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Proceedings of the International Conference on Social Sciences in the Modern Era
Vol. 3, Issue. 1, 2026, pp. 59-86
DOI: https://doi.org/10.33422/ssmeconf.v3i1.1897
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ISSN: 3030-0436 online

Diamond Scientific Publishing

Navigating Taboos: Malaysian Undergraduates' Lived Experiences and Decision-Making Around Premarital Sex and Abortion

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Abstract

Abortion and pre-marital sex are highly sensitive topics and the decision-making process about these circumstances can be complex and influenced by various factors. This research aims to explore the factors shaping abortion and pre-marital sex decision making among Malaysian undergraduates and provide a deeper understanding of their lived experiences that can help the development of effective interventions, as well as improving access to accurate information and supportive resources. Specifically, the focus is on the influence of cultural and religious beliefs, access to information and resources, social stigma, and individual values. In a landscape like Malaysia, where premarital sex is generally considered unacceptable and the laglities around abortion is unclear, cultural and religious beliefs play a significant role in the decision-making process. Additionally, the research explores the effect of peers and individual values and beliefs on today's youth while navigating through these decisions. The research findings highlight the need for improved sex education, access to accurate information, and a shift in cultural practices to create a more inclusive and informed society. By understanding the factors influencing decision-making and the challenges faced by Malaysian undergraduates, recommendations can be made for future improvements and support systems related to these sensitive topics.

Keywords: Decision-making, abortion, premarital sex, Malaysian undergraduates, sensitive matters

1. Introduction

1.1. Decision-Making Process

The decision-making process about sensitive matters such as abortion and premarital sex can be complex and deeply personal for young adults. Sensitive situations can be related to personal issues such as family problems or mental health or broader issues including political affiliations or religious beliefs. Previous research highlights different factors that might influence the decision-making process of today's Malaysian undergraduates, including religion or

technological influences (Salahuddin, 2021). Exploring the lived experiences of Malaysian undergraduates can provide insight into the factors influencing their decision-making processes regarding these sensitive issues, as well as the challenges they face and their recommendations for future improvements.

Premarital sex and abortion are both discussions of SRHR but are not necessarily interlinked. Premarital sex refers to sexual activity before marriage (Suleiman & Deardorff, 2014), whereas abortion refers to the termination of pregnancy (Raymond et al., 2023). The two subjects are still considered taboo because of the conservative and religious beliefs in Malaysia in which premarital sex is usually considered not acceptable and abortion is legally prohibited unless done under specific circumstances (Wong, 2012). Malaysia's cultural and religious attitudes towards premarital sex and abortions enable an environment in which there is a taboo and stigma around laws and discourses regarding these issues (Hamid et al., 2020). Most of the Muslim countries, including Malaysia restrict sexual relationships before marriage because of perceived effects of the activity (Mughni, et al., 2019). This contributes to a landscape where discussions are limited and the decision-making process about these topics remain under-researched. This research explores the factors that shape how individuals make decisions regarding sensitive topics such as abortion and premarital sex.

1.2. Abortion

Cultural and religious attitudes play an important role in the decision-making process about abortions. Generally, abortion is illegal in Malaysia from 120 days after conception or pregnancy up to the term of pregnancy, unless there is a risk to the mother's life (Bin et al., 2013). Abortion continues to be a topic shrouded in taboo in Malaysia, and someone seeking to undergo an abortion may feel the judgement from others (Loganathan et al., 2020). Also, there is a social stigma and shame against abortion as a result of conservative attitudes about unwanted pregnancies, especially amongst unmarried people.

Given the vital role available information and resources have in the context of abortion-related decision making, it is notable how rarely there is reference to these. There are people who don't have the right information about safe and legal abortion providers, or don't know where to find help (Low et al., 2014). This can make decision making on reproductive health a challenge. While personal life priorities (e.g., wellbeing, education or future planning) and practical constraints influence abortion decisions among young women more, moral and cultural beliefs still hold influence in the context of these decisions (Adamczyk, 2008).

1.3. Premarital Sex

Limited access to accurate information regarding safe sex practices and contraception can affect decision-making surrounding premarital sex. Many young adults are unaware about where to find accurate sexual and reproductive health information and resources (Mansor et al., 2020). Peer influence has also been recognized as an important influence on youth sexual decision making (Minhat et al., 2021). Previous studies indicate that traditional, cultural and religious values may be less significant when it comes to the decision-making about pre-marital sex among Malaysian youth, whereas peers and social influences are more significant (Minhat et al., 2023; Wong, 2012).

In Malaysian society, discussions pertaining to sex especially outside the bounds of marriage are taboo. Unfortunately, many adolescents and young people are lacking in sexual education and potentially lack knowledge about sexual transmitted infections (STIs), safe sex practices, and reproductive health (Mohamad Shakir et al., 2019). Razali et al. (2017) called for the

importance of "collaborative action" in improvising sexuality education which should be "culturally and religiously appropriate" in the multiracial societies within Malaysia. This indicates the need for safe spaces to address sexual and reproductive health issues in an inclusive manner.

2. Problem Statement

The factors influencing Malaysian undergraduates' decision-making process remain largely unexplored due to limited research. In an era shaped by modernization, technological advancement, and changing social values, understanding what young adults consider when making decisions regarding sensitive issues such as abortion and pre-marital sex has become increasingly important. The multicultural and multi-ethnic context of Malaysia further emphasizes the need to explore how different sociocultural influences shape youth decision-making.

There remains a limited exposure to abortion-related information and services which is a significant issue in Malaysia. Study found that Malaysian law permits abortion under circumstances involving risks to the mother's physical or mental health (Low et al., 2014), and even then, many individuals continue to experience difficulty accessing accurate information and safe abortion services due to misunderstandings related to legality of it, stigma, and cultural taboos. This limited access may contribute to unsafe abortion practices, mental and physical health complications, and reduced reproductive autonomy (Tong et al., 2012).

Socioeconomic inequalities also influence access to safer abortions services. Reports found that people from financially privileged backgrounds may have better access to safe abortion practices while on the other hand, the marginalized communities suffer from additional stress and barriers while seeking reproductive healthcare services (World Health Organization, 2022). This makes the class-based disparities within reproductive healthcare access in Malaysia very apparent and hard to ignore. Greater public awareness regarding safe and legal abortion services is therefore necessary. Unsafe abortions continue to contribute significantly to maternal morbidity and mortality worldwide (Bearak et al., 2022). Improving access to reproductive healthcare information and resources may help individuals make more informed decisions regarding their reproductive health and well-being.

Premarital sex remains a sensitive issue in Malaysian society due to cultural and religious beliefs discouraging sexual activity outside marriage (Soleymani et al., 2015). However, evidence suggests that many Malaysian youths engage in premarital sexual activity. According to the Durex Survey, many Malaysian youths reported having their first sexual encounter before the age of 22, alongside widespread misconceptions regarding pregnancy and STIs (Kumar, 2022). Despite the importance of understanding factors influencing premarital sex decision-making among Malaysian undergraduates, limited qualitative research has explored these lived experiences. Limited opportunities for open discussions and self-discovery surrounding sexuality may also place young people at risk of misinformation and unsafe practices. Research found that many parents misunderstand the purpose of sex education and face difficulties discussing sexuality due to cultural expectations, lack of knowledge, and inadequate institutional support (Rafiah & Hamid, 2016). Consequently, discussions regarding sexual and reproductive health are often avoided despite their importance.This study therefore aims to examine the factors influencing undergraduate decision-making regarding premarital sex and to contribute insights that may inform future interventions, education, and support systems.

3. Significance of Research

This research aims to contribute to understanding the decision-making processes surrounding abortion and premarital sex among Malaysian undergraduates. Specifically, it seeks to identify factors influencing sexual and reproductive health decisions, including cultural and religious beliefs, peer influence, access to information, and individual values. By understanding these factors, this study may help shed light to the need for developing targeted interventions, awareness campaigns, educational resources, and support systems that promote informed decision-making regarding sexual health. Recent research found that the sexual and reproductive health education that Malaysian youths are subjected to in school is highly insufficient and unclear (Nawi et al., 2021). This calls for more improved educational initiatives may therefore help address gaps in sexual and reproductive health literacy.

It is of utmost importance that individuals are aware about their reproductive rights and this research may encourage and promote healthier communication regarding sexuality, reproduction, and reproductive rights not only among families but also educators, healthcare providers, and policymakers. These practices where open and informed discussions are happening surrounding sexuality, can promote safer practices, reduce misconceptions, and support healthier interpersonal relationships. The findings may further provide practical implications by encouraging the improvement and development of educational programs, counseling services, and reproductive healthcare support systems for Malaysian undergraduates' and this may contribute positively to students' health and well-being.

Understanding sexual well-being is very essential to personal health and autonomy. Discussions around topics such as STIs, reproductive rights, consent, and sexuality need to be open and stigma-free. To protect today's youth's mental and physical wellbeing, comprehensive sexual education is necessary through which they can make informed decisions, understand boundaries. Without accurate education and support, young individuals may be more susceptible to rely on misinformation or unrealistic portrayals of sexuality which in turn may increase vulnerability to unsafe and risky behaviours as well as misconceptions.

The objective of this research is to explore the experiences and decision-making processes of Malaysian undergraduates regarding sensitive matters such as abortion and premarital sex and to identify the factors underlying these decision-making processes. This research asks these following questions:

1. What are the factors that Malaysian undergraduates consider when making a decision?
2. What are the factors that may impact the decision-making process of Malaysian undergraduates regarding abortion?
3. What are the factors that may impact the decision-making process of Malaysian undergraduates regarding premarital sex?

4. Literature Review

4.1. The Decision-Making Process of Youths

The act of decision-making is constant. Research has found distinct themes represented by different decision-making patterns among youths (Walther et al., 2015). Personal experiences, feelings, and the particular circumstances surrounding the decision at hand are some of the variables that impact these processes. Although it would be ideal for humans to make objective decisions, various overlapping factors that vary from situation to situation influence the decision-making process, including the environment the decision-maker is in, their past

experiences, cognitive biases, individual differences, and beliefs regarding their relevance (Taherdoost & Madanchian, 2023).

Research showed that financial status, language capability, and language utilized were predictors of decision-making about health among Malaysian youth, although these factors did not fundamentally affect the choices respondents made in certain contexts (Azlan et al., 2021). Recent research further discovered that decisions are influenced by additional factors, with self-efficacy being one of the strongest indicators influencing decision-making styles (Ahmad & Amin, 2022). This indicates the importance of youths making decisions that align with their individuality and perceived personal benefit. Adolescents are also often characterized by curiosity, emotional sensitivity, and increased risk-taking tendencies, all of which may influence their decision-making styles and behaviors (Albert et al., 2013).

Overall, the literature suggests that youth decision-making is shaped by an interplay of cognitive, emotional, and contextual factors, rather than isolated predictors. However, less attention has been given to how these factors interact specifically within sensitive reproductive health contexts among Malaysian undergraduates.

4.2. Abortion

4.2.1. Unpreparedness for the Responsibility of the Child

Being unprepared for an unexpected and unwanted pregnancy during adolescence or young adulthood is one of the major reasons for abortion in Malaysia and globally. Unintended pregnancies can adversely affect mother and infant health, such as raising maternal depression and parenting stress (Bahk et al., 2015). Moreover, some adolescents resort to unsafe abortion practices, such as getting abortion pills from unauthorized sources and hiding pregnancies because of fear and stigma (World Health Organization, 2022; Bearak et al., 2020). Adolescent Pregnancy is seen as a potentially life-changing event, which can impact on educational and future prospects (Asnong et al., 2018). Molborn and Morningstar (2009) observed that when someone becomes pregnant they often view the pregnancy as a very serious issue and it can cause a great deal of stress and anxiety, especially at a young age.

4.2.2. Cultural, Religious and Legal Barriers

Cultural, religious and legal barriers may have a strong influence on abortion-related decision-making. Unsafe abortion practices may be performed by many adolescents as many of these youth have concealments of pregnancy due to cultural taboos and social stigma, and the unacceptability of pregnancy (Chemlal & Russo, 2019). From the conservative point of view, teenage pregnancy is considered out of line or unappealing in typical conservative communities (Loganathan et al., 2020).

Although abortion is legally acceptable in Malaysia under certain conditions, there are financial barriers, limited awareness, and cultural disapproval that lead to unsafe abortions (Low et al., 2014). The Malaysian Penal Code has provisions for abortions to be carried out when there is an interest in preserving both the woman's life and her physical or mental health, but this is sometimes limited by institutional reluctance and provider discretion (Low et al., 2014). Some women may not seek formal abortion services because legal restrictions, lack of clarity about regulations, and problems with confidentiality may make informal abortion or unsafe abortion the preferred choice (Chemlal & Russo, 2019). This creates a gap between legal permissibility and practical accessibility, particularly for young unmarried women who may fear judgment or confidentiality breaches.

But there is comparative evidence showing that the issue of adolescent pregnancy is heavily influenced by structural vulnerability, access to contraception and sociocultural stigma on premarital sex and reproductive health from Southeast Asia, particularly from qualitative evidence of refugee/migrant adolescents across the Thailand – Myanmar border (Asnong et al., 2018). These intersecting factors contribute to delayed care-seeking and constrain safe reproductive decision-making in similar semi-restrictive settings. Inspired by this, other countries with established harm-reduction policies and youth-friendly reproductive health policies report higher access to post-abortion care and fewer stigma-related delays (WHO, 2022). Competing ethical positions also exist among healthcare providers in Malaysia contexts, whereby they must make a balance between the professional duty and cultural and religious sensitivities to patients, and indirectly influence service delivery, as illustrated by the study of Ismail et al. (2018). Such ethical and legal uncertainty can lead to wide variation in the practice and availability of counseling services and non-discriminatory, unbiased care.

4.2.3. Physical Consequences Related to Unsafe Abortion

Although the physical consequences of an unsafe abortion can be extreme, this aspect is not always considered. A study conducted by Nagandla & Kumar (2020) have shown that adolescent mothers are at increased risk for delivering low birth weight babies, experiencing episiotomy, pre-term labour and anaemia. A lack of prenatal care and late medical treatment also makes teenagers more susceptible to complications related to pregnancy. The World Health Organization (2022) states that unsafe abortions account for a significant proportion of worldwide maternal and childhood morbidity and mortality, especially among young women having little autonomy over their body, financial advantage and those who have limited access to reproductive health services. This further clarifies the extreme physical health risks that are linked with unsafe abortion among adolescents and youth.

4.2.4. Role of Social Support Networks

Family systems were not the only agents of socialization who were found to be of great importance, peer groups were also found to be very integral agents of socialization (Derived from Laursen & Veenstra, 2021). Due to emotionally challenging experiences, young people have revealed that they seek assistance from peers that they trust before seeking support from formal and institutional channels (Takele Gezahegn et al., 2016).

Some research also shows that for women undergoing abortions, both friends and partners who provide emotional and informational support can significantly help them deal with stress and uncertainty associated with the experience (Kimport et al., 2011). This underscores the need for supportive and relational frameworking and care for young adults in situations of abortion decision making. Taken together, the literature highlights that choice regarding abortion is not only based on the individual's personal views but involves a strong notion of socio-cultural, ethical and institutional barriers, especially in a semi-restrictive environment like Malaysia.

4.3. 4.3 Premarital Sex

4.3.1. Lack of Influence of Religious Beliefs and Cultural Norms

Research found that even though social and cultural barriers exist, many young people in Malaysia are sexually active with the majority practicing risky and unprotected sex (Abdullah et al., 2020). Even with the high cultural and religious values in Malaysia, the prevalence of premarital sex among adolescents has been going up steadily over the years (Ghani et al., 2014). Furthermore, global and local studies indicated that cultural and religious norms

remain significant influences on the attitudes of Malaysian youths towards sexuality, socio-sexual relationships and reproductive choices; and that younger generations have relatively liberal attitudes towards sexuality and reproductive choices compared to their older counterparts (UNFPA Malaysia, 2022). These findings suggest that in a multicultural society like Malaysia, framing sexuality solely as a moral or religious issue may limit open discussion and reduce opportunities for informed sexual health education.

4.3.2. Prioritizing One's Own Need for Sexual Intimacy

Sexual urges and desires are a normal and expected aspect of healthy development and youths are very likely to make decisions about sexual behavior primarily based on emotional and/or sexual intimacy. It has been found that sexual sensation-seeking is also an important factor in the motivational aspect of sexting (Wei et al., 2020). But another study revealed a negative correlation between the age of the youth's first sexual experience and the significance attached to meeting sexual needs (Deardorff et al., 2010).

While many people hold views of sexuality as a natural thing within humanity, there are religious and cultural communities in Malaysia which consider sexuality to be taboo (Wong, 2012). Religious teachings may promote abstinence prior to marriage, but it has been argued that religiosity alone does not lead to a rational control of sexual behavior in an environment in which sexual and emotional desires are quite high (Muhammad et al., 2016). This can lead to increased secrecy, guilt feelings and unsafe sexual behaviour among young people who don't have conducive relationships and environments to talk about sexual health.

4.3.3. Peer Influence on Decision-making About Sex

Peer influence is found to be strongly correlated with sexual activities before marriage (Minhat et al. 2021). The same found in other studies showed that respondents who faced high peer pressure had a close relationship with sexual misconduct and early sexual behavior (Behulu et al., 2019). All of these findings have clearly indicated the pronounced impact peers have on youth sexuality decisions. Indeed, sexual activity was found in older Malaysian adolescents and was related to various psychosocial and behavioural factors among them (Awaluddin et al., 2015), underscoring the need to examine the contextual nature of adolescent sexual decision making.

4.3.4. Lack of Knowledge Regarding Risks and Reproductive Health

A study revealed that the knowledge about sexual and reproductive health among Asian undergraduate students may be limited, indicating the importance for sex education efforts targeting sexual and reproductive health among Asian students, which needs to be culturally appropriate (Lim et al., 2022). A number of students also have misconceptions about Sexually Transmitted Infections (STIs), pregnancy and contraceptive use. Many students in higher educational institutions reported by Mansor et al. (2020) didn't understand that people with an STI can be asymptomatic. Some students thought that there was no any method of pregnancy prevention if sexual relations takes place only once or if intercoitus is washed after (Soleymani et al., 2015). This can also lead to more risky sexual behaviors as there is a lack of knowledge about prevention and consequences.

Lack of comprehensive sexual education can make adolescents vulnerable, especially for those who are from a curiosity or experimentation group (Shukor & Supaat, 2017). Due to the accepted contra-indications of sexual activity in adolescent, it is crucial that sexual education is provided, is complete and culturally relevant and that students are educated to make informed and safe decisions. UNESCO's International Technical Guidance on Sexuality Education

(2021) also highlights that comprehensive sexuality education contributes to enhanced literacy on sexuality matters, mitigates risky behaviors and enables informed reproductive decision making among youth.

In general, literature on abortion and premarital sex suggest that decision-making about sexual and reproductive health among youths in Malaysia is not affected by one factor alone but rather by interrelated cognitive, social, and structural factors. Peers, lack of sexual and reproductive health awareness, as well as sociocultural factors play significant roles in the development of behaviors and attitudes towards abortion and premarital sex. These are in addition to structural barriers to accessing appropriate resources for sexual and reproductive health education, limited accessibility to healthcare facilities, and legal vagueness regarding abortion. Although abortion is associated primarily with ethical, legal, and emotional factors, premarital sexual behavior is determined mostly by developmental reasons and interactions with peers. Nonetheless, these behaviors are practiced under the same socio-cultural context. Notwithstanding the existing literature on both behaviors, very little exists that attempts to explore both abortion decision-making and premarital sexual behavior among Malaysian undergraduates. This paper attempts to fill this gap by investigating the effect of cognitive, social, and structural factors on youth decisions about both behaviors.

4.4. Theoretical Framework

Individual decision-making can be examined and understood in relation to a number of levels of environmental factors, as described in five layers in Bronfenbrenner's ecological systems theory. The theory was developed by psychologist Urie Bronfenbrenner who challenged the notion that people develop within environments, arguing that environments also shape people's development (Bronfenbrenner, 1979; Tudge & Rosa, 2020). Also, instead of focusing on the products of individual choice, the theory emphasises the influence of interdependent social, cultural, institutional and historical factors on decision making. According to Bronfenbrenner, there are multiple nested systems of environments that shape development, which include the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. These systems are dynamic, that is, decision-making processes are shaped by a number of contexts in the environment at any one time (Bronfenbrenner, 1979). The following provides an overview of the model adopted for this study to explore undergraduates' decision-making process on abortion and premarital sex in a complex socio-cultural environment of Malaysia.

Microsystems are the immediate surroundings with which people engage directly, such as their families, friends, communities, including their schools or educational experiences and institutions. The close interpersonal relationships have an important influence on attitude, beliefs and behaviours concerning sexuality and reproductive health. Adolescents are known to get sexual and reproductive health information from their peers and caregivers and the quality of the relationship with parents is linked with adolescent's sexual attitudes and behaviors (Widman et al., 2016; Ali & Dwyer, 2011). When families foster open communication, young people have better understanding of sex education and information, if communication is limited, young people may become dependent on peers as main sources of information (Viner et al., 2012). Religious communities are also a source of moral values and sexual behavioural orientations/anticipations (Hardy & Raffaelli, 2003) and romantic relationships could have direct effects on attitudes and sexual behavioural intentions (Giordano et al., 2010).

Informed interaction between parts of the microsystem is called the mesosystem. The mesosystem is not just about the influence of family, friends, religion or education, but how they affect each other. The congruence or incongruence, for instance, between the values of the

family and school-based sexuality education could affect the understanding and application of reproductive health information by youth. Research on adolescent health education indicates that the environment of institutions (schools and universities) has an impact on sexual health development knowledge and decision making (Magnusson et al., 2012). Where formal education does not offer clear or consistent information about reproductive health, informal networks like peers and family can contribute more to understanding and behaviour. This interaction between formal and informal systems can either reinforce existing norms or create tension when messages about sexuality differ across environments.

The exosystem is the wider institutional and structural environment that may have an influence on those in the system, but which do not have direct contact with them. These include sexual and reproductive health services, public health programmes, policies in health care systems, media and University policies. These institutions can influence the setting of a young person's decision making process on sexuality and reproductive health from a broader perspective. The availability of accurate reproductive health information and services has been cited in public health literature as a crucial factor impacting on young people's sexual decision making (UNFPA, 2022; WHO, 2022). The extent of non-participation of sexual or reproductive health topics in open conversations may also be influenced by institutional level providers' constraints and barriers that may indirectly influence youths' knowledge and help-seeking on sexual and reproductive health.

The macrosystem involves larger, external cultural, religious, value and legal settings that influence the norms and expectations of society as a whole. To a great extent, the decision to undergo abortion and to engage in pre-marital sexual activity in Malaysia is determined by the sociocultural context of religion, collectivist culture and moral norms associated with sexuality. These cultural understandings dictate attitudes towards pre-marital sex and abortion, which in turn have a culture of silence and stigma surrounding these issues. In Malaysia, abortion is legal in certain circumstances under Section 312 of the Penal Code, safeguarding a woman's physical and mental well-being (Chow et al., 2023). However, many people don't understand the law regarding abortions, do not know what's legal or not, or misinterpret what they do not know that includes healthcare providers as well, and this can bring about some more misconceptions, and more stigmatization. These legal and cultural dimensions interact to shape how reproductive health issues are socially perceived and discussed within Malaysian society.

The chronosystem has to do with how time and socio-historical change shape the development of individuals and their choices. This encompasses changes in social values, advancing technology and changing access to information over time (Bronfenbrenner, 1979; Tudge & Rosa, 2020). With greater access to digital media and the Internet, in recent years the majority of youth have reported a larger exposure to information regarding sexual intercourse and reproductive health from many informal settings (Low et al., 2024). Concurrently, there has been a growing awareness on reproductive health issues among young people through the global health framework on sexual and reproductive health and rights (SRHR) (WHO, 2022; UNFPA, 2022). However, these developments coexist with persistent cultural and religious norms that continue to strongly influence attitudes toward sexuality, creating a dynamic environment in which traditional values and modern influences interact over time.

Applying Bronfenbrenner's ecological systems theory provides a comprehensive framework for understanding how Malaysian undergraduates' decision-making regarding abortion and premarital sex is shaped by multiple interconnected influences. Individual decisions arise not only based on individual factors but are the result of various interactions between individuals and their environments, ranging from interactions in families and social settings to institutions

and society as a whole. With this understanding of interrelated systems, this study hopes to explore sexual health decision-making in Malaysia.

5. Methodology

5.1. Research Paradigm and Design

This research adopts an interpretivist-constructivist epistemological framework, which posits that knowledge is actively constructed through individuals' lived experiences, subjective meanings, and social interactions (Steup & Neta, 2005). Within this perspective reality is understood as multiple and context-dependent rather than objectively fixed or universally measurable. The ontological stance of this study adopts a relativist perspective that assumes that reality is experienced differently depending on social, cultural, and personal contexts (Smith, 2022). With accordance to that, decision-making regarding abortion and premarital sex can be understood as socially situated and shaped by individual lived realities, beliefs, and environmental influences. These assumptions guide this research and through that adopts a descriptive phenomenological approach, which focuses on exploring and describing individuals' lived experiences and the meanings they attach to those experiences (Beck, 2013). A descriptive phenomenological approach is appropriate for uncovering the essence of Malaysian undergraduates' decision-making processes in relation to sensitive topics such as abortion and premarital sex. Together, these philosophical assumptions position the study within a qualitative phenomenological tradition aimed at capturing subjective meaning. Bracketing was employed throughout this study, in line with the phenomenological approach to identify and set aside preconceptions, allowing participants' accounts to guide interpretation.

5.2. Participants and Sampling

A total of 9 Malaysian undergraduate students participated in the study, aged 18-25 currently enrolled in Malaysian universities who had experienced premarital sex and/or abortion (Abortion=3, Premarital sex=9). Seven participants identified as female and two as male. They were recruited from four private universities: Monash University (n=2), Taylor's University (n=5), Sunway University (n=1), and INTI University (n=1). The sample consisted of Malaysian Chinese (n=4), Malay (n=4), and a mixed Persian/Malaysian participant (n=1). The participants comprised Muslims (n=5), Christians (n=3), and a Buddhist (n=1). All participants were full-time Malaysian undergraduates. Participants represented diverse ethnic and religious backgrounds. Inclusion criteria comprised Malaysian undergraduate students aged 18-25 who had experienced premarital sex and/or abortion, were willing to participate voluntarily, and were comfortable discussing sensitive topics during interviews. Exclusion criteria included individuals below 18 years old, non-undergraduate students, those unwilling to provide informed consent, and those uncomfortable with audio-recorded interviews.

Participants were recruited using snowball sampling through social media platforms and personal networks. A recruitment advertisement was posted on Instagram, and interested participants contacted the researcher directly. Eligible participants were then provided with a participant information sheet outlining the study purpose, procedures, confidentiality, and ethical considerations, and were given the opportunity to ask questions prior to consent. Interviews were scheduled based on participant availability and conducted via Zoom in private settings chosen by participants. Written informed consent was obtained prior to participation and verbally reconfirmed before recording commenced.

The rationale for selecting undergraduate students as participants of this study was because they are emerging adults of this generation navigating identity development, evolving social norms, and increasing autonomy in personal decision-making. This makes them a relevant group for exploring socially sensitive decision-making in contemporary Malaysian society.

Once successive interviews no longer generated new codes or themes, data saturation was determined to avoid thematic redundancy along the dataset. After approximately the seventh interview this saturation was observed with the final two interviews confirming repetition of existing patterns and no emergence of new categories. At this stage, data collection was discontinued as sufficient conceptual depth had been achieved.

5.3. Data Collection

The data for this research was collected through semi-structured interviews. Each interview was conducted via Zoom that lasted approximately 20-30 minutes. The interviews were conducted in private settings and environments that the participants selected themselves. This was done to ensure the participants felt completely comfortable during the interview which could ensure openness when discussing sensitive topics. The interview guide and instrument was developed based on existing literature on decision-making, reproductive health, and phenomenological methodology. The questions for the interview consisted of open-ended questions designed to elicit rich, detailed descriptions of participants' lived experiences. To enhance content validity, the interview guide was reviewed and refined in consultation with the research supervisor prior to data collection. The guide provided a consistent structure across interviews while allowing flexibility for probing and exploration of emerging meanings.

The interview questions were organised into key domains, aligned with a descriptive phenomenological approach. Firstly, it explored general decision-making patterns. The decision-making domain included three questions around emotional regulation, coping strategies under stress, and typical decision-making processes (e.g., "Do you consider yourself a calm person? Why so?") with no probing questions. Then the participants were directed to identify an experience, where participants indicated whether they had experiences related to premarital sex, abortion, or both. Based on their responses, participants were directed to the relevant sections of the interview. Participants who reported premarital sex experiences were asked about influencing factors in their decision-making which contained a total of eight questions with an additional three probing questions. While those who also reported abortion experiences were additionally asked questions relating to abortion-related decisions which contained eight questions with three probing questions, following the similar structure to the pre-marital sex domain. Probing questions were used throughout to explore cultural, religious, social, and structural influences shaping decision-making processes.

5.4. Data Analysis

The data for this research was analysed utilising thematic analysis as outlined by Clarke and Braun (2017). This process involves identifying, analysing, and interpreting patterns of meaning within qualitative data. An inductive approach was adopted that allowed codes and themes to emerge directly from participants' narratives and experiences without the use of pre-existing coding frameworks. The analysis of this research followed a six-phased iterative process. The First phase included the interview transcripts that were read repeatedly to ensure data familiarisation. Secondly, a line-by-line coding approach was taken and conducted to identify meaningful units of texts appropriately. Thirdly, the emerging codes were then compared across transcripts and grouped into preliminary categories based on conceptual similarity. The fourth phase included categorising and refining the codes into potential themes.

By this time there were three key themes that were identified for each of the components (decision making patterns, factors impacting decision making process about pre-marital sex and factors impacting decision making process about abortion). By the fifth phase, themes were reviewed, defined, and named based on coherence and relevance to the research questions and several sub-themes emerged based on the codes and findings. For the first theme, Decision making patterns, two additional subthemes were identified. For each of the second and third themes, factors impacting decision making process and factors impacting decision making process about abortion, four sub-themes were identified. and Finally, themes were reviewed against the full dataset to ensure consistency and analytical validity.

Coding was conducted by the primary researcher and reviewed by the supervisor through regular discussions to enhance analytical trustworthiness. This process was done to support reflexive engagement with the data and to strengthen interpretive consistency. As this study did not employ multiple independent coders, inter-coder reliability was not applicable. Validity of research was instead ensured through reflexive thematic analysis procedures, supervisory verifications, and maintenance of an audit trail documenting coding and theme development. Representative participant quotations were selected to illustrate each theme and preserve participants' voices. The participant quotations were chosen based on richness, clarity, and their ability to reflect both shared and divergent experiences to ensure the themes are representative of their experiences. Final themes were interpreted in relation to existing literature and situated within the broader sociocultural context of Malaysia.

5.5. Ethical Considerations

The ethics approval for this research was provided by Taylor's University ethics committee prior to data collection and before participant recruitment commenced. This was done to ensure full compliance with institutional research ethics requirements. Prior to each interview, participants were informed about the study objectives, procedures, confidentiality measures, and their rights. Participants were also informed about the voluntary nature of the participation and their right to withdraw without facing any penalty. Audio recordings were conducted only with explicit participant consent and verbal informed consent was taken prior to the interview as well as after the interview recording started. After the interview process was done, written informed consent was obtained. Participants were assured about the confidentiality and anonymity of the collected data and that the data will be used solely for academic purposes. A support service information sheet was provided to participants in case of emotional distress arising from participation that included mental health help hotlines. Participants were also informed that they could decline to answer any question at any point without facing any negative consequences. All data were accessible only to the primary researcher, and all transcripts were fully anonymised.

5.6. Reflexivity

The researcher made sure to be aware of their thoughts and feelings during the entire research project. This was done to be open and honest about how they were thinking and to make sure the analysis was careful and accurate. The researcher regularly thought about their assumptions and beliefs that could affect how they understood the data. A journal was kept with notes and records about changing ideas to keep track of the codes and themes. Supervisor discussions were done on a regular basis to make sure the consistency and validity of the data. All personal beliefs and ideas about abortion and premarital sex were set aside so participant stories and experiences were heavily emphasised and reflected. The participants in the study might have had moral or cultural views about these topics but it was made sure those views were looked

at from a neutral perspective that could not negatively influence the data. This way the researcher could make sure that the real experiences of the people in the study were the focus and that the analysis of those experiences was fair and sensitive. The researcher used this approach to make sure that abortion and premarital sex were looked at in a way that was thoughtful and considerate of the peoples experiences.

5.7. Methodological Limitations

Due to the small snowball sampling, there is an obvious methodological limitation around this research. The findings cannot be expected to generalize to a larger population of Malaysian undergraduate students as a result of the small qualitative sample used. Additionally, since the subjects of abortion and pre-marital sex are sensitive issues, there is a risk that social desirability bias would influence participants to give answers according to social norms or expectations rather than their true feelings. Therefore, findings should be interpreted as context-specific, in-depth insights into participants' lived experiences rather than generalisable conclusions.

6. Results

1. *What are the factors that Malaysian undergraduates consider when making a decision?*

6.1. Decisions are Influenced by Prioritizing Self/the Most Desirable Outcome for Self

"And obviously I tend to lean more towards the outcomes that benefit me." ID 07

Under the theme of what influences the participants' decision-making process, the sub-theme of prioritizing oneself the most emerged. The identifiers indicate that the participants' decisions are driven by the most desirable outcome for themselves that includes what makes them feel good, how it benefits them personally, and putting themselves first. Within this sample, similar patterns regarding this phenomenon were seen where most participants, male and female, provided similar answers acknowledging that they tend to lean towards outcomes that benefit them and make decisions based on what is logical and most beneficial for themselves. However, one participant differed slightly by noting that ethical considerations were sometimes prioritized over personal benefit, suggesting variability in decision-making approaches within the sample.

"Whatever feels ethically right to me. Does that make sense?" ID 04

This pattern may reflect emerging autonomy during young adulthood, where individuals increasingly rely on internal judgment rather than external guidance as individuality might be more emphasised.

6.2. Decisions Are Influenced by One's Own Judgements and Demeanor

"I don't really make decisions logically. I just go with my gut, like my emotion." ID 02

The participants' accounts highlight the second sub-theme of decision-making patterns that highlight that decisions are influenced by one's own judgments and demeanor. The quotations from which the identifiers were extracted indicate that the participants' decision-making process is characterized by impulsive thoughts, emotional considerations, personal ethics, gut instincts, a mix of logic and emotion. Additionally, some participants also noted seeking advice

from trusted individuals, weighing pros and cons, and prioritizing personal benefits that showcased a more structured decision making process. The participant's anxiety, ADHD, and tendency to prioritize personal well-being further influence their decision-making patterns.

> *"I make my decisions initially based on logic and facts, then I look at it through an emotional lens and the mix of these two things help me in making decisions." ID 07*

These findings suggest that decision-making among these participants was not solely driven by rational evaluation but also by emotional responses, personal experiences, and individual circumstances. It was often described by the participants that balancing logical considerations with feelings, intuition, and personal values was very important when making decisions. This pattern reflects a broader concept of developmental age of the participants. Factors like emerging adulthood, where individuals are increasingly required to make independent decisions while still navigating emotional, social, and psychological influences can be a very strong influencing factor in a young adult's decision making process. As far as Bronfenbrenner's model is concerned, the decision-making process does not take place in isolation, and it involves the ongoing interaction between the person and their surroundings. The differences in response among the participants also show that decision-making is not an identical or uniform process. In some cases, decisions were based on instinctive feelings, while in other cases, decisions were taken after careful thought regarding the ethics involved and possible consequences which highlight how decision-making is multifaceted.

2. *What are the factors that may impact the decision-making process of Malaysian undergraduates regarding abortion?*

6.3. Unpreparedness for Parenthood

> *"The decision was influenced by several factors. My personal circumstances, being unprepared for parenthood, financial limitations, educational goals, and the potential impact on my physical and mental well-being was a big thing for me…" ID 05*

The responses from participants indicate the influencing factors that have affected the decision-making process on the abortion issue which include personal issues such as lack of preparedness to be parents, coupled with limited finances, academics, and the possible impacts on the physical and psychological wellbeing. Within this sample, all the participants who had undergone abortion mentioned these aspects as influencing their decision-making processes. Similarly, abortion was seen to be a decision that was made based on the participant's other duties and expectations. It is worth noting that participants saw financial issues, education, and preparedness as being interrelated, as their decisions reflected their perceptions of what was going on in their lives presently and how it can affect their future. Although the influence of these reasons in decision-making is clear in this sample, there was variation in the importance of the factors depending on the individual. From an ecological point of view, education and the future may be seen as being part of the exosystem, while finance and parenthood are part of the microsystem and macrosystem.

6.4. Cultural and Religious Stigma Related to Unwanted Pregnancy

> *"There is definitely a big stigma around abortion so I refrained from telling people about it."*
>
> *ID 07*

The participants' accounts bring out the theme of cultural and religious barriers as related to unwanted pregnancy and their influence on the decision-making process for abortion. The identifiers reflect the struggles that the participants had as a result of societal and cultural pressures, fear of stigma, personal and emotional concerns, as well as the absence of a supportive environment. In spite of all these factors, abortion was seen as the only option for all the participants involved. Although these factors were very apparent in this research and within this sample, the extent of cultural and religious stigma that impacts decision-making with regard to abortion can be different for each person. In some cases, participants' fear of society's judgment seemed just as important a factor in their lives as pregnancy itself, influencing both their decision-making process and seeking for help and advice. This could explain why many participants felt the need to keep their experience confidential from others. These results illustrate the impact of both the microsystem and macrosystem under Bronfenbrenner's ecological systems theory, whereby participants had to cope with expectations from family members as well as interactions in a wider sociocultural setting where abortion and pregnancy before marriage were associated with religious and cultural stigmatization.

6.5. Support from Peers

> *"A few of my friends have done it and they told me that even if it's illegal, it's possible to buy medicine from the black market or get surgery for abortion for other reasons. Yeah, I wasn't really scared about that bit." ID 02*

The sub-theme of having a strong support from peers with respect to making decisions about abortion was another prominent factor among many participants. From the identifiers used in the theme, it can be deduced that the participant had gotten information and help from peers who have experienced abortion. The peers gave the participant information on how to gain access to abortion through other means such as the black market and women's clinics. From the information provided, the participant felt confident and accessible to information and services needed for the purpose. Peer support emerged as an important source of emotional comfort and information in some participants, although access to supportive peer networks can vary greatly among individuals. Apart from giving participants emotional comfort, peers appeared to play a very important role in providing participants with information that they were unable to acquire from other reliable sources.

This is especially because participants found themselves unable to approach other sources of information such as parents, guardians or healthcare providers due to the challenges they faced in doing so. These findings primarily reflect the influence of the microsystem, as peers served as trusted sources of emotional support and practical information. At the same time, participants' reliance on peer networks to access abortion-related information may also reflect exosystem influences, particularly where formal healthcare and information systems were perceived as inaccessible or difficult to navigate.

6.6. Unperceived Physical Health Risks

> *"I never really gave much thought about the physical consequences." ID 05*

Failure to take health risks and physical consequences into consideration was another major trend among many of the participants when making the choice concerning abortion. The identifiers show that the participant mainly considered the mental health impacts without adequately assessing other important aspects including the physical consequences. The participants also had fears about the physical risks of abortion and the consequences that this

will have on the individual's menstruation cycle. Restricted access to any adult counseling or guidance, coupled with internet information further impacted the perception of the physical consequences and health risks. In addition, it could be noted that the participants' level of understanding concerning health risks and consequences was low, although there is a chance that perspectives on these topics might differ from person to person due to access to resources and different experiences related to healthcare. Interestingly, it seems like participants were more concerned about the psychological consequences of the situation rather than any possible physical health consequences that they may face in the future.

3. *What are the factors that may impact the decision-making process of Malaysian undergraduates regarding premarital sex?*

6.7. Lack of Influence of Religious Beliefs

> *"I believe that the world has bigger things to worry about rather than who I'm having sex with, or it doesn't contradict with my beliefs. I mean, it does, but then I make my peace with it because for me, it's okay, I'm not doing anything wrong, or it doesn't contradict my morals, so I feel like it's okay for me to do so." ID 04*

Religious beliefs and restrictions and the lack of such institutional influence in the participants' lives was shown to be a factor impacting the decision-making process about premarital sex. The identifiers indicate that most participants do not hold strong religious beliefs that prohibit premarital sex and do not feel guilt or moral conflict associated with engaging in sexual activities before marriage. One of the participant's personal beliefs, influenced by their Buddhist background, prioritizes doing no harm and being a good person, rather than adhering to specific religious restrictions.These perspectives illustrate the diversity of personal belief systems within the sample and should not be interpreted as reflecting the views of all Malaysian youths or religious communities.

> *"No, because, as I said, I was a Buddhist. I mean, I am a Buddhist, so sex before marriage is not forbidden. As long as we do no harm to others and this and that, just be a good person. I think sex before marriage is a lifestyle choice." ID 03*

It seemed that the participants had a tendency to consider their decisions on morality in the context of their own personal values rather than according to any specific religious values. Some individuals' decisions with respect to premarital sex, for example, were based on whether or not what they were doing was consistent with their own personal values and whether or not their actions would do any damage to anyone else, demonstrating how personal moral standards can sometimes supersede more institutional moral standards. These findings reflect the influence of the microsystem, particularly the role of individual values and personal moral reasoning in shaping decision-making, which at times appeared to be negotiated in relation to, or take precedence over, broader macrosystem influences such as religious and cultural moral expectations.

6.8. Recognizing and Prioritizing Need for Intimacy Irrespective of Marital Status

> *"I get when I get horny and stuff, right? But like do it out if your need and necessity?" ID 09*

Through participants' narratives, it can be seen that a sub-theme emerged that involves placing emphasis on one's need for intimacy when making decisions concerning premarital sexual activity. The descriptors suggest that the decisions that the participants make about premarital

sexual intercourse are shaped by things like individual desires, emotions towards their partners, curiosity, sex being a natural phenomenon within relationships, and opposition to the notion of postponing the act till after marriage. The participants also bring up the issue of individual and physical needs, as well as pornography, as having an impact on their decisions. While the themes have emerged out of a qualitative study, it is important to note that the motivations behind premarital sex could vary from one population to another.

> *"Its like personal desires, emotional connection with my partner, curiosity, and the belief that sexual intimacy is a natural part of relationships and all that." ID 05*

For many participants, premarital sex was perceived as an expansion of emotional and relational intimacy, beyond it being a purely physical act. The elements of curiosity and seeking togetherness often accompanied the issue of sexuality in the participants' stories, implying the fact that there were other factors affecting participants' choices besides physical desires. This perception can perhaps be attributed to the way participants reconcile their needs in modern-day relationships.

6.9. Influence of Peers

> *"Not like they forced me to do it but yea I would feel left out if I wasn't doing it the same time they were, cause we grew up together and these things can affect us when we're kids." ID 06*

Peer influence as an aspect of decision-making concerning premarital sexual relationships was noted in the accounts of several participants. The influence was based on awareness of the widespread occurrence of premarital sex in the participants' peer groupings. It is also important to note that the participants felt that when their peers engaged in similar activities, they could be marginalized if they did not follow suit. This reflects microsystem-level influences, where peer group norms and behaviours directly shaped participants' awareness and decision-making, with perceived expectations within immediate social networks contributing to feelings of pressure to conform. It is worth noting that while some kind of influence existed, the participants did not experience overt pressure.

> *"But it also made me feel very yeah, but I feel judged, I feel guilty, I felt guilty for judge but after my friends, did it. It went away." ID 01*

The influence of peers on participants' beliefs about what is viewed as 'normal', 'acceptable', and 'expected' in their social settings were seen to be mentioned often during the interviews. Some participants indicated that learning about their peers' experiences made them less likely to experience feelings of guilt or uncertainty regarding engaging in premarital sex. It seems as if peers influenced participants' decision-making process regarding premarital sex because they served as social norms and reference points in some way. Among the sampled individuals, peers affected participants mainly through normalization and social comparison rather than coercing them into having premarital sex. For some participants, seeing peers have premarital sexual relations made it easy for them to accept their actions as part of life.

Not putting an emphasis on potential risk factors and consequences related to unsafe and spontaneous intercours

> *"Okay, the risk is, of course, about pregnancy, but that's, like, the physical part. So for now, I mean, I'll use a condom, but the mental side, I don't think that there's much about it because it was mutual." ID 03*

Participants' accounts also show the theme of a lack of understanding of the potential consequences and the risks associated with premarital sex. The identifiers show that participants' decision-making process is affected by the lack of awareness of the physical dangers, such as STDs and unwanted pregnancies. Participants showed different levels of concern about these issues and the significance of sex education in providing an opportunity for gaining more awareness about the potential risk of having unprotected sex. However, the lack of awareness and knowledge of these topics can mean that some participants in the study have a low level of sexual health literacy, all indicative of exosystem effects, specifically the influence along with variations in sexual health literacy among individuals. Most participants paid most attention to the immediate risks, such as consent, trust, and protection from unwanted pregnancies; other aspects of sexual health were not considered in detail. It seems that certain risks did not seem as pressing as others to some participants. Nevertheless, the findings cannot be used to make assumptions about the whole population of Malaysian undergraduate students because of the exploratory and narrow approach used for conducting the research. 7.0 Discussion

7. Decision-Making Patterns

The identified decision-making patterns may reflect individualistic tendencies among some undergraduate students within this sample. This finding aligns with previous research suggesting that young adults often prioritize their immediate personal gains when making decisions. Just a small proportion of Malaysian students who answered situational explanations appear to focus on the well-being of others over their own gains (Salahuddin, 2021). Throughout the accounts, participants frequently emphasized the importance of personal benefits when making decisions. Within this sample, many participants appeared to prioritize their personal well-being, although a small number of participants demonstrated more other-oriented reasoning, particularly when ethical or relational considerations were involved, indicating variation within the dataset. Given the small snowball sample and qualitative nature of the study, these findings are not intended to be generalized to all Malaysian undergraduates, but rather to provide insight into the lived experiences and perspectives of the participants involved.

The accounts from the participants denote a self-centric approach to decision-making. A self-centric approach suggests focusing on personal gain and satisfaction in decision-making (Golubickis & Macrae, 2022). It is worth noting that self-centric decision-making does not necessarily indicate a disregard for others or unethical behaviour. Individuals have different values and priorities, and personal fulfilment and self-interest can be essential components of decision-making. Within this sample, self-interest often coexisted with ethical awareness, suggesting that participants did not view personal benefit and moral consideration as mutually exclusive but rather as negotiated elements within the decision process.

Developing the ability to show compassion towards other people and becoming aware of how your actions will affect them can positively influence decision-making as it helps you align your decisions with your own intentions and also helps you think of others around you and how you are going to affect them too (Lehmann et al., 2022). Where individuals have a self-centred decision-making pattern, support efforts should be directed towards establishing a balanced perspective that includes the thought of personal gain and the ethical consequences, empathy and possible impact on others. Motivating reflection, empathy exercises and encouraging community and interconnectedness can help to promote thoughtful and inclusive decision making processes. A participant from this research emphasized the need for ethical decision

making in her account, indicating that ethical reasoning might also be of significance in self-focused decision ways.

From Bronfenbrenner's ecological systems perspective, the findings occurred mostly at the microsystem level, where individuals' decision-making is influenced by immediate interpersonal contexts, values and attitudes, peer relationships, and emotional experiences. There are some influences however that go beyond the microsystem such as peer norms and societal norms, which are examples of mesosystem and macrosystem influences. The focus on personal fulfilment and emotional reasoning also echoes the developmental shift to autonomy that is typical for emerging adulthood (Reifman & Niehuis, 2023). The differences between the decisions that the participants made indicate some variation in developmental path and the emotional-oriented participants showed greater dependence involving emotion, whereas those with more deliberate or value-based reasoning were others.

The inclination towards relying on personal judgment rather than seeking external advice can be attributed to various factors. Findings from previous research indicate that students' perceptions of teacher autonomy support are associated with personal best goals and engagement (Awang-Hashim et al., 2022). This transition to university life and more autonomy might also help to build up individual decision-making ability. In addition, the society values promoting autonomy and self-determination may further reinforce self-reliance rather than being dependent on outside input.

Additionally, one participant described a decision-making process that initially considered logic and factual reasoning but was later evaluated through an emotional lens. This indicates an ongoing and dynamic balance between rational understanding, and emotional reasonableness, where decisions are not made entirely on a rational level, but rather are constantly re-evaluated with subjective elements and circumstances (Luo & Yu, 2015). It was also noted by the participant that they often had impulsivity and made decisions based on their mood, meaning there was some variation in their cognitive control and emotional regulation within the sample. There are differences in these patterns, indicating that decision-making processes are not necessarily the same for each participant, but vary depending on individual differences in emotional regulation, life experience, and psychological characteristics.

Youth's affective decision-making has been related to their continuous socio-cognitive maturation and development (Bentivegna et al., 2023), and its emotional salience and acceptance by peers can be important markers in their adolescence and young adulthood. This underscores the role of peers and relationships at the microsystem level in supporting that of decision processes at this developmental level.

A study conducted on Malaysian undergraduates found that eye-tracking indicators such as One survey study on Malaysian undergraduates revealed that eye-tracking metrics like fixation counts, fixation duration, visit counts, heat maps and scan paths can be systematically studied to capture the cognitive process in decision making (Salahuddin and Bokhari 2021). It means that the decisions are not only definitely subjective towards each person but there are also patterns of cognitive processing that can be measured. Nevertheless, qualitative results of this study add to that by indicating a subjectivity, an emotionality and sociality on which these choices are made, a dimension that is not necessarily apprehendable purely from a cognitive point of view. This suggests that there is a need for further studies to investigate the decision making process among Malaysian undergraduates to get a pattern for subsequent interventions to support informed decision making processes. Curricula should include structured opportunities to develop decision-making skills that enable youths, teens, and undergraduates to make informed choices that benefit both themselves and their wider communities.

7.1. Abortion

The participants' experiences highlight the importance of considering multiple factors when deciding on abortion. For example, preparedness for parenthood, personal circumstances, financial constraints, educational aspirations, and the effect on physical and mental health could be all-important factors for someone who is unexpectedly pregnant. It is important to honor people's autonomy to include supportive and safe reproductive health resources for anyone who needs them when it comes to their reproductive decisions (Khosla et al., 2023). These findings reflect the interaction between multiple ecological systems. The personal relationship, the emotional support system among participants and their family relationship at the microsystem level had a significant impact on their experiences. Broad cultural stigma, religious expectations and attitudes in the broader society influence participants' fearfulness, this heightened sense of secrecy and decisions around abortion (Loganathan et al., 2020). There was some variation in the salience of these systems at the interpersonal, structural, and cultural levels across participants, indicating that abortion decisions may follow a variety of combinations of interpersonal, structural, and cultural factors, rather than one dominant pathway.

The testimonies highlight the importance of culture and religious issues, societal attitudes, stigma, and lack of support in the decision-making process relating to abortion. It emphasizes the importance of considering and understanding the complexities facing people in such decisions. A distinct difference became apparent in the ways participants asserted the importance of these influences, however, while some noted that a strong moral and cultural divide was a primary influence, others indicated that abortion was mostly a matter of the need for a solution for situational pressures like preparedness and feasibility, and that stigma mattered less. In order to cut down on the number of unintended teen pregnancies and the spread of sexually transmitted infections (STIs), safer sex should be made available to all adolescents, regardless of marital status (Mohamed et al., 2023). These specific actions help to address societal stigma, offer support without judgment, raise education and awareness, and promote accessible reproductive health care services.

The powerful peer influence and information from friends and online sources was a significant factor in the participants' decision-making process. Peer support creates a level of understanding, empathy and knowledge that is also unique, contributing from experience. Also, it can help with emotional support and to empower someone to make choices about abortion, as they face negative social consequences of such choice (Mahanaimy & Moseson, 2022). One participant expressed gratitude towards friends for providing support. This, however, was not true of all participants as some found peer networks more supportive than others, with some stating that they didn't have much support and may have resorted to online or more personal and emotional sourcing rather than a peer network. This discovery is related to the microsystem factor in Bronfenbrenner's theory, which describes the immediate relationships and surrounding support networks that affect how a person copes emotionally with life circumstances and how he or she makes decisions in everyday situations. Past studies also show that access to peer support can significantly decrease feelings of isolation, fear, and stigma among people who are experiencing abortion related experiences (Hanschmidt et al., 2024). Simultaneously, there are also interactions between the mesosystems that are observed such as how peers or peer networks may mediate access to information, how information flows through an informal healthcare pathway, and the perception of available options.

It is important to recognise that individuals' experiences with peer support may not be general. Abortion access is influenced by factors like availability of supportive peers, reliable information and the legal and social context of abortion (Frederico et al., 2018). Family and

friends often spread false information and myths against abortion. In contrast, 43.6% believe that it is morally acceptable and should be legal to have an abortion, while 9.2% believe it is ethically unacceptable and should be made unlawful (Ambi, 2023). This is because the historical-moral-cultural narratives at the macrosystem level lead to conflicting interpretations of abortion and consequently to personal emotional reactions and felt legitimacy of abortion decision making. Additional studies are required to better understand how peer support may impact decision making structures surrounding abortion and how it may affect individuals' experiences and outcomes. Providing nonjudgmental support and education can help individuals make informed decisions and access the necessary resources.

Access to accurate and reliable information from trusted healthcare providers helps individuals make informed decisions and comprehend potential risks and consequences of abortion (Low et al., 2014). Interestingly, there was some variation in post-abortion health awareness among participants, with some talking about physical effects, and others saying only a little thought was given. None of the four participants in this study acknowledged physical care after abortion as an important component of health care. The lack of post-abortion healthcare engagement may also reflect exosystem-level barriers, including limited access to reproductive healthcare information, stigma within healthcare settings, and inadequate public sexual health education (WHO, 2022).

It is recommended that reproductive health services be implemented to ensure holistic reproductive health services including mental health and physical health services and also post abortion care should be provided (Ganatra et al., 2017). Religious and cultural beliefs keep influencing at the macrosystem level impacting emotional responses to abortion and openness to help-seeking. Nurses play a role in assisting patients in decision-making after abortion (Ismail et al., 2018). Awareness and utilization of health resources are essential in protecting physical and mental health of individuals seeking abortion, and public health efforts play a key role in achieving that (Ganatra et al., 2017).

It should be highlighted that the views of participants are personal lived experiences and belong to a small snowball sample, and there is a need for future research to identify various aspects that impact abortion decision-making. On the whole, differences among participants imply that abortion decision-making does not have a linear course but rather results from the interaction of several Bronfenbrenner's ecological systems.

7.2. Premarital Sex

Personal beliefs, cultural norms and absence of religious guilt or restrictions influenced the decision-making process of the participants relating to Pre-marital sexual activity. Each participant's attitude and understanding was influenced by their own background, such as their Buddhist perspective, which values doing no harm and being good. This allows the participant to approach premarital sex as a lifestyle choice rather than a moral transgression. However, variation was observed in the intensity of moral reasoning across participants, as some reported minimal ethical conflict while others described internal negotiation between personal desire and culturally informed moral expectations.

These findings align with Malaysian evidence indicating that premarital sexual attitudes among young adults are embedded within broader religious and cultural value systems, which shape perceptions of sexual morality and acceptable behaviour (Wong, 2012). This exemplifies how important the macrosystem level of Bronfenbrenner's ecological systems theory is and how culture, religious ideology, and societal norms influence personal interpretations of sexuality and morality. Participants' experiences suggest that religious teachings may influence perceptions differently depending on individual belief systems and cultural backgrounds. In

particular, a negative case was observed among participants who identified with stronger religious adherence, where religious norms were still acknowledged but were actively reinterpreted or psychologically reconciled rather than strictly guiding behaviour. In the Malaysian context, previous research indicates that religiosity functions as a key moral framework shaping attitudes toward premarital sex, although its influence is not absolute and may be moderated by individual sexual desire and situational factors (Muhammad et al., 2017).

Efforts to support individuals with similar decision-making patterns should acknowledge and respect diverse beliefs and cultural backgrounds. Comprehensive sexual education, discussions about consent, safe sex practices and the potential consequences of sexual activity may aid individuals to make decisions based on values and well-being. In addition, personal desire, emotional relationship, curiosity and the view of intimacy as being natural part of the relationship influence the decision making process of the participants regarding premarital sex. The choices they make show an interest in fulfilling and satisfying intimate relationships. This is indicative of a developmental transition from dependence to independence, with affect privileges considering relationality and intimacy influencing behavioral decisions in emerging adulthood (Minhat et al., 2021). It is essential to mention that non-Muslim participants reported more open expression of intimacy and sexual desire with less guilt compared to Muslim participants, even though most participants claimed that religious beliefs were not a central factor in decision-making. This suggests possible social desirability effects and culturally mediated expression of sexuality.

The results are in line with the recent research that provided evidence indicating that emerging adults are more likely to act according to emotional compatibility, intimacy and personal fulfillment in their choice of sexual relationship (UNFPA Malaysia, 2022). The participants' decision-making process about premarital sex is influenced by peers. The prevalence of premarital sex among friends, the desire to fit in, and fear of exclusion all contribute to decisions (Prinstein & Giletta, 2016). Peer influence is the microsystem, occurring when the attitudes and behaviours of close interpersonal relations have a direct impact on it. Peer influence was also expressed in different ways, some participants mentioning that they felt strong peer pressure while others felt free to make decisions despite how others viewed them, indicating that peer influence is mediated by self-regulation capacities and personal values.

The rationale behind participants' choices regarding engaging in premarital sex seems to have been influenced by not perceiving the physical risk, reliance on emotional trust within relationships, and the lack exposure they had to formal sexual and reproductive health education. Very low levels of concern about sexually transmitted infections (STD) and unplanned pregnancy highlight the enduring lack of sexual health literacy (Awang et al., 2013) and indicate that there is ongoing risk appraisal that is either incomplete or normalised in some peer or informational contexts. This limited risk perception can decrease the power of precautionary behaviours, as well as help influence decision making that focuses on emotional intimacy instead of health.

The lack of access to and availability of complete accurate information about contraception, sexually transmitted disease (STD) prevention, and the possible implications of sexual activity is therefore crucial to supporting informed and autonomous decision making (Salam et al., 2016). Evidence from sexual health education research indicates that comprehensive sex education does not increase sexual activity but instead contributes to more informed choices and reductions in risky sexual behaviours (Sham et al., 2020). This re-emphasizes the importance of education as a role not as a deterrent to sexual autonomy, but as a protective factor that enhances safety and decision-making competence. From a socio-ecological perspective, these patterns may reflect exosystem-level constraints, including inconsistent or

limited access to structured sexual education, variability in healthcare messaging, and broader institutional discomfort in addressing sexuality openly within Malaysian contexts (UNFPA Malaysia, 2022). Culturally and contextually embedded taboos around pre-marital sex further limit the openness to sexual discourse at the macrosystem level, thus further strengthening the use of peer influence, informal networks and self-directed information-seeking. Collectively, these interacting system-level influences shape how sexual risk is perceived, interpreted, and acted upon, highlighting that sexual decision-making is not solely individual but embedded within broader structural and cultural contexts.

8. Conclusion

The decision-making processes among Malaysian undergraduates when navigating taboo topics such as abortion and premarital sex are complex and multifaceted, shaped by an interplay of personal, social, cultural, and structural factors. Within this study, religious beliefs and cultural norms were found to be important contextual factors, due to Malaysia being a predominantly muslim country and having conservative moral values around sexuality and reproductive health. Sensitivity around these issues extended beyond the stigma attached and fear of judgement and can impact on discussion and on having access to reliable support systems.

The results further show there are continued issues with access to accurate and youth-friendly sexual and reproductive health information. In line with the literature, the concerns of unsafe sexual behaviors, including sexually transmitted infections (STIs) especially HIV/AIDS, unwanted pregnancies, unsafe abortion and abandoned babies continue to be public health issues among young people in Malaysia. Possession of accurate information and support, however, are reflected in the inconsistent advancement and consistent integration of sexual and reproductive health education and services into the lives of young people (Ab & Fallon, 2020). These findings are based on the experiences of the sample used, but it should be noted that the findings are not necessarily indicative of all undergraduates of Malaysia as it was a practicable snowball sampling approach. Rather they give suggestive look at experiences lived in this context.

In relation to abortion, the findings also highlight structural and informational barriers within healthcare systems. Previous studies indicate that individuals may encounter problems in accessing appropriate information and services because they get different perspectives on abortion laws, and providers have different knowledge and attitudes. In some instances, health care professionals may not be aware of abortion legality in Malaysia and they may also be influenced or discouraged by their values when rendering services (Low, 2015). It means that there is a need to create more clarity around legal and clinical frameworks and enhance education and training for health care providers to promote a consistent approach to reproductive health care service provision with a high standard of ethics and evidence.

8.1. Implications and Recommendations

The findings from this study will have implications for policymakers, educators and healthcare service providers whose roles in sexual and reproductive health services and education of young people in Malaysia are contentious. Strengthening of current systems is the focus of recommendations, not establishing new, all-new frameworks.

Sexual and reproductive health education needs to be reinforced in and adapted to school and university curricula through structured and age-appropriate modules with skills-based components designed by policymakers and educators. These efforts need to include more than

"just awareness" and should incorporate components of contraceptive literacy, consent education, pregnancy prevention, emotional aspects of relationships and consequences of risky sexual behaviour. Additionally, universities could also include mandatory sexual and reproductive health awareness sessions in undergraduate enrolment orientation programmes so that students are exposed to sexual and reproductive health from a young age, with consistency.

For healthcare providers and university support services, improving access to confidential, youth-friendly, and non-judgmental services is essential. This includes enhancing counselling programmes focusing on contraception, measures to prevent sexually transmitted infections, unwanted pregnancies, and emotional support to reproductive decision-making. Clear and structured referral pathways between university health services and public healthcare facilities should be established to reduce delays in care and minimise stigma. Further, the potential for creating trusted and centralized digital platforms, which may be accessible through a Ministry of Health or university health unit, can enhance access to accurate information and decrease dependence on informal sources or less easy to trust online sources.

Collaboration between universities, non-governmental organisations, families, and healthcare providers could be effective in slowly normalising conversations around sexual and reproductive health in a culturally responsive manner at the community level. The programs should be able to minimise stigma and recognise Malaysia's cultural and religious diversity.

8.2. Limitations and Future Research

This study is limited by its small sample size and snowball sampling approach, which restricts the transferability of the findings beyond the study participants. Additionally, biases inherent in self-report, such as recall bias and/or social desirability response may affect the data, especially for the sensitive topics addressed. The study's context and duration also reduced the scope for investigating some contextual aspects.

Larger and more diverse samples of ethnic, religious, and institutional backgrounds, spanning other ethnic, religious, and institutional settings should be included in future studies to reflect a larger spectrum of perspectives. Longitudinal research is also suggested to examine change over time in processes of decision-making and the impact of experiences at a younger age on outcomes, early experiences, and how they influence later outcomes. Study on the impact of digital medium, peer network, and accessibility of healthcare on reproduction health decision making in the youth of Malaysia is also recommended for further research.

Overall, the results of this study indicate that there is a significance at the individual level when it comes to decision making, but at the same time, it was found that these processes are always influenced and bounded by the wider ecological context (social norms, institutional structure, and the accessibility of healthcare).Addressing these interconnected factors is essential for supporting more informed, autonomous, and safe sexual and reproductive health decision-making among Malaysian undergraduates.

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