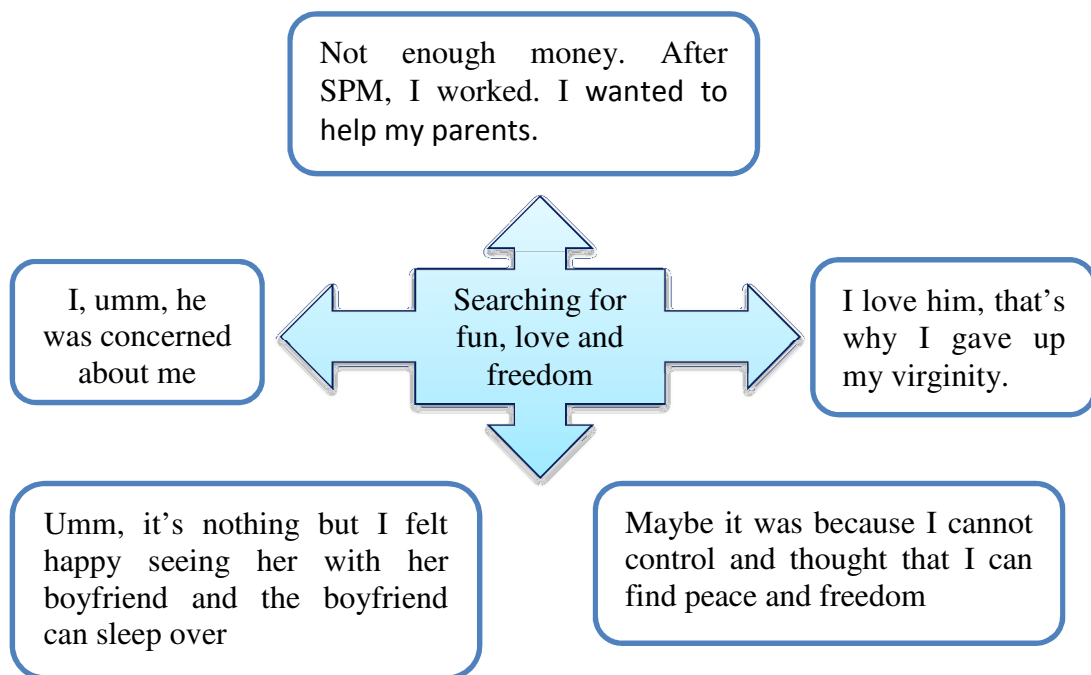


Figure 5.1: Theme 1 – Searching for Fun, Love and Freedom

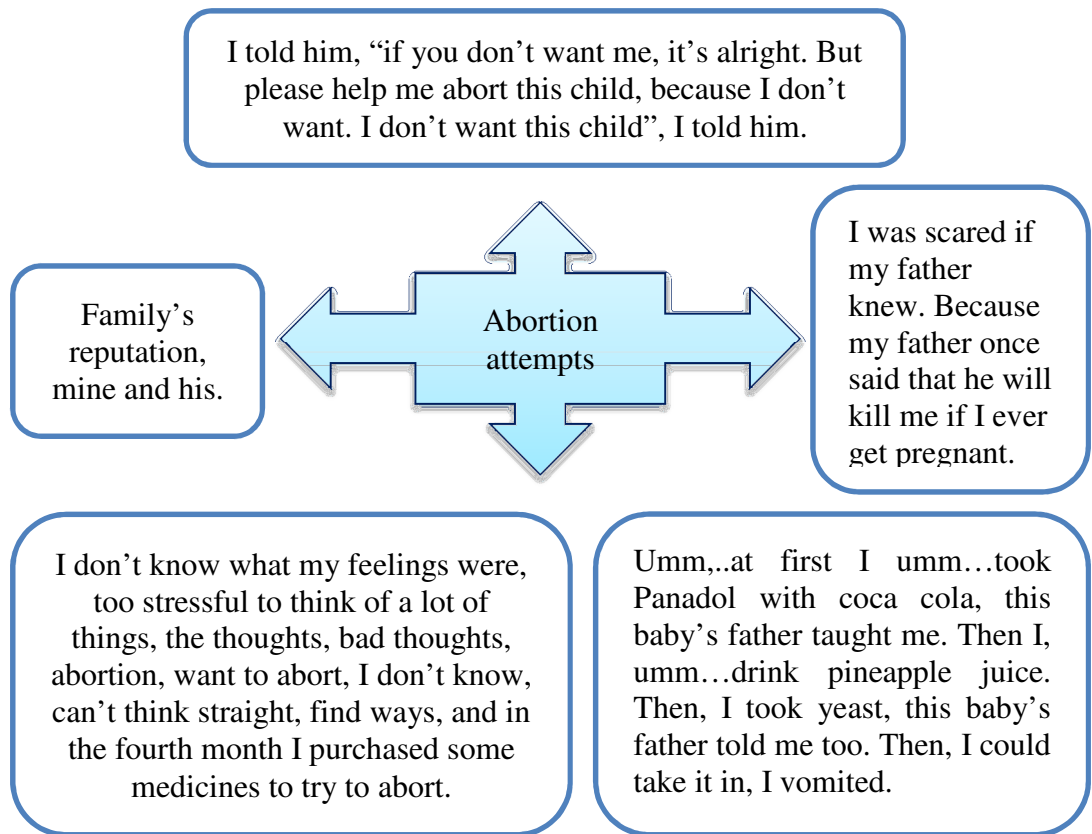


Figure 5.2: Theme 2 – Abortion Attempts

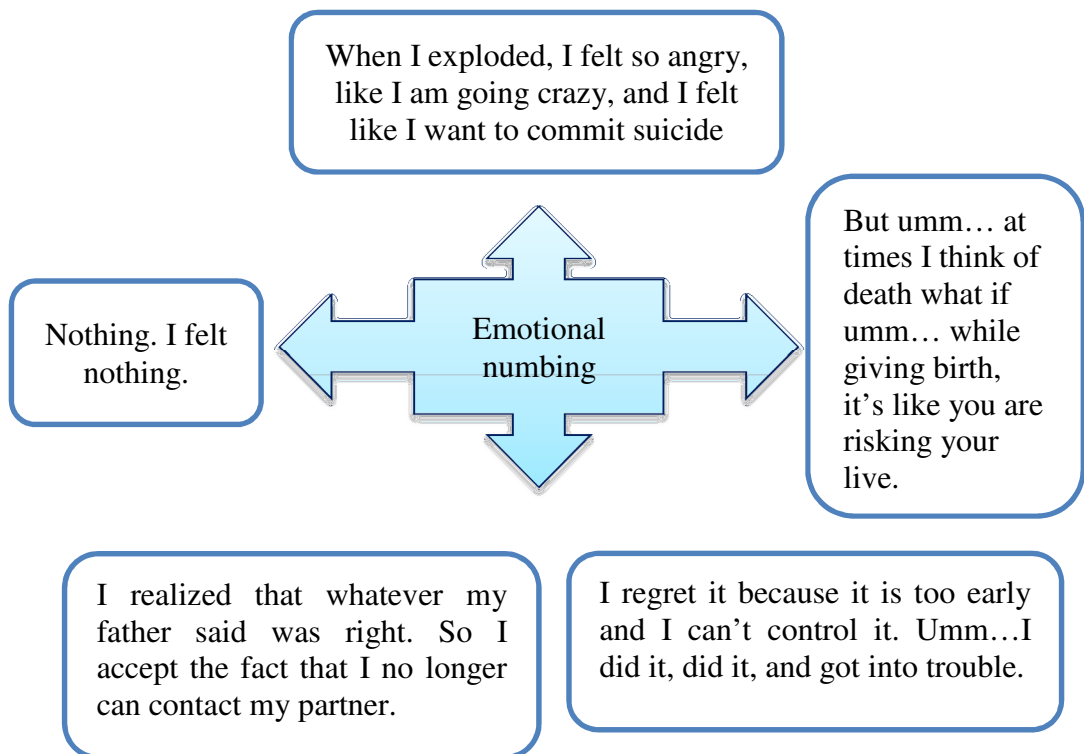


Figure 5.3: Theme 3 – Emotional Numbing

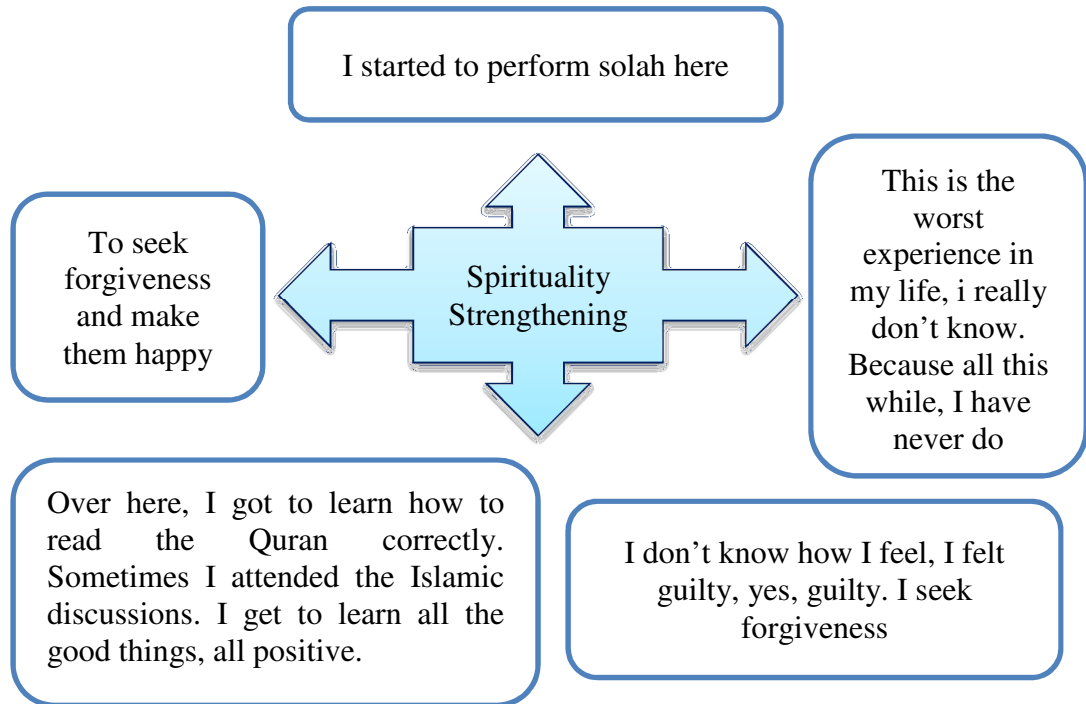


Figure 5.4: Theme 4 – Spirituality Strengthening

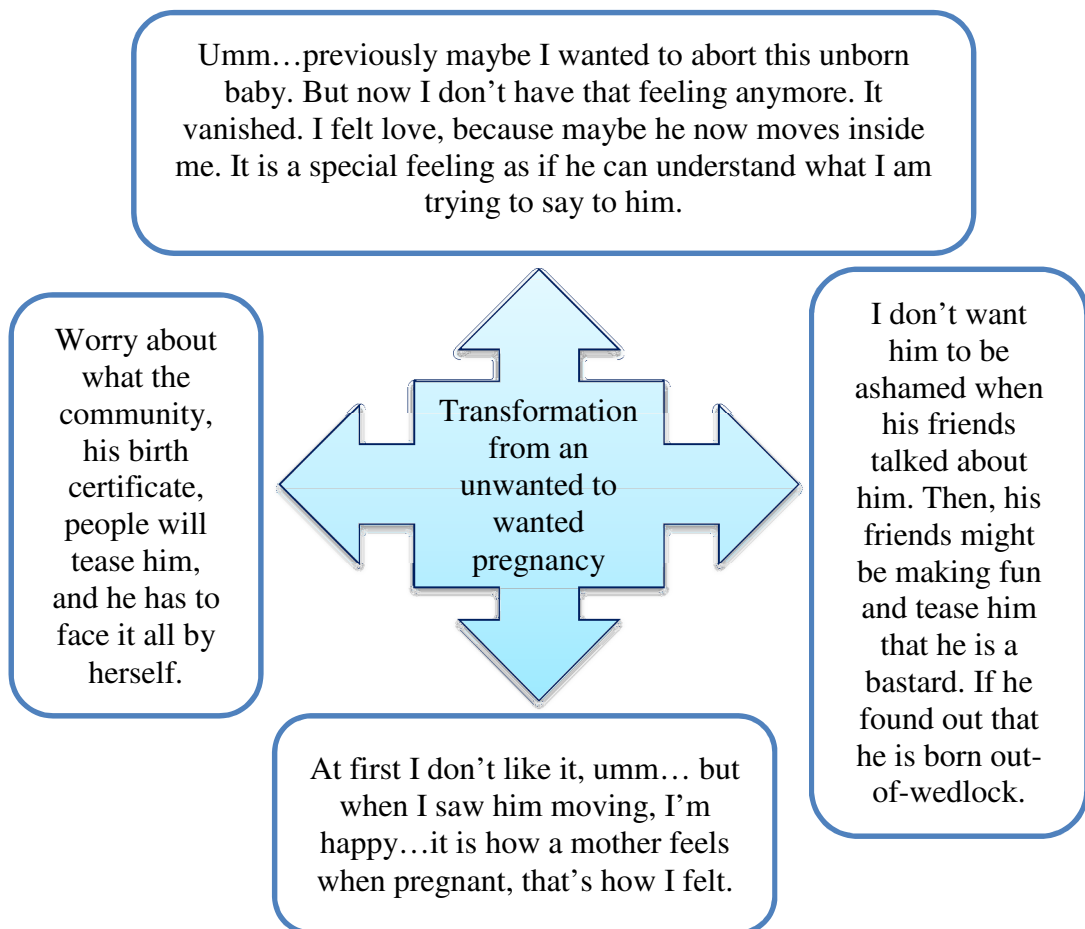


Figure 5.5: Theme 5 – Transformation from an Unwanted to Wanted Pregnancy

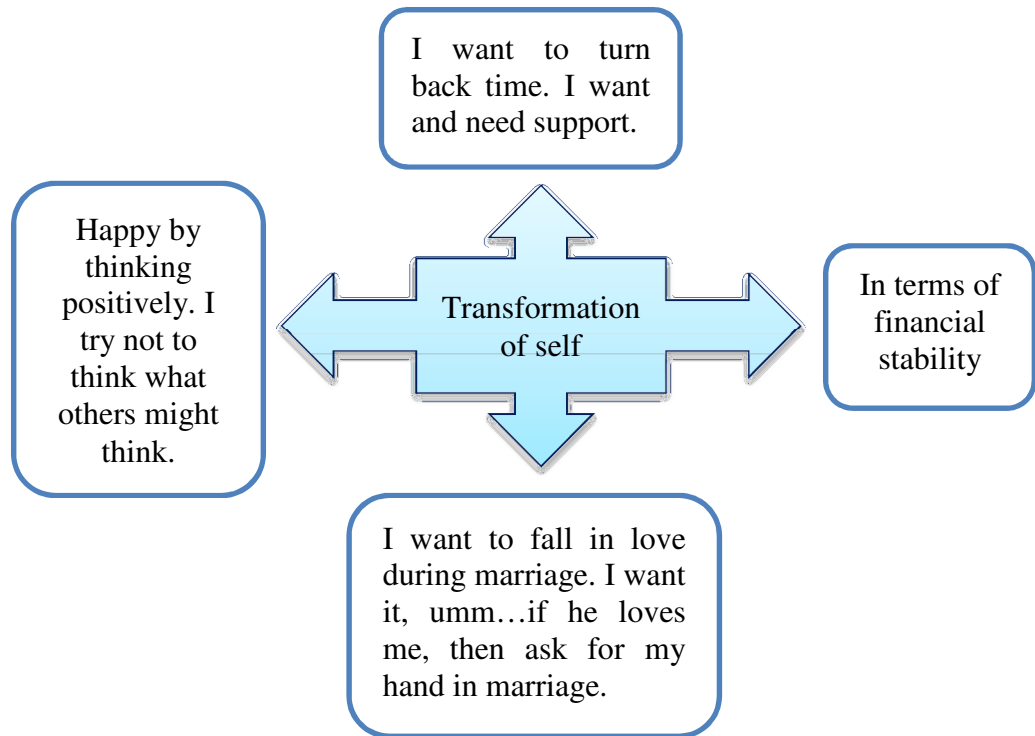


Figure 5.6: Theme 6 – Transformation of Self

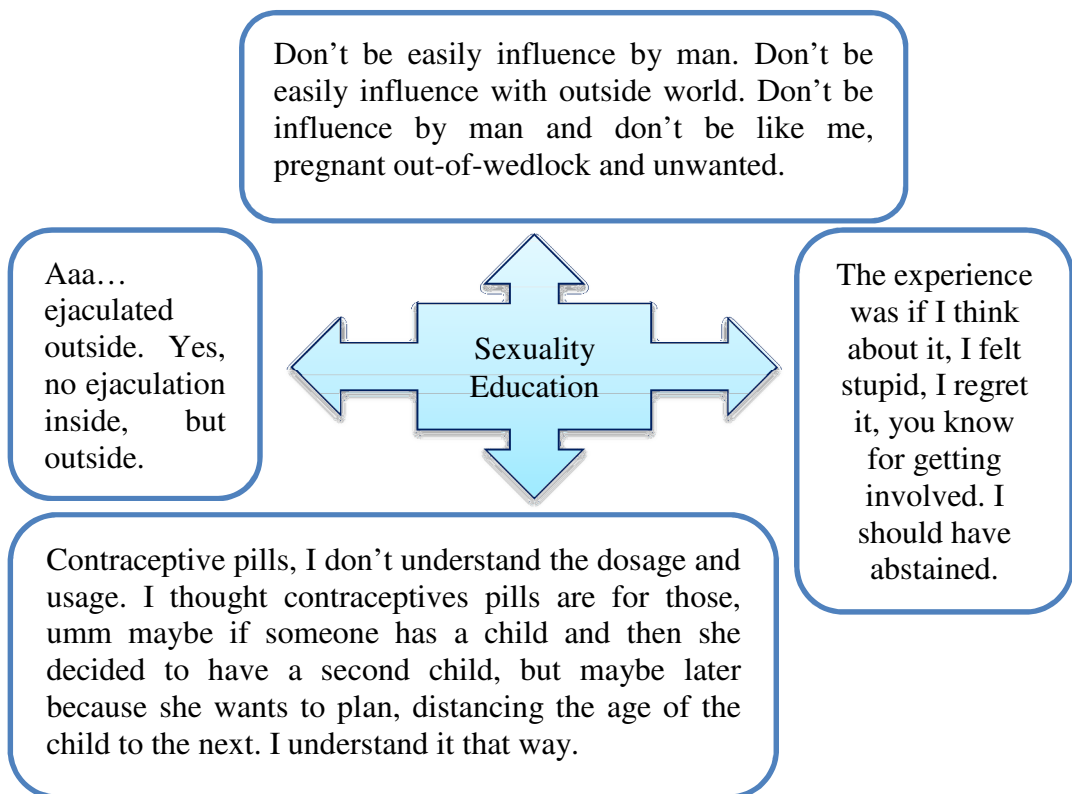


Figure 5.7: Theme 7 – Sexuality Education

Discussion of Research Findings

This study revealed seven shared themes of adolescents' sense making from their unwanted pregnancy experience. The themes were “searching for fun, love and freedom”, “abortion attempts”, “emotional numbing”, “spirituality strengthening”, “transformation from an unwanted to wanted pregnancy”, “transformation of self”; and “sexuality education”.

This research has found that it was apparent that the experience of these adolescents is implicated by their family background, reflections and giving meaning to the experience. Details on individual themes will be discussed in the next section.

Searching for fun, love and freedom

In most studies conducted on adolescents with unwanted pregnancy, it is often associated with them searching for fun, love and freedom (Buxton et al., 2005; Chapman, 2010). The underlying problem is due to relationship issues with their family members (Kantner & Zelnik, 1973; Nurullah et al., 2009; Smith & Osborn, 2003a). Relationship problems may be caused by low socioeconomic, lack of parental guidance, peer pressure, their own personal choice and; the initiation of sex as a measure of love, hence; adolescents may react to the unsatisfactory relationship (Kantner & Zelnik, 1973). In this study adolescents with an unwanted pregnancy have unsatisfying family relationship. Unsatisfying relationship includes strict family and house rules, lack of effective communication and dysfunctional family. Stressed familial relationship often results in adolescents looking elsewhere for a satisfying relationship to be in their own quality world (Glasser & Meagher, 1998).

Socioeconomic is one of the contributing factors for an unsatisfying relationship that an adolescent faced and poverty is often associated with the increase in adolescence pregnancy rate (Besharov & Gardiner, 1997). Developing economies such as Niger and Bangladesh have recorded higher rates of adolescence pregnancy in comparison to

developed economies such as Switzerland and Japan (UNFPA, 2014). Harare has recorded and experienced an increase of unwanted pregnancies among adolescents with low economic status as a result of their involvement in sexual initiations (Jessor, 1991; Mbizvo et al., 1997).

In this study, due to the economic constraints within the family, the adolescents found an excuse to work after their major examinations to help contribute to the family economy. It has been found that adolescents often have a temporary job to supplement the family income and as a way to seek for freedom. Being out of the family household is a way for these adolescents to be out of their family home to pursue their quality world of freedom, fun and in search of love. This is consistent with the past studies indicating that socioeconomic factor has an impact on the rise of the unwanted pregnancy cases (Jessor, 1991; Jessor & Jessor, 1984). This is supported by a research done by Omar et al. (2010) whereby physiological immaturity, social issues such as poverty, and inadequate level of education will result in STDs as well as unwanted pregnancies.

In addition, factors that cause the rise in early initiation of sex amongst the adolescents include being away from the parents and family, whereby the adolescents enjoy independence and freedom from parental control (Fade, 2003; Kogan, 2004; Low et al., 2007; Omar et al., 2010; Zulkifli & Low, 2000). It has been found that lack of family cohesion has resulted in the secrecy of sexual initiation and unwanted pregnancy (Kogan, 2004). Living in the modern society, parents are often too involved in their work and activities and tend to neglect their children. In this study, adolescents have not received any informed information on sexual initiations. It has been observed that the patterns of communication between the parents and adolescents are often broken in that proper guidance from the parents is absent and the adolescents are forced to make decision that may be improper for their wellbeing. It is culturally a taboo to discuss issues pertaining sexuality (Athar, 1996), hence; the adolescents are not well aware of

the consequences of sexual initiation and preventive measures. Additionally, Omar et al. (2010) state that inadequate family support will result in STDs and unwanted pregnancies. It is also evident from this study that children whose parents are not prepared and ready to care for them are normally the children experiencing abuse, neglect, school failure as well as participating in criminal behaviors in the later part of their life (Omar et al., 2010; Pinotti & Faúndes, 1989) and involved in sexual initiation. Unmarried adolescents might view motherhood as an avenue to start a new trajectory in their life, achieve independent and adult status or as a strategy to get a sexual partner to care for or marry them (Middleton, 2011; Pinto e Silva, 1998).

The parental guidance and family cohesion are vital in contributing to the knowledge of the adolescents pertaining issues of sexuality. It has been found that strong family cohesion and parental guidance resulted in a lower rate of sexual initiation hence a reduction in the pregnancy rates. Awareness of the consequences of sexual initiation and sexuality are issues that need to be given prominence. Rebelliousness is another contributing factor to early sexual initiation resulting in an unwanted pregnancy. Lack of parental guidance and family cohesion may result in rebellion which is often associated with defying parents, go against conventions, breaking rules and regulations, engaging in thrill-seeking activities that go beyond the norm of the society. This was purportedly done to get the attention of their parents.

Subsequently, it has been found that personal choice is another contributing factor to unwanted pregnancy among adolescents. It has been found that lack of family cohesion and peer norms have resulted in the adolescents engaging in sexual acts to seek out ideal love (Kinsman et al., 1998). Coercion into having sex happens in the preliminary stage and subsequently turns into a personal choice to show love to their partner. It was found that these adolescents were promised a hand in marriage and sexual initiation acts as the measure of love in the relationship.

Under Theme 1: Searching for fun, freedom and love, it was found that the household was patriarchal. It was established that socioeconomic deprivation, lack of parental guidance and family cohesion, peer pressure, personal choice and sexual initiation as a measure of love were the contributing factors to the rise in an unwanted pregnancy amongst adolescents. The reasons for this association are manifold. It includes the cultural influence whereby it was paternally controlled, patterns of communication, limited information on sexuality, and the unacceptable behavior of pregnant before marriage. It was also found that becoming pregnant in the adolescent years have resulted in great loss of opportunities not only in education but socioeconomic as well. The knowledge about contraceptive methods was also found to be limited by their lack of educational aspirations.

Subsequently, adolescents are known to be in the stage of learning about self and experimentation and the absence of parental control and guidance may lead to these adolescents learning and understanding about sexuality from their peers (Jaafar, 2011; Jaafar et al., 2006; Low, 2009; Low et al., 2007; Omar et al., 2010; Zulkifli & Low, 2000). Sexually active adolescents are a result of tremendous peer influence and limited involvement of parental guidance. It has been found in this study that adolescents who are heavily influenced by their peers and less involved with their families are more likely to be sexually active.

In Malaysia, parents often felt very uncomfortable discussing issues of sexuality which are considered as embarrassing (Athar, 1996) and the adolescents are not equipped with information about their body and sexuality (Lee et al., 2006) resulting in obtaining uninformed decisions from their peers. It was also found that peer pressure was tremendous and the participants in this study were coerced into the initiation of sex (Kinsman et al., 1998) by their partner. Informed decisions on involvement of sexual initiation were not highlighted to these adolescents and their perceived quality world in search of fun, freedom and love was tainted by the experience of an unwanted

pregnancy. It is found that the absence of parental guidance coupled with peer pressure and open social interactions contributes to premarital sexual activities. Moreover, mounting encouragements due to peer pressure on premarital sex plays a significant role in the initial decision making among adolescents (Low, 2009).

Most often than not, the adolescents in Malaysia committed the act due to curiosity and seduction from their partners without understanding the outcome of their act (Fade, 2003). Jaafar et al. (2006) claimed that the adolescents are highly probable to initiate in sexual intimacy due to peer pressure. The adolescents most often look up to their peers and initiation of sexual activities may happen if they perceived that their peers are involved in sexual behavior (Jessor & Jessor, 1977). Jaafar et al. (2006) support this and state that peers are often the major influence in the life of an adolescent which also include the early initiation of sex by the adolescent.

In addition, the adolescents with friends that are involved with sexual behaviors will be influenced to engage in similar activities which are assumed as a norm of life (Akers et al., 2011). Peer pressure may propel the adolescents into sexual behavior without them realizing that they are physically and emotionally not ready to deal with such behaviors and outcome. It is important to understand that peer influence is one of the major causes that attract students to initiate in early sexual behaviors. Peer is commonly relied upon to ensure that the adolescent is accepted in a group. In order to be accepted in a group, adolescents may often be influenced by the behaviors of others in the group. Socioeconomic deprivation was seen to be reflected in the pregnancy rates.

Abortion attempts

Abortion procedures may be legalized in some countries like the United States of America but illegal in several nations including Malaysia. In the United States of America, abortion procedures performed in the first trimester were also recorded for unmarried young women and adolescents who have no record of prior birth (Adler et al., 1990). Studies have indicated that abortions are due to unintended pregnancies, a result of unwanted pregnancies (Adler et al., 1990; Lee et al., 2006). The psychological impact on adolescents have been recorded as sensations of guilt, regret and sadness (Adler et al., 1990). Reasons behind abortion attempts are often due to poor socioeconomic reasons, educational interruptions (Adler, Ozer, & Tschann, 2003) and secrecy of the unwanted pregnancy from others.

Based on longitudinal studies conducted in Europe that began in the mid-1960s, it was found that denial of abortion has a significant negative impact on the young mother's long term psychosocial progress. These can be seen from their education, social adjustment, alcohol and substance use, delinquent activity and occupation (Ermisch, 2003). In United States of America for instance, the effect on young mothers were mainly due to their low socioeconomic background and the inability to cope with parenthood than to their pregnancy intendedness (Jones, 1989).

In this study, all participants have attempted abortion. The attempted abortion is to hide the pregnancy from the knowledge of others (Kogan, 2004). Since abortion procedures are not legalized in Malaysia, these adolescents have attempted several ways to rid the unborn child. Some of the methods tried are gulping down yeast, taking herbal medicines, eating unripe pineapples, consuming paracetamols with coca cola; and consuming abortion pills purchased online. They were all depressed, confused, entangled in the blame game directing to self or towards the partner, isolating and disassociating self from the family members and their social circles (Adler & Dolcini, 1986; Cohen & Roth, 1984; Mohamad Nor & Sumari, 2013). The adolescents in this

study were found to be not ready for the role of a parent, emotionally, cognitively, financially and physically (Coleman, 2006). Disturbed, stressed and fearing disclosure of their condition, the adolescents felt a sense of guilt, self-blame with thoughts of suicide (Frautschi et al., 1994). In addition, the adolescents' unpreparedness to become a mother coupled with the pressure of termination by their respective partner, resulted in the attempted abortion (Coleman, 2006). The pregnancy has negative impact on their life making them miserable. However, the failed attempts at abortion coupled with the emotional turmoil that these adolescents went through made them reflect on the experience and resulting a turning point when they realized that there is a chance to live positively. Their outlook towards the pregnancy changed (Coleman, 2006).

It was also found that these adolescents faced crisis related to their pregnancy leading to the decision of attempted abortion (Kaye, Mirembe, Bantebya, Johansson, & Ekstrom, 2006; Klingman, 1993). Crisis is defined as when an adolescent is unable to cope with the stressor and the level of definition of a crisis may differ from one adolescent to another (Klingman, 1993; Sandoval, 2013; Sandoval, 2001). Unwanted pregnancy results in crisis thereby disturbing the emotions, thoughts processes and behavior of these adolescents and crisis intervention is necessary. It is necessary to reduce the time taken for these adolescents to achieve their turning points.

Abortion attempts by the adolescents resulted in emotional turbulence that adversely affected their psychological make-up. The crisis although differs based on individual accounts, has prompted their decision to attempt abortion, a consequence of pressure from parents and partners to rid the unborn baby (Klingman, 1993; Lee et al., 2006; Lee, 1993). Crisis interventions in relation to unwanted pregnancy crisis need to be introduced early to adolescents to reduce their emotional stress, related psychological distress and to shorten their turning point.

It has been proven that having counseling skills have helped in making the interviewing process a success. Dealing with sensitive topics, Dickson-Swift et al.

(2008) and Owens (1996) suggest that knowledge and skills in basic counseling are necessary, not so that interviewers could somewhat be a counselor, but having basic skills makes a researcher more confident to handle emotional interviews whilst maintaining professionalism (p. 65). It is important for researchers to have the skills to resolve with emotional issues since studies have found that those who undertook research in the areas of domestic violence, rape cases and unwanted pregnancies have experienced compassion fatigue, emotionally entangled and experiencing physical symptoms (Boscarino et al., 2004; Gregory, Russell, & Phillips, 1997; Lago & Codo, 2013; McLain, 2008). Basic counseling skills in dealing with emotional issues does not warrant a researcher in becoming a counselor while research is being undertaken, but to provide an avenue for researcher to resolve their personal issues whilst maintaining objectivity (Kogan, 2004).

It was found that while conducting this study, the experience of physical and emotional symptoms were translated into headaches, blurring of vision, gastrointestinal problems and sleep deprivation (Etherington, 2007; Gregory et al., 1997). However, coming from counseling background and being a Registered Counselor has helped in the emotional entanglement (Owens, 1996). It was important for the researcher to be able to understand the role played and maintaining the objectivity. Counseling skills have enabled the researcher to enter into the relationship with the participants with open mindedness, emphatic and grounded (Dickson et al., 1996). Bracketing or epochè was another method that was applied to ensure that the researcher did not have preconceived ideas of the adolescents with an unwanted pregnancy (Harvey, 2004). Biasness towards the participants were bracketed and recorded in the researcher's reflexive note to maintain objectivity (Jootun et al., 2009).

Emotional numbing

The following theme indicates how emotional numbing has an adverse effect on relationships with family members and friends. In this study, emotional numbing is a consequence of emotional and physical abandonment by family and respective partners, suicidal thoughts and self-blame resulting in the inability to experience constructive feelings (Ehlers & Clark, 2000). Higginbottom et al. (2006) found that adolescents looked up to their mothers for support and their relationships became closer. This was evident in this study whereby all the participants had expressed their feelings about wanting to be with their family especially their mothers. These adolescents with an unwanted pregnancy experienced an emotional turmoil and crisis leading to several attempts of abortion, and their turning point was recorded at the point of confiding to their mothers. Their mothers were their pillars of strength and have provided not only moral but emotional support. However, they are all placed in a safe home in the bid to prevent family members and friends knowing their predicament. As a result, all participants experienced negative feelings such as disorientation, unwantedness, loneliness and anger (Mohamad Nor & Sumari, 2013). These adolescents experienced their journey of an unwanted pregnancy without the love and support from the family members and partners. The results are corroborated by Williams and Vines (1999) who discovered that young adolescent mothers experiencing denial cope by separating themselves emotionally from their families.

It was observed that the display of emotions may not be numbed per se but absent and can cut across the full spectrum of emotions, including distressing ones. The lack of emotion dealing with daily life and interpersonal relationships represented as the major issue affecting quality of life for the adolescents with an unwanted pregnancy. The lack of feeling rather than emotional numbing was observed in three participants, Orkid, Sakura and Violet. Rose on the other hand was observed to experience emotional numbing where she came in and out of the situation as she chose to. The returning

experience of emotional numbing was intense for Rose. It was found in this study that different people displayed their condition differently. It was found that these adolescents were easily irritable and display episodes of anger. It was obvious in particular with the case of Rose whereby she avoided conversation that might evoke a flashback. At some point, the adolescents with an unwanted pregnancy have experienced and display numbness of emotion. This include avoidance in meeting people, being caught up in their emotions, detached and disassociate themselves from the people around them. It was also found that these adolescents prior to their turning point believed that they would not experience a good life ahead of them. It was illuminating that regardless of the participant's perception of emotion, expression of feelings may be difficult or blocked. Unexpressed or internalized feelings suppress their ability to interact and interrupt communications (Owens, 1996). Evidently, the counseling skills which include paraphrasing, active listening and positive body language and rapport building are crucial to encourage effective communication (Brems, 2001; Carkhuff, 1979; Dickson et al., 1996). Emotional numbing was found to reduce the ability for the participants in feeling love but witnessed a heightened feeling of anxiety, fear and dread. Hence, it is normal to find adolescents experiencing stress and low mood (Foa & Hearst-Ikeda, 1996). In sum, adolescents who have babies during their adolescent years have indicated and shown serious emotional distress, and that out-of-wedlock pregnancy, therefore; can be viewed as a sign of some psychological or family disturbance (Schmiege & Russo, 2005).

In summary, emotional numbness was experienced by all four participants whereby they were essentially cut off from their emotions (Owens, 1996). This includes both positive and negative emotions. These participants reported feeling empty or detached. Other symptoms of emotional numbness experienced by the participants include withdrawing from family and other adolescent girls staying at the safe home. They can no longer feel joy or happiness from things that once brought them pleasure.

These have been recorded through observations by their inability to express emotional reactions. It was found that the participants who experienced emotional numbness feel emotional disconnected from a situation (Foa & Hearst-Ikeda, 1996). They were some instances whereby the participants do not show any emotions while narrating their personal stories. Emotional numbness caused these adolescents with an unwanted pregnancy to feel hopeless about their future (Schmiege & Russo, 2005).

Spirituality strengthening

Next, the lack of religiosity was proven to be one of the factors that led to unhealthy behavior among adolescents (Jaafar et al., 2006). In Malaysia, the rising statistics of unwanted pregnancy and illegitimate children of adolescents are rather worrisome from the Malay-Muslim perspectives (Nurullah et al., 2009). Dialogues on sexuality is taboo for Malay-Muslim. Pregnancy as a consequence of premarital sex is unacceptable in the context of religion and culture (Jaafar et al., 2006).

All participants had only basic knowledge of Islam and knew that initiating premarital sex was forbidden. However, lack of parental guidance, peer pressure and lack of religiosity resulted in premarital sex and supported by Jaafar et al. (2006). They argue that lack of religiosity resulted in significant increase in juvenile and premarital sex statistics coming from predominantly Muslim families bounded by Islamic values. In Malaysia particularly, majority of its population are predominantly Malay-Muslims. Lack of discussion on matters pertaining sexuality is due to the matter being perceived as taboo and Muslim parents tend not to discuss the pertinent matter with their children. The lack of discussion is also due to culture rather than religion as found by Athar (1996). In Islam, the Quran places much emphasis on acquiring knowledge which includes the understanding of one's sexuality, procreation, reproductive system, family, and interpersonal relationship was thoroughly described (Athar, 1996). The participants in this study had gone through emotional numbing and rejections by their own parents.

Coping with the pregnancy, all participants found that spirituality strengthening has kept them going and stayed positive. This is the consequence of depression and frustration transforming into hope and anticipation by seeking solace in *Allah*.

Transformation from an unwanted to wanted pregnancy

All participants have undergone the experience from an unwanted to a wanted pregnancy. The transition to motherhood is pivotal in the psychological journey of young mothers affecting their behavior, cognitive and affective (Coleman, 2006). It was found to be a significant transformation whereby the adolescents have described a sense of new responsibility and need to fend for their unborn child. Young mothers need to act as youths, daughters and mothers. These resulted in conflict and confusion within the roles played. They might feel distressed and inadequate to parent effectively. This might be further exacerbated by the emotional stress and problems associated with parenthood, coupled with financial inadequacy (Birkeland et al., 2005; Zabin & Cardona, 2002).

Coleman and Cater (2006) argued that first time adolescent mothers often suffered self-neglect. Therefore, responsibility in caring for self, future planning which includes socioeconomic stability, enhanced education and receiving support from the community may be included to enrich the adolescents' quality of life. The participants of this research have indicated that the transformation from an unwanted to a wanted pregnancy was a positive experience (Seamark and Lings, 2004). Acting responsibly was the key factor in their decision making. The adolescents noticed a maturity in their behaviour, ability to cope with their feelings and thoughts processes as supported by Seamark and Lings (2004). Their positive outlook towards their pregnancy has changed the way they behave towards their unborn child. They realized that they were the ones who are capable of their own decisions and choices in life. The decision made had saved the baby and naturally they began loving the unborn baby. It was then that they realized

that motherhood is a special feeling of bonding between a mother and child. Naturally, the instinct as a mother has seen the transformation from an unwanted to a wanted pregnancy (Middleton, 2011).

The bonding between mother and unborn baby became clear when they kept on smiling while narrating their stories about their unborn baby. They talked, laughed and sang to their unborn baby and constantly rubbed their baby bumps. It was an emotional journey for the adolescents in this study whereby, they went through an erratic emotional ride. However, the transformation from an unwanted to wanted pregnancy was a life changing experience for all participants. Their negative outlook of their pregnancy was transformed into a positive experience whereby they cherished being pregnant and the unborn child drove them to stay positive. Even though they may have fears with regards to delivery, all participants have voiced out that the unfruitful attempt to abort the baby has proven to be a blessing in disguise for them.

It was found that although the adolescents experienced a transformation from an unwanted to wanted pregnancy, these unwed mothers found it emotionally not prepared to care for their own child. The adolescents may also find it difficult to get support from their family and socially due to the fear of others knowing that the child is illegitimate.

Transformation of self

It was discovered that the inadequate assistance from family, partner and support system had resulted in the emotional distress among adolescents with an unwanted pregnancy. The turning point in their journey with an unwanted pregnancy had assisted these adolescents in making an informed decision of their pregnancy resulting in a transformation of self. It was their self-evaluation and choice to change that brings about the transformation of self among the adolescents.

Undergoing the experience of unwanted pregnancy, the adolescents were faced with crisis and were rather negative on the outlook of the future. However, the

transformation of self-happened upon self-evaluation and reflection, a choice made on their part. Glasser (2010) highlighted that choice theory stresses on the self-evaluation and the choices made that results in what they painted in their quality world. The adolescents experiencing the emotional journey with an unwanted pregnancy had confided that they wished the pregnancy could have happened after marriage with their partner supporting them emotionally. It was a lonely journey and they were unsettled about the issue of getting married in the future. However, after the transformation they became hopeful about their future in settling down and having a decent family life. They were full of plans to offer a decent life for their unborn child realizing that they would need to improve themselves economically to ensure the viability of their future plans. Unmarried adolescent mothers were found to have difficulty obtaining adequate financial assistance (Gladding, 2014). They also realized that there would be substantial challenges ahead of them but they were rather positive about this reality. This includes upgrading their knowledge and pursuing a higher educational level.

Sexuality education

In Malaysia, sex education is not being taught formally (Lee et al., 2006) but through different modes which are absorbed in subjects such as moral, physical education and science. On the other hand, National Population and Family Development Board Malaysia under the jurisdiction of the Ministry of Women, Family and Community Development has come out with several modules pertaining to sex education and work closely with the non-governmental organisations to educate and curb the sexual involvement of adolescents. The lack of formal sex education in the school setting as well as no exposure by the parents on sexuality is issues of concern (Lee et al., 2006; Low, 2009; Low, 2004).

Sexuality education is a sensitive subject that has grown in importance due to the increasing statistics in early initiation of sex. It requires delicate care by the government

of Malaysia. Although several modules on sex education have been implemented by the NPFDB, they have not been applied across the board but targeted to only high risks adolescents. Seemingly, there is a need to gather the experts researching on the subject of adolescents to provide the best implementations and suggestions to prevent the increase in adolescence pregnancies. Sexuality education is deemed necessary to educate the adolescents of the consequences of premarital sex, understanding and respecting their body. When a girl reaches fertile age without knowledge of her body and its physiology, she does not understand the accelerated changes during the post-pubertal period. It would be very difficult for her to incorporate the necessary elements in order to get the adequate control of her fertility (Pinotti & Faúndes, 1989). Hence, it is vital for the inclusion of sexuality knowledge into the education curriculum catering to specific age group.

Additionally, counselors may also benefit from such information by providing the necessary training programs to adolescents fitting their age group. Culturally, most Malaysians found to be uneasy discussing matters pertaining sexuality with their children, hence; family therapists and counselors could assist in addressing this issue. Further interventions by helping professions are highly suggested to decrease the statistics. This encompasses the knowledge on contraception and the need to understand sexuality issues involving high risk adolescents.

It can be summarised that the journey of an adolescent with an unwanted pregnancy, a result of premarital sex has developed into a problem pregnancy crisis upon discovery of the pregnancy. The depth of crisis differs for each participant of this study depending on their ability to manage the crisis (Klingman, 1993). However, it was common to note that the crisis was translated into emotional turmoil, abortion attempts and suicidal thoughts among the participants. Emotional numbing, a result of absence of emotion was observed. Generally, the common reason that the adolescents cited for

abortion attempt was due to their unmarried status. Other reasons included economic issues, lack of education and going against the norms of the society.

On the contrary, positively, the failed attempts of abortion indicated that the participants at some point of their journey with an unwanted pregnancy reflected, self-evaluated and provided meaning to their experience (Smith et al., 2009). What kept the adolescents going was the realization that they are responsible for the choices they make and need to make amends to get their quality world (Glasser & Meagher, 1998). They make their own choices to act responsibly. The crisis provided an avenue for the adolescents to come up with sound decision providing an avenue for a positive change and outlook, a turning point in their views of the future. In this study, it was found that all adolescents have undergone a process of response to an unwanted pregnancy experience as depicted in Figure 5.8.

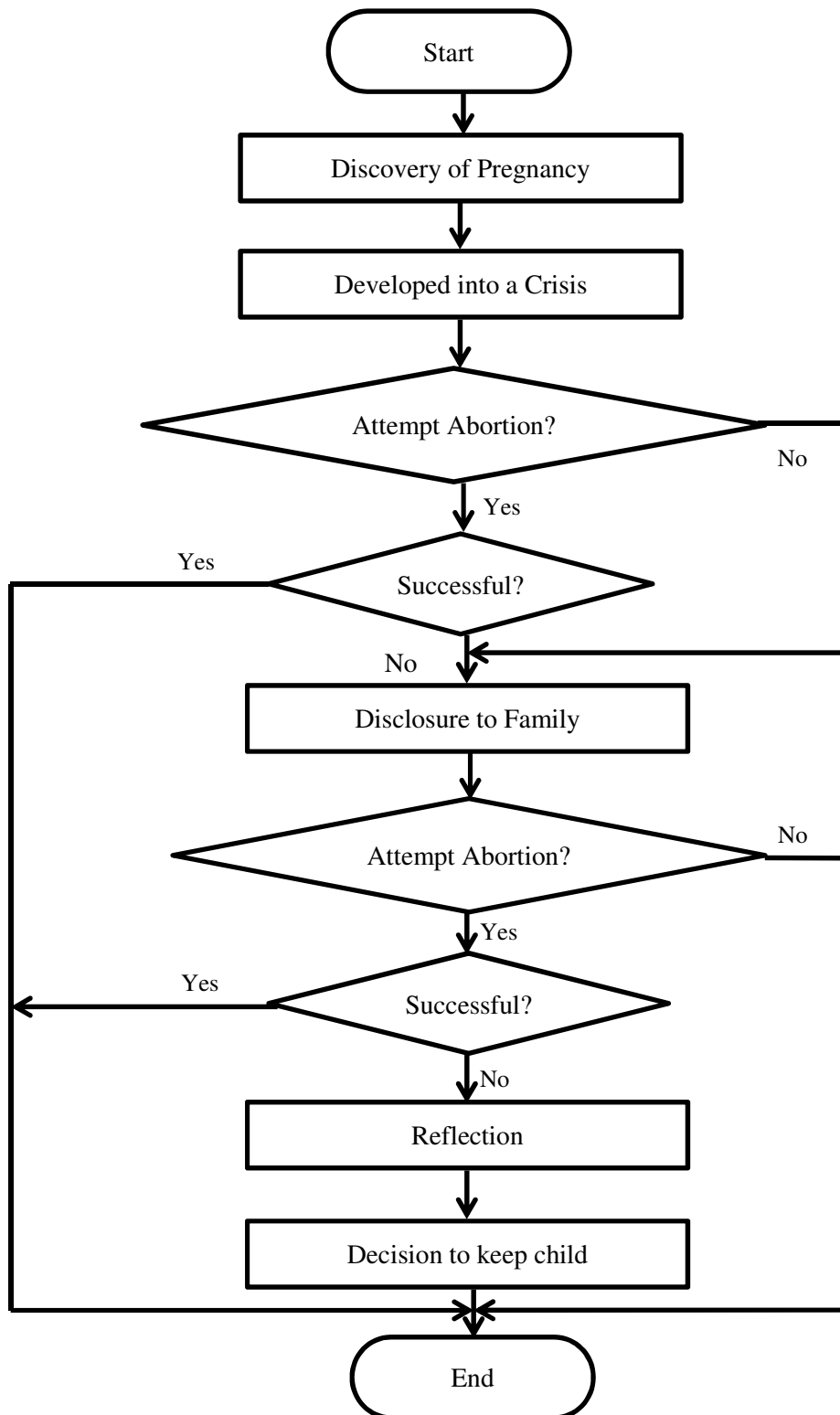


Figure 5.8: The Process Flow Chart of Adolescents' Response to an Unwanted Pregnancy Experience

Implications for Counseling Practice

This study generates several significant implications for counseling practice with unwanted pregnancy among adolescents. The following suggestions are made for application of the findings to the counseling practices.

First, it is essential to have a deeper understanding of the adolescents' experience with an unwanted pregnancy. In this study, the adolescents revealed several responses to an unwanted pregnancy experience which begins from searching for fun, love and freedom, abortion attempts, emotional numbing, spirituality strengthening, transformation from an unwanted to wanted pregnancy, transformation of self and the realization of the importance of sexuality education. The responses to an unwanted pregnancy experience are indicated in Figure 5.8 which begins from the discovery of childbearing to the choice made to have the baby were uncovered based on self-realization, self-evaluation, reflection and choices made in making sense and providing meaning to their experience.

Additionally, this study has found that there is a need for crisis interventions and counseling as all adolescents were observed to experience emotional numbing, an absence of emotions somewhere along their journey with an unwanted pregnancy (Sandoval, 2013). It was one of the characteristics of crisis when the adolescents were found to be unable to get hold of themselves due to feeling of disorientation (Foa & Hearst-Ikeda, 1996). It was noted that the crisis experienced by each adolescent is based on her response to the situation and her uncertainty on how to face the problem, or the necessary steps to be taken in order to attain homeostasis (Vinovskis, 1981). Hence, the implication of this study is that the adolescents need some type of structured orientation suggesting how to go about solving the problems faced. Substantiated with well documented past studies of adverse effects on social and health due to first time birth for young mothers and the rising costs involved in providing support, there were justifications for increasing funding in the areas of social and health.

Henceforth, an in-depth understanding of the adolescents' experience would enable a practitioner to be an effective counselor in providing intervention services. It is essential to understand and view the experience from the adolescents' emic perspectives to avoid any harm on them since past studies have indicated that adolescents experienced an unpleasant therapy session with their counselors (Dickson-Swift et al., 2008; McLeod, 2001). Practitioners and therapists who understand the dynamics of experience with an unwanted pregnancy are then able to extend help and provide the necessary interventions to the adolescents. Previous study conducted by Kogan (2004) has found that most adolescents involved may or may not disclose their experiences. Therefore, it is pertinent to know the issues that may affect the narration of their experiences to be able to detect any psychological trauma, the depth of crisis, provide support and treatments (Kogan, 2004).

Being in a crisis, adolescents in this study made risky decisions which include abortion attempts and suicidal thoughts. However, it was found there were positive aspects to the crisis whereby it led the adolescents to self-exploration, reevaluation and reflection on experience to provide a clearer personal meaning and identity (Leitner & Stecher, 1974). The failed attempts to abort resulted in the adolescents experiencing intense pressure and became introspective, whereby; they could look at themselves more deeply and honestly than in times of peace and tranquillity (Leitner & Stecher, 1974). The turning point was the decision made by adolescents themselves, a positive outcome of crisis. Reaching out to their parents especially their mothers was perceived as a decision that made them turn around and can be perceived as a healing element for the adolescents in this study.

Understanding the process of adolescents' response to the experience with an unwanted pregnancy may provide an avenue for practitioners and therapists to provide an organised and structured model of interventions and healing process. The structured model of crisis interventions and counseling may function as a Practitioner Guide for

therapists dealing with adolescents with similar experience. Practitioners and counselors must understand the underlying issue of a crisis may differ among adolescents depending on their personal ability to look at the problems by finding a solution and managing self to be able to achieve equilibrium (Leitner & Stecher, 1974).

The implications of this study may assist counselors in providing the healing elements in counseling. This can be conducted via group and individual counselings. Group counseling provides an avenue that creates, organize, and sustain interaction among members. By having a group counselling, adolescents with an unwanted pregnancy will align themselves with other adolescents according according to shared values and what is in their best interest. Support group among adolescents with unwanted pregnancy is another useful avenue that may be explored. This can be conducted by forming a psychoeducational group to assist adolescents dealing with their own sexuality issues. The counselling services provided are extended not only to adolescents with at risk behaviours but also to non risky behaviours. In short, focusing on the development of the adolescent as a whole person may target precisely those behaviors and developmental factors that are most directly linked to preventing risky sexual behavior and its negative outcomes. These programs are likely to build competencies in youth that can dramatically increase both their motivation and their skill at avoiding early childbearing (Kirby & Coyle, 1997), even though they may not directly address sexual behavior.

It was observed that the problem pregnancy crisis faced by the adolescents led to turning points with positive outlooks for the adolescents, although neither counseling treatment nor interventions were present. However, the turning point varies for each of the adolescents and this may be reflected in their process of healing. In this study, no counseling interventions and treatment were given on the adolescents on the part of the researcher and the safe home, yet; the adolescents experienced a positive change during the journey with an unwanted pregnancy. The healing process of the participants was

enhanced by the presence of the researcher. The researcher's ability to include counseling skills such as active listening, good rapport, empathic while not conducting any counseling sessions was seen as an avenue for the girls to achieve catharsis hence, healing process.

Next, the elements of healing process provided in counseling may expedite the turning point for adolescents. Counseling practitioners need to understand the underlying problems and effectively dealt with it to facilitate a quick turning point. Therefore, in providing intervention to the adolescents with unwanted pregnancy it is important for the counseling practitioners to be able to help the adolescents express themselves and enhance their coping skills abilities. These coping skills can be conducted and motivated via religious or spiritual, behavioural and emotional coping skills. It is necessary for the practitioners to understand that the unwanted pregnancy led to emotional turmoil and it is therefore necessary for them to be handled patiently with sufficient time allowance before they could progress into the intervention stage. It was found at first that the adolescents were unable to express themselves and counseling practitioners may integrate effective counseling strategies as a way to externalize their feelings. As the findings revealed, the adolescents were able to express and externalize their emotions via diary writing and drawing while other areas of expressive art may be explored to allow them to channel their emotions. Spiritual counseling is another avenue that can be looked into. It has been found that spirituality strengthening has heightened the positive outlook of these adolescents and it provides meaning to their existence.

Finally, to curb the issue of early sexual initiation and out-of-wedlock pregnancy among adolescents, preventive programs need to be organised to provide the adolescents with informed decisions on sexuality issues. Abstinence is a sure way to prevent adolescent pregnancy and the input on religion, and parental support should also be included in the program. As supported by the findings, lack of parental guidance has led to the out-of-wedlock pregnancy among the adolescents, thus; the practitioners work

cooperatively with the family members thereby ensuring success of the program. This is supported by past studies whereby adolescents who are well informed about their sexuality, the consequences of premarital sex and having a good relationship with their family members were found to be less involved in early sexual initiation. The closeness and connectedness with family thereby lowering the likelihood of early sexual initiation need to be established (Schutt-Aine & Maddaleno, 2003). It is therefore, important for practitioners to work closely with family members to get their support and apply this strategy to curb the unwanted pregnancy among adolescents. Lack of support in early motherhood is always “associated with adverse social and psychological outcomes for both mother and child, carrying private and public costs” (Wellings & Kane, 1999).

Implications for Counseling Training

The results of this research have major implications for counseling and psychotherapeutic training for helping professionals in particular those who are working with adolescents with unwanted pregnancies. The findings have indicated that the adolescents in this study experience distress and crisis upon discovery of pregnancy. Understanding this particular group’s experience is crucial in ensuring the right techniques, treatment plans and interventions are applied. In past studies it was reported that counselors experienced difficulties in dealing with this group due to lack of training (Falk et al., 2001). Counselors need to be equipped with the necessary counseling skills and training to ensure a successful relationship with adolescent experiencing similar issue. Henceforth, the following recommendations are made to integrate the findings into counseling trainings for trainees as well as interested practitioners currently working with this group.

The findings can be used as a framework in developing counseling training modules inclusive of structured crisis counseling interventions and healing process for practitioners and trainees in the area of adolescent pregnancy crisis management. The

training modules could assist the counseling practitioners in reducing the adolescence emotional distress and providing them the avenue for self-reflection and self-exploration to encourage positive, turning point. Therefore, the training modules related to assisting adolescents with unwanted pregnancy should be manifold. It should include crisis intervention, the turning point to help in the transformation of self and the healing aspects of their experience. The process flow of response to adolescents' experience with an unwanted pregnancy can be embedded and expanded further in the training modules.

Additionally, crisis counseling needs to be embedded into the traditional counseling settings. The training modules can include treatment goals devised to enhance the individual's problem solving capability and confining focus of treatment around presenting problem areas. These may include interpersonal conflicts and role dysfunctioning. Active focusing approaches are utilized to maintain the concentration of the client on the presenting problems. The intervention is geared to the level of making the adolescents understand their problems and focus on it instead of other matters. For example the adolescent presenting problem is the discovery of pregnancy. Treatment is then prescribed and brought about to the stages of conscious and near-conscious emotional turmoil and encouraging them to focus on the presenting issue although there may be precipitating events that required further investigation related to their problems. The goal of the treatment plan is not to change their personality and traits although it may be the by-product of the treatment. It is important to understand and bracket transference impulses resulting from the adolescents' current external situation and relationships (Klingman, 1993; Roberts & Ottens, 2005).

Next, the training modules should include the training of counselors on the effective counseling skills and techniques to be applied on this group. As found in the findings, the emotional distress was very intense and the counseling practitioners may need to apply the active listening skills, empathy, not rushing the adolescents but

provide a trusting relationship and being present during intervention. Practitioners should be able to provide a secure and safe environment when dealing with sensitive topics with the adolescents (Dickson-Swift, James, Kippen, & Liamputtong, 2007). The main aim of the counseling session is to create and provide a positive and healing environment to the adolescents. There is an impending need to propose adequate trainings for school counselors to identify at risk adolescents in school. These can help school counsellors on ways to approach these adolescents and manage the issues if the needs arise. Focus on behaviour modifications can be another method to prevent both at risk and non at risk adolescents from early sexual initiations. School counsellors have to be well-equipped with counselling skills to assist high risk adolescents. Schools should work within their confidentiality and sex and relationships policies. School staff cannot offer or guarantee unconditional confidentiality, but should encourage pupils where possible to inform their parents or carers. A referral may be made, with the young person's consent, to the sexual health service for further support.

To encourage externalization of emotions and thoughts of the adolescents, an integration of practices can be included. Hence, the counselor practitioners should be well informed on the usage of expressive arts such as drawing, journaling, sand and art therapy to allow for the externalization of emotions on the part of adolescent. The usage of this form of therapy provides a useful strategy to generate healing among the adolescents. Introducing trainees to effective therapeutic strategies will assist in enhancing the possibility of effective therapy session and interventions to the adolescents with an unwanted pregnancy.

In addition to the above, spiritual counseling can also be integrated in the counseling treatment plan. As these findings have indicated, the turning point of the adolescents has been partly due to the realization and strengthening of spirituality. The spiritual elements can help in their transformation of self-leading to a positive outlook. The focus on being and existence through the spiritual elements can also help in the

healing process. However, counseling practitioners and trainees from a different religious background must be sure of their own knowledge on their client's religious background and not imposed any of their beliefs on the adolescents (Sumari, Ahmed Tharbe, Md. Khalid, & Mohamad Nor, 2014). Imposing practitioners' own beliefs may impede the main aim of the counseling.

Dealing with the adolescents with unwanted pregnancy may be challenging for the counseling practitioners especially trainees. It is then important for the trainees to apply the counseling skills and deal with their emotions before embarking on the journey with this group of adolescents. I had experienced headache, back pain and was emotionally involved when I first did the interviews. However, I managed to bracket all emotions and maintain objectivity of the study by having discussions with peers and supervisor. Managing my own feeling was necessary to avoid transference and having negative thoughts directed to the adolescents in this study. Therefore, another crucial implication on the counseling training is to include the elements of self-care. The objective of self-care is to avoid burnout, compassion fatigue, transference and work stress (Boscarino et al., 2004; Carkhuff, 1979; Lago & Codo, 2013; Sabin-Farrell & Turpin, 2003).

Implications on Education and Policy Making

Adolescents' health and quality of life may be affected by their sexual involvement that can lead to pregnancy, riddance of unborn child, STDs and AIDS. Hence, there is urgency for sexuality education to assist in the identification and prevention of these multiple risk factors for unwanted pregnancy among adolescents. Consequently, schools played a vital role in educating the adolescents of the multiple risks related to early sexual initiations. Some of the main guidelines introduced to prevent the occurrence of the risks among adolescents involved the introduction of preservations and contraception among adolescents. One of the suggested approaches to prevent unwanted

pregnancy is to explain to the adolescents the law of cause and effects with regards to their choices. In short, the adolescents would be taught various topics such as respect, commitment, self-care and care for others with particular emphasis on the need to practise abstinence from premarital sex (Saito, 1998). The goal of abstinence and the informed decisions should be made available and easily access.

Additionally, family members should be educated on the importance of their involvement with the adolescents' development. Connectedness with all family members can be incorporated as one of the main goal in the educational model to be implemented. It was found that family involvement in adolescents' wellbeing have reduced the rates of unwanted pregnancy. Lack of parental control resulted in adolescents looking from their peers in understanding their self and sexuality. It has been reported that lack of family guidance coupled with peer pressure is one of the main contributors to early sexual initiation among adolescents. Hence, the family members should be educated and informed in programs pertaining sexuality. The support system of family and community support should also include the social services and child-care support. The public needs to be educated to lend a helping hand to adolescents with unwanted pregnancies services and child-care support. The public needs to be educated to lend a helping hand to adolescents with unwanted pregnancy. Adolescent receiving support from the family, community, child-care and social services tended to be get better paying jobs as they improved on their academic achievements (Saba et al., 2013).

Past studies found that high risks adolescents have multiple pregnancies detrimental to their health. These pregnancies were at first unintended hence unwanted and result in induced abortions. Unwanted pregnancy leads to unsafe abortion which increase the mortality rate of the young mothers and perinatal problems (Mbizvo et al., 1997). Adolescents need to be educated and informed on the possible adverse effects on their health and possible morbidity rate involved in induced abortion.

Additionally, adolescents who sought an abortion due to unwanted pregnancy were reported using traditional method of contraceptive when the pregnancy was conceived. Mostly, they practised coitus interruptus by assuming that this was the safest method of contraception. Some of the adolescents were found to use the modern contraceptive method wrongfully. It was found that the condoms were reused during their next immediate sexual intercourse (Sedgh et al., 2006).

Pregnant adolescents and adolescence mothers have a negative impact on their younger siblings. In the case of younger female siblings, it is evident that they are more likely to be lagging in education, unemployment and are more open to sexual intimacy, parenthood and marriage to avoid illegitimacy of the baby. For younger male siblings, they may be more open to the idea of premarital sex, younger births and prone to high-risk behaviors (East, 1996; East & Jacobson, 2001). Subsequently, younger female siblings of adolescent mothers run higher risks of being pregnant if they helped out babysitting the children of these mothers (East & Jacobson, 2001). In conclusion, it is vital to have adequate schooling coupled with effective sexuality education to combat the adolescents' vulnerability towards premarital sex.

Implications on Research Methodology

This study has been conducted based on the phenomenological research design. The phenomenological approach was selected because I was interested to find out and gain insight experience of the adolescents with an unwanted pregnancy. To ensure that the experience was captured in its essence, the IPA one of the newest entry using the phenomenology underlying assumptions was applied in this study. The IPA has been widely used for research in the area of sexuality. This approach looked and examined the experience of the adolescents with an unwanted pregnancy comprehensively, hence providing an in-depth research. The lived experiences obtained from the personal accounts of the adolescents are then presented in chronology of events representing the

stories of their life. The IPA approach was able to explain the phenomenon of early initiation of premarital sex resulting in out-of-wedlock pregnancy which is often unintended and unwanted, hence a contribution to the research conducted worldwide and in particular, in Malaysia. Through the IPA approach, other researchers are able to replicate and understand how counseling elements, crisis interventions and healing process can be related and applied in the phenomenon of an unwanted pregnancy. This study is a precursor to future researchers who are interested in using this methodology especially studies related to humanity disciplines such as counseling.

Additionally, the research question in understanding how the adolescents make sense of their experience with an unwanted pregnancy has provided a broader knowledge and understanding on the adolescents' interpretation of the experience. By detailing the experience, providing the process flow of adolescents' response to the experience of an unwanted pregnancy, it can enhance the understanding of the phenomenon and counseling practitioners are able to provide effective treatment plans. The qualitative findings in particular the IPA presented here adds to existing knowledge of adolescents' experience with an unwanted pregnancy indicating that participants have experienced a positive outcome out of the experience. Understanding the essence of meaning of the adolescents' experience has proven that crisis led to self-evaluation, self-exploration and self-reflection, hence precipitating a turning point. The idiographic, phenomenological approach conducted in this research has been instrumental in highlighting the unique but comprehensive experience of these adolescents. The present work, then, provides an in-depth account as to how the mental wellbeing of adolescents may be improved as a consequence of such negative experience.

Recommendations for Future Research

The study reported herewith asserts originality on the basis of its detailed analysis of adolescents who were experiencing an unwanted pregnancy inside the framework of interpretive phenomenology. At the time of research, this marks the first project carried out in Malaysia which applied the interpretive phenomenological framework. In the past, study of this nature and framework has been conducted in Britain (Buxton et al., 2005). The strong points of this research were due to its thick narrative, breadth and in-depth data gathered. However, the scope of research is limited to only a few participants preventing a true account of experiences being assessed. There may also be the possibility of unreported cases, a consequence of fearing others knowing their condition and being judged. Stereotyping in the community associated to premarital pregnancy resulted in adolescents keeping silent of their predicaments. It is therefore, crucial to highlight the importance of an informed sexuality education for both parents and their children as a preventive measure.

Studies have indicated that parents' involvement in their adolescents' growth and development is essential in preventing adolescence pregnancy and other adolescent risk behaviors. Overall closeness between parents and their children, shared activities, parental presence in the home, and parental caring, support, and concern are all associated with a reduced risk of early sex and teen pregnancy. Teens who feel closely connected to their parents are more likely to abstain from sex, wait until they are older to begin having sex, have fewer sexual partners, and use contraception more consistently (The National Campaign to Prevent Teen Pregnancy, 2007). It was also noted that most parents are uncomfortable discussing with their children about sexual activity. Other parents believe that talking about sex acts as permission or encourages sexual activity in their children. These are myths. Research shows that talking with your children about sex does not encourage them to become sexually active, instead it

assisted the adolescents in understanding their sexuality issues (Alan Guttmacher Institute, 1999).

Working with family members will help in curbing the early sexual initiation and out-of-wedlock pregnancy. Parents need to understand and remember that role modeling is important in their childrens' development (The National Campaign to Prevent Teen Pregnancy, 2008). By role modelling, parents can institute the following ten tips during the national campaign to prevent teen pregnancy organized in 2008:

1. Be clear about own values and attitudes.
2. Talk with children early as often as possible and be specific.
3. Establish rules, curfews, and expectations of behavior.
4. Know their children's friends and their families.
5. Encourage group activities and limit one-on-one dating at an early age.
6. Set limits of two- or three-year age difference while your child is a teen.
7. Discuss their goals for the future.
8. Encourage high and achievable expectations for school performance.
9. Know what they are watching, reading, and listening to.
10. Strive for a positive relationship with your children.

Sexuality education needs to be addressed since the rising numbers in the premarital sex and out-of-wedlock pregnancy indicated adverse effect not only on the health of the adolescents but their child (Nuckolls, Cassel, & Kaplan, 1972). This has also resulted in rising costs to support the adolescents involved in such cases. Parent-child communication about sex can help young people to gain the knowledge, skills and confidence to protect themselves when they do become sexually active.

It was found that family perspective in adolescence pregnancy had few descriptions. Parents of pregnant adolescents faced a wide range of emotions, from shock and disappointment to grief and worry about the future. Some parents feel a sense of guilt, thinking that if only they had done more to protect their child this would not

have happened. In this research, it was found that all parents were embarrassed by their daughter's pregnancy and worried about how family, friends, and neighbours will react. It is important for all parents to understand that during the pregnancy is the time when their child needs them the most. It is important for parents to understand that emotions are running high but the ability to connect and communicate effectively with one another is crucial. Parents need to recognize their feelings and work them through so that they can accept and support their pregnant adolescents. Parents should be mentally prepared and understand that adolescents who carry a baby to term have special health concerns. By providing them with the necessary support, these pregnant adolescents may have a healthier pregnancy. Emotionally and physically, the adolescent will be happier knowing that she is not left alone. To know the experiences of families facing adolescent pregnancy is essential to align the provision of services by health workers and the needs of adolescents and their family members. Correspondence between professional perspectives and that of users of services is a central element of socially relevant work.

Next, the data collected was analyzed from all participants' narrative and recount of their personal experience. The generalizability of this research may not be applicable to a larger population. However, it may be proven beneficial for other readers, researchers, counselors, helping professionals and agencies responsible in policy making to apply the research in their personal unique context.

Additionally, the study on contraceptives and its usage has not been thoroughly investigated hence there is an impending need to improve their understanding on the effective use of contraceptives among high risks adolescents. It was found that all participants in this study never consulted their parents on the usage of contraceptives owing to its taboo nature. They however, learned about contraceptives their respective partner or friends. This may result in the ineffective usage of contraception methods

among the adolescents. Issues pertaining men and their understanding on the usage and effectiveness of contraception methods have not been investigated in this study.

Fourthly, further research could be developed in understanding the adolescents' partners' experience in handling the issue of unwanted pregnancy. Is he willing to be involved in the journey of an unwanted pregnancy? How was his psychological make-up upon discovering that his partner is pregnant? Does he know of any contraceptive methods available in the market? It soon became apparent that, although a large volume of academic research dealt with adolescence pregnancy, only a small proportion dealt with the fathers as a factor, and many studies did not mention the father at all, even though, as Pitt (1986) put it "In light of the fact that most sexual activity is male initiated, and most sexual behaviour is male influenced, it becomes clear that there will be no resolution of the problem of adolescence pregnancy without directing greater attention to the male." Much of the research into adolescence pregnancy dealt with the economic and social burden the young mother and child put on society, and how to reduce or eliminate that burden. This review concerns itself with the research that focused on the adolescent father. Specifically, his emotional support value (of lack of) to the child and adolescent mother when he is involved in the life of the child, the impact of having a adolescent father on the child, the impact of being a parent on the adolescent father himself, and the research that looked at support structures and needs for the adolescent father. More efforts need to be given in the context of Malaysian culture whereby the misconceptions that the father of the child acted irresponsibly and flee upon finding out about the pregnancy.

Additionally, underpinning problems of unwanted pregnancy are complicated involving social, physiological, cultural, psychological and socioeconomic issues. There was a lack of research in the area that caters to the interplay between healthcare and societal interventions.

Counseling is one method that can be used to prevent unwanted pregnancy. Therefore, the design of structured intervention module is vital to help in preventing the increasing statistics of unwanted pregnancy. Long-term interventions may work in part by helping youths increase their sense of connection to the larger community, for example by increasing their assertiveness, their sense of self-efficacy, their impulse control, and their optimism about the future. Absent such interventions, adolescents who are hungry for intimacy and a sense of connection in their lives are more likely to turn to sexual behavior for which they are not well-prepared (Allen, 2002). The nutritional model may be particularly apt here, as these adolescents may be literally starving for the sense of connection and place within a broader social world--a connection that broader, developmentally-focused programs may help provide.

Future researcher may conduct further studies on similar area but focusing on the healing elements of the adolescents with an unwanted pregnancy. It was observed that the turning point or positive outlook for each adolescent in this study differs from one another. A future research on the healing elements can perhaps help in shortening the crisis experienced by adolescents with similar experience and provide with a more effective healing treatment plans. In this study, it was found that healing was somewhat achieved by these adolescents through their interactions with the researcher. It was a significant finding since the adolescents in the safe home has no appropriate channel to express and reflect their experience but being around a researcher who came equipped with appropriate skills, created a safe environment for the adolescents has resulted in them releasing and externalising their internalized feelings. Hence, it can be concluded that a channel to express and reflect was a useful way for the adolescents to achieve equilibrium or homeostasis.

To conclude, more qualitative studies need to be conducted to understand the depth of the experience. More inputs on qualitative approach can provide and contribute

to the body of knowledge to the adolescence journey with unwanted pregnancy and their healing process.

Conclusion

The central objective of this IPA study was to gain a deeper understanding of the adolescents' experience with an unwanted pregnancy. Seven super-ordinate themes were revealed in this study. Searching for fun, love and freedom, abortion attempts, emotional numbing, spirituality strengthening, transformation from an unwanted to wanted pregnancy, transformation of self and sexuality education has contributed to the body of knowledge on related issues pertaining adolescence pregnancy. It was found that crisis interventions were needed and to be embedded in the traditional counseling treatment plans to ensure that a structured and well document training modules are designed. This can assist the counseling practitioners in safeguarding and protecting the interests of the adolescents while at the same time maintaining objectivity. Counseling practitioners need to understand the phenomenon to avoid any unwarranted transference, practice self-care while dealing with the adolescents and be well informed of the healing contributors and processes in helping their potential client's achieving equilibrium. In conclusion, counseling is vital in ensuring turning points for adolescents with an unwanted pregnancy.

REFERENCES

- Abernethy, V. (1974). Illegitimate conception among teenagers. *American Journal of Public Health, 64*(7), 662-665.
- Adler, N. E., David, H. P., Major, B. N., Roth, S. H., Russo, N. F., & Wyatt, G. E. (1990). Psychological responses after abortion. *Science, 248*(4951), 41-44.
- Adler, N. E., Ozer, E. J., & Tschann, J. (2003). Abortion among adolescents. *American Psychologist, 58*(3), 211.
- Adler, N. F., & Dolcini, P. (1986). Psychological issues in abortion for adolescents. . In G. Melton (Ed.), *Adolescent abortion: psychological and legal issues*. (pp. 74-95). Lincoln: University of Nebraska Press.
- Ahern, K. J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research, 9*(3), 407-411.
- Akers, A. Y., Muhammad, M. R., & Corbie-Smith, G. (2011). “When you got nothing to do, you do somebody”: A community’s perceptions of neighborhood effects on adolescent sexual behaviors. *Social Science & Medicine, 72*(1), 91-99.
- Alan Guttmacher Institute. (1981). *Teenage pregnancy: the problem that hasn't gone away*: Alan Guttmacher Institute.
- Alan Guttmacher Institute. (1999) *Why is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use*. The Retrieved January, 2007 from <http://www.accessmylibrary.com>.
- Allan, J. (1988). *Inscapes of the child's world: Jungian counseling in schools and clinics*: Spring Publications.
- Amoako-Agyeman, K. N. (2012). Adolescent religiosity and attitudes to HIV and AIDS in Ghana. *SAHARA-J: Journal of Social Aspects of HIV/AIDS, 9*(4), 227-241.

- Athar, S. (1996). Sex education, teenage pregnancy, sex in Islam and marriage. *Sex education: An Islamic perspective*, 1-20.
- Ballou, J. (2008). Open-ended question. *Encyclopedia of survey research methods*, 43, 548-550.
- Besharov, D. J., & Gardiner, K. N. (1997). Trends in teen sexual behavior. *Children and Youth Services Review*, 19(5), 341-367.
- Birbili, M. (2000). Translating from one language to another. *Social Research Update*, 31(1).
- Birkeland, R., Thompson, J. K., & Phares, V. (2005). Adolescent motherhood and postpartum depression. *Journal of Clinical Child and Adolescent Psychology*, 34(2), 292-300.
- Boscarino, J. A., Figley, C. R., & Adams, R. E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York City social workers. *International journal of emergency mental health*, 6(2), 57.
- Boserman, C. (2009). Diaries from cannabis users: an Interpretative Phenomenological Analysis. *Health*, 13(4), 429-448.
- Bowlby, J. (1973). *The Nature of Child's Tie to His Mother 1* (Vol. 39): Mss Information Corporation.
- Bowlby, J. (1980). Attachment and loss: Volume 3. Loss. *New York: Basic*.
- Brems, C. (2001). *Basic skills in psychotherapy and counseling*: Wadsworth/Thomson Learning.
- Breslow, L. (1972). A quantitative approach to the World Health Organization definition of health: physical, mental and social wellbeing. *International journal of Epidemiology*, 1(4), 347-355.

- Brislin, R. W. (1970). Back-translation for cross-cultural research. *Journal of cross-cultural psychology, 1*(3), 185-216.
- Brown, M. H. (2014). *An Examination of Executive Function, Stress, and Adolescent Attachment to Caregivers in a Social Neuroscience Model Using the National Institute of Child Health and Human Development (NICHD) Study of Early Child Care and Youth Development (SECCYD)*. The George Washington University.
- Buxton, K., Buxton, D., McGlen, S., Baker, M., McNulty, A., & Drinkwater, C. (2005). Teenage pregnancy: more than meets the eye. *The British Journal of General Practice, 55*(513), 315.
- Byrne, B. (1983). Sinning against One's Own Body: Paul's Understanding of the Sexual Relationship in 1 Corinthians 6: 18. *Catholic Biblical Quarterly Washington, DC, 45*(4), 608-616.
- Byrne, D., Kelley, K., & Fisher, W. A. (1993). Unwanted teenage pregnancies: Incidence, interpretation, and intervention. *Applied and Preventive Psychology, 2*(2), 101-113.
- Carcary, M. (2009). The Research Audit Trial—Enhancing Trustworthiness in Qualitative Inquiry. *Electronic Journal of Business Research Methods, 7*(1), 11-24.
- Carkhuff, R. R. (1979). *The skills of helping: An introduction to counseling skills*: Human Resource Development Press.
- Chandra, A., Martinez, G. M., Mosher, W. D., Abma, J. C., & Jones, J. (2005). Fertility, family planning, and reproductive health of US women: data from the 2002 National Survey of Family Growth. *Vital and health statistics. Series 23, Data from the National Survey of Family Growth*(25), 1-160.

- Chapman, E., & Smith, J. A. (2002). Interpretative phenomenological analysis and the new genetics. *Journal of Health Psychology, 7*(2), 125-130.
- Chapman, G. (2010). *The Five Love Languages of Teenagers: The Secret to Loving Teens Effectively*: Northfield Publishing.
- Chappell, D., Eatough, V., Davies, M., & Griffiths, M. (2006). EverQuest —It's Just a Computer Game Right? An Interpretative Phenomenological Analysis of Online Gaming Addiction. *International Journal of Mental Health and Addiction, 4*(3), 205-216.
- Clandinin, D. J., & Connelly, F. M. (2000). *Experience and story in qualitative research*: San Francisco: Jossey-Bass.
- Clayton, A. M., & Thorne, T. (2008). Diary data enhancing rigour: Analysis framework and verification tool. *Journal of Advanced Nursing, 32*(6), 1514-1521.
- Cohen, T., & Roth, S. (1984). Coping with abortion *Journal Hum Stress*(10), 140-145.
- Coleman, L., & Cater, S. (2005). A Qualitative Study of the Relationship Between Alcohol Consumption and Risky Sex in Adolescents. *Archives of Sexual Behavior, 34*(6), 649-661.
- Coleman, P. K. (2006). Resolution of unwanted pregnancy during adolescence through abortion versus childbirth: Individual and family predictors and psychological consequences. *Journal of Youth and Adolescence, 35*(6), 903-911.
- Costa, F. M., Jessor, R., Donovan, J. E., & Fortenberry, J. D. (1995). Early initiation of sexual intercourse: The influence of psychosocial unconventionality. *Journal of Research on Adolescence, 5*(1), 93-121.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*.
- Creswell, J. W. (2002). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (4 ed.): Pearson Education.

- Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches*: Sage Publications, Inc.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*: Sage Publications, Inc.
- Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five approaches*: Sage.
- Crotty, M. (1996). *Phenomenology and nursing research*: Churchill Livingstone.
- Dallas, J. D. (1978). Crises Administration: Is There a Solution? *NASSP Bulletin*, 62(415), 13-17.
- Daly, J., & Lumley, J. (2002). Bias in qualitative research designs. *Australian and New Zealand Journal of Public Health*, 26(4), 299-300.
- Dan K., K. (2008). Negotiating the transition from adolescence to motherhood: Coping with prenatal and parenting stress in teenage mothers in Mulago hospital, Uganda. *BMC Public Health*, 8(83).
- Demecs, I. P., Fenwick, J., & Gamble, J. (2011). Women's experiences of attending a creative arts program during their pregnancy. *Women and Birth*, 24(3), 112-121.
- Denzin, N. K., & Lincoln, Y. S. (2000). The discipline and practice of qualitative research. *Handbook of qualitative research*, 2, 1-28.
- Denzin, N. K., & Lincoln, Y. S. (2005). *The Sage handbook of qualitative research*: Sage Publications, Inc.
- Department of Statistics Malaysia. (2010). *Demographic indicators of Malaysia 2010*. . Putrajaya, Malaysia

- Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2007). Doing sensitive research: what challenges do qualitative researchers face? *Qualitative Research*, 7(3), 327-353.
- Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2008). Risk to researchers in qualitative research on sensitive topics: Issues and strategies. *Qualitative Health Research*, 18(1), 133-144.
- Dickson, D., Hargie, O., & Morrow, N. (1996). *Communication skills training for health professionals* (Vol. 2): Chapman & Hall.
- Dilthey, W. (1976). *W. Dilthey Selected Writings*, edited, translated and introduced by HP Rickman: Cambridge University Press, Cambridge.
- Dixon, A. L., & Smith-Adcock, S. (2012). Wellness *Encyclopedia of Adolescence* (pp. 3059-3066): Springer.
- Donovan, J. E., & Jessor, R. (1985). Structure of problem behavior in adolescence and young adulthood. *Journal of Consulting and Clinical Psychology; Journal of Consulting and Clinical Psychology*, 53(6), 890.
- Donovan, J. E., Jessor, R., & Costa, F. M. (1991). Adolescent health behavior and conventionality-unconventionality: An extension of problem-behavior therapy. *Health Psychology*, 10(1), 52.
- Draper, A. K. (2004). The principles and application of qualitative research. *Proceedings of the nutrition society*, 63(04), 641-646.
- East, P. L. (1996). Do adolescent pregnancy and childbearing affect younger siblings? *Family Planning Perspectives*, 148-153.
- East, P. L., & Jacobson, L. J. (2001). The younger siblings of teenage mothers: a follow-up of their pregnancy risk. *Developmental Psychology*, 37(2), 254.

- Eatough, V., Smith, J. A., & Shaw, R. (2008). Women, anger, and aggression an interpretative phenomenological analysis. *Journal of interpersonal violence*, 23(12), 1767-1799.
- Egbert, E. (1980). Concept of wellness *Journal of Psychiatric Nursing and Mental Health Services*(January), 9-13.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour research and therapy*, 38(4), 319-345.
- Ellis, B. J., Bates, J. E., Dodge, K. A., Fergusson, D. M., John Horwood, L., Pettit, G. S., & Woodward, L. (2003). Does father absence place daughters at special risk for early sexual activity and teenage pregnancy? *Child development*, 74(3), 801-821.
- Emmel, N. (1998). Neighborhood, perceptions of health and the value placed on the health care delivery in the slum of Mumbai: Leeds, UK: University of Leeds.
- Ermisch, J. (2003). Does a'teen-birth'have longer-term impacts on the mother? suggestive evidence from the British Household Panel Study: ISER Working Paper Series.
- Esposito, N. (2001). From meaning to meaning: The influence of translation techniques on non-English focus group research. *Qualitative Health Research*, 11(4), 568-579.
- Etherington, K. (2007). Ethical research in reflexive relationships. *Qualitative Inquiry*, 13(5), 599-616.
- Evans, T. E. (1986). Societal hypocrisy helps to promote teenage pregnancy. *Journal of the National Medical Association*, 78(5), 361.
- Fade, S. (2003). Communicating and judging the quality of qualitative research: the need for a new language. *Journal of Human Nutrition and Dietetics*, 16(3), 139-149.

- Fade, S. (2004). Using interpretative phenomenological analysis for public health nutrition and dietetic research: a practical guide. *Proceedings of the nutrition society*, 63(4), 647-654.
- Falk, G., Falk, L., Hanson, U., & Milsom, I. (2001). Young women requesting emergency contraception are, despite contraceptive counseling, a high risk group for new unintended pregnancies. *Contraception*, 64(1), 23-27.
- Farber, N. (2009). *Adolescent pregnancy: Policy and prevention services*: Springer Publishing Company.
- Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research*, 19(4-5), 583-590.
- Foa, E. B., & Hearst-Ikeda, D. (1996). Emotional dissociation in response to trauma *Handbook of dissociation* (pp. 207-224): Springer.
- Font-Ribera, L., Pérez, G., Salvador, J., & Borrell, C. (2008). Socioeconomic inequalities in unintended pregnancy and abortion decision. *Journal of Urban Health*, 85(1), 125-135.
- Frautschi, S., Cerulli, A., & Maine, D. (1994). Suicide during pregnancy and its neglect as a component of maternal mortality. *International Journal of Gynecology & Obstetrics*, 47(3), 275-284.
- Frost, N. (2011). *Qualitative research methods in psychology: Combining Core Approaches* (1st ed.): Open University Press.
- Gabrielle, M. J., Higgs. (2006). Phenomenological Research and Adolescent Female Sexuality, Discoveries and Applications. *The Qualitative Report*, 11(1), 161-181.
- Geer, J. G. (1988). What do open-ended questions measure? *Public Opinion Quarterly*, 52(3), 365-367.

- Gladding, S. T. (2002). *Family therapy: History, Theory, and Practice*: Merrill.
- Glass, G. V. (1976). Primary, secondary, and meta-analysis of research. *Educational researcher*, 3-8.
- Glasser, W. (2010). *Choice theory: A new psychology of personal freedom*: Harper Collins
- Glasser, W., & Meagher, J. (1998). *Choice theory: A new psychology of personal freedom*: HarperCollinsPublishers.
- Gregory, D., Russell, C. K., & Phillips, L. R. (1997). Beyond textual perfection: Transcribers as vulnerable persons. *Qualitative Health Research*, 7(2), 294-300.
- Grigoriou, T., Families, & Group, S. C. E. R. (2004). *Friendship between gay men and heterosexual women: An interpretative phenomenological analysis*: Families & Social Capital ESRC Research Group, London South Bank University.
- Guion, L. A., Diehl, D. C., & McDonald, D. (2011). Triangulation: Establishing the validity of qualitative studies.
- Halai, N. (2007). Making use of bilingual interview data: Some experiences from the field. *The qualitative report*, 12(3), 344.
- Harvey, C. (2004). Epochē, Entertainment and Ethics: On the Hyperreality of Everyday Life. *Ethics and Information Technology*, 6(4), 261-269.
- Harvey, L. (2011). Intimate reflections: private diaries in qualitative research. *Qualitative Research*, 11(6), 664-682.
- Hauser, E. L. (2008). "Advise, console". *Opinion* (Chicago Tribune). Retrieved 2009-02-15).
- Henkelman, J., & Paulson, B. (2006). The client as expert: Researching hindering experiences in counselling. *Counselling Psychology Quarterly*, 19(2), 139-150.

- Hennink, M. M. (2008). Language and communication in cross-cultural qualitative research *Doing cross-cultural research* (pp. 21-33): Springer.
- Higginbottom, G. M. A., Mathers, N., Marsh, P., Kirkham, M., Owen, J., & Serrant-Green, L. (2006). Young people of minority ethnic origin in England and early parenthood: views from young parents and service providers. *Social Science & Medicine*, 63(4), 858-870.
- Hocking, K. L. (2007). Artistic narratives of self-concept during pregnancy. *The Arts in Psychotherapy*, 34(2), 163-178.
- Hoeger, W., & Hoeger, S. (2014). *Lifetime physical fitness and wellness: A personalized program*: Cengage Learning.
- Husserl, E. (1970). *The idea of phenomenology*. The Hague, The Netherlands: Nijhoff.
- IPAS. (2005). Adolescents, unwanted pregnancy and abortion: Policies, counseling and clinical care (pp. 1-46).
- Irvine, H., Bradley, T., Cupples, M., & Boohan, M. (1997). The implications of teenage pregnancy and motherhood for primary health care: unresolved issues. *The British Journal of General Practice*, 47(418), 323.
- Jaafar, J. (2011). *Psikologi Remaja dan Masalah-Masalah Psikososial*. Malaysia: Pearson Malaysia Sdn. Bhd.
- Jaafar, J., Wibowo, I., & Afiatin, T. (2006). The Relationship Between Religiosity, Youth Culture, and Premarital Sex among Malaysian and Indonesian Adolescents. *Asia Pacific Journal of Social Work and Development*, 16(2), 5-18.
- Jenkins, P. (2010). Having confidence in therapeutic work with young people: constraints and challenges to confidentiality. *British Journal of Guidance & Counselling*, 38(3), 263-274.

- Jessor, R. (1984). Adolescent development and behavioral health. *Behavioral health: A handbook of health enhancement and disease prevention*, 69-90.
- Jessor, R. (1991). Risk Behaviour in Adolescence: A psychosocial framework for understanding and action. *Journal of Adolescent Health*, 12(8), 597-605.
- Jessor, R., & Jessor, S. (1984). Adolescence to young adulthood: A twelve-year prospective study of problem behavior and psychosocial development. *Handbook of longitudinal research*, 2, 34-61.
- Jessor, R., & Jessor, S. L. (1977). *Problem behavior and psychosocial development: A longitudinal study of youth*: Academic Press New York.
- Jessor, R., Turbin, M. S., Costa, F. M., Dong, Q., Zhang, H., & Wang, C. (2003). Adolescent Problem Behavior in China and the United States: A Cross-National Study of Psychosocial Protective Factors. *Journal of Research on Adolescence*, 13(3), 329-360.
- Jeynes, W. H. (2006). Adolescent Religious Commitment and Their Consumption of Marijuana, Cocaine, and Alcohol. *Journal of Health & Social Policy*, 21(4), 1-20.
- Johnson, B., & Christensen, L. B. (2007). *Educational research: Quantitative, qualitative, and mixed approaches*: Sage Publications, Inc.
- Jones, E. F. (1989). *Pregnancy, contraception, and family planning services in industrialized countries: a study of the Alan Guttmacher Institute*: Yale University Press.
- Jootun, D., McGhee, G., & Marland, G. R. (2009). Reflexivity: promoting rigour in qualitative research. *Nursing Standard*, 23(23), 42-46.
- Jorgensen, D. L. (1989). *Participant observation: A methodology for human studies* (Vol. 15): Sage.

- Kaljee, L. M., Green, M., Riel, R., Lerdboon, P., Tho, L. H., Thoa, L. T. K., & Minh, T. T. (2007). Sexual Stigma, Sexual Behaviors, and Abstinence Among Vietnamese Adolescents: Implications for Risk and Protective Behaviors for HIV, Sexually Transmitted Infections, and Unwanted Pregnancy. *Journal of the Association of Nurses in AIDS care, 18*(2), 48-59.
- Kamus Dewan. (2002). Kuala Lumpur: Dewan Bahasa dan Pustaka. *Kementerian Pendidikan*.
- Kantner, J. F., & Zelnik, M. (1973). Contraception and pregnancy: Experience of young unmarried women in the United States. *Family Planning Perspectives, 5*(1), 21-35.
- Kaye, D. K. (2008). Negotiating the transition from adolescence to motherhood: Coping with prenatal and parenting stress in teenage mothers in Mulago hospital, Uganda. *BMC Public Health, 8*(83).
- Kaye, D. K., Mirembe, F. M., Bantebya, G., Johansson, A., & Ekstrom, A. M. (2006). Domestic violence as risk factor for unwanted pregnancy and induced abortion in Mulago Hospital, Kampala, Uganda
- Kellogg, N. D., & Hoffman, T. J. (1995). Unwanted and illegal sexual experiences in childhood and adolescence. *Child Abuse & Neglect, 19*(12), 1457-1468.
- Khan, M., & Manderson, L. (1992). Focus groups in tropical diseases research. *Health policy and planning, 7*(1), 56-66.
- Kim, C. C., & Rector, R. (2008). *Abstinence education: Assessing the evidence*: Heritage Foundation.
- Kinsman, S. B., Romer, D., Furstenberg, F. F., & Schwarz, D. F. (1998). Early sexual initiation: the role of peer norms. *Pediatrics, 102*(5), 1185-1192.

- Klimstra, T. A. (2012). The dynamics of personality and identity in adolescence. *European Journal of Developmental Psychology*, 9(4), 472-484.
- Klingman, A. (1993). School-based intervention following a disaster *Children and disasters* (pp. 187-210): Springer.
- Koch, T., & Harrington, A. (1998). Reconceptualizing rigour: the case for reflexivity. *Journal of Advanced Nursing*, 28(4), 882-890.
- Kogan, S. M. (2004). Disclosing unwanted sexual experiences: results from a national sample of adolescent women. *Child Abuse & Neglect*, 28(2), 147-165.
- Lago, K., & Codo, W. (2013). Compassion fatigue: evidence of internal consistency and factorial validity in ProQol-BR. *Estudos de Psicologia (Natal)*, 18(2), 213-221.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative research in Psychology*, 3(2), 102-120.
- Laverty, S. M. (2003). Hermeneutic Phenomenology and Phenomenology: A Comparison of Historical and Methodological Considerations. *International Journal of Qualitative Methods* 2(3).
- Lee, A., Li, C., Kwong, N., & So, K. (2006). Neonaticide, newborn abandonment, and denial of pregnancy-newborn victimisation associated with unwanted motherhood. *Hong Kong Med J*, 12(1), 61-64.
- Lee, L., Chen, P., Lee, K., & Kaur, J. (2006). Premarital sexual intercourse among adolescents in Malaysia: a cross-sectional Malaysian school survey. *Singapore medical journal*, 47(6), 476.
- Lee, R. M. (1993). *Doing research on sensitive topics*: Sage.

- Leidy, M. S., Parke, R. D., Cladis, M., Coltrane, S., & Duffy, S. (2009). Positive marital quality, acculturative stress, and child outcomes among Mexican Americans. *Journal of Marriage and Family*, 71(4), 833-847.
- Leitner, L. A., & Stecher, T. (1974). Crisis intervention for growth: Philosophical dimensions and treatment strategies. *Psychology: A Journal of Human Behavior*.
- Lincoln, Y. S. (2002). On the nature of qualitative evidence. *Mind*, 6.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalist inquiry*. Beverly Hills, CA: Sage.
- Logsdon, M.C., & Davis D.W. (2003). Social and professional support for pregnant and parenting women. *MCN Am J Matern Child Nurs*. 28(6):371-3766.
- Low, W. Y. (2009). Malaysian Youth Sexuality, Issues and challenges. *Journal of Marriage and Family* 12(1), 3-14.
- Low, W. Y., Ng, C. J., Fadzil, K. S., & Ang, E. S. (2007). Sexual issues: let's hear it from the Malaysian boys. *The Journal of Men's Health & Gender*, 4(3), 283-291.
- Lugo, J. O., & Hershey, G. L. (1979). *Human Development: A Psychological, Biological, and Sociological Approach to the Life Span*: Macmillan.
- Lyons, E., & Coyle, A. (2007). *Analysing qualitative data in psychology*: Sage.
- Macleod Catriona, I. (2010). *'Adolescence', Pregnancy and Abortion*: Routledge.
- Mahmud, Z., & Habib, A. R. (2001). Pendedahan Kendiri: Perkara yang diceritakan oleh Remaja kepada Ibu Bapa. *Jurnal Pendidikan (UKM)*, 26, 81-92.
- Makinson, C. (1985). The health consequences of teenage fertility. *Family Planning Perspectives*, 132-139.
- Malloy, T. (2012). Adult Attachment Style, Spirituality, and Religiosity among Individuals in Treatment for Substance Use Disorders.

- Marohaini, Y. (2001). *Penyelidikan kualitatif: pengalaman kerja lapangan kajian*: Penerbit Universiti Malaya.
- Marshall, C., & Rossman, G. B. (2010). *Designing qualitative research*: Sage Publications, Inc.
- Mbizvo, M. T., Bonduelle, M. M. J., Chadzuka, S., Lindmark, G., & Nystrom, L. (1997). Unplanned pregnancies in Harare: What are the social and sexual determinants? *Social Science & Medicine*, 45(6), 937-942.
- McLain, K. B. (2008). *The impact of burnout, compassion fatigue, and compassion satisfaction on foster parenting*: ProQuest.
- McLeod, J. (2001). *Qualitative research in counselling and psychotherapy* (1st ed.): Sage Publications Ltd.
- McLeod, J. (2003). *Doing counselling research*: Sage Publications Ltd.
- McNamara, C. (2009). General guidelines for conducting interviews. Retrieved June 8, 2011.
- Mehta, Suman, Groenen, Riet & Roque, F. (1988). "Adolescents in changing times: Issues and perspectives for adolescent reproductive health in the ESCAP region", in ESCAP, *Asia-Pacific Population Policies and Programmes: Future Directions*, Asian Population Studies Series No. 153 (United Nations publication, Sales No. E.99.11.F.4), pp. 167-194.
- Merriam, S. B. (1998). *Qualitative Research and Case Study Applications in Education. Revised and Expanded from "Case Study Research in Education."*: Jossey-Bass Publishers.
- Merriam, S. B. (2002). *Qualitative research in practice: Examples for discussion and analysis*: Jossey-Bass San Francisco.

- Merriam, S. B. (2009). *Qualitative Research. A Guide to Design and Implementation*. Revised and expanded from *Qualitative Research and Case Study Applications in Education*.
- Middleton, S. (2011). 'I Wouldn't Change Having the Children—Not at All.' Young Women's Narratives of Maternal Timing: What the UK's Teenage Pregnancy Strategy Hasn't Heard. *Sexuality Research and Social Policy*, 8(3), 227-238.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*: Sage.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative Data Analysis: A Methods Sourcebook*: Sage.
- Miller, F. C. (2000). Impact of Adolescent Pregnancy as We Approach the New Millennium. *Journal of Pediatric and Adolescent Gynecology*, 13(1), 5-8.
- Mohamad Nor, A., & Sumari, M. (2013). Adolescents with an unwanted pregnancy: An experience. *Counselling, Psychotherapy, and Health*, 8(1), 8-21.
- Molina, R. C., Roca, C. G., Zamorano, J. S., & Araya, E. G. (2010). Family planning and adolescent pregnancy. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 24(2), 209-222.
- Moore, K. A., Miller, B. C., Sugland, B. W., Morrison, D. R., & Gleib, D. A. (2000). Beginning too soon: adolescent sexual behavior pregnancy and parenthood. A review of research and interventions.
- Moos, M.-K., Bartholomew, N. E., & Lohr, K. N. (2003). Counseling in the clinical setting to prevent unintended pregnancy: an evidence-based research agenda. *Contraception*, 67(2), 115-132.
- Mortazavi, Z., Sohrabi, F., & Hatami, H. R. (2012). Comparison of attachment styles and emotional maturity between opiate addicts and non-addicts.

- Nitz, K. (1999). Adolescent pregnancy prevention: A review of interventions and programs. *Clinical Psychology Review, 19*(4), 457-471.
- Norani, M. S. (2001). Etika dan Penyelidikan Kualitatif. In M. Yusoff (Ed.), *Penyelidikan Kualitatif: Pengalaman Kerja Lapangan Kajian* (1 ed., pp. 1-33). Kuala Lumpur Penerbit Universiti Malaya
- Nuckolls, K. B., Cassel, J., & Kaplan, B. H. (1972). Psychosocial assets, life crisis and the prognosis of pregnancy. *American journal of Epidemiology, 95*(5), 431-441.
- Nupponen, R. (1998). What is counseling all about—: Basics in the counseling of health-related physical activity. *Patient Education and Counseling, 33, Supplement 1*(0), S61-S67.
- Nurullah, A. S., Makol-Abdul, P. R., Imam, S. S., & Abd Rahman, S. (2009). Parent's Attitudes towards Inclusion of Sexuality Educaiton in Malaysian Schools. *International Journal about Parents in Education, 3*(1), 42-56.
- Olukoya, A., Kaya, A., Ferguson, B., & AbouZahr, C. (2001). Unsafe abortion in adolescents. *International Journal of Gynecology & Obstetrics, 75*(2), 137-147.
- Omar, K., Hasim, S., Muhammad, N. A., Jaffar, A., Hashim, S. M., & Siraj, H. H. (2010). Adolescent pregnancy outcomes and risk factors in Malaysia. *International Journal of Gynecology & Obstetrics, 111*(3), 220-223.
- Omorodion, F. (2006). Sexuality, lifestyles, and the lures of modernity: Participatory rural appraisal (PRA) of female adolescents in the niger delta region of Nigeria. *Sexuality & Culture, 10*(2), 96-113.
- Owens, D. (1996). Men, emotions and the research process: The role of interviews in sensitive areas. In K. Carter & S. Delamont (Eds.) *Qualitative research: The emotional dimension*, 56-65.
- Palacios, J., & Kennedy, H. P. (2010). Reflections of Native American teen mothers. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 39*(4), 425-434.

- Patton, M. Q. (1990). *Qualitative evaluation and research methods*.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*: Sage Publications, Inc.
- Paulson, B. L., Everall, R. D., & Stuart, J. (2001). Client perceptions of hindering experiences in counselling. *Counselling and Psychotherapy Research, 1*(1), 53-61.
- Pinotti, J., & Faúndes, A. (1989). Unwanted pregnancy: challenges for health policy. *International Journal of Gynecology & Obstetrics, 30, Supplement(0)*, 97-102.
- Pinto e Silva, J. L. (1998). Pregnancy during adolescence: Wanted vs. unwanted. *International Journal of Gynecology & Obstetrics, 63, Supplement 1(0)*, S151-S156.
- Polkinghorne, D. E. (2005). Language and Meaning: Data Collection in Qualitative Research. *Journal of Counseling Psychology, 52*(2), 137-145.
- Porter, J. Y. (2007). Helping College Students Develop Mental Wellness Skills Through Journaling Techniques.
- Ravindran, J. (2003). Unwanted Pregnancy, medical and ethical dimensions. *Medical Journal of Malaysia, 58*(Supplement A), 23-35.
- Regmi, K., Naidoo, J., & Pilkington, P. (2010). Understanding the processes of translation and transliteration in qualitative research. *International Journal of Qualitative Methods, 9*(1), 16-26.
- Reynolds, J., Kizito, J., Ezumah, N., Mangesho, P., Allen, E., & Chandler, C. (2011). Quality assurance of qualitative research: a review of the discourse. *Health Research Policy and Systems, 9*(1), 43.

- Roberts, A. R., & Ottens, A. J. (2005). The seven-stage crisis intervention model: A road map to goal attainment, problem solving, and crisis resolution. *Brief Treatment and Crisis Intervention, 5*(4), 329.
- Roulin, M.-J., Hurst, S., & Spirig, R. (2007). Diaries Written for ICU Patients. *Qualitative Health Research, 17*(7), 893-901.
- Royal Malaysia Police. (2012). *Sexual Case Statistics*. Bahagian Siasatan Seksual, Penderaan dan Kanak-kanak (D11), Jabatan Siasatan Jenayah Polis Diraja Malaysia
- Saba, N., Hamayun, M., & Bilal, M. (2013). Outcome of Teenage Pregnancy. *Biomedica, 29*, 27.
- Sabin-Farrell, R., & Turpin, G. (2003). Vicarious traumatization: implications for the mental health of health workers? *Clinical Psychology Review, 23*(3), 449-480.
- Sabo, D. F., Miller, K. E., Farrell, M. P., Melnick, M. J., & Barnes, G. M. (1999). High school athletic participation, sexual behavior and adolescent pregnancy: a regional study. *Journal of Adolescent Health, 25*(3), 207-216.
- Saito, M. I. (1998). Sex education in school preventing unwanted pregnancy. *International Journal of Gynecology & Obstetrics 63*(1), 157-160.
- Sandoval, J. (2013). *Crisis counseling, intervention and prevention in the schools*: Routledge.
- Sandoval, J. H. (2001). *Handbook of crisis counseling, intervention, and prevention in the schools*: Routledge.
- Santelli, J., Rochat, R., Hatfield-Timajchy, K., Gilbert, B. C., Curtis, K., Cabral, R. Schieve, L. (2003). The measurement and meaning of unintended pregnancy. *Perspectives on sexual and reproductive health, 35*(2), 94-101.

- Savenye, W. C., & Robinson, R. S. (1996). Qualitative research issues and methods: An introduction for educational technologists. *Handbook of research for educational communications and technology*, 1171-1195.
- Schmiege, S., & Russo, N. F. (2005). Depression and unwanted first pregnancy: longitudinal cohort study. *BMJ*, doi:10.1136/bmj.38623.532384.55 (published 28 October 2005)
- Research Support, U.S. Gov't, Non-P.H.S.]. *BMJ*, 331(7528), 1303.
- Schutt-Aine, J., & Maddaleno, M. (2003). *Sexual health and development of adolescents and youth in the Americas: program and policy implications*: Pan American Health Organization Washington, DC.
- Seale, C. (1999). Quality in qualitative research. *Qualitative Inquiry*, 5(4), 465-478.
- Seamark, C. J., & Lings, P. (2004). Positive experiences of teenage motherhood: a qualitative study. *The British Journal of General Practice*, 54(508), 813.
- Sedgh, G., Bankole, A., Oye-Adeniran, B., Adewole, I. F., Singh, S., & Hussain, R. (2006). Unwanted pregnancy and associated factors among Nigerian women. *International Family Planning Perspectives*, 175-184.
- Seidman, I. (2012). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*: Teachers college press.
- Shinebourne, P. (2011). Interpretative Phenomenological Analysis In N. Frost (Ed.), *Qualitative Research Methods in Psychology: Combining Core Approaches* (pp. 44-65). USA: Open University Press.
- Sieber, J. E., & Stanley, B. (1988). Ethical and professional dimensions of socially sensitive research. *American Psychologist*, 43(1), 49-55.

- Silverman, D. (2004). Who cares about 'experience'?: Missing issues in qualitative research In D. Silverman (Ed.), *Qualitative Research: Theory, Method and Practice* (pp. 342-367). London: Sage Publications Ltd.
- Silverman, D. (2010). *Doing qualitative research* (3rd ed.): Sage Publications Ltd.
- Smith, J. A. (1996). Qualitative methodology: analysing participants' perspectives. *Current Opinion in Psychiatry*, 9(6), 417.
- Smith, J. A. (1999). Identity development during the transition to motherhood: An interpretative phenomenological analysis. *Journal of Reproductive and Infant Psychology*, 17(3), 281-299.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*: Sage Publications Ltd.
- Smith, J. A., & Osborn, M. (2003a). Interpretative phenomenological analysis. *Qualitative psychology: A practical guide to research methods*, 51-80.
- Smith, J. A., & Osborn, M. (2003b). Interpretative phenomenological analysis. *Doing social psychology research*, 229-254.
- Sosin, D. A. (1983). The diary as a transitional object in female adolescent development. *Adolescent psychiatry*, 11, 92-103.
- Speidel, J. J., Harper, C. C., & Shields, W. C. (2008). The potential of long-acting reversible contraception to decrease unintended pregnancy. *Contraception*, 78(3), 197-200.
- Spruijt-Metz, D. (1999). *Adolescence, affect and health*: Psychology Pr.
- Stepakoff, S. (2009). From destruction to creation, from silence to speech: Poetry therapy principles and practices for working with suicide grief. *The Arts in Psychotherapy*, 36(2), 105-113.

- Stephenson, J., Strange, V., Allen, E., Copas, A., Johnson, A., Bonell, C., Team, R. S. (2008). The long-term effects of a peer-led sex education programme (RIPPLE): a cluster randomised trial in schools in England. *PLoS medicine*, 5(11), 224.
- Stiles, W. B. (1993). Quality control in qualitative research. *Clinical Psychology Review*, 13(6), 593-618.
- Strauss, A., & Corbin, J. (1998). Basics of qualitative research: Procedures and techniques for developing grounded theory. *ed: Thousand Oaks, CA: Sage*.
- Sumari, M., Ahmed Tharbe, I. H., Md. Khalid, N., & Mohamad Nor, A. (2014). *Teori Kaunseling dan Psikoterapi*. Malaysia: Penerbit Universiti Malaya.
- Sundby, J., Svanemyr, J., & Mæhre, T. (1999). Avoiding unwanted pregnancy—the role of communication, information and knowledge in the use of contraception among young Norwegian women. *Patient Education and Counseling*, 38(1), 11-19.
- Tamkins, T. (2004). Teenage pregnancy risk rises with childhood exposure to family strife. *Perspectives on sexual and reproductive health*, 36(2), 88-89.
- Tesch, R. (1990). *Qualitative research: Analysis Types and Software Tools*. New York: Falmer.
- Thornburg, H. D. (1981). Adolescent sources of information on sex. *Journal of School Health*, 51(4), 274-277.
- The National Campaign to Prevent Teen Pregnancy (2007). Washington, D.C.
- The National Campaign to Prevent Teen Pregnancy (2008). *Ten Tips for Parents to Help Their Children Avoid Teen Pregnancy*. Washington, D.C.
- Trussell, J., & Wynn, L. Contraception Editorial January 2008 Reducing Unintended Pregnancy in the United States.

- Turner III, D. W. (2010). Qualitative interview design: A practical guide for novice investigators. *The qualitative report*, 15(3), 754-760.
- U.S. Department of Health & Human Services. "HHS Awards Evidence-based Teen Pregnancy Prevention Grants". Retrieved 15 February 2011).
- Valk, & Guus. (2000). "The Dutch Model". *The UNESCO Courier* 53 (7): 19. Retrieved July 3, 2011).
- Vanoss Marín, B., Coyle, K. K., Gómez, C. A., Carvajal, S. C., & Kirby, D. B. (2000). Older boyfriends and girlfriends increase risk of sexual initiation in young adolescents. *Journal of Adolescent Health*, 27(6), 409-418.
- Vinovskis, M. A. (1981). An epidemic of adolescent pregnancy? Some historical considerations. *Journal of Family History*, 6(2), 205-230.
- Vundule, C., Maforah, F., Jewkes, R., & Jordaan, E. (2001). Risk factors for teenage pregnancy among sexually active black adolescents in Cape Town. *S Afr Med J*, 91(1), 73-80.
- Wah-Yun, L. (2004). Impact of Sexual Health Course on Malaysian University Students. *Medical Journal Malaysia* 59(4), 443-449.
- Wellings, K., & Kane, R. (1999). Trends in teenage pregnancy in England and Wales: how can we explain them? *Journal of the Royal Society of Medicine*, 92, 277-282.
- Wiersma, W., & Jurs, S. G. (2004). *Research methods in education: An introduction: {Allyn & Bacon}*.
- Wilde, D. J., & Murray, C. D. (2009). The evolving self: finding meaning in near-death experiences using Interpretative Phenomenological Analysis. *Mental Health, Religion and Culture*, 12(3), 223-239.

- Williams, E. N., & Morrow, S. L. (2009). Achieving trustworthiness in qualitative research: A pan-paradigmatic perspective. *Psychotherapy Research, 19*(4-5), 576-582.
- Willis, B. T. (2013). How identity develops: using attachment, differentiation, mood, communication, and personal narrative to predict identity status among emerging adults.
- Witmer, J. M., & Sweeney, T. J. (1992). A holistic model for wellness and prevention over the life span. *Journal of Counseling & Development, 71*(2), 140-148.
- World Health Organisation. (2005). Sexual and Reproductive Health of Adolescents and Youths in Malaysia - A Review of Literature and Projects 2005.
- World Health Organisation. (2009). Adolescent pregnancy: a culturally complex issue. *Bull World Health Organ 87*(6), 410-411.
- World Health Organization. (1999). *WHO laboratory manual for the examination of human semen and sperm-cervical mucus interaction*. (0521645999). Cambridge university press.
- Yin, R. K. (2009). *Case study research: Design and methods* (Vol. 5): Sage publications, Inc.
- Zabin, L. S., & Cardona, K. M. (2002). Adolescent pregnancy In G. M. Wingwood & R. J. DiClemente (Eds.), *Handbook of women's sexual and reproductive health: Issues in women health* (pp. 231-253). New York: U.S. Kluwer Academic Plenum Publisher.
- Zabin, L. S., & Hayward, S. C. (1993). *Adolescent sexual behavior and childbearing* (Vol. 26): Sage Publications, Inc.
- Zekan, Š., Novotny, T., & Begovac, J. (2008). Unsafe Sexual Behavior Among HIV-Infected Patients in Croatia, 2006: Prevalence and Associated Factors. *AIDS and Behavior, 12*(0), 86-92.

Zulkifli, S. N., & Low, W. Y. (2000). Sexual practices in Malaysia: determinants of sexual intercourse among unmarried youths. *Journal of Adolescent Health, 27*(4), 276-280.

Zulkifli, S. N., Low, W. Y., & Yusof, K. (1995). Sexual activities of Malaysian adolescents. [Research Support, Non-U.S. Gov't]. *Med J Malaysia, 50*(1), 4-10.

APPENDICES

INFORMED CONSENT FORM – PARENT(S) / GUARDIANS
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[Informed Consent Form for parents/guardians of adolescent females participating in the research titled: Understanding the Experiences of Adolescents with Unwanted Pregnancy]

[Name of Investigator] : Azmawaty binti Mohamad Nor

[Name of Organization] : University of Malaya

As part of the fulfillment of the Doctor of Philosophy Degree

This Informed Consent Form has two parts:

Information Sheet (to share information about the study with you)

Certificate of Consent (for signatures if you agree that your child may participate)

You will be given a copy of the full Informed Consent Form

Part I: Information Sheet

Introduction

I am Azmawaty binti Mohamad Nor and currently, I am doing my Doctor of Philosophy degree in the University of Malaya. My research is on adolescents, focusing on the experiences of the adolescent females with unwanted pregnancy. In my research, I will talk to a few teenage girls and ask them a number of questions. Whenever a research studies children, we need to talk to the parents or guardians and seek their permission before conducting the study. After you have heard more about the study, and if you agree, then the next thing I will do is ask your daughter / child under your care for her agreement as well. Both of you have to agree independently before I can begin.

Purpose

It is possible by understanding the psychological make-up of the adolescents; we may be able to come up with the best possible solutions to curb the increasing number of adolescents with unwanted pregnancy. In this study, I will talk to some teenage girls focusing on their experiences, as well as the support and care that they required. In this study, I will also talk to the teenage girls about what they know about caring for their bodies in a healthy way including sexual and reproductive health. I will invite them to share their knowledge, understanding and experiences with us so that we can find ways to care and provide support in meeting their needs.

Type of Research Intervention

The research will include collection of data to seek details from your daughter / child under your care as listed below:

- *Demographic information – a questionnaire will be distributed at the beginning of the study.*
- *Face-to-face interview*
- *Drawings & Diary Writing*

Selection of Participants

Explanation on selection of participants and the criteria

Voluntary Participation

Explanation on voluntary participation

Procedure

Demographic information – a questionnaire will be distributed at the beginning of the study.

The demographic information will consists of a survey question on the background of your daughter / child under your care. For example; age and educational background.

Face-to-face interview

The interview will be conducted between the researcher and participant

Drawings and Diary Writing

To assist during the interview sessions

Duration

Each interview which will take approximately 90 minutes

Risks and Discomforts

"There is a risk that your daughter / child under your care/child under your care may share some personal or confidential information by chance, or that she may feel uncomfortable talking about some of the topics. You must know that she does not have to answer any question or take part in the discussion/interview/survey if she feels the question(s) are too personal or if talking about them makes her uncomfortable.

Your daughter / child under your care may choose to tell you about the interview and the questionnaire but she does not have to do this. We will not be sharing with you either the questions we ask or the responses given to us by your child.

Benefits

There will be no immediate and direct benefit to your child or to you, but your child's participation is likely to help us find out more about the health needs of teenage girls and prevention programs to help curb the adolescent pregnancy issues.

Reimbursements

Your daughter / child under your care will not be provided with any payment to take part in the research..

Confidentiality:

We will not be sharing information about your daughter / child under your care outside of the research team. The information that I collect from this research project will be kept confidential. Information about your child that will be collected from the research will be put away and no-one but the researchers will be able to see it. Any information about your child will have a pseudonym on it instead of her name. Only the researchers will know what the pseudonyms refer to.

Sharing of Research Findings

I will also publish the results for academic purposes.

Right to refuse or withdraw

You may choose not to have your child participate in this study and your child does not have to take part in this research if she does not wish to do so.

Who to Contact

Provide the name and contact information of someone who is involved, informed and accessible (a local person who can actually be contacted. State also that the proposal has been approved and how.

If you have any questions you may ask me now or later, even after the study has started. If you wish to ask questions later, you may contact any of the following:

Name : **Azmawaty binti Mohamad Nor**

Mobile No. : **012-XXXXXXX**

E-mail address : **azy_mn@yahoo.com**

This proposal has been reviewed and approved by the vetting committee in the Faculty of Education, University of Malaya which is a committee whose task it is to make sure that research participants are protected from harm.

PART II: Certificate of Consent

Certificate of Consent

I have been asked to give consent for the child under your care to participate in this research study which will involve her completing three interview series and whatever deemed necessary to ensure the success of the research.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for the child under my care to participate as a participant in this study.

Print Name of Parent or Guardian _____

Signature of Parent of Guardian _____

Date _____

Day/month/year

If illiterate

A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.

I have witnessed the accurate reading of the consent form to the parent of the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness _____
participant

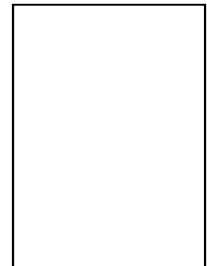
Signature of witness _____

Date _____

Day/month/year

AND

Thumb print of



Statement by the researcher/person taking consent

I have accurately read out the information sheet to the parent/guardian of the potential participant, and to the best of my ability made sure that the person understands that the following will be done:

1. Three-series of interview

I confirm that the parent/guardian was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the parent or guardian of the participant _____

Print Name of Researcher/person taking the consent

INFORMED ASSENT FORM

An Informed Assent Form does not replace a consent form signed by parents or guardians. The assent is in addition to the consent and signals the child's willing cooperation in the study.

[Informed Assent Form for adolescent female participating in the research: Understanding the Experiences of Adolescents with Unwanted Pregnancy]

(This informed assent form is for children between the ages of 12 – 18 who I am inviting to participate in my research on Understanding the Adolescents Experiences with Unwanted Pregnancy)

This Informed Assent Form has two parts:

Information Sheet (gives you information about the study)

Certificate of Assent (this is where you sign if you agree to participate)

You will be given a copy of the full Informed Assent Form

Part I: Information Sheet

Introduction

My name is Azmawaty binti Mohamad Nor and I am currently doing my Doctor of Philosophy degree and am working on adolescents. My aim is to understand the experiences of the adolescents with unwanted pregnancy. I intend to understand and explore your experience with unwanted pregnancy to see what possible solutions to the existing problems are. This will also assist in further understanding what kind of needs and cares girls like you may need.

I am going to give you information and invite you to be part of a research study. You can choose whether or not you want to participate. We have discussed this research with your parent(s)/guardian and they know that we are also asking you for your agreement. If you are going to participate in the research, your parent(s)/guardian also have to agree. But if you do not wish to take part in the research, you do not have to, even if your parent(s)/guardian have agreed.

You may discuss anything in this form with your parent(s)/guardian or friends or anyone else you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. You do not have to decide immediately.

There may be some words you don't understand or things that you want me to explain more about because you are interested or concerned. Please ask me to stop at anytime and I will take time to explain.

Purpose

We want to find out what actually goes in the mind of adolescent females with unwanted pregnancy. How do you think of the experiences of being pregnant before marriage and what are the better ways to assist in curbing similar experiences from spreading? Therefore, in order to find out what are the best possible methods and ways to curb the increase in the rise of adolescent's pregnancy, I wish to understand what you have been going through.

Choice of participants

At present, I am conducting research on adolescent females with unwanted pregnancy who are your age, between 16 to 18 years old and who lives in a home that housed girls with similar experiences.

Participation is voluntary

You don't have to be in this research if you don't want to be. It is up to you. If you decide not to be in the research, its okay and nothing changes. This is still your home; everything stays the same as before. Even if you say "yes" now, you can change your mind later and it is still okay.

If applicable: If anything changes and we want you to stay in the research study even if you want to stop, we will talk to you first .)

If you decide not to take part in this research study, do you know what your options are? Do you know that you do not have to take part in this research study, if you do not wish to? Do you have any questions?

I have checked with the child and they understand that participation is voluntary

_____ (initial)

Confidentiality: Is everybody going to know about this?

I will not share information about you to anyone who does not work in the research study.

Information about you that will be collected from the research will be put away and no-one but the researchers will be able to see it.

Sharing the Findings:

I will complete my thesis and publish articles based on my findings on your experience.

Right to Refuse or Withdraw: Can I choose not to be in the research? Can I change my mind?

You do not have to be in this research. No one will be mad or disappointed with you if you say no. It is your choice. You can think about it and tell us later if you want. You can say "yes" now and change your mind later and it will still be okay.

If you choose to be part of this research I will also give you a copy of this paper to keep for yourself. You can ask your parents/guardians to look after it if you want.

You can ask me any more questions about any part of the research study, if you wish to. Do you have any questions?

Part 2: Certificate of Assent

I understand the research is to find out about the experiences that I have while being pregnant. I understand that I have to undergo three series of interviews at different times. The interview will be conducted on individual basis. I will also be requested to join in the group art drawings to be conducted at three different times after each round of interviews.

I have read this information (or had the information read to me) I have had my questions answered and know that I can ask questions later if I have them.

I agree to take part in the research.

OR

I do not wish to take part in the research and I have not signed the assent below. _____(initialled by child/minor)

Only if child assents:

Print name of child _____

Signature of child: _____

Date: _____

day/month/year

If illiterate:

A literate witness must sign (if possible, this person should be selected by the participant, not be a parent, and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.

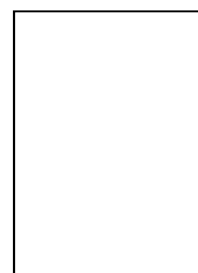
I have witnessed the accurate reading of the assent form to the child, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness (not a parent) _____ **AND** **Thumb print of participant**

Signature of witness _____

Date _____

Day/month/year



I have accurately read or witnessed the accurate reading of the assent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given assent freely.

Print name of researcher _____

Signature of researcher _____

Date _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the child understands that the following will be done:

- *Three-series of interview*
- *Drawing*
- *Diary writing*

I confirm that the child was given an opportunity to ask questions about the study, and all the questions asked by her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this assent form has been provided to the participant.

Print Name of Researcher/person taking the assent _____

Signature of Researcher /person taking the assent _____

Date _____

Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Parent/Guardian has signed an informed consent ___Yes ___No _____(initialed by researcher/assistant)

INTERVIEW PROTOCOL

Title of Research: Understanding Adolescents' Experience with an Unwanted Pregnancy

INSTRUCTIONS:

Interview must be audio recorded. For every interview please bring along a digital audio recorder and cassette tape (60 minutes) or MP3/MP4. Make sure the digital audio recorder is effective and bring along ample dry cell batteries. Also, please make sure that the MP3/MP4 is fully charged.

The purpose of the interview is to obtain information which cannot be gathered from survey/questionnaires as well as observation, especially the view/perspective of the research participants' knowledge and experience.

The interview must be carried out based on the prior observation at the particular site – the focus is directed towards the research participants focusing on the topic of interests.

The questions given only serve as a guide. You have to give space for issues/ideas/themes that may emerge during the visit or during observation and during the interviews.

Please focus on the response of the research participants to guide you on the follow-up questions during your interviews.

Each question must be probed until saturation level, i.e. until no new matters emerge.

Use [R] for researcher and [P] for participants in your interview notes.

Name of Organisation	:
Name of Participant (use of pseudonym)	:
Place or Venue of interview	:
Date & Day	:
Time & Duration	:

INTERVIEW PROTOCOL

Guide to interview	Information	Researcher's note	Researcher's comments / reflection / issues
<p><i>Part A: Getting started - Rapport building</i></p> <p>Getting to know your participant</p> <p>Participant's rights & confidentiality</p> <p>Explanation of research objectives</p>	<p>Act as guidelines only. Researcher should not be too structured and data obtained will not reflect the true account of participants.</p> <p><i>My name is Azmawaty binti Mohamad Nor and I am currently doing my Doctor of Philosophy degree and my research is focusing on adolescents. My aim is to understand the experiences of the adolescents with unwanted pregnancy. I intend to understand and explore your experience with unwanted pregnancy to see what possible solutions to the existing problems are. This will also assist in further understanding what kind of needs and cares girls like you may need.</i></p> <p><i>I am going to give you information and invite you to be part of a research study. You can choose whether or not you want to participate. We have discussed this research with your parent(s)/guardian and they know that we are also asking you for your agreement. If you are going to participate in the research, your parent(s)/guardian also have to agree. But if you do not wish to take part in the research, you do not have to, even if your parent(s)/guardian have agreed.</i></p>		

	<p><i>There may be some words you don't understand or things that you want me to explain more about because you are interested or concerned. Please ask me to stop at anytime and I will take time to explain.</i></p> <p><i>All information will be kept confidential. Your details will not appear because pseudonyms will be used to represent you.</i></p>		
<p>Participant's background (qualification, family, job/job scope, roles, interest, attitude etc)</p> <p>Ice-breaker questions:</p>	<p>Example of ice breaking questions:</p> <p>Tell me about yourself. We could always begin by you describing your experience of being pregnant.</p>		
<p><i>Part B: Exploration and probing questions</i></p> <p>Focused on conversation based on your observation at research site. Give attention to the participant's response to guide you in the interviewing process. The probing question is to follow up and ask the participants to elaborate further</p>	<p>Example of questions based on observations:</p> <p>I noticed that you looked different today in comparison to the previous interview. Maybe you could share your thoughts with me.</p> <p>Example of probing questions and the need to paraphrase: Can you explain further what do you mean by wanting to gain independence and freedom? Are you saying....? How have your experience with pregnancy influence or not influence you in your decision making?</p>		

<p><i>Part C : Concluding the interview</i></p> <p>Additional information</p> <p>Appreciation</p>	<p>It is always crucial to let the adolescent understand that you might refer to her on matters that need further clarifications.</p> <p>A final thank you statement to acknowledge the time that the interview spent during the interview.</p>		
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Interview Process:

- (a) occasionally checking on the audio tapes to see if it is working well,
- (b) ask one question at any one time,
- (c) be neutral without showing any emotions,
- (d) avoid any facial or body language that might disrupt the interview,
- (e) occasionally nodding to encourage response from the participant,
- (f) transition from the existing topic to make it more interesting and;
- (g) never to lose track of the research objectives.

RESEARCH QUESTIONS:

How do adolescents with an unwanted pregnancy make sense of their experience?

EXTRACTION OF INTERVIEW TRANSCRIPT

INTERVIEW 2 - ORKID

Date: 5 March 2013

Time: 12.30 – 1.19 pm

R: Assalamualaikum, saya Azmawaty Mohamad Nor, penyelidik daripada Jabatan Pendidikan Psikologi dan Kaunseling dan pada minggu lepas, kak Azy ada datang untuk interview adik. Pada kali pertama, Orkid ya, nama. Aaa..18 tahun dan pada hari ini kak Azy ingin meneruskan sambungan daripada interview tempoh hari. Ada sedikit yang kak Azy nak tanya daripada interview yang lepas. Lepas tu kita teruskanlah, sebenarnya pada hari ini kak Azy nak tanya serba sedikit, ada soalan yang kak Azy nak tahu dan juga mmm...hari ini, masuk interview yang lain iaitu kak Azy nak tahu pengalaman. Pengalaman semasa mengandung. Apabila you mengalami ini kan, mengandung ni, ada, ada baby. Kak Azy nak tahu semua mengenai pengalaman. Haa..apa pengalaman you sewaktu mengandung? Okay, tapi before that kak Azy nak tanya dulu yang minggu lepas punya sikit boleh?

O: Aah.

R: Kak Azy letak ni kat bawah eh. Selesa sikit. Kak Azy nak, sebab kurang jelas. Kak Azy just nak tahu aa..sebab pada minggu lepas bila kak Azy tape tu balik. Kak Azy mmm..mmm..saya dengar bahawa, sebenarnya you dengan family okay, hubungan kekeluargaan tapi dengan ayah you takut.

O: Aah.

R: You agak takut sebab dia tegas.

O: Aah.

R: So bila I tanya semula, apa maksud takut? Sebab dia tegas. Aaa..yang tu tak clear.

O: Sebab dia tegas maksudnya aa.. macam mana, mmm.. dia tegas kan, jadi kita rasa macam mmm..nak share kat dia apa apa pun macam kita rasa macam, tak selesa ah..takut, macam..boleh ke kan..nak panggil dia semua, takut dia marah.

R: Panggil ayah ke abah?

O: Ayah.

R: Ayah. Ayah kerja apa hari tu eh?

O: Ayah berniaga.

R: Ah..berniaga, tapi mmm..berniaga apa? hari tu you cakap komputer kan? So, adakah mungkin sebab ayah sibuk selalu? [Ayah sentiasa ada kat...

O: [Ayah aaa.. sentiasa juga ada kat rumah.

R: Mmm.

O: Cuma, cara dia ah saya tak faham aaa.

R: Okay, bila kata cara dia haa okay, tak faham. Apa maksud tu?

O: (tak jelas)...macam mana ah, mungkin dia okay, tapi saya anggap dia macam mmm...macam mana aaa..dia tak ni, macam, mungkin saya anggap dia akan marah walau apa pun.

R: Aah.

O: Apa yang saya nak, dia tak kan bagi macam tu lah saya fikir.

R: Okay. Kenapa ada beranggapan macam tu?

O: Sebab macam, selalunya aaa..kalau tanya memang dia tak kan bagi.

R: Ini dah berlaku dari kecik lah..

O: Aah.

R: Dari kecik, bila nak minta sesuatu selalu kata tak boleh atau tak kasi.

O: Aah.

R: So, terus..

O: Aaa..rasa macam..

R: Tapi mmm...itu lah, kak Azy sebenarnya interested nak tahu pasal, hubungan dengan ayah, dengan adik-beradik yang lain aaa..dengan abang lagi, memang macam, begitu-begitu sahaja. Aaa...meaning, dia tak pernah tanya pasal Orkid pun lah?

O: Mmm.

R: Aaa..sekarang ni, bila Orkid kat sini cakap dengan adik-beradik apa? Pergi ke mana?

O: Belajar.

R: Oh, belajar. Sebenarnya mereka still ingat you belajar. Mmm..pernah tak diorang telefon di sini? Ke rumah perlindungan ni. Mereka tak pernah telefon? Ayah, ibu?...

O: Mak dengan ayah lah.

R: Mak eh? Mak ke umi?

O: Umi....umi dengan ayah.

R: Umi dengan ayah memang telefon lah. Berapa kekerapan mereka telefon?

O: Mmm..tak kerap juga lah, macam...tak selalu lah, macam sebulan sekali macam tu lah.

R: Mmm..sebulan sekali, okay. Aaa..lepas tu kak Azy nak tanya pengalaman semenjak dimasukkan ke sini. Apa perasaan, apa yang you fikir, pernah terfikir benda-benda, apa yang you fikir? Haa, tu je lah.

O: Masuk sini eh. Masuk sini, mula mula ingat aaa..apa.

R: Masuk sini bila eh?

O: Bulan 1.

R: Bulan 1, so, masa tu kandungan dah mencecah 7 bulan.

O: 7 bulan.

R: Okay, lepas tu?

O: Lepas tu aaa...dia, okay ah masuk sini aaa..tak ramai budak macam saya lah. Duduk bercampur. Okay lah.

R: Okay, maksud dia?

O: Sini pun okay lah macam, makan dia semua jaga lah, kita tak ada apa apa masalah kat sini.

R: Okay daripada segi makanan aa..tak da masalah...

O: Aah...tempat tinggal..

R: Tempat tinggal tak ada masalah, okay. Tapi daripada segi mmm...kerohanian..

O: Kerohanian, kadang kadang macam, kat sini ah ada juga orang macam tak boleh terima kita, jadi kita macam sedih juga lah. Kadang kadang.

R: Aaa..golongan macam mana yang tak boleh terima kita sebab setahu kak Azy aaa..tempat ni, rumah perlindungan ni selain menempatkan wanita dan remaja yang mengandung sebelum berkahwin, mereka juga menempatkan anak-anak yatim. Boleh kak Azy tanya tak, golongan macam mana yang you rasa atau anggap yang tak boleh terima you?

O: Mmm, golongan wanita.

R: Golongan wanita.

O: Golongan wanita, dia jenis yang maybe dia tak, tak matang lagi. So, macam, tak suka kita semua aaa.. macam tu ah.

R: Wanita ke remaja?

O: Mmm..rema...wanita lah wanita.

R: Dah besar lah, dah besar.

O: Aah.

R: Sebab wanita tu berumur 18 tahun ke atas. So, golongan itu.

O: Aah.

R: Adakah mereka datang ke sini atas tujuan?

O: Mmm..ada yang diorang, mm..macam staff lah.

R: Macam staff. It's okay. Macam kak Azy kata benda ni adalah rahsia dan kak Azy tak kan menceritakan juga kepada tuan punya rumah perlindungan ni, okay. Jangan risau. Aaa..adik boleh ceritakan kat kak Azy, sebab kak Azy kena tahu perasaan. So, basically, dengan adik adik yatim yang lain.

O: Dengan anak anak yatim okay lah, dengan umi semua okay.

R: Oh, umi.

O: Aah.

R: Cuma dengan staff staff mereka tak faham. Apa perasaan you bila rasa, tengok orang anggap you...

O: Macam sedih ah, pastu lama lama fikir, biar lah dia. kita macam bawa diri kita ah..

R: Kenapa..

O: Kalau kita layan, kalau kita layan, kita pun akan sakit.

R: Aah, okay.

O: Jadi kita, kita pun datang sini nak berubah, so kita buang ah benda benda tak baik tu jauh.

R: Okay. Kak Azy tengok Orkid ni sangat positif. Memang Orkid tahu tujuan Orkid datang ke sini dan juga memang Orkid, tadi sebut perkataan ingin berubah. Jadi biarkanlah diorang, jangan layan. Aaa..kalau kita tak layan diorang tu, apa, apa yang Orkid buat?

O: Maksudnya, kira macam, aaa...kalau dia tak suka kita kan, kita jangan lah tunjuk kat dia yang kita ta suka dia tapi...kita ambil benda positif lah...kita, walaupun orang tak suka kita, kita buat baik lah.

R: Buat baik, okay. So, lagi, selain daripada orang yang mungkin mempunyai anggapan yang salah terhadap diri you dan buat you rasa sedih. Apa lagi pengalaman yang you dapat bila tinggal kat sini?

O: Bila kita orang pregnant, kadang-kadang kita pun tak larat. Ada juga orang yang dengki.

R: Ooh. Yang..

O: So, kita buang lah (tak jelas).

R: Okay. Aaa..sebab kak Azy

O: Macam, aa...kalau kita rajin ke, biasa kita buat kerja kan, dia tak buat kerja pastu aaa..nanti..mula lah dia cakap kita ni buat-buat rajin.

R: Mmm..okay. So, apa perasaan you bila sama-sama kawan dan sama-sama mengandung mmm..

O: (tak jelas) aaa..kalau boleh nak sama-sama kan, nasib pun sama tapi nak buat macammana kalau dia dah macam tu.

R: Mmm..bila, nak buat macam mana kalau dia macam tu maksud dia macam mana?

O: Aaa...mungkin sikap dia memang macam tu kot.

R: Mmm..jadi orkid terima lah sikap orang begitu semuanya orkid terima.

O: Sebab orkid pun bukannya baik sangat pun. Nak menghukum orang pun tak boleh.

R: Jadi orkid macam aaa...kak azy dengar tadi, orkid macam sedar, bahawa orkid pun aaa...orkid kata saya pun bukan baik sangat sebab siapa saya nak menghukum orang. Jadi, apa benda yang negatif semua orkid akan tolak.tepi lah. Jadi, apa pengalaman selain daripada, tadi perempuan yang staff staff kat sini mungkin beranggapan negative dan kawan-kawan sesama yang mengandung, mungkin kata you tunjuk rajin sebab mungkin mereka tak berapa rajin. Selain daripada tu ada pengalaman positif tak?

O: Positif ada aa..macam, saya belajar juga aa kat sini, cara masak aaa...yang saya tak tahu saya belajar lah. Aaa...macamtu. Masak aaa..cara orang Kelantan lain, orang johor lain, aaa. Saya sendiri macam orang kampung kan, jadi kita tahu lah cara masak ni macammana, macamtu ah.

R: Selain daripada pengalaman masak, apa lagi pengalaman positif yang dapat?

O: Mmm.

R: Mungkin dengan penghuni-penghuni rumah ni.

O: Kat sini macam, dapat jugalah macam belajar ilmu tajwid, ngaji semua. Kadang-kadang ada lah macam ceramah. Dapatlah benda-benda yang baik, positif semua.

R: Okay, Alhamdulillah. So, apa, mmm...mmm..ya lah bila dah duduk kat sini, jauh dari kluarga. Apa perasaan?

O: Perasaan tu rindu lah kat keluarga, mmm..teringat lah kat keluarga.

R: Aaa..tadi kata telefon sebulan sekali. Ayah dengan umi datang berapa kerap?

O: Tak pernah lagi lah setakat ni.

R: Setakat ni diorang tak pernah datang.

O: Mmm.

R: Apa perasaan you bila ayah dan umi...

O: Saya faham sebab diorang pun, susah bila adik sekolah lagi kan aa..jadi susah lah nak datang sini jadi saya faham saya tak tu ah. Tak beranggapan apa-apa pun sebab saya, saya faham dia ni.

R: Jadi you kata kalau ayah dengan mak tak datang tu, umi tak datang, you faham sebab adik kecik ek.

O: Aah.

R: Adik umur..

O: Darjah 2.

R: Darjah 2 dengan darjah 4. Haa...ya lah. Adik perempuan dua orang.

O: Pastu abang pun belajar lagi. Duit pun banyak nak guna, macam nak datang sini, semua nak guna duit semua.

R: Umi tak kerja kan.

O: Aah.

R: Okay tapi, sebenarnya dalam hati?

O: Memang lah kalau nak, nak diorang datang kan.

R: Apabila you mengalami perasaan ni, bila mengandung, jauh dari keluarga, you sebenarnya rindu kat mereka.

O: Mmm.

R: Mungkin itu adalah salah satu benda yang positif. Yang orkid rasa, apa dia positif, mengenai keluarga.

O: Kira macam, diorang amik berat tentang saya tapi..macammana ah aaa..keadaan lah yang membuat..diorang tak boleh tengok saya. So saya faham lah

R: Okay.

O: Yang itu saya tak berapa nil ah, kira macam aa..

R: You sangat faham

O: Aah, faham.

R: So, apa yang you hendak sebenarnya? Aa...daripada keluarga you selepas ni.

O: saya taknak apa. Just macam, balas jasa diorang lah.

R: Okay.

O: Aah..

R: Itu janji.

O: Nak tolong, nak tolong..

R: Adakah itu merupakan satu janji?

O: Tak janji juga sebab takut ah, tapi kalau boleh nak lah berubah.

R: Kalau kita kata nak lah berubah tu, nak berubah macammana?

O: Macammana aa..kita nak cuba lah, takut gak kalau janji, takut tak dapat ditepatilah. Macam, bila, nak cuba juga sedaya upaya aa.. tolong dia orang.

R: Mmm.

O: Tolong yang mampulah kiranya.

R: Mmm.

O: Tak kisah lah dari segi kewangan ke.

R: Okay, aa..kalau kita nak berubah selain kita nak bantu diorang nak ubah mmm..apa yang you sendiri nak ubah? Diri you.

O: Kalau boleh saya nak tambah ilmulah untuk diri saya.

R: Tambah ilmu dari segi?

O: Macam, belajar semua. Ambil kemahiran ke.

R: Okay, lepas ni ada keinginan untuk sambung belajar. Okay, sebab harini kan kak azy nak tanya sebenarnya pasal pengalaman aaa..mengandung..semasa mengandung mmm..okay. So, ada alahan apa apa tak setakat ni?

O: Tak ada.

R: So, macammana dengan baby? Baby.

O: Baby sihat.

R: Aaa..tadi pun kak azy dapat tahu, sebelum kita memulakan perbincangan bahawa orkid pergi jumpa doktor semalam.

O: Aah.

R: So boleh cerita sedikit pengalaman dengan doktor tu. Ini kali ke berapa jumpa doktor?

O: Kali ke-2

R: Adakah ini kali yang ke 2 memang aaa..sebelum ni dengan umi. Ayah pernah jumpa doktor?

O: Tak pernah.

R: Tak pernah. So, ni memang kali ke 2 lah. So, apa perasaan bila jumpa doktor?

O: Aaa..takut gak sebab haritu yang jumpa kali pertama tu kita ambil darah.

R: Okay.

O: ...Kira takut gak mula mula sebab nak tahu keputusan darah kan. Pastu, doktor kata tak da apa apa, biasa. Kurang darah kan aaa...pastu doktor pun bagi ubat.

R: Okay.

O: Baby pun sihat aa...tak menyongsang..tak apa. Kira saya bersyukur lah sebab aaa...ni kan, boleh bersalin normal.

R: Boleh bersalin normal, insyaallah kan. So, baby boy or girl?

O: Boy.

R: tadi ada buat apa apa, ultrascan ke, ada buat apa tadi buat dengan doktor. Sebab tolong doktor buat..

O: Dia..dia scan ah, tengok, gerakan jantung, kepala dia.

R: So, boleh nampak screen ke macam mana? Apa perasaan you bila Nampak?

O: Nampak, gembira lah. Sebab dia sihat semua kan.

R: Kak azy tengok you banyak tahan emosi you. Kadang-kadang it's okay. Macam Kak azy selalu cakap it's okay to let go aaa.. kadang kadang bila kita menangis tu mungkin kita rasa release kan. Aaa..tapi kak azy tengok orkid selalu tahan. Aaa..I harap you jangan malu dengan saya lagi. Aaa.. itulah bila kak azy selalu dengar kata baby sihat, you happy. Macam mana perasaan you dengan baby tu sekarang? Perasaan you sabagai ibu dia?

O: Rasa gembira lah.

R: Sangat gembira.

O: Walaupun tak dapat jaga dia kan.

R: Mmm. Okay.

O: Tapi aa..saya start nak belajar tak nak bersedih untuk dia.

R: Okay.

O: Supaya nanti, saya tak meroyan.

R: Okay. Aaa.. tadi kak azy dengar orkid kata sebenarnya you hanya amik benda yang positif dan you pun kalau boleh, nak gembira untuk baby dia sihat. Doakan tak untuk baby ni? (OC: mengganggukan kepala) Tapi kalau boleh you tak nak fikir yang sedih sangat sebab nanti you tengah menyediakan diri you.

O: Sebab dah,kira kita tengah tunggu masa je kan.

R: Agak berapa minggu lagi?

O: Ada dalam sebulan.

R: Berapa tarikh jangkakan?

O: dia, sebulan lebih kan.

R: Sebulan?

O: Sebulan ah.

R: Sebulan?

O: Sebulan ah.

R: Sebulan lagi oh masa sangat suntuk eh.

O: Aaa..kita macam, kena buat pesediaan lah untuk diri kita.

R: Okay. Aaa.. okay. Persediaan dari segi diri tadi aa..you kata you tak nak terlalu sedih. Apa lagi persediaan yang you buat?

O: Aaa.. tu ja ah. Mmm.. macam banyak, banyak berserah. Pada Allah.

R: Banyak berserah pada Allah.

O: Dia macam bagi saya kekuatanlah.

R: So macam mana tadi bila kata belajar agama, sembahyang tu aaa..buat lah semua ya?

O: Aah sembahyang. Cuma macam subuh tu aa..susah sikit lah nak bangun. Aaa..(OC: ketawa kecil)

R: Agaknya itu, itu salah satu masalah ya, bagi ibu mengandung yang kak azy nampak lah kat sini. Ni kak azy nak tanya pasal ubat ni tadi orkid ada cakap pasal ubat.

O: Mmm.

R: Ubat ni tambah darah. Doktor memang kasi makan ni lah ya.

O: Aah.

R: Dan juga folik asid lah. So, doktor tu cakap apa-apa tak pasal baby?

O: Dia kata okay lah baby sihat, jantung dia pun okay. Semua okay ah. Fizikal okay (OC: tersenyum, Nampak gembira).

R: Fizikal okay. Semua Alhamdulillah ada.

O: Mula mula kan, first check tak nampak kan jantung. Ni semua dah nampak.

R: So, boy.

O: Boy.

R: Tapi nampak perut pun tak, tak besarkan. Doktor ada komen apa apa?

O: Ada, doktor kata perut kecil.

R: So, aaa..tu lah, perasaan sebagai ibu dan hubungan dengan anak macammana?

O: Rasa lah kasih sayang tu sebenarnya. Terasa sayang dia sebenarnya.

R: Terasa sayang. Pastu, rasa tak baby tendang ke.

O: Rasa.

R: Dia kuat tendang tak budak ni?

O: Aaa..kadang kadang, ada masa dia. kalau dia nak tendang, dia tendang je aaa. Kadang kadang rasa macam nak terkeluar.

R: Rasa nak terkeluar balik

O: Aah. Ya lah dia tendang..

R: Ni sekarang dia tengah buat apa agaknya, tidur?

O: Tak ah, tidur kot. Senyap je

R: Tengah tidur.

O: Kadang kadang rasa macam jantung dia pun, kita rasa...

R: Ya.

O: Denyut.

R: Aah..

O: Best ah, macam seronok pengalaman tu.

R: Pengalaman tu sangat seronok. Pernah tak mmm..bila pengalaman ni seronok tapi sebelum ni yang kita pernah bincang dulu aaa..orkid mmm..pernah rasa takut bila tahu mengandung kan?

O: Aah.

R: Betul? Ini yang kak azy dengar balik. Bila Kak azy dengar tape yang lama lah kan.

O: Ye lah takut lah.

R: Pernah tak terfikir, benda pelik-pelik nak buat semua?

O: Kira macam, first time lah tahu, tak da lah benda pelik maksudnya saya dengan umi saya lah, macam nak cuba buang sebab masa tu benda tak bernyawa lagikan. Nak cuba tapi tak boleh

R: So apa yang tak boleh?

O: Macam, benda yang kita nak buat tu tak berkesan lah, kira macam nak gugurkan dia, tapi benda tu tak jalan.

R: Apa you buat dulu eh?

O: Makan pil perancang haid.

R: Aah, pil perancang haid. Tapi memang dia tak berkesan.

O: Tak berkesan.

R: Itu ayah dengan umi yang buat keputusan?

O: Mmm.

R: Apa perasaan you bila ayah dengan umi yang buat keputusan macam tu?

O: Saya pun fikir nak buang juga sebenarnya.

R: Aah.

O: Kira sama-sama lah.

R: Sama-sama.

O: Memang kalau, kira apa yang jadi kat baby ni memang, maksud saya kita orang lah akan, sama-sama bincang. Kira macam bukan, ikut kepala ayah lah. Haa tak lah.

R: Tak da...Jadi ini adalah antara ayah, ibu dan mmm...maaf, umi, ayah dan orkid sendiri lah.

O: Aah.

R: Adik beradik yang lain, yang kak azy faham mereka tak tahu.

O: Tak tahu.

R: Aaa..memang ayah dan ibu sangat menyokong sebenarnya ya.

O: Aah

R: Sebab tak nak, nanti takut lah, apa yang kak azy dengar dulu lah. takut, takut mmm..takut apa eh?

O: Macam maruahlah.

R: Maruah orkid kan. So, sekarang ni, dulu pernah terfikir untuk gugurkan, sekarang ni, bila dah merasai pengalaman begini?

O: Mmm..dulu mungkin rasa nak gugurkan baby ni lah. Sekarang ni dah tak rasa ah nak gugurkan ke apa. Tak ada. Dah rasa sayang, sebab bergerak semua. Macam kalau kita cakap pun macam dah ada effect aaa..so macam dia faham.

R: So mmm.. bila orkid cakap tadi, bila orkid cakap dia macam dah faham

O: Aah.

R: Orkid selalu lah berbual dengan anak anak

O: Aah. Macam kita cakap kan kadang dia tendang. Aa..macam dia..

R: Apakah benda yang orkid selalu cakap dengan dia?

O: Aaa..saya cakap mmm..jadi budak baik ke, apa ke haa nanti mesti ada macam effect lah, dia macam, dia...

R: Aaa..dia tendang. Maksudnya dia bagi maklum balas. Perasaan?

O: Perasaan saya, gembira lah, dia faham kan. Apa yang kita cakap (OC: ketawa kecil dan riak muka yang gembira).

R: Masa tu mmm..

O: Macam tak sabar sebenarnya kalau dia keluar tapi aa..tak boleh lama ah dengan dia. takut tak boleh lepas kan dia

R: Okay, kak azy faham perasaan bila orkid kata dah gembira.

O: Aah.

R: Sebab sebagai seorang ibu pun kak azy pernah mengalami perasaan yang sama apabila baby kita, tendang kita rasa seronok. Tapi tu lah, tadi orkid pun ada kata tak boleh duduk lama dengan dia, takut tak nak lepas dia. perasaan tak nak lepasni kuat ke sekarang dalam diri?

O: Sekarang tak kuat lagi lah aaa..sekarang...

R: Tapi ada?

O: Tapi ada ah.

R: Sejak bila perasaan tu ada? Tak nak lepas baby ni.

O: Sebab saya pernah mimpi satu malam tu saya, macam saya sayang..macam, aaa..macammana ah, aaa..dia duduk lama dengan saya so saya rasa sayang kat dia. saya, saya susah nak melepaskan dia (OC: Mimpi-senyum sambil menceritakan).

R: Bila ingat balik mimpi tu?

O: Sedih pun ada pastu, bila fikir balik mmm..tak pa biar lah.

R: Mmm..ini untuk demi, demi siapa ya?

O: Untuk kebaikan dia.

R: Kenapa ...

O: Kebaikan semualah.

R: Kebaikan semua. Semua tu siapa?

O: ...keluarga, saya, untuk dia sekali lah.

R: Kebaikan untuk dia tu, dari segi apa eh?

O: Semua, bagi saya semua ah. Dia macam, aaa..kebahagiaan dia, biarlah dia dapat kasih sayang. Maksudnya, ada kedua-dua. Kira mak angkat kan amik dia. biar dia ada ayah dengan mak. Kalau dengan saya maybe, saya sorang. Mungkin dia ada mak dia, tak ada ayah.

R: Bila orkid cakap macamtu adakah orkid terfikir bila dia dapat kasih sayang seorang ibu tu tak cukup?

O: (.2) Rasa cukup kot.

R: Cukup, tapi...

O: Tapi memanglah, tak ni...sebab bukan ibu kandung kan jaga dia.

R: Tak, maksud kak azy, kalau orkid yang jaga sendiri.

O: hmm...

R: Kalau orkid, tak da bayangkan, cuba kalau orkid jaga sendiri sebab tadi orkid kata mungkin dia tak dapat kasih sayang, tak cukup sebab yang itu ada ibu dan bapa. Yang ni awak sorang. Awak rasa kalau awak jaga dia sendiri, dia tak dapat kasih sayang ke?

O: Bukan tak dapat kasih sayang, maksudnya macam, aaa..masa kecik mungkin dia okay lagi, kalau dah besar mesti dia tanya, ayah dia.

R: Mmm..okay. So, selepas ni daripada segi persediaan. Adik kata duk fikir yang positif, positif. Apa lagi persediaan yang you buat? Lagi satu berserah pada Allah. Persediaan apa daripada segi fizikal, mental, especially mental lah kan.

O: Saya fikir yang baik-baik lah. Saya macam, kadang kadang macam ada juga fikir buruk kan. Macammana nak beranak ni.

R: Mmm.

O: Tapi aaa..kadang fikir gak kalau mati macam mana sebab aaa..waktu bersalin kan kita pertaruhkan nyawa kita. Ada terfikir juga lah tapi buang ke tepi ah ambil yang baik je. Sebab umi pun nasihat, kita kena fikir yang baik-baik (OC: air mata mula bergenang).

R: Kak azy dengar, orkid ni aaa..budak yang sangat positif, adik yang sangat positif, seorang yang sangat positif di mana you selalu ingat benda yang positif dan yang baik-baik tapi aaa..terlintas juga di fikiran macam mana nak melalui mmm...

O: Waktu bersalin.

R: Waktu bersalin, dan kak azy nampak air mata masih bergenang cuma you, emosi you, you memang tak melepaskan, Cuma you tahan tahan haa. Macam kak azy kata it's okay to cry. Let go, let it go. Mmm..tapi tak da perasaan eh?

O: Hmm.

R: Lagi 1 kak azy dengar juga you kata you takut mati. Kenapa you takut mati?

O: Sebab dosa dosa yang lama kan. Yang, yang kita bbuat dulu. Takut masih tak diterima.

R: Tak diterima oleh siapa?

O: Tak diterima oleh Allah lah. Takut.

R: Jadi, bila kita takut, takut, takut, apa yang kita buat? Apa yang orkid buat? Kita tu orkid eh di sini.

O: Haa.

R: Haa, apa yang orkid buat?

O: Banyak beribadahlah macam, banyak beristifar, macam kalau kita ingat mati tu kita banyak lah beristifar. Ingat kat Allah balik lah.

R: Aaa...jadi pengalaman ni aaa..ada tak pengalaman ni memberikan 1 pengajaran aaa..dalam diri you.

O: Bagi lah.

R: Apa, apa dia?

O: Memang aaa..bagi lah macam aaa...kalau kita nak buat sesuatu kita fikir dulu semua. Jangan terus buat aaa..nanti kita yang menyesal semua. Macam susah lah nak ubah diri.

R: Kalau nak...apa maksud susah? Kenapa susah?

O: Kenapa susah sebab mmm.. kadang kadang kita nak berubah ada je...ada juga orang yang macam akan..macammana ah..yang nak jatuhkan kita, diorang cakap, siapa suruh buat benda tu dulu aah. Macam, nape buat mmm.. siapa suruh..cari masalah lah kira nya. Tu ah kadang kadang jatuhkan semangat juga, tapi fikir balik aaa..tak payah dengar lah apa orang cakap, sebab diri kta yang nak berubah.

R: Mmm..Jadi orkid aaa..kata, diri orkid yang nak berubah aaa..jadi orkid kena dengar lah apa yang orkid nak buat. So, mungkin adalah satu mmm..

O: Cara..

R: Cara lah, untuk ni. So, pengalaman yang positif tu daripada aah, ni pengalaman mengandungi ni adalah untuk mendekatkan diri dengan Allah lah ya yang kak azy dengar dan juga mendapat peluang untuk berubah.

O: Mmm.

R: Mmm..when you, tadi bila orkid kata that, harap harap Allah dapat ampunkan dosa, takut tak diterima. Apa cara you buat untuk Allah terima?

O: Cuba lah, kita solat je lah walau apa pun, kira buat solat taubat semua.

R: Buat lah solat taubat.

O: ya, solat taubat.

R: Aaa..bangun malam malam ah buat?

O: Aaa..dulu lah masa kat rumah.

R: Sekarang disini?

O: Sini tak, sembahyang waktu je.

R: Aah..kenapa tak teruskan ya?

O: tak teruskan. kat sini macam, tak tahu lah, kadang takut sebenarnya nak turun bawah, nak gi surau takut ah.

R: Mmm. Buat je dalam bilik.

O: Dalam bilik tak boleh solat, penuh.

R: Oh, ya lah. Okay. Takut nak turun bawah kenapa ek?

O: Sebab surau tu besar juga lah, macam.

R: Mana surau?

O: Bawah ni.

R: Yang tadi tu? Kat bawah tu.

O: Aah.

R: Okay.

O: Tu je, kadang kadang aaa.. umi pun macam marah kan duduk bawah.

R: Kenapa dia marah?

O: Tak tahu, dia ingat kita nak buat apa kat bawah.

R: Mmm, jadi di sini surau adalah tempat, actually ruang, tempat tamu, ruang tamu kita jadikan surau lah. Dan tak dapat nak buat solat taubat sebab malam kat sini dah penuh sebab ada kekangan. Haa, macam mana juga pengalaman lepas ini? Aaa..persediaan untuk...

O: Menghadapi?

R: Menghadapi.

O: Persediaan tu macam redha je lah apa yang berlaku dengan kita, macam sabar banyak bersabar.

R: Mmm..pernah tak orkid terfiir untuk aaa..menyalahkan diri ke?

O: Pernah juga lah macam, kenapa bodoh sangat jadi macam ni ah. Dulu pernah ah, kalau tak jadi macam ni tak da lah berikir kan. Pastu rasa diri tu bagus sangat.

R: Dulu tu rasa diri bagus sangat maksud dia?

O: Maksudnya macam, dah perfect sangatlah, tak ni aaa.. Kira buat dosa tak rasa apa-apa semua haa.

R: Masa tu tak da rasa takut, tak da rasa bersalah. So, lepastu macam kak azy tanya lah pernah kak azy tanya dulu tak pernah guna kondom kan. Tak aaa..tahu tak penggunaan kondom?

O: Tak pernah.

R: Tak pernah guna. Tak pernah lihat pun, tak pernah beli.

O: Pernah lihat lah macam, kawan, kawan.. dulu kat sekolah lah budak budak laki kan jenis nakal nakal dia gi bawa benda tu. Pernah nampak lah, tapi just kita tak tahu lah apa.

R: Tak pernah, I mean dengan aa..boyfriend dulu tak pernah.

O: Aah, dengan boyfriend dulu tak pernah lah.

R: Lepas tu tahu tak mengenai penggunaan pil?

O: Pil, tak tahu. Tak tahu langsung.

R: Suntik suntik ke.

O: Aaa.. tak.

R: Tak tahu..memang tak tahu lah. So, aaa..you rasa benda ni penting tak untuk anak remaja kita tahu mengenai penggunaan atau pun cara yang betul?

O: Penting kot.

R: Kenapa eh?

O: Sebab, tak tau lah aaa..sebab, macammana ah cakap mmm...bukan tahu, bukan sebab apa biar, apa, kita boleh buat ni, apa tu aaa..kita tahu lah macam, nak buat satu..macam mana nak cakap.

R: Tak pa, cakap je.

O: Kita, aaa..tahu lah cara penggunaan tu. Haa, apa kegunaan dia semua.

R: Pernah tak memikirkan tentang risiko, penyakit apabila membuat seks. Apa yang you fikir sewaktu have seks? Pernah tak fikir pasal risiko mengandung ke. Penyakit, apa yang you tahu mengenai penyakit...

O: Pernah ah terfikir

R: Penyakit, apa yang you tahu mengenai penyakit?

O: Takut juga ah macam, kalau buat hubungan seks ni kan takut aaa, dengar lah juga kat tv semua, HIV. Takut juga lah sebenarnya.

R: Sebab orkid pun pernah kata dia amik dadah dan juga gam. So, lebih lebih lagi dengan penyakit begitu. Aaa...apa-apa perasaan?

O: Takut ada kesan ni...

R: Mmm.

O: Perasaan tu ada lah rasa macam, aaa..ya lah macam hubungan seks dengan penagihkan.

R: Mmm.

O: Takut gak ada, HIV..aaa..sebab diorang jenis mudah untuk dapat penyakit tu kan.

R: Haa. Umur boyfriend masa tu berapa eh?

O: 22.

R: 22, okay. So, dia menggunakan jarum ke apa atau menghisap gam aja.

O: Hisap gam guna plastiklah.

R: Guna plastik. Okay, so insyaallah. Pernah check tak apa apa penyakit? Doktor hari tu amik darah tak da cakap apa lah?

O: Doktor cakap okay je.

R: Kurang darah lah, tapi memang tak pernah tahu pasal penggunaan suntikan atau pil langsung. Kat sekolah pun tak pernah belajar? So kak azy nak tanya pendidikan seks tu agak penting juga atau tidak?

O: Penting ah supaya diorang tahu.

R: Diorang tahu pencegahan mungkin.

O: Aah pencegahan maksudnya yang mana elok, mana yang tak elok.

R: Mana elok, mana tak elok.

O: Haa.

R: Apa juga cara yang boleh kita bantu adik atau remaja kita nanti?

O: Mmm..kena banyak macam bagi ceramah kot.

R: Ceramah apa..

O: Kira macam mana ah, tunjuk akibat seks.

R: Aah..akibat seks.

O: Aaa. Kalau seks, kira macam mana ah, akibat aaa.. seks punya lah. Macam, maksudnya..seks dia luar nil ah..

R: Mmm.

O: Maksudnya, hubungan yang tak sah ni lah, apa akibat dia semua.

R: Okay, selalu kalau..

O: Pendedahanlah. Macam kita boleh juga lah macam bawa budak yang berpengalaman untuk cerita kat remaja remaja ni. Supaya diorang faham.

R: Mungkin ada ke you rasa orang berpengalaman tu nak ke depan?

O: Aaa..tengok je lah jenis orang.

R: Mungkin ada lah.

O: Mungkin ada lah.

R: Tapi you rasa ini adalah salah satu penting untuk kita lihat ya. Hmm..selain daripada tu, apa lagi pengalaman, cerita kan kak azy mengenai pengalaman, apa yang brada di kotak fikiran? Pernah terasa nak mencederakan diri ke apa ke.

O: Tak pernah.

R: Tak pernah...Alhamdulillah sebab you sangat positif dan kak azy lihat daripada segi kekeluargaan, although ayah tu agak tegas tapi dia sangat menyokong. Bila ayah dan umi akan datang lagi?

O: Tak tahu lah, diorang kata nak datang tapi tak tahu bila

R: Sebab you kata diorang sibuk lah kan.

O: Mmm.

R: So mungkin diorang datang, atau pun mungkin diorang tak datang

O: Mungkin diorang datang nak bersalinlah kot.

R: Nak balik ke?

O: Nak bersalin kot. Sebab nanti ayah akan tengok baby ni dulu.

R: Ya..

O: Sebab dah cakap dengan umi dah dia nak tengok baby ni pastu dia nak jumpa dengan mak angkat baby lah. Macam ayah saya tak kan bagi macam tu lah, diorang nak tengok dulu.

R: Keluarganya.

O: Mmm.

R: Jadi, Alhamdulillah kita dapat tahu juga bahawa ayah sangat supportive, sangat menyokong memberikan sokongan mmm...dan macam aaa..orkid kata tadi lah mungkin orkid yang salah faham bahawa ketegasan dia tu..

O: Aah. Sebenarnya untuk kebaikan tapi saya anggap dia untuk keburukan aa.

R: Aah.

O: Jadi salah faham lah kat situ.

R: Tapi sekarang dah faham lah.

O: Tapi sekarang dah faham lah.

R: Ayah pun tadi orkid cerita kat kak azy bahawa ayah nak tengok dulu keluarga angkat, mungkin di situ dia nak tengok apa ya?

O: Dia maksudnya, dia tak nak anak saya jadi macam sayalah. Maksudnya dia nak tengok keluarga tu boleh tak macam bagi semuanya kasih sayang, macam dia pun cakap dia niaga kan jadi macam kurang lah beri perhatian pada saya.

R: Kak azy nampak apabila orkid cerita pasal ayah je selalu nak mengeluarkan air mata. Apa yang orkid nak sebenarnya hubungan dengan ayah selepas ni?

O: (.80) (OC: menangis, tapi suara tidak kedengaran) saya nak hubungan dengan ayah saya lebih baik lah.

R: Mmm...lebih baik tu maksudnya macam mana?

O: Macam, tak tahu nak cakap macam mana. Saya nak macam, baik lah. Tak nak sebelum, sebelum nil ah macam, akan bersangka baik je lah dengan dia.

R: Bersangka baik. Jadi orkid rasa mmm...sekiranya ayah tegas selepas ni aaa..orkid rasa orkid boleh terima ke ataupun macammana?

O: Boleh terima.

R: Boleh terima..dan mungkin dengan adik adik yang lain? Aaa..orkid nak, mungkin adik lain salah anggap dengan ayah juga tak rasanya?

O: Mmm..tak kot.

R: Tak..Cuma dengan orkid saja lah mungkin sebab dah besar eh yang lain tu kecik lagi, ya. mmm..so, hubungan macammana yang kak azy nak tahu di sini yang orkid harapkan?

O: Hmm..hubungan yang erat lah.

R: Erat macammana..

O: Mmm..rapat lah, dia..dia macam anak dengan ayah aaa..macam anak dengan ayahlah.

R: Mmm..mungkin aa..boleh berbincang, maybe?

O: Aah. Ya lah. Boleh berbincang mmm..kira macam mana, kongsi semua sama-sama lah

R: Sekarang ni orkid rasa tak ayah tu sangat bagi sokongan kat orkid?

O: Rasalah. Dah macam dah sedar yang dia bagi sokongan semua.

R: Bila sedar?

O: Sejak yang dia terima saya buat benda ni lah.

R: Bila you tengok ayah you, air muka dia, bila you tengok, apa perasaan you sebagai anak?

O: Sedihlah. Sebab buat dia macam tu kan (0.5).

R: Ayah ada cakap apa apa tak yang dia marah tak?

O: Ayah tak marah pun, dia nasihat je lah. Jangan buat lagi, haa itu je lah.

R: Orkid ada jumpa ayah cakap apa apa kat ayah ke masa tu?

O: Minta maaf ah kat dia.

R: Mmm..minta maaf lagi buat apa dengan ayah?

O: Salam dia lah cakap mmm..tak nak buat lagi lah benda ni semua.

R: Salam dia je ya.

O: Mmm..salam, peluk dia semua lah

R: Ibu, dengan umi?

O: Sama ah

R: Sama..apa perasaan umi? Sebab orkid kan selalu rapat dengan umi kan..?
O: Aah.
R: Umi sentiasa ada kat rumah kan.
O: Memang sedihlah, tapi umi cakap, jangan buat lagi. Umi macam, okaylah macam boleh terima, kira tabah ah. Dia cakap, baik buruk pun anak dia juga.
R: Bila seorang ibu cakap macam tu, kita rasa macam mana? Kita rasa macam mana?
O: Terharulah.
R: Mmm.
O: Pastu sedar lah macam, dia orang sayang kita.
R: Selepas ni macam mana hubungan dengan ibu dengan ayah Alhamdulillah. Umi, umi dengan ayah kak azy tengok rapat dan memang sangat beri sokongan.
O: Mmm.
R: Mmm..hubungan dengan anak ni memang orkid pun sedang menyediakan diri secara, dari segi mental, emosi untuk kuat. Itu pun orkid akan duduk dengan baby ni..baby ni ada nama tak?
O: Tak da lagi.
R: Tak da, tak nak bagi nama.
O: Tak nak
R: Tak nak ke memang tak da?
O: Tak da
R: Tak da, mungkin, mungkin akan beri nama lah kot kan aaa..kak azy tak tahu lah tapi apa agaknya orkid, berapa lama orkid akan duduk dengan baby ni selepas melahirkan?
O: Ntah umi cakap paling lama 2 hari lah hmm..tengok lah juga keadaan.
R: Apa harapan you sewaktu melahirkan, you nak umi dengan ayah ada atau tak nak..
O: Harapan memang kalau boleh nak diorang ada ah, kalau boleh lah. Kalau tak da pun aaa..tak pa lah, saya faham.
R: Pastu, diorang kalau datang, diorang akan balik ke atau terus bawa orkid.
O: Tak, memang saya akan pantang kat sinilah.
R: Berapa hari eh pantang?
O: Sampai habis lah kot.
R: Tak, pantang tu yang 44 hari ke, 100 hari.
O: Aaa. 44 hari.
R: 44 hari lah. Lepas tu akan balik?
O: Diorang akan amik ah, bawak balik.
R: Mmm. Okay, so mmm..jadi, apa akan terjadi lepas tu agaknya?
O: Mungkin, aaa..
R: Apa, apa plan you, orkid?
O: Oh, mak saya suruh saya sambung belajar lagi. Tak tahu lah, tak tahu sambung belajar atau kerja.
R: Tapi kalau orkid diberi peluang, apa yang orkid nak?
O: Mmm...nak macam sambung belajar dululah. Cari kemahiran lepas tu kerjalah.
R: Mmm..okay. aaa..tak pa yang tu kak azy akan bincang (tak jelas)..ni kak azy nak bawa balik kepada lukisan yang kita lukis pada hari pertama. Hmm..boleh cerita kan sikit pasal lukisan ni?
O: Boleh (OC: menganggukkan kepala)
R: Kenapa lukis pasal lukisan ni, apa lukisan ni mengenai apa?
O: Mmm...mengenai alam semula jadi pastu laut macam luaskan, kosong, tak ada apa-apa. Macam tenanglah. Tempat yang tenang.
R: Mmm...kosong, tak da apa apa. Kenapa dia kosong ya?
O: Mmm...laut tu luas kan jadi macam, aaa..bila kita pandang laut tu macam kosonglah, fikiran kita kosong jadi kita tenang.
R: So, basically kosong ni bukanlah bermaksud diri tu kosong tapi kosong di sini bermaksud tenang

O: Aah..permandangan buat kita jadi tenang.
R: Tenang..okay. so, ni laut lah. Laut ni warna?
O: Biru.
R: Yang hijau ni apa eh?
O: Gunung.
R: Mesti kan kat laut ada gunung.
O: Haa.
R: Dan gunung ni warna apa? Ni gunung ke bukit? Gunung ya? Gunung ni warna apa?
O: Hijau.
R: Hijau. Gunung ni ada lambangkan apa apa tak?
O: Tak adalah. Macam alam semula jadi, saya suka benda alam semulajadi..
R: Sangat menyukakan alam semula jadi. Matahari ni tengah buat apa ni?
O: Terbenam.
R: Terbenam. Sebab kalau kak azy, selalunya kak azy tak tahu sama ada diaa tengah naik, subuh ke maghrib.
O: Kalau petang lah lawa.
R: So ini sebelah petang, lawa. Kenapa orkid suka menggambar matahari di sebelah petang?
O: Sebab cantik permandangan dia. masa diaa nka tenggelam tu aa lawa.
R: Bila tadi orkid kata tengok benda ni tenang orkid, orkid suka gambar alam semula jadi.
O: Aah.
R: Boleh kaitkan tak gambar dengan diri?
O: Mmm...kalau boleh saya nak jadi macam mana, jadi yang tenang lah, orang yang tenang haa.
R: Tenang di sini bermaksud?
O: Aaa..macam, tak yah fikir sangat lah macam pasal masalah.
R: Oh! Tenang disini bermaksud tak nak fikir masalah sangat.
O: Aah.
R: Ada maksud lain tak tenang tu?
O: Tak ada.
R: Kalau ada masalah macam mana? tak nak fikir?
O: Bukan tak nak fikirlah, maksudnya kalau boleh nak elak dari asyik memikirkan benda, masalah tu.
R: Jadi, tenang disini mungkin mencari mmm...aaa..tak nak fikir sangat pasal masalah tu.
O: Aah.
R: Mungkin sedang mencari jalan keluar.
O: Aah, mencari jalan penyelesaian, kita macam, perlukan tempat yang tenang, nak berfikir tu semua, aah macam tu lah.
R: Okay, so di mana you rasa diri you berada?
O: Ah?
R: You, dekat dalam gambar ni, you, you yang mana satu? You laut ke, you bulan, eh you matahari ke, you gunung ke, you ni apa ni?
O: Mmm.
R: Yang kat atas ni apa ya?
O: Langit.
R: Langit. Langit ada warna? Biru, kalau tak silap kak azy biru ya.
O: Haa.
R: Biru dan oren matahari
O: Aah, oren matahari.
R: Kalau you lah, you lihat diri you yang mana satu?
O: Mmmm...laut kot.

R: Kenapa kita, orkid anggap diri orkid sebagai laut dan bukannya matahari dan bukannya gunung dan bukannya langit? Kenapa pilih laut? Sebab ada 4 elemen kan kat sini.

O: Sebab, laut..mmm..(0.5) entah laut, macam lebih tenanglah.

R: Dalam laut tu ada apa?

O: Ada ikan semua, batu karang, semua ada.

R: So, laut ni melambangkan mana bahagian badan?

O: Mmm..macam mana?

R: Aaa..melambangkan apa, hati ke, fikiran ke, hati tu perasaan lah atau..

O: Fikiran lah, macam macam ada kan kat dalam laut, aaa..macam tu lah fikiran kita. Macam macam ada.

R: Tapi sebenarnya, tadi you kata laut tu sebenarnya cantik. Jadi mmm...mungkin, apa-apa yang ada dalam masalah pun mungkin, sebab dia cantik, so you buat apa boleh selesaikanlah kot?

O: Selesaikan. Hmm.

R: Okay. So, ada apa apa tak lagi nak cerita kan kat kak azy. Cuba ceritakan kak azy, asyik kak azy je tanya. Ada apa apa tak nak cerita pasal pengalaman?

O: Pengalaman. Tak da kot.

R: Pengalaman mengandung. Ada sakit sakit tak?

O: Biasalah macam lenguh kaki, kadang kadang macam tidur malam tu sakit lah kaki.

R: Dia kejang eh?

O: Ah, kejang.

R: Kejang..ada rasa loya loya lagi, dah tak da lah? Masa mengandung.

O: Tak da dah. Masa awal bulan je lah macam, saya makan, saya boleh makan tapi kalau macam benda tu tak, mungkin baby tak boleh terima, dia akan keluar balik.

R: Oh, tapi you boleh makan.

O: Aah, boleh makan.

R: Aaa...you ada..

O: Macam makan...aaa. Masa tu saya makan sambal petai, saya muntah balik. Dia tak boleh terima.

R: Dia tak suka lah tu..dia kata umi jangan petai lah kot. Dia tak suka petai.

O: Tapi, dah lama lama boleh pula makan, macam awal awal bulan tu lah.

R: Semasa dalam pantang, apa you plan nak buat? Sebab you dah sorang kan aaa..sebab you tadi you sebut you tak nak meroyan. Apa yang you faham dengan meroyan?

O: Macam tak boleh banyak termenung, jangan fikir sangat..

R: So, apa you plan nak buat?

O: Tak tahu lagi. Tapi, rasa kena banyak bercakap lah, macam cari kawan, berbual, kira jangan bersendirianlah. Waktu kita pantang tu macam, setan tu akan datang kacau kita semua.

R: Okay, aaa...lagi mmm..yang meroyan tu rasa boleh membahayakan diri ke tidak?

O: Membahayakan diri lah.

R: Membahayakan dalam aspek mana?

O: Macam, sebab makcik, macam mana ah, makcik sebelah saya lah, dia, dia sebab meroyankan, dia jadi macam tak betul. Saya takut macam tu ah. Effect dia macam teruk juga lah.

R: Makcik sebelah mak? Umi?

O: Sebelah umi.

R: Kakak umi? Adik umi?

O: Bukan aaa..(0.2) makcik dia.

R: Oh, makcik umi.

O: Makcik saudara lah

R: Ooh..nenek saudaralah.

O: Aah nenek saudara

R: Nenek saudara. Dia meroyan, kenapa eh dia meroyan?

O: Mmm..tak tahu sebab, masa tu suami dia ni kot macam mana ah, suami dia ada orang rumah lain.

R: I see..so, dia meroyan.

O: Aah..so dia meroyan ah.

R: So, macammana dia sekarang?

O: Dia macam jadi, tak betul lah. Dia macam

R: Sampai sekarang ah?

O: Ah, sampai sekarang lah, dia tak kenal orang.

R: Aah.

O: Makan dia pun tak teratur semua.

R: So, yang itu yang you takutkan lah. Aaa...dia dengan suami dia macammana, hubungan diorang, dah tak da dah lah..

O: Lepas tu suami dia macam berubahlah.

R: So, sekarang dah okay?

O: Tapi dia..tetap sama. Dia tak sihat-sihat lagilah.

R: Suami dia masih ada lah jaga dia.

O: Aah suami dia ada lagi ah.

R: Tapi itu yang you takutkan lah? Meroyan.

O: Macam effect dia.

R: Effect dia. jadi, selain daripada persediaan nak bercakap dengan orang mmm..ada kawan..

O: Mmm..tak tahu lah.

R: Balik pada agamalah kot.

O: Aah. Banyak berzikir.

R: Banyak berzikir. Tapi mmm...kak azy tengok you someone yang banyak fikir juga in terms of positif, macam kak azy cakap, kak azy lihat dan mula kak azy kenal pun, bukan kak azy cakap lah, tapi kak azy dengar apa yang you cakap ni benda benda yang sangat positif dan you sangat ingin berubah so, insyaallah kak azy doakan, yang terbaik

O: In Shaa Allah.

R: Dan ada apa apa lagi nak kongsi dengan kak azy aaa..sebab kalau tak da apa kak azy rasa kita tamatkan kat sini dah hampir 40, dah 48 minit sebenarnya. Kak azy ucapkan terima kasih. Nanti macam biasa lah kalau kak azy balik ada lagi persoalan ke. Kak azy akan datang jumpa, orkid lagi lah.

O: Okay.

R: Haa ya? Kalau hari khamis ni kak azy datang boleh ke?

O: Boleh.

R: Boleh. So, kalau ada apa apa nak tanya ke? Tak ada apa ke?

O: Tak da.

R: Okay terima kasih banyak

INITIAL NOTING OF INTERVIEW TRANSCRIPT

PROTOCOL FOR OBSERVATION

Guidelines:

1. The objective/focus of your observation is to get as much detail (thick description) as possible.
2. Avoid making a summary/evaluation when observing.
3. Record what you see and what you hear – focus on the events / activities, people, & place. Should you have any comments/opinion etc., note that as observer's comment.
4. However, this protocol is only a guide. You must give allowance for emerging issues/events/ideas.
5. You are also encouraged to write as question/s that you want to ask in your interview. Questions that will provide you with more detail/clarification on your observation.

Background Information

Name:

Name of place of observation:

Name of participation/ people involved:

Topic of observation:

Date/day:

Time:

No. of observation:

PROTOCOL FOR OBSERVATION

Guidelines	Observation notes (which include observer's comment/s)	Observer's notes/reflection
Description of the following: 1. Place/surrounding, environment, ambience and facilities:		
2. People- primary and secondary participants		
3. Events		
4. Activities		
5. Subtle factors Conclusion: <ul style="list-style-type: none">• A summary of your observation• Your impression• Appreciation to your participant/s		

OBSERVATIONS/FIELD NOTES/SELF REFLEXIVE NOTES

27 February 2013

Time : 10.30 am – 3.30 pm**Venue** : Home for Girls with Unwanted Pregnancy, Sri Gombak

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I walked in and saw the anxious faces of the girls. One of them which I identified as Sakura was sitting on the bare floor and got up in such a hurry and rushed upstairs. I greeted them and introduced myself. I requested a girl with special abilities to call the heavily pregnant girl down to join us. My intention was to get to know them and build rapport. Sakura came down looking anxious, with her wide eyes and it struck me how scare she was. I can see an innocent child in her. When we were all seated down, I saw that they looked worried and uptight. There were four girls in the home and they liked to be called as Orkid, Mawar (Mawar in Bahasa Malaysia stands for Roses in English Language. She is a girl with special needs) and Sakura (Cherry Blossom) and Lily, representing the name of the flowers. When asked why they all choose names from flowers, their answers touched my heart. They all agreed that flowers represent beauty and purity, blooming in its own right.

I then explained to them the purpose of my visit, the intention of my study and their involvement in contributing to the field that I am researching on. I have received the consent in writing and a go-ahead nod from the gatekeeper to proceed with my studies. The first half an hour, I was merely sharing with them what my study is all about and appreciate their contribution in ensuring the success of my work and to the society. At first, they all seem apprehensive and did not show any excitement in the work that I am doing, therefore; I decided to just be with them, blend in and hopefully the ice will be broken. An hour later, after realizing that I am sincere with them, judgments aside, they slowly opened up, like the petals of a flower, slowly blooming. How do I feel? I felt happy, flutters in my heart, confident that I will achieve my objectives of coming to the home. 5 hours later, I informed the girls that I need to leave and visit the university and left the home with a heavy heart. I saw in the eyes of the girls that they are happy that I visited and talked to them. It was merely a sharing session but it was indeed a fulfilling journey.

I was aware that my own preconceived ideas, biasness, body language might affects my judgement and mislead the objectivity of the research, I have discussed with peers from the same counseling background, qualitative background, very own supervisor and Assoc. Prof. Rohaida, an expert in qualitative on what needs to be done next. After consultations and discussion, I came out with the following lists to ensure that objectivity, professionalism towards the participants with an unwanted pregnancy while conducting the study is uphold. I too realized that in order to achieve my objective of getting to know them, hearing their stories from their perspectives without any distortions, I need to always go back and look at the ethical issues which includes code of conduct and bracketing. Bracketing was applied to ensure that any preconceived ideas were eliminated or reduced.

Amongst the biases that were identified include: (1) the background of adolescents which include educational and socioeconomic background; (2) adolescents were unknowledgeable on matters pertaining to sexuality, sex and contraception issues; (3) peer pressure and lack of religiosity contributed to the rise of unwanted pregnancies, (4) adolescents involved in such act were drop outs and; (5) unwanted pregnancy can be controlled by understanding the psychological make-up of these adolescents.

I realised that they are not so conversant in English therefore I have thought and decided that I should speak in Bahasa Malaysia, their first language. Since all informed assent forms were prepared in English, I shall explain to them in Bahasa Malaysia and audio record it for the purpose of audit trail whereby methods can be replicated by other researchers conducting similar research.

### 28 February 2013

**Time** : 10.30 am – 2.30 pm  
**Venue** : Home for Girls with Unwanted Pregnancy, Sri Gombak  
**Participants** : Orkid and Sakura

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This morning, I was excited to embark on my first ever interview for the purpose of collecting data for my Ph.D thesis. The home which housed adolescent girls and young adult female is situated in Sri Gombak, Selangor. It is an intermediate double storey terrace house with 4 rooms and 3 bathrooms. I had already come and visit the girls at the home one day earlier on 27 February 2013 with the intention to introduce myself as a researcher from the Department of Educational Psychology and Counseling, Faculty of Education, University of Malaya. Previously, I have been to the home on a number of occasions with the purpose of ‘getting to know’ the management of the place as well as understanding and comprehending what are the issues at hand. At that point in time, they were only three girls who are currently pregnant with details.

The following are the details of the girls:

Subject	Age	Respondent	Remarks	Trimester	Month	Due date
Girl 1 – Orkid	17	√	Healthy	3 rd	8	April 2013
Girl 2 – Sakura	17	√	Healthy	3 rd	8	April 2013
Girl 3 – Mawar	23	X	Special needs	3 rd	8	April 2013
Girl 4 – Lily	14	X	Under 16 years of age- in confinement			Mar 2013

Note: All names have been changed due to confidentiality and protection of the respondents. Pseudonyms were used.

Orkid and Sakura have been selected since they fit in the sampling requirements of my thesis. Mawar on the other hand is a young adult female with special needs. At that point of time, there were only 3 girls who are currently pregnant in their 3rd trimester at approximately 8 months. Apparently, their date of birth will be around the same time, early April 2013. Another girl, a 14 year old girl were not selected because she does not fit in the criteria set for the purpose of study. Under 16 years of age, girls who were found to be pregnant although based on consensual basis are to be deemed as a rape

case, under the Royal Malaysia Police jurisdiction. To avoid such complications and due to constraints on my part as a Researcher, the criterion was set for selections of sample to be between the age of 16 and 18.

Before I went in for the interview, I prepared myself mentally. As a researcher, I need to be looking at things from their emic perspective, non-judgmental, immersed in their world and to avoid any biases. I brought along some art materials which include color pencils, crayons, magic pens, magic colors and A3-sized drawing blocks. I gave them each an art block and my instruction was:

Instruction: “I will be conducting a simple activity today. I am requesting all of you to draw. Please draw anything that comes to your mind. Anything. It is up to you whether you want to use all the colors provided or simply draw without coloring it. It is your choice. I told them that the drawings will be kept by me and I will use the drawings to explore their feelings and thoughts at a later stage of interview. All drawings are to be completed within 30 minutes”.

SR: I saw that they looked anxious (as if they are worried that they will bare their soul in the drawings) and yet, they are also excited to be given the opportunity to simply draw.

All of them kept asking similar questions repeatedly.

Participants (P): “can we draw anything?”

Researcher (R): Yes, you may.

P : “Anything?”

R: : Umm, yes.

SR: They were anxious on what to draw, how to color, whether their drawings will be perfect. I saw them as being anxious, wanted to draw a perfect image as if they wanted to draw their life all over again (Bracketing).

I saw Orkid’s hands as being shaky when she wanted to draw and she looked ahead, staring at the wall before started drawing some 5 minutes later. She took the colored pencils and began drawing.

Meanwhile, Sakura only took a pencil and began drawing stick man and further developed it into a much fuller version of what looked like the drawings of females and males. While drawing these figures, I saw Sakura wiping her tears away from her face and started to stifle a cry.

Mawar on the other hand, seemed happy and bright. She is always smiling and kept looking at me, as if asking for assurance. She confidently drew and I saw that the colors that she selected and applied were bright and vibrant.

SR: These girls are filled with emotions, and I can’t wait to explore their innermost feelings. Again and again, I reminded myself to maintain objectivity.

Mawar seemed happy and anxious while drawing as if she does not really understand what had happened and what is happening to her body. Meanwhile, Orkid and Sakura seemed to be oblivious to their surroundings, immersed with their drawings and not once looked at me for approval. They allow their feelings to be translated to a drawing.

Note: Need to ask them these questions during the interview. However, to ensure the smooth running of the interview, questions based on drawings will only be posted should they are unsure how to begin their stories. I left these girls to draw while I sat in a corner and observed them.

Some 30 minutes later, I told them to stop and they obliged. They handed me their drawings and I took it and kept it in the drawings files.

SR: They didn't show their drawings to the other participants. Somehow, it is like they are still hiding and do not want to share their feelings. This I need to explore.

Interview with Orkid:

My next interview was conducted after I took a 15 minutes break from the first one and Orkid was the next respondent. The first time I met Orkid, she was uneasy and today it was much better. However, she still seems nervous and keeps folding her arms and at times adjusting her shirt. We started off by discussing her family background and from her story I understood that her father is the sole breadwinner, mum is a homemaker, an elder brother and two younger sisters. From her story, I realized that she was fearful and at times angry with her father for not letting her experience what her other friends got to do, befriending a male friend. She repeatedly mentioned that she does not understand why her father does not understand what she wants. She was upset since her brother can easily go out with his girlfriend but she cannot even speak to her school mates if the gender is male.

SR: Does the behavior of his father increase the likelihood of Orkid's interests to befriend and get to know a guy friend?

I noticed that during the interview discussing her father, she seemed dejected and hoped that his father could be a little understanding (based on interview). She seems to have difficulty relaying her stories. She slouched, her shoulders hunched, she kept gazing to the floor as if the whole floor can swallow her. When discussing her pregnancy and her journey of carrying an unwanted pregnancy, she cried silently while her body shook and at times I can hear her stifling and trying to control her crying. I then told her, it is alright to cry. She spoke softly and at times voice trailing off. I have to requests for her to speak up.

That's when I realized that these girls needed someone to understand their feelings and situation. Not one to judge but to listen and guide them.

SR: I felt that she doesn't know how to relate to her unhappiness. She realized that she is unhappy but she doesn't seem to be able to externalize the feelings kept within her. Hence, I used the drawings to provide her an avenue to discuss her issues and relate her stories. I want to hear her 'voice'.

Interview with Sakura:

I then conducted the first interview with Sakura in her room upstairs. When asked, all the girls are happier for the interview to be conducted in their room where they have affinity to.

SR: Familiarization makes them comfortable and especially the first time being interviewed by me.

She is sharing and occupying one of the three rooms upstairs with the other girls Mawar and Orkid. Since they are no suitable place to conduct the interview, the room was used as a venue of interview. The interview was conducted using an audio tape recorder and took approximately 1 hour 15 minutes.

It was found that during the first 15 minutes, Sakura was able to relay her stories and her voice sounds calm but as we go along discussing about her families and relating it to her drawings, her voice seems to quiver and she broke down uncontrollably. I saw that at times she was angry and blamed her family for not being strict and 'does not care' attitude that resulted her in being socially involved with male friends and finally pregnant. Sakura longed for her family.

SR: At first, it was a bit difficult to get her to talk but along the way, she gets better and was able to explain more. I found that she has difficulty in understanding my questions and at times, I will have to reword and rephrase my questions to make her understand what I am trying to relate. During the interview, somehow, I felt that I can truly relate to her.

5 March 2013

Time : 10.30 am – 2.00 pm
Venue : Home for Girls with Unwanted Pregnancy, Sri Gombak
Participants : Orkid and Sakura

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Today, I was excited when a Registered Counselor tagged along to provide counseling to the two adolescent girls that I am working with. We have both agreed that she will start with requesting the girls to draw about their feelings. At the same time, I will interview one of them and started off with Sakura.

I can sense that the girls were not interactive neither were they excited to see the counselor. I realized afterwards that they have some 'judgments' made against the counselors. The followings were what I discovered from the participants:

- The counselor's body language and communication style does not allow them to feel at ease. I took note that the counselor did not manage to build good rapport with the participants before she embarked on the counseling process.
- The counselor wore too much make-up and her baju kurung, a Malay traditional outfit was too shiny with loads of beads on it. I felt that the counselor does not know how to fit in with the girls
- Sakura in particular disliked the counselor and have mentioned that she lied during the process of counseling. She informed me (off the record) that she said

what she said because she thought that the counselor only wanted to hear positive things and wish for the counselor not to visit them again.

- I have decided that having a counselor around will not allow me to get to these girls and have requested the counselor not to join us again in the next session.

*SR: being a counselor, one need to understand the setting and who the clients before coming in. The counselor need to be ready to accept the client and if a counselor looked more superior than the client, the client feels intimidated. "why does a counselor dresses in such a manner?" and "what makes a counselor effective?"*

### **Interview with Sakura:**

As we went upstairs (Sakura and I, while the counselor attended to Orkid), I saw that their room was nicely made up and arranged and she told me that they just went for their monthly routine check-ups yesterday, 4 March 2013. I saw that she was smiling and her eyes were shining.

*SR: I can sense her happiness and told myself that I shall explore what is on her mind today.*

She shared about her baby's progress and was smiling at all times when sharing news about her baby. She was delighted to know that the baby is healthy, no longer in breach position and was happy to see the baby via ultra-scan.

*SR: I am happy for her too, but deep down inside, I can feel that she is also in pain. So, my next questions was, how does she cope with the feelings of knowing that she has to give up the baby?*

Once we are done with the session, she seems sad since she knows that she will not be in the position to decide the baby's fate and will have to abandon the baby and let him go to a family who are financially better-off.

*SR: I felt her sadness, loneliness and guilt but I also know that she has the choice to make and will continue seeking answers to what goes in her mind. What goes in her mind while making the decision?*

### **Interview with Orkid:**

While Sakura now goes through the session with the Registered Counselor, I interviewed Orkid.

We went back to the first interview and I asked questions about her family. When discussing her father, I saw that she tensed. She realized that her father only wants what was best for her but she only wished that they will be closer and she can confide in her parents without any fear.

She too was seen sad and distant when discussing the other people who worked in the safe home. She saw that these people looked at girls like her with prejudice.

*SR: How does she feels about her family leaving her to deal with the pregnancy in the safe home, without even visiting her?*

They have labelled them as cheap girls and Orkid was not happy with that kind of labelling.

She too seems happy and was smiling when asked about her baby's progress.

*SR: I am happy to see that Orkid is smiling. Before, her eyes have no light in it. But today, I saw her smiling and her eyes twinkling. I wonder how these smiles were so infectious and it made my day too.*

Orkid too shared her experience and what she had gone through in her mind. The thought of leaving her baby behind made her sad.

*SR: I felt sad too. I wonder what and how is the pain that she is dealing with.*

The pain and realization that hits her in knowing that she has to leave her child behind. Orkid mentioned that she now realized the mistake that she has made. She wished she could undo her mistakes but knew that it is impossible. She missed her family.



## EXTRACTION OF INTERVIEW TRANSCRIPTION BASED ON DIARY

DISCUSSION ON DIARY (Excerpt from 3<sup>rd</sup> Interview)

12 March 2013

(Excerpt from line 231 – 284)

R: So, sekarang Sakura buat apa apa pun fikir ibu lah. (tak jelas) kak azy pun baca diari eh. kak azy nampak dalam diari tu rindu keluarga, kak azy nampak juga perkataan fuck couple. Apa maksud fuck couple tu ah?

S: Benci couple.

R: Benci couple maksud?

S: Tak nak couple.

R: Tak nak couple. Tapi nak apa?

S: Aaa..kawan-kawan jelah (tak jelas) tapi kadang kadang kenal kenal macamtu ah. Malas nak layan sangat kan. kalau nak kawin, kalau taknak pergi mampus lah. ((smile))

R: Okay. Kalau tak nak pergi mampus lah eh. Aaa..okay, lagi satu aaa dekat diari, dalam diari tu, kak azy juga baca pasal fazira eh?

S: mmhmm.

R: Apa jadi sebab kak azy nampak fazira ni adalah seorang anak yatim yang juga ditempatkan di rumah ni. Tapi Sakura, Sakura kata Sakura benci gila gila babi,muka macam babi lah, benci kat...

S: Entah lah dia, dia macammana eh, dia, kaki kak Orkid pun tak suka dia sangat sebab dia macam kurang ajar. Dia tak reti...tak mana-mana ah, bila cakap sikit dia macam melawan ah. Dengan ustaz yang Soleh tu pun dia macam, mak bapak, mak aku tak pernah ajar (tak jelas). Dia, tak tahu nak cakap macam mana. Orang anak yatim buat lah cara elokkan.

R: Ya lah sebab Sakura pun sebut sebab anak yatim je lah aku sabar. So kenapa Sakura cakap sebab anak yatim je sabar?

S: Yalah dia anak yatim kalau dia bukan anak yatim ada mak bapak saya rasa dah makan penampar ah. ((smile then giggle))

R: Kak azy baca Sakura punya diari, yang kak azy nampak ada perkataan fuck couple, babi, sial, macam-macam lah. Mmm..so Sakura pun pernah cakap dengan kak azy nak berubahkan. So, Sakura rasa mmm..daripada segi penggunaan bahasa tu macam mana?

S: Entah.(OC: mengangkat bahu)

R: Apa yang entah?

S: Tak tahu.

R: So, Sakura rasa, daripada segi tu boleh buat perubahan tak?

S: 50, 50 lah.

R: Kenapa nak buat perubahan 50/50, ni 50 baik 50 jahat ataupun bukan jahatlah. Kurang baik.

S: Apa? Tak faham ah. (OC: macam malas nak layan persoalan ini)

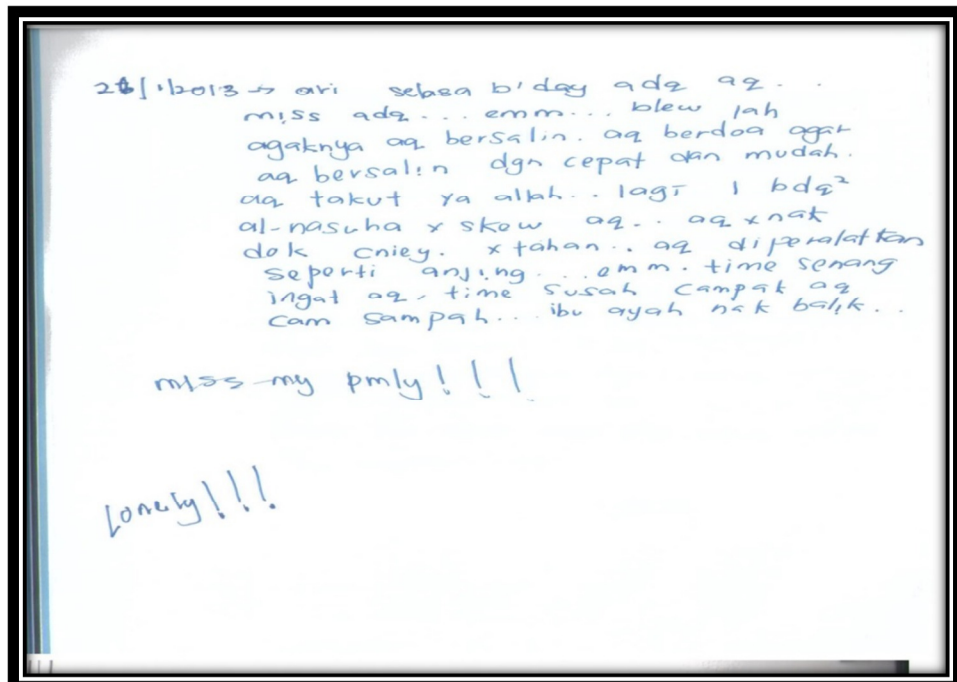
R: Aaa..kak azy kata penggunaan bahasa ni kak azy dengar babi lah, pergi mampus lah, penampar kau lah. So, mmm..Sakura pun cakap dengan kak azy nak berubahkan, macam mana kita nak berubah agaknya daripada mmm..ya lah penggunaan bahasa tu.

S: Entah lah. Tak tahu.

R: selalu ke guna Bahasa atau perkataan macamni?

S: Tak. Sebab nenek saya lah, sebab saya kan orang Melaka, orang Melaka kan jenis, mulut dia lepas je, kurang ajar.

SAMPLES OF DIARY WRITING



Date      No

3/3/2013 → debaran sematin kat ku rasakan  
 waktu bersalin ku hampir tiba...  
 Ya Allah takutnya adalah tuhan  
 mengizinkan aq berubah  
 dan menebus dosa ku terhadap  
 kedua orang tua ku... Ya Allah  
 andar nyawa ku x panjang, aq  
 vedha Ya Allah... mungkin 2  
 suratan takdir aq ka a cipta  
 terhadap ku Ya Allah... lagi 4  
 minggu jadinya bersalin ku Ya Allah  
 Ya Allah panjang kan umur ku..

Haf! Sed!!!

Date      No

16/3/2013 → windu at ibu ngaph. tau atak...  
 balik atak windu ibu ngaph...  
 Sampai keas harus aq mengmenghadapi  
 Situasi Sabagini. Ya Allah cepat kan lah  
 waktu bersalin ku Ya Allah dan kau  
 perudahkan lah aq bersalin. aq mikanya  
 pada mu Ya Allah. flg lah hamba  
 mu yg lemah ini. Sesungguhnya hamba  
 sangat membuat dosa...  
 Lonely!!!

**EXTRACTION OF INITIAL NOTING BASED ON DIARY**

EXTRACTION OF INTERVIEW TRANSCRIPTION BASED ON DRAWINGS

Interview Transcription – Violet’s Drawing  
Extract from 4<sup>th</sup> Interview  
30 April 2015

R: Aaa boleh you terang tak pasal lukisan ni? Mungkin boleh terang dari sebelah kanan dulu pergi belah kita, tak tahu lah mana-mana you nak ceritakan.

V: Rumah baru.

R: Ni rumah baru?

V: Macam ada swimming pool ke apa ke, rumah yang betul-betul complete. Jauh daripada orang. Bukan jauh (tak jelas) jauh sangat lah. Macam hidup dengan keluarga kita sendiri je. Saya punya kucing, baby.

R: Ada lagi?

V: Rabbit saya tak da kat rumah.

R: Rabbit kat mana? Rabbit Violet kat mana sekarang?

V: Bukit tinggi.

R: Kenapa dia ada kat bukit tinggi?

V: Sebab suruh orang tu jaga letak kat taman satu tempat.

R: Oh, ada berapa ekor rabbit?

V: Lepas tu, mak cakap ada yang dah mati.

R: Berapa ekor? 9?

V: Total 10 lepas tu dah mati seekor masa kat rumah. Lepas tu sekarang, 3 tu tak nampak mungkin dah mati kot.

R: Yang ni apa eh? Lost ke last?

V: Lost, hilang.

R: Hilang. Hilang maksudnya sekarang kat bukit tinggi lah, dah tak bela lagi. Kenapa, mak tak larat nak bela lah kat rumah?

V: Tak da siapa nak tengokkan dia.

R: Apa lagi yang Violet nampak dalam gambar ni? Yang ni melambangkan apa ya?

V: Aman.

R: Aman. Bila Violet sebut aman, apa yang Violet nak sebenarnya? Bila sebut perkataan aman, apa yang bermain dalam fikiran?

V: Tak da gangguan lah.

R: Bila kata tak da gangguan, tak da gangguan macam mana?

V: Sekarang kan hidup dengan masyarakat kan susah.

R: Apa maksud Violet?

V: Jaga aaa takut nanti memang orang pandang serong lah. Pandang serong

R: Ya lah, maksud kak azy sekarang, bila Violet kata taknak jaga anak tu semua disebabkan fikiran masyarakat lah.

V: Hmm.

R: Okay. Okay teruskan apa lagi yang Violet nampak? Yang kak azy nampak dalam gambar ni ada 5 orang sedang berdiri, mungkin keluarga?. Sebab Violet ada tulis kat atas ni abah, mak, me miss you, angah, adik. Boleh kak azy tanya tak? 21 haribulan ni birthday dia orang kea pa?

V: Hmm. Birthday.

R: 20 haribulan 1, 7 haribulan 5, 5, 4. Oh birthday awak baru lepas. Aah.

V: Tapi tak sambut pun.

R: So memang angh dengan adik tak tahu lah Violet mengandung?

V: Tak tahu.

R: So abah dengan mak cakap aaa.

V: Kerja.

R: Kerja. Sebab abah, angh dengan adik kan tahu Violet kerja dekat.

V: Dekat KL lah tapi duduk dekat rumah sewa sebelah rumah anak yatim. Sampai dia tanya dengan mak, mak cakap mmm best tak duduk situ. Nak duduk dekat situ boleh tak. Macam tak tahu tiba-tiba dia tanya macam tu.

R: Apa perasaan you bila adik sebut macam tu nak duduk kat sini best tak?

V: Best lah bagi dia fikir sikit, orang laki kan degil kan. Bagi dia fikir duduk lepas tu mak cakap aaa okay-okay tapi nanti lah sebab kakak dia kan macam ni. Aaa takut nanti dia fikir lain.

R: So hubungan you dengan angh okay?

V: Okay.

R: Dengan adik?

V: Dengan adik pun okay Cuma angh dengan adik kadang-kadang still gaduh-gaduh macam tu lah.

R: Gaduh-gaduh manja.

V: Tapi last-last kalau, dia tak boleh kalau mak dengan abah tak da kat rumah pun, dia 2 orang ni mesti akan baik. Confirm.

R: Aah.

V: Macam haritu suruh masak nasi pun yang laki pun try-try masak nasi sendiri. Lepas tu mak balik balik tengok, masak nasi dah.

R: Aaa Alhamdulillah. Biasalah tu budak-budak kan. So yang ni mmm, boleh ceritakan siapa nice person ni? Ada glasses lagi.

V: Dia memang pakai glasses mmm boyfriend.

R: Okay, umur boyfriend?

V: 28 kot sekarang.

R: Mmm, kot sekarang.

V: Ya lah dia 85, 28 lah.

R: Aah, okay. Ada heart shape kat sebelah nice person, boleh cerita kat kak azy. (85, 85, 26)

V: Eh tak, hari tu (tak jelas) dah. Tahun ni 2013 kan. Apa akak cakap tadi?

R: 28, yes. Ada love ni symbol love.

V: Saja je lukis-lukis.

R: Mesti ada maksud something.

V: Tak da lah. Haa sayang kat dia lah. Sayang sangat Masa sebelum saya datang sini pun saya pesan kat tengok-tengokkan family saya.

R: Macam mana dia nak tengok-tengok family you?

V: Dia kan, taman dia dengan kat saya kan tak jauh kan, tengok-tengok lah bukan tengok macam hari-hari datang bukan macam tu, macam mungkin daripada jauh, tengok ada something apa-apa kan.

R: Ayah dengan ibu awak, umi awak baik tak dengan dia?

V: Umi?

R: Aaa ibu awak, maaf.

V: Pernah jumpa hari tu. Dia tahu yang mana 1 apa ke.

R: Memang lah dia tahu mana 1. Tapi kata pernah jumpa haritu pernah discuss nak kahwin?

V: Mmm pernah.

R: Tapi mmm.

V: Ya lah macam saya cakap tu lah, kan ikutkan dia kalau keadaan dah terdesak nak cepat memang sepatutnya kita orang dah nikah.tapi mak dengan abah macam, risau



nanti orang kata kan sebab kita orang, lagi 1 keluarga belah abah semua keluarga yang macam baik-baik sikit macam, apa eh, baik-baik.

R: Alim-alim sikit lah.

V: Aah.

R: So aaa memang lelaki ni nak kahwin lah dengan you?

V: Mmm.

R: Tapi mak dengan abah yang kata tak perlu dulu sebab takut masyarakat cakap.

V: Mmm.

R: Kak azy banyak dengar dekat dengan Violet ni.

V: Kalau kita orang dah nikah, dah nikah, nikah macamtu pun dah nikah dah, mmm sepatutnya. Sebab dia ajak macamtu, sekarang pun dia macamtu. Kecewa dia cakap macam takut kan, ya lah dengan keadaan macam tu. Sepatutnya kahwin kan nak kena adat, betul-betul macam ni, macam ni kan. Macam hari tu dia datang pun abah dengan mak pun dah anggap, tak pa lah aaa kita orang dah anggap awak ni macam dah merisik, masa hari apa tu kan, masa tu lah kan.

R: Kenapa tak teruskan? Kata dah anggap merisik.

V: Tak tahu lah kak.

R: Sebab basically lelaki ni nak kat awak tapi mak dengan ayah, mak dengan abah yang tahan.

V: Sebab selalunya macam contohnya abah dengan mak tetap nak jadikan benda tu macam orang akan pandang biasa. Lagi 1, saudara-mara tak akan, sebab kita orang rapat dengan saudara-mara macam tak da lah jauh kalau apa-apa hal macam nanti kang mesti tanya masa bila nikah. (tak jelas) contohnya kan, nikah kenapa nikah nak cepat-cepat. Nanti dia aaa macam buruk lah. Saya pun tak nak.

R: Mmm banyak kak azy dengar antara perbualan dengan kak azy dengan Violet lah, aaa banding dengan perbualan kak azy dengan kawan-kawan yang lain, kak azy banyak dengar Violet banyak kali sebut bimbang dengan masyarakat, bimbang dengan masyarakat, bimbang dengan masyarakat. Kak azy rasa, Violet ada pernah rasa tak masalah sekarang ialah takut apa yang masyarakat atau saudara-mara fikir. Masyarakat tu semua saudara-mara lah termasuk. Pernah terfikir tak itu je masalah dia sebenarnya?

V: Pernah juga.

R: Sekarang Violet rasa jauh tak daripada boyfriend ni? Boyfriend ni nama apa haritu awak ada sebut nama dia.

V: Muhamad.

R: Muhamad. Aaa ya hari tu pun kak azy sebut muhamad. Aaa makin rasa jauh ke makin rasa dekat dengan dia?

V: Tak da lah rasa makin dekat dah selalu kat sini. Dekat lah sebab, sebab baby. Sebab rasa, tak tahu, tak tahu apa tapi rasa macam makin dekat sebab macam dia ada sekali dengan baby kat sini haa.

R: Lepas tu you sanggup nak bagi orang jaga.

V: Tak sanggup sebenarnya.

R: Aaa kak azy kata soalan tu kak azy tinggal dulu. Violet fikir eh minggu depan kak azy datang. So yang ni, ni baby, baby boy. 25 haribulan 6 apa dia?

V: Date kononnya bersalin kot.

R: Date due. So kak azy nampak kat dalam gambar ni ada 2 heart shape yang besar merangkumi adik-beradik you dengan boyfriend you tapi boyfriend you duduk atas. Kenapa dia tak duduk sebaris ya?

V: Entah saya lukis je.

R: Nak menggambar, adakah menggambarkan dia orang luar?

V: Aaa mungkin juga. Macam ialah dia family saya kan lepas tu dia ada kat sisi lah

R: Kat sisi lah tapi dia masih didalam rasa perasaan untuk love perasaan cinta termasuk dia, tapi dia ada extra sikit, dia ada extra love kat sini, betul? Kenapa baby ni love dia kat luar eh?

V: Love kat luar?

R: Ni love lagi satu love kat luar. Bukan termasuk dalam love yang besar ni. Sebab selalunya apa yang kita lukis ni tanpa kita sedari ada makna.

V: Tu orang baru.

R: Orang baru, jadi?

V: Cinta barulah.

R: Cinta special. So ini khas untuk baby lah. Tapi love ni masih sayang, aaa love ni walau dia kecil tapi aaa rasa sayang tu sama ke dengan.

V: Sama lah dia nak masuk kat dalam ni.

R: Dia nak masuk sebab dia bertindan.

V: Aah.

R: Cuma dia masih kat luar lagi. Betul tak? So macammana you nak orang kata apa bila you dah lukis ni dengan gambar kehidupan you apa you yang nak ni. Macam mana you ...

V: Combine? (OC: I haven't completed my question)

R: Haa combine.

V: Nak combine macam mana?

R: Macam mana you nak masukkan orang ni semua dekat dalam ni? Gambar ni. Cuba cerita kak azy. Apa yang you nak sebenarnya? Sebab you nak kehidupan baru kan, apa yang you nak?

V: Balik-baik terus cari dia orang lah. Hmm.

R: Tak maksud kak azy, aaa dalam kehidupan baru tu apa yang ada dalam kehidupan you?

V: Semuanya baru. Kalau kehidupan yang baru tu.

R: Aaa siapa yang ada dalam kehidupan tu?

V: Baby.

R: Baby. Baby dulu yang dipilih. Boyfriend? Atau suami, ada tak?

V: Ada.

R: Kucing?

V: Ni mesti ada. (tak jelas) anak baru dah.

R: Dia dah ada anak baru, berapa ekor anak dia?

V: 3 tadi.

R: Aaa so apa perasaan you bila kucing you pun pandai bela anak dia.

V: Ya lah dia tak da bapa kan kucing tak da meow, meow, meow, meow

R: So apa perasaan you bila kucing sendiri pandai jaga anak?

V: Ya lah sebab entah apa tengoklah dulu kan bila tengok bagi kasih sayang semua, aaa bagi susu semua macam comel macam pandai dia jaga. Jaga betul-betul jaga. Ya lah kucing jaga anak, anak wek keluar macamtu je, apa-apa semua tak payah.

R: So ceritakan kak azy pengalaman mengandung.

V: Best kot.

R: Best? Kenapa best.

V: Sebab rasa macam, tak tahu sebab rasa macam rapat dengan dia lepas tu dia bergerak-gerak lepas tu orang cakap sayang apa semua kat dia. Akak Nampak dia gerak-gerak kan? Lepas tu cakap kenapa ni tidur lah malam-malam gerak-gerak pula kan, tidur lah.

R: Dengar cakap lah. Kira dia macam dengar cakap kita lah kan. So best lah pengalaman mengandung ni? Apa yang tak best pengalaman mengandung ni?

V: Sebab duduk seorang sekarang.

R: Apa yang you nak sebenarnya? Bila you tengah mengandung, apa yang you nak? Layanan yang macam mana?

V: Sayang lah. Macam jadi tuan puteri kan. Tak da lah puteri, pergi ambil tu, pergi ambil ni macam bukan lah. Aaa macam hidup sendiri lah rasanya.



R: Selalu bila you tengok orang mengandung, macam mana yang you tengok layanan daripada suami dan keluarga?

V: Rapat.

R: Macam you kata tadi lah, macam puteri, dimanjakan.

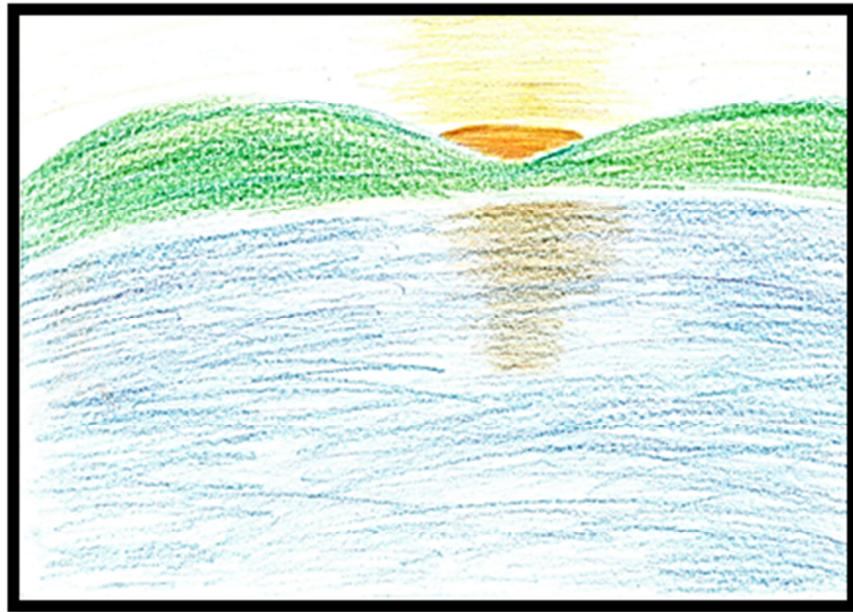
V: Hmm. Kadang saya fikir lah seorang-seorang kalau aku tengah kahwin sekarang ni, aku tengah kahwin, dah kahwin aaa sekarang ni mesti macam ni, macam ni kan. Walaupun tengah hidup susah mungkin baby. Haa. Happy..

R: So bila you kata happy kan, macam mana you maksudkan happy? You tadi you kata walaupun hidup susah, tapi tetap happy. Apa you maksud you happy tu?

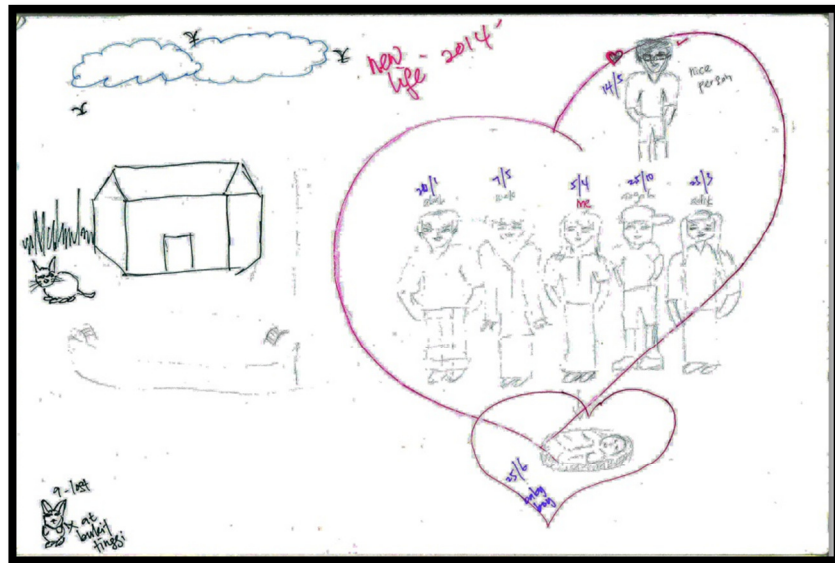
V: Sebab ada sekeliling orang yang kita sayang.

SAMPLE OF DRAWINGS

ORKID'S DRAWING



VIOLET'S DRAWING



**EXTRACTION OF INITIAL NOTING BASED ON DRAWING**

**REQUEST LETTER FOR EXPERT REVIEW ON TRANSLATED  
TRANSCRIPTIONS**

**Name and address of Expert**

Dear \_\_\_\_\_

**REVIEW OF TRANSLATION WORK FROM BAHASA MALAYSIA TO  
ENGLISH LANGUAGE – THESIS ENTITLED UNDERSTANDING  
ADOLESCENTS' EXPERIENCE WITH AN UNWANTED PREGNANCY**

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I wish to inform you that my thesis requires an expert with the background of English Language to conduct a review on my translation work that was conducted in Bahasa Malaysia.

For your information, my research work was fully conducted in Bahasa Malaysia due to the limited vocabularies and grammatical usage of English Language on the part of the participants. Hence, there was a need to conduct a translation since the thesis will be written in English Language.

Therefore, I wish to engage your expertise to assist in the review of translation work from Bahasa Malaysia to English Language that is appended herewith. An acceptance form is attached herewith for your action.

I hope to hear a favorable reply from you soonest possible. I can be contacted at 012-7839398 should you have any further queries.

Thank you.

Yours sincerely,

**AZMAWATY MOHAMAD NOR**

Ph.D candidate

Department of Educational Psychology and Counselling

University of Malaya

**ACCEPTANCE LETTER AS EXPERT REVIEWER**

**AZMAWATY MOHAMAD NOR**

No. 427 Jalan Melati 16

Desa Melati

71800 Nilai

Negeri Sembilan

Dear Azmawaty,

**ACCEPTANCE NOTICE AS A REVIEWER FOR TRANSLATION WORK ON  
TRANSCRIPTION FROM BAHASA MELAYU TO ENGLISH LANGUAGE**

I hereby accept the offer as stated above.

I will update you once the review process has been completed.

Thank you.

Yours sincerely,

**Name of Expert Reviewer**

**LETTER OF COMPLETION FOR TRANSLATED TRANSCRIPTIONS**

**Azmawaty Mohamad Nor**

No. 427 Jalan Melati 16

Desa Melati

71800 Nilai

Negeri Sembilan

Dear Azmawaty,

**REVIEW OF TRANSLATED TRANSCRIPTIONS FROM BAHASA  
MALAYSIA TO ENGLISH LANGUAGE**

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The above matter refers.

Please find attached the completed and corrected translation work from Bahasa Malaysia to English Language of the document containing the interview transcriptions for your thesis entitled **Understanding Adolescents' Experience with an Unwanted Pregnancy** that you have recently submitted for reviewing.

Thank you.

Yours sincerely.

**NAME OF EXPERT REVIEWER**

## SAMPLE OF AUDIT TRAIL: Overview of Audit Trail

| No. | Audit Trail                     | Steps taken in Audit Trail                                                                                                                                                                                                            | Evidence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | Preparation for data collection | Prepare:<br>i. Informed consent<br>ii. Informed assent<br>iii. Interview protocol<br>iv. Open-ended interview questions based on three-interview series<br>v. Observation protocol<br>vi. Diaries<br>vii. Art blocks and stationeries | All evidences have been produced and attached as samples or extractions in Appendices                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2.  | Data collection                 | i. Audio recorder<br>ii. Observation, field notes and reflexive notes                                                                                                                                                                 | <ul style="list-style-type: none"> <li>▪ Transcribed verbatim</li> <li>▪ Recorded electronically and produced in Appendices as extractions.</li> <li>▪ All interviews were held not more than 90 minutes</li> <li>▪ Observations were recorded in the form of field notes.</li> <li>▪ Field notes and reflexive notes were combined in one journal to allow for ideas and concepts to be easily referred.</li> <li>▪ Confidentiality and rapport building is crucial to gain the participants' trust.</li> </ul> |

|    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                      |
|----|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. | Data analysis     | <ul style="list-style-type: none"> <li>i. Transcription of task observations</li> <li>ii. Verbatim transcription of audio recording</li> <li>iii. Verbatim transcriptions of diary and drawings interview</li> <li>iv. Reflexive journal, field notes on observations allow for questions to be asked during interview</li> <li>v. NVivo 10 were used initially to gather and simplify initial noting</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>▪ All were transcribed and save into two main electronic files: early transition and late transition.</li> <li>▪ The files have been compiled according to the schools the students' attended.</li> </ul>                                                                                     |
| 4. | Producing results | <ul style="list-style-type: none"> <li>i. initially all transcripts were transcribed verbatim</li> <li>ii. initial coding / noting was prepared using Microsoft Words and later NVivo to assist in data management.</li> <li>iii. IPA required the initial noting to be looked at three different ways and detail prescriptions to each comment were provided. The steps to initial noting were made based on three comments: <ul style="list-style-type: none"> <li>(a) descriptive comments – description of experience</li> <li>(b) linguistic comments – their usage of words, tone of voice, repeated words, body language</li> <li>(c) conceptual comments – to allow for further questions to be posted and the researcher played a role to collaborate with participants in coming up with the emerging themes. However, researcher needs to maintain objectivity and looked at the data from the perspectives of the participants.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>▪ Detailed analysis of comments was produced. This is a tedious tasks and the researcher needs to always be in touch with the participants to get more information from their experience.</li> <li>▪ The six steps of analysis as suggested by Smith et al., (2009) was conducted.</li> </ul> |



|    |                |                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       |
|----|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. | Report writing | <ul style="list-style-type: none"><li>▪ Discussion with supervisor and experts in the areas of counselling to gain input</li><li>▪ Refers to past literature to ensure that the evidence is supported</li><li>▪ Gain insight and new knowledge and publish it as original work</li></ul> | <ul style="list-style-type: none"><li>▪ Originality of work is crucial.</li><li>▪ Reporting findings requires an in-depth analysis. Conceptual comments helped in asking the famous 'so what' question to seek for answers.</li></ul> |
|----|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## SAMPLE OF STEP-BY-STEP AUDIT TRAIL

### Understanding Adolescents' Experience with an Unwanted Pregnancy

| Date        | Tasks                                                                                                                                                                                               | Remarks                                                                                                                                                         | Details of Document                                                                                                                                                                                                                                                            | Contact person &<br>Contact Number |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>2012</b> |                                                                                                                                                                                                     |                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |                                    |
| January     | Compiled statistics from the Department of Social Welfare (JKM)                                                                                                                                     | The statistics collected are based on the published statistics on the website of the Kementerian Pembangunan Wanita, Keluarga dan Masyarakat (KPWKM)            | <a href="#">Statistik JKM2007 Laporan Statistik</a><br><br><a href="#">Statistik JKM2008 Laporan Statistik</a><br><br><a href="#">Statistik JKM2009 Laporan Statistik</a><br><br><a href="#">Statistik JKM2010 Laporan Statistik</a><br><br><a href="#">Statistik JKMDasar</a> |                                    |
| 9 April     | Bukit Aman, KL                                                                                                                                                                                      | Introduced myself as a student to Inspector XXX, Unit D11, Level 1. Requests of statistics must be made via a formal letter addressed to the Head of Bukit Aman |                                                                                                                                                                                                                                                                                |                                    |
| 17 April    | Sent a letter to PDRM requesting statistics pertaining to adolescents as follows:<br>1. Abandonment of babies under the age of 18,<br>2. <i>Kes jenayah seksual</i> adolescents under the age of 18 |                                                                                                                                                                 | <a href="#">PDRM\Surat PDRM.doc</a>                                                                                                                                                                                                                                            |                                    |

|        |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                |                                                  |                             |
|--------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------|
| 8 May  | Bukit Aman, KL                                                                                  | Collect documents pertaining the statistics of sexual crime cases                                                                                                                                                                                                                                                                              |                                                  | Unit D11, Bukit Aman        |
| 22 May | Checked the website on RS. A shelter registered with the Department of Social Welfare.          |                                                                                                                                                                                                                                                                                                                                                |                                                  |                             |
| 23 May | Sent a letter to PDRM requesting a more detailed statistics with regard to unwanted pregnancy   |                                                                                                                                                                                                                                                                                                                                                | <a href="#">PDRM\Surat PDRM, 23 May 2012.doc</a> |                             |
|        | Called RS up and request permission to conduct study – data collection beginning September 2012 | Madam xyz informed that they will no longer allow researcher to conduct study at RS.                                                                                                                                                                                                                                                           |                                                  |                             |
|        | Identifications of other potential shelter for adolescents with unwanted pregnancy              | Plan for a visit to other potentials site for research on 1 June 2012.                                                                                                                                                                                                                                                                         |                                                  |                             |
| 1 June | Visited the safe home                                                                           | <p>Informed the guardian of the centre the following:</p> <ol style="list-style-type: none"> <li>a. Purpose of Visit to the centre</li> <li>b. Understanding the experience of the girls with unwanted pregnancy</li> <li>c. Interview</li> </ol> <p>Remarks: The shelter is not registered with the Department of Welfare, under the MWFC</p> |                                                  | The gatekeeper of safe home |

|         |                                                                                                                                                                     |                                                                                                                                                                                                                                                                      |                                              |                                                                                                                                                           |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20 June | Supt. XXX – sharing of the sexual cases from Bukit Aman in Kota Kinabalu Conference in Sabah                                                                        |                                                                                                                                                                                                                                                                      | <a href="#">PDRM\VAC-PERKAMA SABAH.ppt</a>   | D11 Division, Criminal Investigation Department, Royal Malaysia Police HQ, Bukit Aman, 50560, KUALA LUMPUR<br>Tel: 03-2266 6292<br>Fax: 03-2266 6299      |
| 9 July  | Wrote an email to Prof. Dr. Richard Jessor, requesting permission to publish his theoretical model (1977) in my thesis                                              | Problem behavioural theory is a theory that looks into the psychosocial relations in the adolescents behaviour.                                                                                                                                                      |                                              |                                                                                                                                                           |
| 10 July | Prof Emeritus Dr. Richard Jessor replied to my email granting permission to reprint and publish the theoretical model based on the 1977 work that he has conducted. | He included more of his newer and most related work to the field of my interests.                                                                                                                                                                                    | <a href="#">Theories\PBT, Richard Jessor</a> | <a href="http://www.colorado.edu/ibs/jessor/">http://www.colorado.edu/ibs/jessor/</a><br><br><a href="mailto:jessor@colorado.edu">jessor@colorado.edu</a> |
| 10 July | Public Seminar-Understanding the Violent and Antisocial behaviour amongst adolescents                                                                               | The talk is an eye-opener. There are many studies in progress in Malaysia which relates to the teenage pregnancy:<br><br>Dr. P – Illegal baby dumping amongst the higher education students<br><br>Ms. S – Protect and Save. Discussions on modules of sex education |                                              |                                                                                                                                                           |

|                 |                                                                                                        |  |                                                                   |  |
|-----------------|--------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|
| 12 – 14<br>July | Training of Trainers: I'm in Control<br>LPPKN with collaboration with<br>UNPFA                         |  | <a href="#">..\Workshops,<br/>Seminars,<br/>Conferences\LPPKN</a> |  |
| Aug - Nov       | Working on Chapter 1-3 in preparation<br>of Seminar 1, Candidature Defense<br>scheduled on 2 Nov 2012. |  |                                                                   |  |
| Dec             | Working on the amendments of the<br>proposal as suggested by the panel at<br>Seminar 1                 |  |                                                                   |  |

| <b>Date</b> | <b>Tasks</b>                                                             | <b>Remarks</b>                                                                                                                                                                                                                                                                                                                                                                                | <b>Details of Document</b>                   | <b>Contact Person /<br/>Number</b> |
|-------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------|
| <b>2013</b> |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                    |
| Jan - Feb   | Working on article writing for<br>publication                            | <ol style="list-style-type: none"> <li>1. Working on improving the article<br/>based on Family Life Cycle</li> <li>2. Writing on the Ethical Issues<br/>involved in using Human as subjects</li> </ol>                                                                                                                                                                                        |                                              |                                    |
| 27 Feb      | Visited An-Nasuha home                                                   | <p>My main goal is to establish and build<br/>rapport with the girls before embarking on<br/>my interview.</p> <p>There are currently three girls staying in the<br/>home whereby all three of them are<br/>currently in their third trimester of their<br/>pregnancy. They are approximately 8<br/>months pregnant and are expected to give<br/>birth sometime at the end of March 2013.</p> | Field notes are<br>attached herewith.        |                                    |
| 28 Feb      | Visited An-Nasuha home to embark<br>on my first interview with two girls | Refer to researcher's reflexive and field<br>notes.                                                                                                                                                                                                                                                                                                                                           | Observations were<br>recorded as field notes |                                    |

## LIST OF PUBLICATIONS

| No. | Articles                                                                                                                       | Completed | Accepted / Rejected                                                                                          |
|-----|--------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------|
| 1.  | From Nasty to Healthy Divorce: A Marriage and Family Therapy Model for Working Effectively with Divorcing Malay-Muslim Couples | Yes       | Published<br><a href="http://e-journal.um.edu.my/publish/MOJC/">http://e-journal.um.edu.my/publish/MOJC/</a> |
| 2.  | Adolescents with an Unwanted Pregnancy: An Experience                                                                          | Yes       | Published<br><a href="http://www.cphjournal.com/">http://www.cphjournal.com/</a>                             |
| 3.  | Teori Kaunseling dan Psikoterapi                                                                                               | Yes       | Publisher<br>University Malaya Press                                                                         |
| 4.  | Engaging Adolescents with an Unwanted Pregnancy: An IPA Approach                                                               | Yes       | In press<br>International Journal for Innovation Education and Research                                      |

## PAPER PRESENTATIONS AND LIST OF CONFERENCES, COLLOQUIUMS, SEMINARS AND WORKSHOPS ATTENDED

| 2012 |                                                                                                                                                                                                                                           |                                                                                                                    |                                                                                                          |                         |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------|
| No.  | Workshop Title                                                                                                                                                                                                                            | Presenter                                                                                                          | Date                                                                                                     | Remarks                 |
| 1.   | Qualitative Data Collection                                                                                                                                                                                                               | Assoc. Prof. Dr. Rohaida Mohd Saat                                                                                 | 26 March 2012<br>Bilik Seminar A & B,<br>Institut Pascasiswazah,<br>UM                                   | Participant             |
| 2.   | One Note & Mendeley                                                                                                                                                                                                                       | Mr. Ali & Ms. Ng Poi Ni                                                                                            | 5 May 2012<br>Makmal Komputer 2,<br>Menara Fak. Pendidikan                                               | Participant             |
| 3.   | Document Mapping                                                                                                                                                                                                                          | En. Ady Hameme                                                                                                     | 9 June 2012<br>Makmal Komputer 2,<br>Menara Fak. Pendidikan                                              | Organiser & Participant |
| 4.   | Training of Trainers: Module 1'm in Control, Organised by Lembaga Penduduk dan Pembangunan Keluarga Negara (LPPKN) in collaborations with the United Nations Population Fund<br><br>Bengkel Latihan Kejurulatihan (TOT): Modul Cakna Diri | LPPKN<br>En. Mohd Nadzim Ishak<br><br>Pn. Rusniyati Omar<br><br>En. Chua Ching Chun<br><br>Dr. Hamizah Mohd Hassan | 12 – 14 July 2012<br>Flamingo Hotel<br>5, Tasik Ampang, Jalan<br>Hulu Klang, 68000<br>Ampang<br>Selangor | Trainee                 |
| 5.   | AMOS Workshop                                                                                                                                                                                                                             | Dr. Awang                                                                                                          | 14 July 2012                                                                                             | Participant             |

## 2012

| No. | Workshop Title         | Presenter                                                                             | Date                                                                                                                                                                                          | Remarks     |
|-----|------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 6.  | Writing a PhD Thesis   | Prof. Colin Binns,<br>Curtin University,<br>Australia                                 | 30 August 2012<br>(Thursday)<br>Auditorium, Institute of<br>Graduate Studies                                                                                                                  | Participant |
| 7.  | Bengkel Terapi Bermain | Prof Madya Dr<br>Saedah Abd Ghani,<br>USIM<br><br>Penasihat Bengkel<br>Terapi Bermain | 22 – 23 September 2012<br>(Saturday – Sunday)<br>Bilik Kuliah Sederhana<br>(BKS), Fakulti Kepimpinan<br>dan Pengurusan (FKP)<br>Universiti Sains Islam<br>Malaysia (USIM)<br>8.00am – 6.00 pm | Participant |
| 8.  | NViVo10 Workshop       | Dr. Suria Baba                                                                        | 20 Disember 2012<br>Bilik Komputer IPS                                                                                                                                                        | Participant |

## 2013

| No. | Workshop Title                            | Presenter                                                         | Date                                     | Remarks                                                                          |
|-----|-------------------------------------------|-------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------|
| 1.  | OH Card Programme                         | Moritz Egetmeyer,<br>M.A.<br>Antioch University,<br>North America | 23-24 February 2013<br>Saturday - Sunday | Psychotherapy, humanistic psychology.<br>OH Cards to understand children better. |
| 2.  | Understanding the Conceptual<br>Framework | Prof. T.C. Melewar<br>Brunnel University<br>United Kingdom        | 7 March 2013<br>Thursday                 |                                                                                  |



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|----|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|
| 3. | How to Write? Research Framework             | Dr. Awang Idris<br>Senior Lecturer<br>Faculty of Arts<br>and Social<br>Sciences<br>University of<br>Malaya          | 16 March 2013<br>Saturday | Organiser and Participant |
| 4. | Publication Workshop (1 <sup>st</sup> Class) | Dr. Jessie Grace<br>Rubrico<br>Visiting Lecturer<br>Dept. of English<br>and Literacy<br>Faculty of<br>Education, UM | 18 April 2013             | Participant               |
| 5. | Publication Workshop (2nd Class)             | Dr. Jessie Grace<br>Rubrico<br>Visiting Lecturer<br>Dept. of English<br>and Literacy<br>Faculty of<br>Education, UM | 25 April 2013             | Participant               |
| 6. | Narrative Analysis                           | Prof. Rosemary S.<br>Carafella<br>Professor Emerita<br>Cornell University<br>United Kingdom                         | 2 May 2013                | Participant               |
| 7. | Programme Evaluation                         | Prof. Rosemary S.<br>Carafella<br>Professor Emerita<br>Cornell University<br>United Kingdom                         | 7 May 2013                | Participant               |

|     |                                              |                                                                                                                     |                               |                           |
|-----|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|
| 8.  | Three Layers Research Gap                    | Dr. Awang Idris<br>Senior Lecturer<br>Faculty of Arts and<br>Social Sciences<br>University of<br>Malaya             | 9 May 2013<br>11.30 am – 1 pm | Organiser and Participant |
| 9.  | Literature Review                            | Prof. Rosemary S.<br>Carafella<br>Professor Emerita<br>Cornell University<br>United Kingdom                         | 9 May 2013<br>2.00 – 4.00 pm  | Participant               |
| 10. | Publication Workshop (3 <sup>rd</sup> Class) | Dr. Jessie Grace<br>Rubrico<br>Visiting Lecturer<br>Dept. of English<br>and Literacy<br>Faculty of<br>Education, UM | 23 May 2013                   |                           |
| 11. | Publication Workshop (4 <sup>th</sup> Class) | Dr. Jessie Grace<br>Rubrico<br>Visiting Lecturer<br>Dept. of English<br>and Literacy<br>Faculty of<br>Education, UM | 30 May 2013                   |                           |
|     |                                              |                                                                                                                     |                               |                           |

## 2014

| No. | Workshop Title                       | Presenter                       | Date                                    | Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----|--------------------------------------|---------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | NViVo 10: Basic and Advance Workshop | Assoc. Prof. Dr. Chang Kam Hock | 15 – 16 March 2014<br>Saturday - Sunday | <p>MPWS Training Centre, 63-1, 63-2, Jalan Kajang Impian 1/11, Taman Kajang Impian, Seksyen 7, 43650 Bandar Baru Bangi, Selangor</p> <p>This two-full day workshop aims to train participants on how to use NVivo 10 for analyzing qualitative data at the basic and advanced level. The participants were taught how to: create projects in NVivo 10; work with a range of data sources; organizing, coding, and querying data, and presenting project findings.</p> |
| 2.  |                                      |                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## 2012

| No. | Seminar Title                                | Keynote Speaker (if any)                                         | Date                                                                    | Remarks     |
|-----|----------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------|-------------|
| 1.  | Seminar Series: Cognitive Behaviour Therapy. | Professor Benton, University of Westminster, UK                  | 23 March 2012<br>Bilik Cemerlang, Fakulti Pendidikan, Universiti Malaya | Participant |
| 2.  | QRAM 9 <sup>th</sup> National Conference     | Dr. Sharon Bong, University of Monash, Sunway College University | 31 March 2012<br>Seminar A, IPS, Universiti Malaya                      | Participant |

|    |                                                            |              |                                                                                     |             |
|----|------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------|-------------|
| 3. | Seminar Kaunseling Perkahwinan & Seksualiti                | -            | 12 May 2012<br>Fakulti Kepimpinan dan Pengurusan<br>Universiti Sains Islam Malaysia | Participant |
| 4. | Public Seminar: Understanding Violent and Antisocial Youth | Dr. Jeff Sim | 10 July 2012<br>Residence HELP,<br>Pusat Bandar Damansara, KL                       | Participant |

## 2013

| No. | Seminar Title                                                                                                                   | Keynote Speaker (if any)                                       | Date        | Remarks                   |
|-----|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------|---------------------------|
| 1.  | New Trends in Educational Technology and related research issues.<br>Academic Publishing – looking inside peer reviewed journal | Professor Dr. J. Michael Spector<br>University of Georgia, USA | 11 May 2013 | Organiser and Participant |

## 2012

| No. | Conference Title                                                                                                                                                            | Keynote Speaker (if any) | Date                                                                      | Remarks                                                                                                                                                                                                                                                                                                                                       |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | <p>PERKAMA 18<sup>th</sup> International Convention</p> <p>Launching of the PEKAMA International Accreditation Programme</p>                                                | -                        | 19-21 June 2012                                                           | <p>Presenter<br/>Title: <i>Healthy Divorce: A Malay-Muslim Perspective</i></p> <p>Title: <i>Ibu Tunggal Di Usia Muda: Satu Pengalaman</i></p> <p>Title: <i>Memahami Strategi Daya Tindak Kaunselor yang Mengalami Kehilangan Individu akibat Kematian</i></p> <p>Prepared the Accreditation Programme Documents for PERKAMA International</p> |
| 2.  | <p>International Conference of Learner Diversity<br/><a href="http://www.pakarunding.co.cc/iceld2012/">http://www.pakarunding.co.cc/iceld2012/</a><br/>Organised by UKM</p> |                          | 18-20 Sept. 2012<br>Ayer Keroh Melaka                                     | <p>Abstract sub. Dateline: 21 May 2012<br/>Full Paper Submission Dateline: 15 June 2012</p> <p>Presenter<br/>Title: <i>From Nasty to Healthy Divorce: A Marriage and Family Therapy Model for Working Effectively with Divorcing Malay-Muslim Clients</i></p>                                                                                 |
| 3.  | <p>Persidangan Seminar Antarabangsa Bahasa, Kesusasteraan, Kebudayaan dan Pendidikan di Asia Tenggara ke-2</p>                                                              |                          | 15 – 17 Nov 2012<br>Golden Tulip<br>Sovereign Hotel,<br>Bangkok, Thailand | <p>Presenter<br/>Title: <i>Interpretative Phenomenological Analysis: An Approach to Qualitative, Experiential and Psychological Research</i></p>                                                                                                                                                                                              |

## 2013

| No. | Conference Title                                                                                                           | Keynote Speaker (if any) | Date                                                                      | Remarks                                                                                                                                            |
|-----|----------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | PERKAMA 19 <sup>th</sup> International Convention                                                                          | -                        | 9 – 11 June 2013<br>Akademi Kenegaraan,<br>Jalan Bellamy,<br>Kuala Lumpur | Presenter<br>Title: <i>Engaging Adolescents with Unwanted Pregnancy: A Quality Relationship</i>                                                    |
| 2.  | PERKAMA International Conference on Counseling<br>“Upholding Counseling Profession in Modern and Multicultural Society”    |                          | 15 – 19 Nov 2013<br>Sanur Beach Resort<br>Hotel, Bali                     | Presenter<br>Title: <i>A Positive Outlook on the Experience of Adolescents with Unwanted Pregnancy (This title is yet to be approved by my SV)</i> |
| 3.  | 1 <sup>st</sup> International Conference on Psychology of Health, Education, Social and Organisational Settings (ICPHESOS) |                          | 21 – 23 Nov 2013<br>University of Air<br>Langga, Surabaya<br>Indonesia    | Presenter<br>Title: <i>Adolescent with an Unwanted Pregnancy: An Experience</i>                                                                    |

## 2012

| No. | Colloquium Title                                                                                | Keynote Speaker (if any)                                                                | Date                      | Remarks     |
|-----|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------|-------------|
| 1.  | Kolokium Pendidikan Matematik dan Sains Masa Hadapan Pendidikan Matematik dan Sains di Malaysia | YBhg. Tan Sri Datuk<br>Dr. Ahmad Tajuddin<br>Ali<br>Presiden, Akademi<br>Sains Malaysia | 12 – 13 September<br>2012 | Secretariat |
| 2.  |                                                                                                 |                                                                                         |                           |             |

## NON-ACADEMIC ACTIVITIES

| No. | Position                                                                                                           | Year                     | Remarks                                                                                                                                                                                                                                                                         |
|-----|--------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | Assist in organising a student exchange programme to Taiwan.                                                       | 15 – 24 September 2013   | Only post graduate students comprising of 4 Ph.D and 16 Masters students will represent UM as the student ambassadors to Taiwan.                                                                                                                                                |
| 2.  | President<br>Ph.D Society, Faculty of Education,<br>University of Malaya                                           | Sept 2012 – October 2013 | Activities have been planned for and conducted on monthly basis                                                                                                                                                                                                                 |
| 3.  | Organising Committee for activities conducted by the Faculty of Education                                          | Sept 2012 – October 2013 | Visit by the Minister of Higher Education, Sri Lanka<br><br>Wacana Intelektual<br><br>Wacana Ilmiah<br><br>Visit by partner universities                                                                                                                                        |
| 4.  | Head of Student Delegation, Visit to Shaoxing University, Hangzhou, China                                          | 2 Dec – 14 Dec 2012      | UM Students Ambassador                                                                                                                                                                                                                                                          |
| 5.  | Head of Accreditation Documents                                                                                    | Jan – March 2012         | The PERKAMA International (Persatuan Kaunselor Malaysia) has come up with a proposal to be a certification body to assess and certify all the private and government based counseling set-ups. I was appointed to head the preparation of documents according to ISO standards. |
| 6.  | PERKAMA Accreditation Committee                                                                                    | July 2012 – Present      | Member of the Certification Body of PERKAMA International                                                                                                                                                                                                                       |
| 7.  | Representing the Faculty of Education<br>“To assist the flood victims in Kelantan”<br>with UM branch in Nilam Puri | 7 - 9 Jan 2015           | Invited by the Registrar of UM to join his office to Kelantan. Approval by Dean of Faculty of Education                                                                                                                                                                         |