

**IMPROVING OUTREACH AND SUPPORT TO UNWED  
MOTHERS IN SINGAPORE  
REPORT TO BEYOND SOCIAL SERVICES**

**December 2004**





## Table of Contents

Executive Summary .....	2
A) Background .....	4
B) Girls At Risk .....	4
B i) Current Situation.....	5
B ii) Scenarios Girls At Risk May Encounter.....	5
C) Organisations involved and their Involvement .....	7
D) Addressing the Gaps – Our Recommendations .....	10
D i) Collaborations with other VWOs .....	10
D ii) Improving Outreach .....	12
D iii) Raising Awareness .....	13
E) Conclusion .....	15
Appendix 1 - Agencies Researched .....	16
Appendix 2 – Links for Comparison to Other Countries.....	21
Appendix 3 - Minutes of Round Table Meeting.....	22



## Executive Summary

This report documents the research and discussion results between Beyond Social Services, PromiseWorks and other social services agencies on raising awareness of unwed mothers. It was identified that the girls most at risk at becoming an unwed mother are usually in their teenage years, come from a dysfunctional family and might be school dropouts. As understood from agencies, there were at least 250 cases of teenage mothers who carried the pregnancies to term as well as 1200 teenage pregnancies that were aborted.

Further to statistics collected from agencies, PromiseWorks painted a few scenarios whereby girls at risk could seek assistance regarding their condition and tried to seek resolution from each scenario. PromiseWorks and Beyond also spoke with agencies like Ministry of Community Development, Youth and Sports (MCYS), Pregnancy Crisis Services, Tanjong Pagar Family Service Centre, Kandang Kerbau Hospital, RoseVilla and ALife to better comprehend their roles and the services provided for assisting unwedded mothers.

PromiseWorks then identified gaps that Beyond could fill, apart from existing services provided by the agencies interviewed. Based on the gaps identified, PromiseWorks proposed the following measures, of which a key factor is to raise awareness amongst public and volunteer welfare organizations (VWOs):

- Collaborations with other VWOs to enhance outreach to the target group

Based on research made, PromiseWorks recommended that Beyond partners with VWOs with similar visions and objectives. Together with these VWOs, the partnership could help create a holistic programme that aims to counsel unwed teenage mothers in the emotional, psychological, financial and physical aspects, and at the same time create a more efficient support network that addresses the different needs of the target group at any stage of their crisis.



- Targeting the education system

In order to effectively reach out to the target group of which school going teenagers form a significant portion, one channel is to target the educational structure and curriculum to enhance awareness of this area. Prevention is better than cure.

- Raising general awareness through publicity channels such as mass media

Upon identifying gaps, PromiseWorks worked to propose outreach programs that Beyond could adopt to reach out to teenagers at risk. These included suggestions on the different channels that Beyond could access to bring the situation to the attention of the public, such as mass media, brochures and poster etc.

\*\*\* As of last demographics count (department of statistics), female population age between of 10-20, amount to about 250,000. Teen female against total population: 5.9734%



#### A) Background

One of the objectives of the project between PromiseWorks and Beyond Social Services, was to identify the demographics and background of girls most at risk of becoming single mothers and stand at risk of abandoning their newborns, through interaction with agencies which deal with pregnancies or teenagers. By understanding the target group of our studies, it would enable PromiseWorks to more effectively recommend measures that Beyond could undertake to help these girls, and thus prevent recurrences of abandoned babies.

#### B) Girls At Risk

Based on information gathered from Pregnancy Crisis Services (PCS) which is run by Family Life Society, Kandang Kerbau Hospital (KKH) and Project Cherub of Tanjong Pagar Family Service Center (TPFSC), it was identified and recognised that the age profile of girls most at risk of becoming single mothers lie between the early teens and early 20s. The statistics is gathered from a gauge of the total number of cases the two organisations had serviced within last year. (Refer to Appendix 3 for background information about PCS, KKH and TPFSC)

The social and moral situations of the teenage girls were assessed. From studies, it was shown that girls who have the tendency to fall into delinquency, are from dysfunctional families, are school drop-outs or exhibit delinquent behaviours will be most probably at risk of becoming single teenage mothers.

Rose Villa also shared with us the profiles of the girls housed by them during the term of their pregnancy. The organisation provides shelter for 3 to 4 girls at each time. Most of the girls are in their teens and some have undergone repeat pregnancies.

In drawing out the environment that would best reach out to the girls, it was concluded that schools, major shopping malls, dance clubs, community clubs and even



neighbourhood basketball courts are places that the girls would frequently hangout. These are also locations where girls have greater exposure to members of the opposite sex.

### B i) Current Situation

As understood from KKH and Dr Peter Chew, there were at least 250 cases of teenage mothers who carried the pregnancy to term. This is 50% of the estimated figure of 500 single mother pregnancies that KKH saw during the last year. While this number of teenage deliveries may not be representative of the overall teenage pregnancy rate in Singapore, it can still be considered a good indication of the broad trend of occurrence for teenage pregnancy, with KKH being the main maternity hospital in Singapore.

Dr Peter Chew also pointed out that there are roughly 12000 abortions in a year, out of which, 10% resulted from teenage abortions. The abortion figure given is comparatively lower than that of teenage pregnancy carried to term for 1 year period. For every fetus aborted, there would be 2 live births from teenage mothers.

Despite the optimistic pro-life scenario painted by statistics, news and/or media have reported at least 5 cases of newborn babies abandoned, between 2003 and early 2004. Though no concrete correlation can be drawn between teenage mothers and abused babies, most newborns were abandoned by their mothers, who were in their teens.

This issue of abandoned babies is a feasible cause for concern as the number, though not large, seems to be climbing. One of the objectives of this project is to circumvent the rise of abandoned babies through raising awareness.

### B ii) Scenarios Girls At Risk May Encounter

Before highlighting organisations the girls with difficulties can seek assistance, PromiseWorks map out below the possible scenarios these girls might encounter.



Scenario 1:

Pregnant and subsequently, abortion

Scenario 2:

Pregnant, carry to term and raise child with or without financial help or help from father of child.

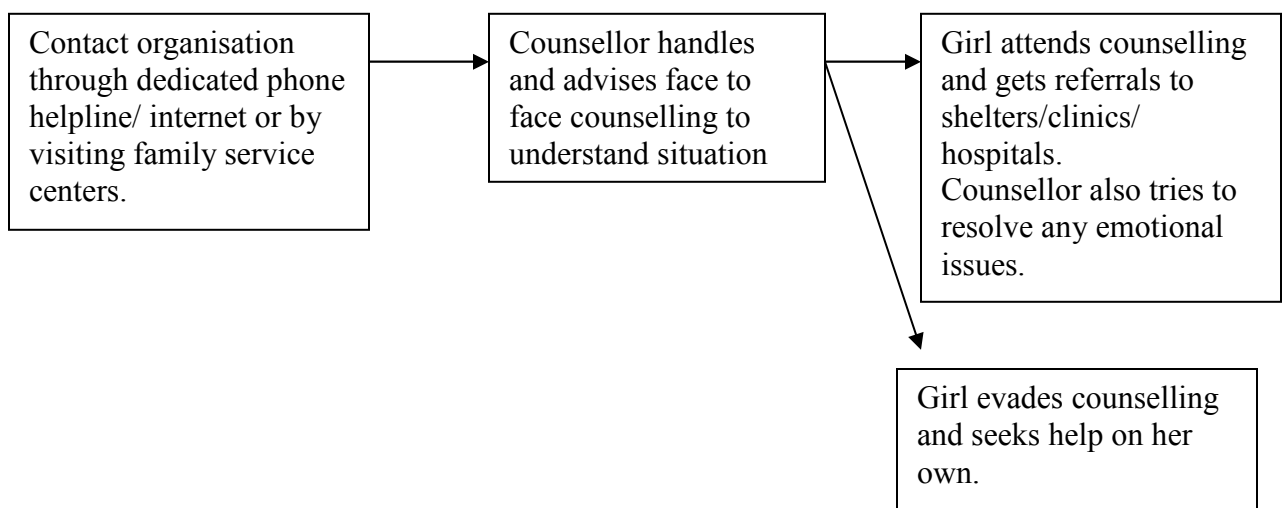
Scenario 3:

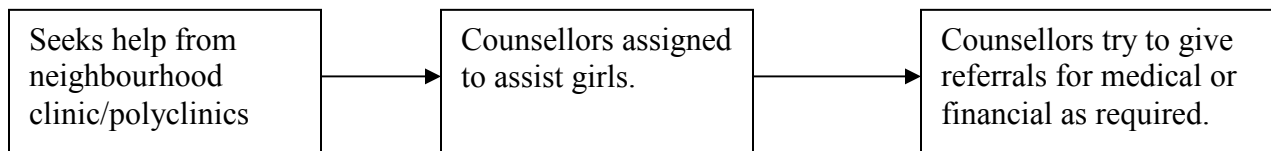
Pregnant, carry to term and eventually give up child for adoption.

Every organisation that PromiseWorks spoke to brought up the fact that most girls find extreme difficulties in revealing their situation to their parents. Unable to communicate with their families, girls would turn to their peers or try to seek help independently.

Utmost importance then, should be placed in raising awareness of the organisations that could render help to the girls. It is the first step, in aiding girls make conscious decisions, which they might not regret in the later part of their lives. Within these organisations are professionals trained to counsel and facilitate any assistance required by the girls.

The following diagram tries to depict the process that a girl in trouble might undergo while seeking help from the organisations.





Hence, the clinics, family service centers or helplines could be seen as the first point of contact for these girls. Moving on, PromiseWorks found out from these various organisations their mode of operation and forms of services they provide surrounding the issues of teenage pregnancy.

### C) Organisations involved and their Involvement

PCS commented during the roundtable discussion that 60% of the girls the center handled are in their upper teens to early 20s. However, they noted in recent months prior to May 2004, calls received from girls in the mid 20s have been on the rise. PCS handles an average of about 3 calls a day or between 45 to 90 calls in the period of a month.

According to PCS, KKH and TPFSC, whose profiles include counselling of pregnant teenage girls, they received the majority of their cases through referrals from MCYS. Other means for girls to reach out to the above-mentioned organisations could be through special hotlines or referrals from polyclinics.

MCYS has set up a nationwide hotline line, “National Pregnancy Helpline” (1800-mum-to-be), for women, both young and old, who have related problems to call in to seek help. This hotline is supported at all hours on shifts manned by organisations such as Good Shepherd Sisters, ALife, PCS and Project Cherub (TPFSC). MCYS is also the primary agency that publicises services of the various organisations that troubled girls can turn to for assistance.

TPFSC plays a key role in providing assistance and support to unwed mothers. They have referrals mainly from the hotline run by MCYS and PCS as well as girls referred by





Alife. On top of providing counselling to the girls, TPFSC also aids in sourcing for financial support, maternity and child resources for the girls. The center tries to match mothers who wish to work with childcare givers, to relieve the financial burden the mothers might face. It also encourages mothers to gain financial independence instead of relying on the center indefinitely.

Alife is a non-profit volunteer welfare organization, which provides assistance and counseling services related to fertility and pregnancy. The organization is run mainly by volunteers and has counsellors located in several polyclinics islandwide. The center provides a more holistic approach dealing with single mothers by attempting to educate the girls on pregnancy and sexual issues. Through education and counselling, the counsellors hope to provide the girls with alternatives over abortion of their babies and prevention of unwanted pregnancies. ALife collaborates with Fei Yue in their efforts to counsel and assist the girls in need.

Women's clinics entail gynecologists in private practice and they may be the first point of contact for a girl who suspects that she might have conceived. When PromiseWorks spoke with Sidek Clinic for Women, it was shared that although the clinic has not received many cases of pregnant teenage girls, there are procedures in place to assist the girls, should such a case arise. There are 2 resident counsellors who meet up and review the situation with the girls if counselling is required. With dues to past cases, they had endeavored to match girls who contemplate giving up their babies for adoption with couples seeking fertility treatment in the clinic and wish to adopt children. The clinic also works with MCYS for cases where pregnant girls are under statutory age or require further counselling and support.

One of the shelters which PromiseWorks spoke to and where girls in need of shelter are commonly referred to is Rose Villa. Rose Villa is run by a group of Catholic sisters with assistance from the Church with at least two staff in resident overlooking the operations of the shelter at any one time. The shelter currently houses about 3 - 4 girls and all of



them pay a nominal fee of about \$400 a month to contribute to the costs of living. Girls at the shelter are required to help in daily chores, which include maintaining the shelter, and more importantly they are taught to be independent. Most of the girls are brought to the shelter by their families due to conflict over their pregnancies. Hence, counsellors at Rose Villa seek to resolve differences between the girls and their families to help them assimilate with their families following delivery. They would also help to arrange for employment or financial assistance should the girls require them.



#### D) Addressing the Gaps – Our Recommendations

PromiseWorks has narrowed down the young unwedded mothers' situation to 2 main areas of problem:-

1. A lack of awareness amongst the general public in where and whom they can approach for help.
2. A lack of communication among the volunteer welfare organizations (VWOs) in addressing the issue in question.

#### D i) Collaboration with other VWOs

The first step to embark on would be to engage like-minded VWOs and individuals in this cause. PromiseWorks is hence proposing that the following 4 organisations to come together as a team:

- Beyond Social Services
- Project Cherub (administered by Tanjong Pagar FSC)
- ALife
- Pregnancy Crisis Service

We focus on VWOs because the family service centres are usually the first point of contact in receiving distressed calls. As such, it is essential that employees or volunteers manning the lines at these centres be well equipped at handling the situations. Conversely, shelters are already fully competent to provide holistic care for their residents at every stage of their situation. The current problem for the shelters however is that the girls in need suffer a lack of knowledge of the shelters' presence. This became apparent when the project first started and PromiseWorks members had to make numerous calls to several organisations before managing to locate the shelters. This example illustrates the inaccessibility of these shelters.



Firstly, we propose that the National Pregnancy Helpline serves as the first line of contact for immediate counselling and for referrals to the appropriate VWOs. Secondly, having spoken to Project Cherub at the round table discussion, it was generally agreed among all the participants that their methodology of counselling the target group is sufficiently comprehensive and successful. It would be hence ideal for Project Cherub to share their success stories and method of counselling the girls with the other VWOs. Lastly, ALife could provide the technical expertise that allows for the option of abortion (however before exercising that option, the wards should undergo counselling to ensure that aborting is the preferred option).

Such collaboration enhances the effectiveness of the whole support system and creates a co-linked system that addresses the needs of the target group at any stage. It also establishes a “one-stop” initial point of contact for girls seeking help and/or guidance. Effectively, the recommended chain of communication and cooperation among the said VWOs by itself should be able to deal with all 3 scenarios as repeated below:

- Scenario 1:  
Pregnant and subsequently, abortion
- Scenario 2:  
Pregnant, carry to term and raise child with or without financial help or help from father of child.
- Scenario 3:  
Pregnant, carry to term and eventually give up child for adoption.

Considering the potential difficulties that might arise from such a coordination effort between several VWOs, we further propose that a central coordinating centre (which could comprise of just an officer) be set up to facilitate collaboration efforts, if necessary.



In addition, we strongly encourage VWOs to further examine the ways in which they could better serve the target group through use of more extensive collaboration and cooperation. The above recommendation should serve as a starting point for VWOs to work together, but the potential for synergies could be far higher than that.

#### D ii) Improving Outreach

PromiseWorks feels that there is a need to improve the outreach to the group at risk. In order to effectively reach out to the needy group, one option is to target the youths still within the school system.

Education and awareness in school curriculum:

- (i) Currently, sex education is taught as a curriculum in schools, but it has been critiqued as being too “scientific” and/or “insufficient”. There is frequently no specific mention of where holistic help can be found for students in need of advice and guidance if they ever encounter such issues of sex or pregnancy. The most common approach would be to encourage the students to approach their parents, teachers or the school counsellor (if available). It has also been noted that the shelters for unwed mothers were almost never mentioned in the presentations as well (information gleaned from the round table discussion held at Beyond). This is an area which VWOs should address to ensure that they are known as available venues for help.
  
- (ii) Another possible venue would be to provide talks during extra-curricular activities (CCAs) that the students are required to participate in. For this initiative to take off, it would be necessary to involve the major uniformed institutions for schools such as NPCC, Boys’ Brigade, NCC and Red Cross, etc (for the specific CCAs). Schools that have these societies would also have to be actively involved.



However, this move would require significant mobilisation of a large amount of resources and may not be operationally feasible.

#### D iii) Raising Awareness

The above initiatives discussed above were formulated with the presupposition that the group at risk belongs to the mainstream school system. However, through a visit with Rose Villa, it is apparent that most of their girls have long exited the school system. As such, it is necessary to:

1. Develop other methods to adequately capture other groups, or
2. Find an alternative means of reaching out to the masses beyond the scope of our education system.

(i) Posters in “Hot Spots for Teenagers”

Some areas identified included public places such as shopping centers, game arcades, pool parlors and community centers. The method of choice would be to display posters to increase awareness of help-lines. These places were especially highlighted because of the high traffic of youths congregating there. This, however, could pose a challenge in terms of persuading the commercial establishments to agree to such initiatives.

(ii) Brochures and Flyers

An initiative worth exploring would be to distribute pamphlets at fast food outlets where youths also congregate. It will be more cost effective to source for donors or sponsors for this option, as the costs of printing would be too immense to be undertaken solely by Beyond. Another less costly alternative to consider may be the electronic distribution of e-flyers through appropriate channels such as schools or designated mailing lists.



(iii) Posters in Public Transports

As SMRT is a corporate sponsor of Beyond, a third initiative to consider is to try convincing SMRT to display posters in aid of increasing awareness of where help can be found. This is also a more feasible method, as pregnancy helpline posters are already available for use (previously printed by MCYS highlighting the National Pregnancy Helpline).

(iv) Media

Another method of reaching out to the masses would be to engage the services of the media. Television reaches out to a fairly significant portion of the population. Considering the appeal of Singapore Idol, information could be disseminated by such programs and its individuals, (such as Maia, the single parent contestant), to correct preconceived ideas of unwed mothers. This allows our message to be made known to a huge percentage of Singapore viewers, change some perceptions (i.e. talking about unwed pregnancies, sex education as taboo subjects) and get people to realise that help is just a call away. Not only are we able to reach the unwed mothers, we are also able to educate the masses (including young teenage male and female, parents and relatives of unwed mothers, etc).

(v) Campaign

An appropriate initiative would also be to involve MCYS in launching a campaign to confront this issue directly. There is no need to limit sex education solely for the school curriculum, as this initiative can also serve as a campaign on public education regarding this issue. This would facilitate the idea of prevention and discourage youths from engaging in pre-marital sex. For this initiative to take off, it is essential for a Ministry to be involved.



## E) Conclusion

The purpose of this report is to make known to the existing VWOs that there is a pertinent problem relating to the issue of young unwed mothers and to determine how VWOs can address this situation. Considering the level of awareness that the general public as well as our target audience have and the efforts required to educate them with information for help-lines, an established system of collaboration and networking amongst the identified VWOs will greatly enhance the accessibility and effectiveness of the avenues with which the target group can access. As MCYS is the primary agency that publicises services of the various organisations that troubled girls can turn to for assistance, it is recommended that MCYS be the one-stop agency that all other offices and organisations contact. An active advertising campaign can be considered to consolidate this initiative.

However we are aware that MCYS might not be able to address this situation in the shortest possible time period. As such, we recommend that Beyond spearheads a project that provides assistance to these unwed mothers and to provide linkages to other relevant VWOs for a holistic approach to address this issue as an interim measure. This approach would help in stressing that abortion is not the only solution and that they are not all alone. Publicising these help-lines and shelters that unwed mothers can turn to are essential. Once there is sufficient outreach, raising awareness of this issue in society would then be the next step towards cultivating an informed society that will be more tolerant, understanding and helpful towards these females in need.





## Appendix 1 - Agencies Researched

- Asian Women's Welfare Association
  - Referred by FSCs, provide only counselling services
  
- Agape Counselling
  - Provide counselling to public, training to halfway homes, organise workshops and talks to the public
  - In a period of a year, they serve more 2000 than cases. For eg: if the same person comes 5 times in a month, they calculate as having served 5 persons
  - Only professional staff perform counselling, 4 full time and 1 part time, with feed back that resources are sometime insufficient such that they had to reject invitations to schools to give talks if the schedule is too tight. If they cannot handle the no. of cases on hand, they will recommend another organisation (on a case by case basis)
  - They get a lot of referrals from Tampines FSC, the girls' friends and other government organisations
  - They keep the records of their cases by having a counsellor get their clients fill in a form which is P&C. they stop at this form, no profiling done. Form only contains basic information like address, name, age, gender, occupation, religion etc. no checks are done on the accuracy of the particulars filled in
  
- Sidek Clinic for Women
  - For cases above 16 yrs who want an abortion, they must undergo mandatory counselling
  - For cases below 16 yrs who want an abortion, these are reported to the Ministry like Health Promotion Board
  - They have a staff strength of only 2 counsellors and Dr Sidek himself, hence they are quite shorthanded
  - They abide by the Ministry requirement before commencing counselling sessions eg: Singaporean or PR, at least secondary school education and with 2 children or less
  - For cases with employment passes or work permits, they do the abortions without counselling
  - Usually the cases are by walk in, and they will accept every case that comes even when they are busy, they do not refer them elsewhere
  - They keep records of their patients, those that do abortions and undergo counselling, but usually there is no follow up



- Jamiyah Children's Home
  - Take in children from 3 to 18 years of age, orphaned and disadvantaged
  - They have walk in cases, as well as some referred from MCYS, FSCs and even schools
  - They keep records of those children that they can still contact
  - Social worker determines eligibility and the genuine cases
  - The home is run with 13 full time staff and a number of volunteers who usually come and go, but they also have a pool of regular volunteers
  - Counselling of the children are done by professionals
  
- HELP FSC
  - They work with unwed mothers who are mostly working, who are mostly divorcees, widows or are separated from their husbands
  - Most are between their 20s and 50s with dependant children, meaning below 18 yrs
  - For teenage pregnancy cases, they will refer them to the Pregnancy Crisis Centre
  - They have not encountered any case in her 20s and the only cases so far are at least 30 yrs and working
  - They have professionals as social workers who handle case work
  - There are activities like support group meetings, tuition programmes, big brother or big sister programmes which are mostly volunteer based (social workers handle only case work)
  
- SINDA Family Service Centre
  - Limited counseling involved, and usually with parents' involvement
  
- Whispering Hearts Family
  - Limited counseling involved, and usually with parents' involvement
  
- Care Corner Family Service Centre
  - Only referrals to the appropriate helpline – Family Life Society (Pregnancy Crisis Line)
  
- Fei Yue Family Service Centre
  - Limited counseling involved, and usually with parents' involvement if possible



- Pertapis Children's Home
  - Limited work on pregnancy cases
  
- Pregnancy Crisis Services
  - The PCS provides a telephone hotline where any girl with the unwanted pregnancy can seek help. Hotlines are manned by volunteers.
  - They adopt a strong "Anti-Abortion" value, and can offer the necessary help for the girl with the unwanted pregnancy provided they are willing to keep the pregnancy to the term.
  - They did not have any facility for temporary accommodation for these girls, but they normally refer the service to Rose Villa and Andrew & Grace Home.
  - If the girls with the unwanted pregnancy needs some financial assistance, they will refer it to Tanjong Pagar FSC
  - If the girls with the unwanted pregnancy need further counseling, they engaged a professional councilor to speak to them. PCS also working very closely with A-Life regarding this matter.
  - Post abortion counseling is also available.
  
- The Tent
  - Only takes care of teenage girls in distress. However, if teenage girls are pregnant and unwed, the tent will automatically transfer them to Rose Villa.
  
- Community Centres, Private and Restructured Hospitals
  - CCs act as a place for social cohesion and interaction, not counselling or help to social problems.
  - CDC's, closely associated with CC's, administer financial assistance to families in need. These are not the correct avenues for our target group in question.
  - Private hospitals like Thomson Medical Centre do not offer direct assistance.
  - Restructured hospitals like SGH and NUH have medical social work teams, but not all cases of single mothers and pregnant women are referred to the social workers.



- KK Hospital
  - KK Hospital has an in-house team of social workers focused on women and their issues, trained to assist patients with emotional, relationship and marital problems, effectively covering unwed mothers.
  - All cases of unwed mothers and mothers-to-be are referred to the Medical Social Work department.
  - This constitutes the main source of cases known to the department.
  - Action taken at the department:
    - counselling to address emotional needs
    - educate on issues like pre-marital sex, relationships, etc.
    - find out roles of family members and boyfriend in crisis
    - address eventual childcare issues and difficulties, refer to MCYS Child Protection Unit if determined to be 'Baby-at-Risk' case
    - follow-up sessions, home visits for underage unwed mothers
    - exploration of options, for eg. abortion, adoption, assistance, etc.
    - refer to appropriate agencies for financial assistance
    - 1 to 2 cases per month on average.
    - The service is free of charge.
    - Contact person: Majella, tel no. 6394 1643 / 44.
  
- Ministry of Health
  - Issue is not under the purview of the MOH, so they will refer the case to MCYS.
  
- Ramakrishna Mission Boys' Home
  - Admits boys from mostly single parent (mother) families, aged from 8 to 18 years. The boys do not have court cases and are not delinquents.
  - The Home keeps them there during the weekday and they go back over the weekends. - - There is a bus that will fetch the boys to and from school everyday.
  - There are 10 staff who are paid for working there.
  - There are no restrictions based on the income of the parent as they have to pay \$150 to \$200 per month depending on the situation.
  - Any unwed mother would have gone through a long period before the Home is an option as the child has to be at least 8 years old.
  - Contact person: Madhavan, tel no. 6288 7324
  
- Ang Mo Kio Family Services Centre (Cheng San Branch)
  - Will invite the client to come down for a session rather than talk over the phone unless it is a suicidal case. Mainly during the session there will be emotional support.



- For cases of unwed mothers, there will be exploration of options. For eg. abortion, shelters, financial assistance etc.
- Previous data is not readily available, as there is no category of 'Unwed Mother'. The categorization will depend on whether financial assistance, job search assistance or other services are required.
- A Healthy Start programme is available for parents-at-risk cases in this FSC. This programme helps in parenting matters, including unwed mothers.
- There are 5 social workers in the FSC.
- Contact person: Faisal, tel no. 6454 6678



## Appendix 2 – Links for Comparison to Other Countries

- The Netherlands

<http://www.rutgersnissogroep.nl/factsheets/factstienermoedersengels.htm>

This site gives the figures of teenage pregnancies in The Netherlands and gives the general scenario there. It also covers obstetrical data, social backgrounds of the teenaged mothers, their financial positions and even a small paragraph on the comparisons between teenage pregnancies in The Netherlands and Belgium.

- The United States of America

<http://mirrors.korpios.org/resurgent/L-welfareblack.htm>

This site gives a lot of figures and statistics and seeks to correct common perception of individuals on welfare in the US. It also provides reasons for the trends of teenage pregnancies since the 1950s. It also briefly mentions two possible solutions, one, early and extensive sex education and two, better welfare benefits being made available for mothers with dependent children.

- United Kingdom

<http://www.hda-online.org.uk/evidence/eb2000/corehtml/filesystem/pdf/teenagepregnancy.pdf>

This is basically a whole file of information on teenage pregnancy and the situation in UK. It gives the background, reasons and trends for the teenage pregnancy figures and they also set up an action plan with two main objectives of one, reducing the number of teenage pregnancies especially from the under-18 age group and two, the re-integration of teenage parents into society. Most importantly, they also highlighted who constitutes the vulnerable group which covered the whole spectrum and which we can give some consideration. A whole paragraph also focuses on the nature of sex education in UK and mentioned some examples of success stories like for Norway and Netherlands where the rates of teenage pregnancies fell after many organisations worked together. They also supplied a whole list of recommendations, some of which we can consider, for eg: providing sex education before teenagers become sexually active.

- Hong Kong

[http://www.mchoice.org/html/1\\_what\\_is\\_mc/index.html](http://www.mchoice.org/html/1_what_is_mc/index.html)

<http://www.motherschoice.com/pages/home.asp>

This site does not provide much information or statistics, but there is a link to another site (the second website address), which is some online portal pregnancy service for young girls. It touched on issues like sex, relationships and identity, all of which may be confusing for a young person.



### Appendix 3 - Minutes of Round Table Meeting

#### Minutes/ Transcript for Roundtable Discussion Session at Beyond Social Services

Date: 11 May 2004  
Time commenced: 1830hr  
Time ended: 2115hr

#### Attendees

##### **PromiseWorks:**

Shawn, Siew Wah, Alicia, Siew Leng, Lip Wei, Tan Ee

##### **Beyond:**

Vincent, Gerard, Ranga

##### **Guests:**

Elaine (MCYS)  
Pek Ngor (MCYS)  
Sara Tan (Hougang FSC)  
May Yang (Pregnancy Crisis Services)  
Geraldine (Tanjong Pagar FSC)  
Lee Beng (KK Hospital)  
Lakshmi (Grace Haven, Salvation Army)  
Dr. Peter Chew (ALife)

#### **Part I: Introduction from Center Representatives**

	<b>Hougang FSC – Sara Tan</b>	<b>Tanjong Pagar FSC – Geraldine</b>	<b>Pregnancy Crisis Services – May Yang</b>	<b>Grace Haven – Lakshmi</b>	<b>MCYS – Elaine &amp; Pek Ngor</b>
<b>Function of Organisation</b>	<ul style="list-style-type: none"><li>• Part of 36 island wide FSCs</li><li>• Deals with</li></ul>	<ul style="list-style-type: none"><li>• Set up project Cherub</li><li>• Middle man of</li></ul>	<ul style="list-style-type: none"><li>• 18 years in service</li><li>• Receives calls from married and</li></ul>	<ul style="list-style-type: none"><li>• Gazetted shelter of safety for both boys and girls</li></ul>	<ul style="list-style-type: none"><li>• Deals with family violence, young teenage marriage</li></ul>

	<p>family life education, family violence, children and youths</p>	<p>network to other agencies for those in need.</p> <ul style="list-style-type: none"> <li>• Handles both married (e.g. unable to support child due to financial issues) and non-married clients</li> <li>• No facilities, but maintain a good network with various other groups for support</li> </ul>	<p>unmarried clients, but focuses on unmarried clients</p> <ul style="list-style-type: none"> <li>• Provides 24/7 hotline services</li> <li>• For abandoned babies - Joint venture with MCYS</li> <li>• Publicity is through website, phone referrals from call queries</li> </ul>	<p>under the age of 16</p> <ul style="list-style-type: none"> <li>• Counseling of probationers</li> </ul>	<p>which requires special marriage license, morally endangered teens, teens discharged from girl's home etc.</p> <ul style="list-style-type: none"> <li>• Provide counseling and offer alternatives.</li> <li>• Gather and recommend help line.</li> <li>• Help to publicise services of centers.</li> <li>• Form policies</li> <li>• Also runs a girls' home with 3-5 pregnant girls a year.</li> <li>• Collaborates with Tanjong Pagar FSC and Fei Yue.</li> <li>• Has a national help line (1800-mum-to-be) supported on 24/7 shifts by Good Shepherd Sisters, ALife, Pregnancy Crisis Centre, MCYS and</li> </ul>
--	--	---	--	---	---



					Tanjong Pagar FSC (known as project 'fresh hope').
<b>Information on girls handled</b>	<ul style="list-style-type: none"> <li>• Have not deal directly with unwed mothers</li> <li>• Does not have much girls relating to unwed mothers</li> </ul>	<ul style="list-style-type: none"> <li>• Works with ALife / MCYS on referring girls.</li> <li>• Perhaps also open to non-Muslims in need of shelter.</li> </ul>	<ul style="list-style-type: none"> <li>• No case of abandoned babies handled yet</li> <li>• 60% of clients are from upper teens to early 20s age range. However, recently clients in mid 20s have been on the rise</li> <li>• Average about 3 calls a day, range is 45 to 90 calls a month</li> <li>• Calls to the centre are reducing, probably due to the proliferation of internet (self sex education, forums, etc).</li> </ul>	<ul style="list-style-type: none"> <li>• No occurrence of pregnant teens in last 12 months</li> <li>• A few previous cases of pregnant teens occurred during period of stay amongst probationers of the home.</li> <li>• Some were pregnant prior to their stay.</li> </ul>	<ul style="list-style-type: none"> <li>• 100 special marriage licenses issued a year, 90% of which are due to pregnancy</li> <li>• 40 fresh faces a year. Last month 4-5 pregnant girls.</li> </ul>
<b>Organisation's means/approach of handling case</b>	<ul style="list-style-type: none"> <li>• If there is, she will find out what help the girl needs and act accordingly</li> <li>• Has the</li> </ul>	<ul style="list-style-type: none"> <li>• Girl has a choice of where to seek shelter. Largely dependent on religion.</li> <li>• Helps referrals to</li> </ul>	<ul style="list-style-type: none"> <li>• Will usually invite girls for face to face discussion (about 10% of those who called)</li> <li>• Will encourage the</li> </ul>	<ul style="list-style-type: none"> <li>• If girl under 16, has to go to court if pregnant for violation of probation.</li> <li>• Work with Rose</li> </ul>	<ul style="list-style-type: none"> <li>• Fei Yue and Cherub for pregnancy &amp; post adoption services. Financial n moral support mainly</li> </ul>

	<p>perception that people are probably not very ready to ask for help in this regard</p>	<p>private doctors depending on their financial conditions.</p> <ul style="list-style-type: none"> <li>• Does follow ups, adoptions, care arrangements (mothers and babies subsidies, child care centres)</li> <li>• Goes through the entire journey (from pregnancy up to 6 years after birth)</li> <li>• Counsel only with regards to adoption (refers girls to MCYS and private agencies).</li> </ul>	<p>male counterpart to participate</p> <ul style="list-style-type: none"> <li>• Direct them to the relevant service centres after assessment (Good Shepherd Centre for shelter, MCYS for adoption).</li> <li>• Follow up with mum even after child is born.</li> <li>• Confidentiality is guaranteed, no police reporting even for underage girls</li> </ul>	<p>Villa for shelter.</p> <ul style="list-style-type: none"> <li>• After delivery, girl has to decide what to do with baby and continue serve their probation</li> </ul>	<p>from FSC.</p> <ul style="list-style-type: none"> <li>• Does follow up for up to 6mth to a year</li> <li>• Arranges adoption of local babies.</li> </ul>
--	--	--	--	--	--



	<b>KK Hospital – Ang Lee Beng (Medical Social Worker)</b>	<b>A-Life</b>	<b>Dr Peter Chew</b>
<u>Function of Organisation</u>	<ul style="list-style-type: none"> <li>• Public Hospital</li> <li>• Explores different aspects of pregnancy and childbirth</li> <li>• Girls must be patients of KKH</li> </ul>	<ul style="list-style-type: none"> <li>• Non-profit volunteer welfare organization, which provides assistance and counseling services related to fertility and pregnancy.</li> <li>• Located in polyclinics</li> <li>• More holistic approach dealing with single moms</li> <li>• Provides mainly educational services.</li> <li>• Prevention: provides alternative &amp; counseling.</li> <li>• Collaborates with Fei Yue</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteer gynecologist</li> <li>• Provides mainly medical help</li> <li>• To provide a more personal approach to moms in need and helps reduce emotional stress on the young moms.</li> <li>• Deliver girls from Rose Villa</li> </ul>
<u>Information on girls handled</u>	<ul style="list-style-type: none"> <li>• 500 single moms out of which 250 teen deliveries</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Average at 10-15 girls per year</li> <li>• 12000 abortion girls a year. 10% teenage abortion.</li> <li>• 250 delivered</li> <li>• 40 a year from Rose Villa</li> <li>• Youngest about 13</li> <li>• Handles youths in their last trimester</li> </ul>
<u>Organisation’s means/approach of handling case</u>	<ul style="list-style-type: none"> <li>• For most girls, their guardians/ parents are not informed. Girls allowed to keep confidential.</li> <li>• If in need, will refer to</li> </ul>	<ul style="list-style-type: none"> <li>• Reach out to young people in secondary school and ITEs to educate them on teen pregnancy.</li> <li>• Girls mainly referred from</li> </ul>	<ul style="list-style-type: none"> <li>• Liase with Gleneagles/Mt Elizabeth to lower rates for the girls such that it will be comparable to KKH’s.</li> <li>• FOC services for antenatal/</li> </ul>

	<p>MCYS, helps arrange for foster o adoption.</p> <ul style="list-style-type: none"> <li>• Schedule home visits for those below 18.</li> <li>• Counselling of girls. For girl to decide if she is ready to raise baby. Final decision lies with girl’s choice to handle the baby.</li> <li>• Girls in need are handled by its social work department.</li> <li>• No financial assistance or waivers for unwed mums. Girls have to bear the charges. Financial difficulty case will be brought to business office where their medical bill will be delayed till a time of possible repayment, where a reasonable payment schedule will be worked out. Hence girls are able to receive treatment even if she is unable to foot the bill.</li> </ul>	<p>polyclinics.</p> <ul style="list-style-type: none"> <li>• Work with SouthWest CDC for educating.</li> </ul>	<p>postnatal. Charges mainly for medication and lab charges for x-ray and tests.</p> <ul style="list-style-type: none"> <li>•</li> </ul>
--	---	--	--



## **Part II: Filling up the gaps**

A few scenarios that an “At risk” girl might encounter were illustrated.

- 1) At risk -> Pregnant -> Abortion
- 2) At risk -> Pregnant -> Carry to term -> Raise child
- 3) At risk -> Pregnant -> Carry to term -> Adoption

Some factors were discussed that might affect the girl at each stage. These include medical, financial, general counseling, housing, and schooling.

	<b>During Pregnancy</b>	<b>Carry to Term</b>	<b>Abortion</b>
<b>Medical</b>	Dr Chew/ Dr Angela (GP) for urine tests. KKH for checkup.		
<b>Schooling</b>	Alife, PCS, Project Cherub helps in school transfers. Arrange for exams, tuitions for girls.	Continue studies at night or part time. Could be arranged for certain ITEs.	
<b>Housing</b>	Recommends Star shelters, Andrew n Grace home, Rose Villa etc especially those nearer to care. Also takes into consideration religion Cherub: most girls prefer to stay at home rather than shelters. Some choose to stay with boyfriends with parents are not supportive.	HDB clause does not allow home ownership for these single mom girls. Thus most stay back with their families. However, 1 special case of HDB bending rules for house ownership, attributed to the financial condition of the girl.	
<b>Financial</b>	<ul style="list-style-type: none"> <li>• Generally no official financial schemes for pregnant mom.</li> <li>• Cherub: mainly through Dr Chew.</li> <li>• Adoptive parents pick up the expenses if child is put up for adoption.</li> <li>• Supportive parents, should girls decide to keep child</li> <li>• FSCs do provide strollers, milk</li> </ul>	<ul style="list-style-type: none"> <li>• Though not married, father can also offer financial help.</li> <li>• Option for girl to seek employment. Daycare services for toddlers are offered by Project Cherub to facilitate working moms. Infants will be paired with other moms of the centers for care.</li> <li>• Always encourage girl to tap on their</li> </ul>	



	<p>powder, diapers, and maternity clothing's. But administered only after education of moms on budgeting.</p> <ul style="list-style-type: none"> <li>• Help find employment for moms through CDCs</li> </ul>	<p>own resources before coming to centers for financial help.</p>	
<b>General counselling</b>	<ul style="list-style-type: none"> <li>• Yes, there is general counselling.</li> <li>• Crisis intervention counselling: also allows family intervention on counseling to overcome crisis</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement of the father depends on decision of single mom. Normally parents of the girl do not want girl to rush into marriage. Converse is also true to save face. Hence might need help to apply for special marriage license.</li> </ul>	<ul style="list-style-type: none"> <li>• Counselling for all aspects of pregnancy prevention, post pregnancy, starts from the beginning of the counselling session</li> <li>• Pre and Post abortion counselling for Cherub and pregnancy crisis center (also referrals to FSC).</li> <li>• Educate girls on use of contraceptives on first visit.</li> <li>• Girls sometimes do not come back especially for young girls</li> <li>• Majority requests hiding issue from parents. Fear of parents becoming aware of their pregnancy.</li> <li>• Also need to explore how to help girls' parents accept the crisis.</li> </ul>
<p>* All cases dealt by agencies are kept confidential.</p>			



### **Discussion on abandoned babies:**

Possible reasons for abandoning babies:

- Ignorance
- Fear consequences given the stigma surrounding unwed pregnancies
- Fear of getting repatriated (for foreigners)
- Living in denial of pregnancy
- Primary fear for teenagers are their parents' discovery of the pregnancy

Points raised

- Importance of updated information amongst organizations. Currently it is not available.
- Education of the youngsters especially the high risk group
- “Celebration of Life” talks to schools upon invitation but could be expanded
- FSCs’ Step Up program to highlight sex education, sexuality as part of talk. Work out issue with MOE regarding the overlap in sexuality topics handled during their talks.