

## A Phenomenological Study on Perceptions Towards Unintended Pregnancies Among Street Involved Females Community in Yogyakarta Indonesia

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### Abstract

*Unintended pregnancy is a major global public health concern with significant physical, psychological, and social consequences, particularly among marginalized populations such as street-involved females. In Indonesia, its high prevalence reflects systemic deficiencies in reproductive health services, contraceptive education, and sociocultural support systems. This study contributed to explore perceptions of unintended pregnancies among street-involved females in Yogyakarta, Indonesia. A qualitative study using a descriptive phenomenological approach was conducted in October 2023 at Harapan Fian, a local non-governmental organization. Four participants were selected through purposive sampling. Data were collected via in-depth interviews, recorded, transcribed verbatim, and analyzed through manual coding and qualitative content analysis to extract recurring themes. Participants' understanding of unintended pregnancy was shaped by personal experiences within their socio-economic and cultural contexts. The analysis revealed four key themes: perceptions of unintended pregnancy, lived experiences during pregnancy, contributing factors, and coping strategies. Participants reported diverse emotional responses and encountered multiple barriers, including limited contraceptive knowledge, economic hardship, and restricted access to healthcare due to lack of identification. The stigma associated with extramarital pregnancy compounded emotional distress. However, most participants utilized contraceptive methods post-pregnancy to prevent recurrence. These findings underscore the urgent need to strengthen reproductive health education, ensure equitable access to contraception, and reduce social stigma. Tailored interventions and community-based support systems are essential to safeguard reproductive rights and improve health outcomes for marginalized women in street-involved settings.*

**Keywords:** Marginalized community; Perception; Street-involved female; Unintended pregnancy.

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### 1. Introduction

An unintended pregnancy can be categorized as either an undesired pregnancy—occurring when there is no intention of having a child—or as an untimely pregnancy, happening earlier than planned (Nelson et al., 2022; Stykes & Guzzo, 2023). The primary cause of unintended pregnancy stems from engaging in sexual activities without the use of contraceptive measures, either by personal choice, lack of knowledge, or coercion (Muhammad et al., 2022). The repercussions of unintended pregnancy

are severe for women, families, and society on a global scale. In low-resource settings, women attempting to terminate unwanted pregnancies face heightened risks of long-term health complications, including infertility, unsafe abortion, and maternal mortality (Ayalew et al., 2022; Khan & Islam, 2022). This highlights the critical importance of reproductive autonomy, access to contraception, and safe abortion care.

In 2014, globally, 44% of all pregnancies were unintended, and more than half (56%) of those

ended in abortion. The incidence ranged widely, from 41 per 1,000 women in Europe to 96 per 1,000 in Latin America, with the highest proportion of unintended pregnancies ending in abortion in Europe (70%) and the lowest in North America (36%) (UNFPA, 2022). Between 2015 and 2019, unintended pregnancy rates varied from 11 to 145 per 1,000 women aged 15–49, with notable disparities across regions, particularly in sub-Saharan Africa (Bearak et al., 2022). The World Health Organization (2021) notes that closing the gap in access to modern contraceptives could prevent over 70 million unintended pregnancies annually. On average, 56 million pregnancies are terminated each year, with the majority occurring in developing countries where an estimated 22,000 women die from abortion-related complications (UNFPA, 2022). These global statistics reinforce the urgency of ensuring reproductive health equity, especially for disadvantaged women. By meeting the global demand for modern contraceptives, substantial reductions in unintended pregnancies, unsafe abortions, and maternal deaths can be achieved (Dethe et al., 2020; Darroch et al., 2020).

During the COVID-19 pandemic, the Indonesian National Agency for Population and Family Planning reported an unintended pregnancy rate exceeding 15%, disproportionately affecting young women aged 15–19 and older women aged 45–49 (Astuti et al., 2023). Disruptions in contraceptive supply chains and reproductive health services raised significant concern regarding increased birth rates and reduced access to care (Lolitasari et al., 2023). Furthermore, decreased access to reproductive education, increased exposure to pornography, and weak parental communication during lockdowns were associated with heightened rates of premarital sexual activity among Indonesian adolescents (Ningrum & Safriana, 2023). These conditions exacerbated pre-existing reproductive health challenges, particularly among underserved groups.

Unintended pregnancies, especially in provinces like Yogyakarta and Sulawesi, continue to contribute significantly to maternal morbidity and mortality in Indonesia (Laksono et al., 2023). According to the Indonesian Family Planning Association, around 20 unwanted pregnancies occur daily. The surge in unprotected sexual activity among adolescents in urban poor areas such as Yogyakarta has heightened the risk of unsafe pregnancies and reproductive health complications (Huzaimah et al., 2023; Sihite et al., 2023). These conditions often result in unsafe abortion practices, making it a pressing public health concern that requires multisectoral intervention (Hutasoit et al., 2023; Susiati et al., 2023). Therefore, more robust reproductive health education, increased

contraceptive access, and adolescent-targeted services are crucial to prevent high-risk pregnancies.

The escalating trend of unintended pregnancies, as recorded in Yogyakarta Regional Family Health Data, is especially alarming. Between 2017 and 2019, cases surged from 313 to 938. Bantul Regency reported the highest number of cases (296), followed by Yogyakarta City (191), Sleman (170), Gunung Kidul (163), and Kulon Progo (118). Within Bantul, the concentration was highest at Puskesmas Bantul 1, which recorded 40 cases (Dinas Kesehatan DIY, 2020; Dinkes Bantul, 2019). These regional statistics underscore the urgency for localized interventions targeting young women in vulnerable environments. The data also reveal how geographic disparities in access to healthcare and education amplify reproductive health risks.

Previous studies have documented that unintended pregnancies can lead to delayed prenatal screening, poor antenatal care, and increased risks of perinatal depression and anxiety (Nelson et al., 2022). Moreover, mothers with unwanted pregnancies are more likely to avoid exclusive breastfeeding and fail to complete routine immunization for their children (Ermiami et al., 2023; Pérez Salido et al., 2022). Stigma, shame, and limited support systems often discourage early health-seeking behaviors, affecting both maternal and infant health outcomes (Widowati & Damayanti, 2022). Adolescents are particularly vulnerable to these adverse effects, often missing early antenatal assessments due to fear and social exclusion (Ermiami et al., 2023; Sihite et al., 2023).

In Yogyakarta's street-involved communities, reproductive health disparities are even more pronounced. Access to reliable information about contraception and family planning is limited, while social determinants such as age, ethnicity, education, and marital status further influence women's access to services and referrals. These structural and socio-cultural barriers call for targeted interventions to reduce unintended pregnancies through community-based healthcare and education. However, studies focusing specifically on street-involved females—one of the most marginalized and underserved groups in Indonesia—remain extremely limited. This population is frequently excluded from mainstream reproductive health programming and policymaking. Therefore, understanding how these women perceive and respond to unintended pregnancy is vital for designing effective, inclusive, and rights-based interventions.

Accordingly, the objective of this study was to explore the perceptions of street-involved females regarding unintended pregnancy in

Yogyakarta, Indonesia. By providing evidence rooted in lived experience, this study aims to fill a critical gap in reproductive health literature, support gender-equitable healthcare policies, and contribute to the development of tailored community-based strategies that address the unique needs of women in street-involved situations. An unintended pregnancy can be categorized as either an undesired pregnancy, occurring when there is no intention of having a child or when the desired child has not been conceived, or as an untimely pregnancy, happening earlier than planned (Nelson et al., 2022; Stykes & Guzzo, 2023). The primary cause of unintended pregnancy stems from engaging in sexual activities without contraceptive measures, either by personal choice or under coercion (Muhammad et al., 2022). The repercussions of unintended pregnancy are severe for women, families, and society on a global scale. In underdeveloped nations, women attempting to terminate unwanted pregnancies are at risk of enduring long-lasting health consequences, such as infertility and maternal mortality. (Ayalew et al., 2022; Khan & Islam, 2022).

In 2014, globally, 44% of all pregnancies were unintended, with over half of these unintended pregnancies (56%) resulting in abortions. The rate of unintended pregnancies varied from 41/1000 women in Europe to 96/1000 in Latin America, with the highest proportion of unintended pregnancies ending in abortion observed in Europe (70%) and the lowest in North America (36%) (United Nations Population Fund, 2022). Additionally, in the 5-year period of 2015-2019, estimated unintended pregnancy rates ranged from 11 to 145 per 1000 women aged 15-49, with substantial heterogeneity between countries, especially in sub-Saharan Africa (Bearak et al., 2022).

Addressing the unmet demand for modern contraceptives could prevent millions of unintended pregnancies, births, abortions, and maternal deaths annually (Bearak et al., 2022). Globally, an average of 56 million pregnancies are terminated each year, with the majority in developing regions, where around 22,000 women die annually due to abortion-related complications (United Nations Population Fund, 2022). These statistics underscore the critical importance of access to contraception and comprehensive abortion care to reduce the burden of unintended pregnancies, unsafe abortions, and maternal mortality. By meeting the need for modern contraceptives, significant progress can be made in preventing unintended pregnancies, reducing the number of abortions, and ultimately saving lives (Dethe et al., 2020; Jain & Winfrey, 2017).

During the Covid-19 pandemic, the Indonesian National Agency for Population and Family Planning observed a nationwide unintended pregnancy rate of more than 15%, with higher prevalence among mothers aged 15-19 years and 45-49 years (Hutari Puji Astuti et al., 2023). The disruption of contraceptive services during the pandemic has raised concerns about the rising birth rate and unintended pregnancies, emphasizing the importance of family planning programs and reproductive health services to address these issues (Lolitasari et al., 2023). Additionally, factors such as decreased utilization of reproductive health services, inadequate information on sexual behavior, and increased exposure to pornography have contributed to a high rate of pre-marital sexual behavior among teenagers in Indonesia during the pandemic (Ningrum & Safriana, 2023). This study contributes to the search for the phenomenon of perceptions of unwanted pregnancies in the street women's community in Yogyakarta, Indonesia.

## 2. Methods

This research utilized a qualitative methodology, employing a descriptive phenomenological approach to investigate the perspectives of street-involved female who have encountered unintended pregnancies. Furthermore, the paper adhered to the consolidated standards for reporting qualitative research (COREQ) checklist.

The research participants consisted of female individuals from the Harapan Fian working area who resided within street-involved communities (marginalized) and willingly consented to engaging in in-depth interviews to delve into their experiences. Harapan Fian is a non-governmental organization (NGO) dedicated to assisting vulnerable individuals in street-involved situation. The term 'People in street-involved situations' - or 'orang di situasi jalanan' - is used in Indonesia to refer to the urban poor and encompasses a significant portion of the population in Yogyakarta (<https://harapanfian.org/about/>).

Participant selection was carried out using a purposive sampling technique. The selection of participants began by identifying each individual, elucidating the research objectives, and ascertaining their willingness to participate. Adhering to qualitative research principles for phenomenological studies that stated by, the minimum of 8 to 10 participants or until no new themes emerged is needed. However, given the sensitive and potentially embarrassing nature of the topic, with 29 cases reported within the Harapan Fian organization over the past two years, only four participants agreed to take part in the study. Therefore, the authors acknowledge the limitation of the sample size in this study.

**Table 1.** In-depth interview guides

No	Questions
1. Validity question	a. When does the pregnancy happen? b. Do you make a plan for the pregnancy? c. Is there any obstacle during the pregnancy? d. How did you feel when you knew you got pregnant?
2. Level of knowledge	a. Before the first pregnancy, do you know contraception or how to prevent the pregnancy? b. How do you get the information above? c. Have you ever talked to another woman who is pregnant? What do you learn when she told you to their experience? d. Do you think there is different point of view between men and women in dealing with unintended pregnancy?
3. Religion	a. Have you ever learned about family planning or contraception from your religion? b. What is your opinion about sexual relations outside marriage?
4. Social norms	a. How do people around you react to your pregnancy? b. Do you learn about family planning from the norms and customs? c. Is there any and discrimination you experienced during pregnancy?

The data were acquired in October 2023 at Harapan Fian, an NGO in Yogyakarta, Indonesia. Individual in-depth interviews were conducted in order to elicit the perspectives of participants. Interrogations in the Indonesian language were posed during each interview. During the interviews, an array of probing techniques was utilized to elicit comprehensive responses from female participants

regarding their perceptions of unintended pregnancies. The inquiries posed included: “What are your perceptions of unintended pregnancies that you have encountered?” The instruments employed for the interviews consisted of a recorder and field notes. The primary investigator directly engaged with the participants, devoid of any prior special relationships. Each interview session extended between 45-60 minutes. In-depth interview guides presented in [Table 1](#).

The ethical clearance for this study was obtained from KEPK STIKES Surya Global Yogyakarta on October 27, 2023, through letter no.5.27/KEPK/SSG/X/2023. The data obtained was transcribed and subsequently coded in accordance with the ethical standards of research to uphold participant confidentiality.

### 3. Results and Discussion

This study explored the perception of individuals and their encounters with unintended pregnancies. [Table 2](#) offers a summary of the individuals within the Harapan Fian working area who dwelled in street-involved female, consisting of four females: one aged 19, one aged 23, one aged 25, and one aged 38. The group included two individuals with senior high school education, one with junior high school education, and one with elementary school education. Each participant had faced unintended pregnancies.

#### Findings from thematic analysis

Four themes were derived, namely: 1) Perception regarding unintended pregnancies; 2) Experiences related to unintended pregnancies; 3) Factors contributing to unintended pregnancies; and 4) Participants coping mechanism when experiencing unintended pregnancies ([Figure 1](#)). These primary themes were formulated based on the feedback provided by the participants and compiled into a unified dataset.

#### Theme 1: Perception regarding unintended pregnancies

The perception of unintended pregnancies is the viewpoint articulated by the participants based on their circumstances during an unintended pregnancy. The data reveals that this perception of unintended pregnancies revolves around three aspects, which are feelings experienced during unintended pregnancies, perspectives on extramarital relations, and rationales for not desiring children post-unintended pregnancies.

#### Subtheme 1.1: Emotional responses during unintended pregnancies

Upon analyzing the interview outcomes, it was observed that two participants expressed their

initial reaction as surprise, followed by emotions such as stress, panic, and a wish to terminate the pregnancy.

“...For sure I feel shocked. I had a time to abort it. Perhaps it is caused by getting stressed or panic...” (P-I)  
 “I feel shocked, but I have to accept it. I feel stressed...” (P-IV)

On the contrary, two other participants mentioned feeling happiness initially, then surprise, and subsequently sadness.

“I am surprised and feel excited” (P-II)  
 “...Actually feel both excited and miserable at the same time. What made me miserable is why it happened in a very close time” (P-III)

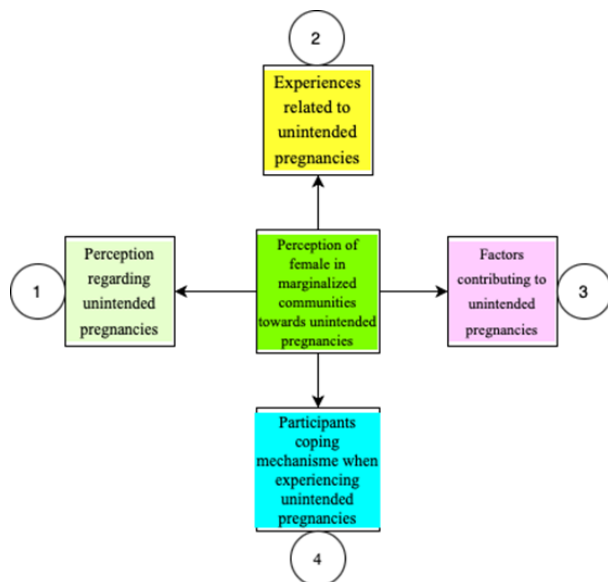


Figure 1. Thematic findings

**Subtheme 1.2: The perspective on extramarital sexual relationships**

The findings from the conducted interviews illustrate that two participants hold the belief that engaging in sexual activities outside the institution of marriage can lead to a negative perception from society.

“It is not good because people will think negatively about it. They tend to judge the child as illegitimate child. What a pity is” (P-II)  
 “oh outside of marriage, I feel miserable about it. If a girl gets pregnant outside of marriage, people usually judge that she is not a good girl...” (P-IV)

One participant emphasized the religious prohibition aspect, while another participant

highlighted the potential consequences like abortion or infant abandonment.

“It is not allowed either in religion or anything...” (P-I)  
 “If it is possible, it should be avoided. Nowadays many women get pregnant outside marriage then they abort the baby or dispose it. Actually, the babies are innocent. Once more it would be better to get married first” (P-III)

**Subtheme 1.3: Justifications for Avoiding Parenthood after unintended pregnancies**

The interviews also revealed that two participants cited stress as the primary reason for not desiring children post-unintended pregnancies, followed by economic challenges.

“I don’t think so. Let my children grow up. If I have more children, I will be dizzy because it is more difficult to earn money lately” (P-I)  
 “oh I don’t have. I get dizzy” (P-IV)

Furthermore, one participant mentioned the intention to concentrate on their professional endeavors, while another attributed it to age-related concerns.

“not yet, Let my children grow up first. I need to focus on my job firstthehe” (P-II)  
 “Ouch! I will avoid it as possible as I can. I have been elder. Don’t laugh at me.” (P-III)

**Theme 2: Experiences related to unintended pregnancies**

The phenomenon of unintended pregnancies encompasses various conditions encountered by individuals throughout the course of pregnancy. The findings reveal that this phenomenon involves two primary aspects, namely challenges faced during pregnancy and the environmental reactions while experiencing unintended pregnancies.

**Subtheme 2.1: Challenges faced during pregnancy**

In light of the outcomes from the conducted interviews, it was observed that two participants encountered difficulties in accessing healthcare facilities due to lack of proper identification.

“Ouch! I didn’t have any ID card. When I remembered that time, I didn’t have any supporting identity, like ID card. I got difficulty when I had to have medical examination without ID card. As a result, I had to pay when I needed a medical examination.” (P-IV)

“I still remember when I was in the public health center, but I didn’t have any ID card. The office at public health center used to ask me why I had not had ID card yet. He also recommended me to make ID card as soon as possible. Then, I answer that I didn’t have much money left...”(P-II)

One participant encountered financial challenges, whereas another participant did not face any limitations in accessing healthcare facilities or economic constraints.

“the second one is the hospital costs...”(P-I)  
“nothing, Alhamdulillah there was no payment at all” (P-III)

### **Subtheme 2.2 Environmental reactions during the experience of unintended pregnancies**

Through the analysis of the interview findings, it was revealed that one participant encountered an adverse reaction while undergoing unintended pregnancies, whereas another participant speculated about a negative environmental response to the pregnancy journey.

“there was ignorant person and envy one. The people were gossiping about me during my early pregnancy” (P-II)  
“I do believe there were my neighbor talking about my pregnancy, unfortunately they were just talking behind my back, not straightforward to my face...”(P-I)

The remaining pair of individuals did not encounter adverse reactions within their social sphere, be it from their families or neighbors, and harbored no preconceived notions regarding such unfavorable feedback.

“never, just so so. When I got pregnant, I was living with my family in Kediri” (P-III)  
“Actually I am not really sure about it. We can’t judge people because everyone has different point of view. I think it is impossible if someone talks something bad straightforward.” (P-IV)

### **Theme 3: Factors contributing to unintended pregnancies**

The unintended pregnancies factor is associated with the etiology of unintended pregnancies. The information gathered indicates that this unintended pregnancies factor encompasses two aspects, namely, the etiology of unintended pregnancies, and understanding of contraception and preconception care prior to the initial pregnancy.

### **Subtheme 3.1: Etiology of unintended pregnancies**

The findings from the conducted interviews suggest that for three participants, the occurrence of unintended pregnancies was attributed to pregnancy outside of marriage, with one individual experiencing unintended pregnancies a second time due to failure to utilize contraception.

“unintended pregnancy, perhaps it is as the result of free sex...” (P-I)  
“sure because of unintended pregnancy”(P-II)  
“actually everything in unintended. There is no plan to get pregnant first because everything happened unconsciously. When we do the sex, we don’t prevent ourselves using family planning, so I got pregnant...” (P-IV)

Meanwhile, another participant experienced contraceptive failure resulting in an unintended pregnancy.

“not at all. It is unintended. It suddenly happened. Sometimes I forget when I use 3-month-birth-control -injection. Then, I change it and take the medicine. If I am late to take the medicine, I will get pregnant...” (P-III)

### **Subtheme 3.2: Knowledge about contraception and pregnancy prevention before the first pregnancy**

Based on the interview results, it was found that two participants were already aware of contraception and pregnancy prevention before their first pregnancy. They acquired this information through internet browsing and from close acquaintances.

“I know about it because I have learned it and understand well. I like to browse everything...” (P-I)  
“I know it because my friends told me...” (P-III)

Meanwhile, the other two participants were not aware of contraception and pregnancy prevention before experiencing their first pregnancy.

“nope” (P-II)  
“I have no idea about contraception” (P-IV)

### **Theme 4: Participants coping mechanism when experiencing unintended pregnancies**

Coping with unintended pregnancies involves actions taken by participants to prevent the recurrence of unintended pregnancies. The data

suggests that coping with unintended pregnancies entails strategies to prevent their recurrence.

#### **Subtheme 4.1: The method to prevent the recurrence of unintended pregnancies:**

Based on the interview results, all participants utilize contraceptives as a means to prevent the recurrence of unintended pregnancies. Four participants employ different types of contraceptives, ranging from long-term contraceptive methods lasting 10 years, to those lasting 3 months, and some use intrauterine devices (IUDs) and oral contraceptive pills.

“using family planning, ten-year-family-planning...”(P-I)

“using family planning, birth-control-injection once in three months” (P-II)

“every day I take the medicine. I buy it in the pharmacy....”(P-III)

“to prevent the pregnancy I use IUD...”(P-IV)

This study aimed to explore the perceptions towards unintended pregnancies among street-involved female in Yogyakarta, Indonesia. Four themes emerged in this study, namely: 1) Perception regarding unintended pregnancies; 2) Experiences related to unintended pregnancies; 3) Factors contributing to unintended pregnancies; and 4) Participants coping mechanism when experiencing unintended pregnancies. Each theme is elaborated upon in the subsequent sections.

#### **Perception regarding unintended pregnancies**

The research data suggests that unintended pregnancies often evoke a range of emotions beyond just astonishment. Women facing unintended pregnancies may experience anxiety, distress, and sorrow, which can significantly impact their mental health (Pérez Salido et al., 2022). Factors such as lack of social support, relationship issues, socioeconomic status, and pre-existing mental health disorders can contribute to the psychological distress associated with carrying an unintended pregnancy to term (Hall et al., 2017). Additionally, adverse social circumstances surrounding unintended pregnancies have been linked to poorer health outcomes, including higher levels of depression, stress, and discrimination. Women's anticipated emotional orientations toward unintended pregnancies can vary based on relationship status and cultural factors, with cohabiting women and those in certain ethnic groups expressing less happiness due to concerns about partners' lack of engagement and societal pressures (Cruz-Bendezú et al., 2020).

This investigation reveals a spectrum of viewpoints on extramarital sexual activities,

including societal stigma towards children born out of wedlock and women experiencing extramarital pregnancies, often leading to rejection and socioeconomic disadvantage. Engaging in sexual relations outside marriage is viewed as violating religious norms, significant in Indonesia's predominantly religious population. Previous studies suggest that unintended pregnancies can pose lifelong challenges for offspring, hindering their psychological development due to lack of parental care, potentially resulting in diminished empathy (Abbaszadeh et al., 2019; Cruz-Bendezú et al., 2020). Similarly, research by indicates feelings of guilt towards God and parental disapproval from premarital sexual encounters. Previous study also underscores a predominantly negative perception of premarital sexual behavior among respondents, with societal stigma labeled as deviant. The risk of unwanted pregnancies also heightens the likelihood of miscarriages or unsafe abortions (Moseson et al., 2019; Pizarro & Gaspay-Fernandez, 2015).

This investigation indicates that post-pregnancy, there's minimal contemplation about having more children. Stress from caring for young children, financial challenges, the desire to return to work, and age all play significant roles in the contemplation of having more children. Women's choices are influenced by societal expectations, economic circumstances, family opinions, and personal preferences. The study by Bagherzadeh et al. (2021) highlights how uncertain life situations and lifestyle preferences impact decisions on childbearing, independent of sociodemographic characteristics. Additionally, Nakamura et al. (2023) emphasize the importance of gender-friendly workplaces and support systems to enable women to continue working through pregnancy and after childbirth.

#### **Experiences related to unintended pregnancies**

The study on street-involved populations highlights the challenges faced by women and youths living on the streets, including unwanted pregnancies and related issues like sexual exploitation and unsafe abortions (de Flores-Palacios & García-Alcaraz, 2023; Richter et al., 2023). Street-involved pregnant women often encounter difficulties accessing appropriate healthcare services due to precarious living situations and limited resources (Obiyan et al., 2023). Additionally, street children's lack of essential civil documentation exposes them to rights violations and hinders their access to healthcare and education, reflecting the vulnerability of this population (Assegid et al., 2022).

Furthermore, the research findings indicate that in cases of unintended pregnancies, individuals typically seek feedback from their immediate social circle, including family, friends, or neighbors, with responses varying from positive to negative. In cases of unintended pregnancies, individuals often seek feedback from their immediate social circle, encompassing family, friends, or neighbors, with responses ranging from positive to negative, as evidenced by studies on social support (Faudzi et al., 2022). Anticipation of negative reactions from the surroundings is common, even without direct communication, aligning with previous study that underscores the insufficient support for adolescents facing unintended pregnancies, leading to their objectification and tarnishing of the local environment's reputation (Baney et al., 2022; Mahanaimy & Moseson, 2023).

### **Factors contributing to unintended pregnancies**

This study explores factors influencing unintended pregnancies within street-involved communities, focusing on the reasons behind such pregnancies and awareness of contraception before the first pregnancy. Aligning with prior research, findings reveal that issues with unintended pregnancies among participants stemmed from promiscuity leading to extramarital pregnancies, missed contraceptive pills, and non-adherence to contraception (Ayalew et al., 2022). Self-efficacy and attitudes towards sexuality are primary predictors of risky sexual behavior, while factors influencing contraceptive use encompass age, gender, religiosity, leisure activities, views on marriage and family life, exposure to pornographic content, peer opinions, and parental supervision (Akhter et al., 2022; Zain et al., 2023).

Additionally, this study highlighted that despite accessing information online and from friends with pregnancy experiences, some participants lacked awareness of contraception and pregnancy prevention. This aligns with previous, emphasizing knowledge gaps in contraception as a significant factor contributing to unintended pregnancies. Adequate understanding of contraception was associated with a decrease in unintended pregnancies. Young people commonly faced insufficient information before sexual debut due to parental and societal negligence, leading to root causes like lack of awareness and education on contraception. Peers were reported to be significant sources of reproductive health information (Hylton-Kong et al., 2021; Liu et al., 2023; Sharma et al., 2021; Yarger et al., 2022).

### **Participants coping mechanism when experiencing unintended pregnancies**

This study discusses coping strategies for unintended pregnancies implemented by marginal communities, focusing on preventing unintended pregnancies recurrence. Findings reveal that contraceptive utilization effectively prevents unintended pregnancies recurrence, with participants using various methods such as injectable birth control lasting 10 years and 3 months, IUDs, and birth control pills. Previous studies have highlighted the importance of LARC methods like copper IUDs and progestogen-releasing intrauterine systems in significantly lowering unintended pregnancy rates, with typical use rates ranging from 0.05% to 3.0% (Khan & Islam, 2022). Additionally, interventions aimed at increasing contraceptive use, especially among adolescents, have proven successful in preventing repeat pregnancies (Khadijkar, 2018; Manjarres-Posada et al., 2022). Ensuring access to and promoting the use of modern contraceptives is essential in reducing the risk of repeat unintended pregnancies and associated adverse outcomes, emphasizing the critical role of contraceptive counseling and education (Blumenthal et al., 2011; Manjarres-Posada et al., 2022).

### **Study Implication**

The discoveries of the research have substantial implications for the field of healthcare professional, particularly within the realm of reproductive healthcare for underserved groups. Healthcare professional play a crucial role in delivering information on sexual and reproductive health, offering guidance, and providing assistance to individuals dealing with unplanned pregnancies. By assimilating these understandings, nurses can more effectively cater to the specific requirements of marginalized societies. They have the capacity to create customized educational schemes regarding contraception, advocate for the reduction of stigma associated with non-marital sexual behaviors and unintended pregnancies, and cooperate to enhance the availability of healthcare services, especially those related to reproductive health. The integration of these findings into nursing practice has the potential to empower individuals, decrease unintended pregnancies, and improve the general health and welfare of underserved communities.

### **Study Limitations**

The limitation of this study is the small sample size, with only four participants agreeing to take part. Despite efforts to recruit more participants, the sensitive nature of the topic, coupled with potential embarrassment, limited the number of willing participants. As a result, the findings may not fully represent the diverse perspectives within marginalized communities in

Yogyakarta, Indonesia. Additionally, the study's focus on a specific geographical area and population may restrict the generalizability of the findings to other settings or communities. Furthermore, the reliance on self-reported data and retrospective accounts from participants may introduce recall bias, affecting the accuracy and reliability of the information provided. Future research with larger sample sizes and diverse participant demographics could provide a more comprehensive understanding of the perceptions towards unintended pregnancies in marginalized communities.

#### 4. Conclusion

This study reveals the complex interplay of emotional, social, and structural factors influencing unintended pregnancies among street-involved females in Yogyakarta. Participants' narratives highlight challenges such as limited knowledge of contraception, healthcare access barriers, and deeply rooted societal stigma toward extramarital pregnancies. Despite these barriers, women actively engaged in preventing recurrence through various contraceptive strategies. To advance reproductive rights in marginalized communities, there is a critical need to expand inclusive, community-based family planning services, and to integrate reproductive health education into outreach efforts targeting street-involved populations. Efforts must also focus on dismantling stigma and ensuring access to healthcare regardless of civil documentation status.

#### Future studies

should include a larger, more diverse sample and examine the impact of specific interventions—such as mobile contraceptive counseling or peer-based education—on reproductive outcomes among street-involved women across different urban settings in Indonesia.

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#### References

Abbaszadeh, M., Adlipour, S., Alizadeh Aghdam, M. B., & Aghayari Hir, T. (2019). The attitudes toward extramarital relations and some of its related factors among families of Tabriz. *Journal of Research & Health*, 496–504. <https://doi.org/10.32598/jrh.9.6.496>

- Akhter, T., Nayem, J., Parvin, S., Howlader, Md. H., Talukder, A., & Islam, Md. A. (2022). Prevalence and triggering factors associated with unintended pregnancy in Aouth Asia and Sub-saharan Africa: Evidence from demographic and health survey data. *Khulna University Studies*, 717–727. <https://doi.org/10.53808/KUS.2022.ICSTE.M4IR.0018-se>
- Assegid, D. T., Abera, L., Girma, M., Hailu, M., & Tefera, B. (2022). Pregnancy and sexual related problems among women living on the street in dire Dawa City, Eastern Ethiopia, 2021: qualitative study. *BMC Women's Health*, 22(1), 429. <https://doi.org/10.1186/s12905-022-02006-3>
- Ayalew, H. G., Liyew, A. M., Tessema, Z. T., Worku, M. G., Tesema, G. A., Alamneh, T. S., Teshale, A. B., Yeshaw, Y., & Alem, A. Z. (2022). Prevalence and factors associated with unintended pregnancy among adolescent girls and young women in sub-Saharan Africa, a multilevel analysis. *BMC Women's Health*, 22(1), 464. <https://doi.org/10.1186/s12905-022-02048-7>
- Bagherzadeh, R., Gharibi, T., Safavi, B., Mohammadi, S. Z., Karami, F., & Keshavarz, S. (2021). Pregnancy; an opportunity to return to a healthy lifestyle: a qualitative study. *BMC Pregnancy and Childbirth*, 21(1), 751. <https://doi.org/10.1186/s12884-021-04213-6>
- Baney, L., Greene, A., Sherwood-Laughlin, C., Beckmeyer, J., Crawford, B. L., Jackson, F., Greathouse, L., Sangmo, D., Ward, M., & Kavaya, S. (2022). “It Was Just Really Hard to Be Pregnant in a Smaller Town ...”: Pregnant and Parenting Teenagers' Perspectives of Social Support in Their Rural Communities. *International Journal of Environmental Research and Public Health*, 19(24), 16906. <https://doi.org/10.3390/ijerph192416906>
- Bearak, J. M., Popinchalk, A., Beavin, C., Ganatra, B., Moller, A.-B., Tunçalp, Ö., & Alkema, L. (2022). Country-specific estimates of unintended pregnancy and abortion incidence: a global comparative analysis of levels in 2015–2019. *BMJ Global Health*, 7(3), e007151. <https://doi.org/10.1136/bmjgh-2021-007151>
- Blumenthal, P. D., Voedisch, A., & Gemzell-Danielsson, K. (2011). Strategies to prevent unintended pregnancy: increasing use of long-acting reversible contraception. *Human Reproduction Update*, 17(1), 121–137. <https://doi.org/10.1093/humupd/dmq026>

- Cruz-Bendezú, A. M., Lovell, G. V., Roche, B., Perkins, M., Blake-Lamb, T. L., Taveras, E. M., & Simone, M. (2020). Psychosocial status and prenatal care of unintended pregnancies among low-income women. *BMC Pregnancy and Childbirth*, 20(1), 615. <https://doi.org/10.1186/s12884-020-03302-2>
- Darroch, J. E., Sully, E. A., & Biddlecom, A. E. (2020). Adding it up: Investing in sexual and reproductive health 2019. Guttmacher Institute. <https://doi.org/10.1363/2020.31593>
- de Flores-Palacios, M. de F., & García-Alcaraz, J. G. (2023). Teenage pregnancy and subalternity: A culturally constructed vulnerability. *Sexuality, Gender & Policy*, 6(2), 93–108. <https://doi.org/10.1002/sgp2.12064>
- Dethe, A., Kaswan, P., Shidam, U. G., Gawande, B. S., & Kaur, D. (2020). A cross sectional study of contraceptive use and reasons for unmet needs among mothers attending immunisation clinic at tertiary care centre of central India. *International Journal Of Community Medicine And Public Health*, 7(9), 3575. <https://doi.org/10.18203/2394-6040.ijcmph20203925>
- Dinas Kesehatan Daerah Istimewa Yogyakarta. (2020). Profil Kesehatan DI Yogyakarta Tahun 2020. Dinas Kesehatan DIY, Yogyakarta.
- Dinkes Kabupaten Bantul. (2019). Profil Kesehatan Kabupaten Bantul.
- Ermianti, E., Hadiani, N. F., Arunita, Y., & Janatin, A. (2023). The impact of adolescent unintended pregnancy on pregnancy care: Literature study. *Journal of Maternity Care and Reproductive Health*, 5(3). <https://doi.org/10.36780/jmcrh.v5i3.255>
- Faudzi, N. M., Sumari, M., & Mohamad Nor, A. (2022). Social Environmental Factor of Unwanted Pregnancy: An Experience of Mothers and Adolescents with An Unwanted Pregnancy. *Malaysian Journal of Social Sciences and Humanities (MJSSH)*, 7(10), e001839. <https://doi.org/10.47405/mjssh.v7i10.1839>
- Hall, K. S., Dalton, V. K., Zochowski, M., Johnson, T. R. B., & Harris, L. H. (2017). Stressful Life Events Around the Time of Unplanned Pregnancy and Women's Health: Exploratory Findings from a National Sample. *Maternal and Child Health Journal*, 21(6), 1336–1348. <https://doi.org/10.1007/s10995-016-2238-z>
- Hutari Puji Astuti, Andari Wuri Astuti, & Askuri. (2023). The Implementation of Family Planning program during the COVID-19 Pandemic: Scoping Review. *International Journal of Public Health Excellence (IJPHE)*, 2(2). <https://doi.org/10.55299/ijphe.v2i2.281>
- Hutasoit, E. F., Sitorus, M. A., Siregar, P. A., & Ginting, S. K. (2023). Determinants of Unplanned Pregnancy in Married Women in North Sumatra Province. *Jurnal Kesehatan Masyarakat*, 18(3), 383–391. <https://doi.org/10.15294/kemas.v18i3.39110>
- Huzaimah, A., Abdillah, M., Laila, N. Q., Tamudin, M., & Puji Astuti, T. M. (2023). Disregarding the Reproductive Rights of Women in Child Marriage in Indonesia. *Samarah: Jurnal Hukum Keluarga Dan Hukum Islam*, 7(2), 1097. <https://doi.org/10.22373/sjhk.v7i2.17392>
- Hylton-Kong, T., Bailey, A., Steiner, M. J., & Gallo, M. F. (2021). Contraceptive knowledge among women at risk of unintended pregnancy in Kingston, Jamaica. *Women & Health*, 61(3), 294–302. <https://doi.org/10.1080/03630242.2021.1876812>
- Jain, A. K., & Winfrey, W. (2017). Contribution of Contraceptive Discontinuation to Unintended Births in 36 Developing Countries. *Studies in Family Planning*, 48(3), 269–278. <https://doi.org/10.1111/sifp.12023>
- Khadilkar, S. S. (2018). Short-Term Use of Injectable Contraception: An Effective Strategy for Safe Motherhood. *The Journal of Obstetrics and Gynecology of India*, 68(2), 82–87. <https://doi.org/10.1007/s13224-017-1029-9>
- Khan, M. N., & Islam, M. M. (2022). Women's experience of unintended pregnancy and changes in contraceptive methods: evidence from a nationally representative survey. *Reproductive Health*, 19(1), 187. <https://doi.org/10.1186/s12978-022-01492-w>
- Laksono, A., Wulandari, R., Rohmah, N., & Matahari, R. (2023). Unmarried women and unintended pregnancy: An Indonesian cross-sectional study. *Indian Journal of Community Medicine*, 48(2), 361. [https://doi.org/10.4103/ijcm.ijcm\\_325\\_22](https://doi.org/10.4103/ijcm.ijcm_325_22)
- Liu, R., Dong, X., Ji, X., Chen, S., Yuan, Q., Tao, Y., Zhu, Y., Wu, S., Zhu, J., & Yang, Y. (2023). Associations between sexual and reproductive health knowledge, attitude and practice of partners and the occurrence of unintended pregnancy. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.1042879>
- Lolitasari, A., Tendean, H. M. M., & Suparman, E. (2023). Gambaran Pelayanan Antenatal pada

- Masa Pandemi COVID-19 di Indonesia 2020-2021. *E-CliniC*, 11(3), 293–305. <https://doi.org/10.35790/ecl.v11i3.45182>
- Mahanaimy, M., & Moseson, H. (2023). The Need for Social Support During Unintended Pregnancy Decision-Making: A Qualitative Analysis of In-Depth Interviews With Young People in California. *Emerging Adulthood*, 11(2), 444–455. <https://doi.org/10.1177/21676968221085815>
- Manjarres-Posada, N. I., Benavides-Torres, R. A., Pérez Baleón, G. F., Urrutia Soto, M. T., Onofre-Rodríguez, D. J., Barbosa-Martínez, R. del C., & Márquez-Vega, M. A. (2022). Effective Interventions to Prevent Repeat Pregnancies in Adolescents: A Systematic Review. *SAGE Open*, 12(4), 215824402211303. <https://doi.org/10.1177/21582440221130309>
- Moseson, H., Mahanaimy, M., Dehlendorf, C., & Gerdt, C. (2019). "...Society is, at the end of the day, still going to stigmatize you no matter which way": A qualitative study of the impact of stigma on social support during unintended pregnancy in early adulthood. *PLOS ONE*, 14(5), e0217308. <https://doi.org/10.1371/journal.pone.0217308>
- Muhammad, S. F., Umar, F., Baloch, N. S., Saif, K., Batool, U., & Ehsan, N. (2022). Prevalence of unplanned pregnancies and factors leading to it among married females visiting tertiary care hospital. *International Journal of Health Sciences*, 4465–4472. <https://doi.org/10.53730/ijhs.v6nS7.12912>
- Nakamura, Y., Wada, A., Tsuno, Y. S., Nagasaka, K., Kawajiri, M., Takeishi, Y., Yoshida, M., & Yoshizawa, T. (2023). Occupational stress and related factors among childless working women in their 20s–40s: A pregnancy perspective. *Environmental and Occupational Health Practice*, 5(1), 2022-0017-OA. <https://doi.org/10.1539/eohp.2022-0017-OA>
- Nelson, H. D., Darney, B. G., Ahrens, K., Burgess, A., Jungbauer, R. M., Cantor, A., Atchison, C., Eden, K. B., Goueth, R., & Fu, R. (2022). Associations of Unintended Pregnancy With Maternal and Infant Health Outcomes. *JAMA*, 328(17), 1714. <https://doi.org/10.1001/jama.2022.19097>
- Ningrum, N. P., & Safriana, R. E. (2023). The Impact of Covid-19 Pandemic on the Interest in Family Planning among Couples of Childbearing Age. *EMBRIO*, 15(1), 100–105. <https://doi.org/10.36456/embrio.v15i1.6391>
- Obiyan, M. O., Olaleye, A. O., Oyinlola, F. F., & Folayan, M. O. (2023). Factors associated with pregnancy and induced abortion among street-involved female adolescents in two Nigerian urban cities: a mixed-method study. *BMC Health Services Research*, 23(1), 25. <https://doi.org/10.1186/s12913-022-09014-x>
- Pérez Salido, E., Queiruga Dios, A., & Queiruga Dios, M. (2022). Development of an Accompaniment Program for Women at Risk of Exclusion After Unintended Pregnancies. *International Conference on Technological Ecosystems for Enhancing Multiculturality*, 1304–1310.
- Pizarro, J. G., & Gaspay-Fernandez, R. (2015). *Estranged Wife, Other Man's Beloved*. *SAGE Open*, 5(1), 215824401456582. <https://doi.org/10.1177/2158244014565823>
- Richter, S., Jarvis, K., & Caine, V. (2023). Experiences of service providers delivering care for street involved and homeless pregnant and early parenting women. *Journal of Social Distress and Homelessness*, 1–8. <https://doi.org/10.1080/10530789.2023.2193374>
- Sharma, A., McCabe, E., Jani, S., Gonzalez, A., Demissie, S., & Lee, A. (2021). Knowledge and attitudes towards contraceptives among adolescents and young adults. *Contraception and Reproductive Medicine*, 6(1), 2. <https://doi.org/10.1186/s40834-020-00144-3>
- Sihite, T. M., Simbolon, D., & Ismiati, I. (2023). Association of Access to Family Planning Information and Unwanted Pregnancy. *Jurnal Ilmu Kesehatan Masyarakat*, 14(1), 75–87. <https://doi.org/10.26553/jikm.2023.14.1.75-87>
- Stykes, J. B., & Guzzo, K. B. (2023). Unintended Higher-Order Births and Union Stability: Variation by Union Characteristics (pp. 213–231). <https://doi.org/10.1108/S1530-35352023000022011>
- Susiati, S., Udasmoro, W., & Saktiningrum, N. (2023). Illegal abortion on indonesia media: A content analysis. *Lire Journal (Journal of Linguistics and Literature)*, 7(1), 127–139. <https://doi.org/10.33019/lire.v7i1.183>
- United Nations Population Fund. (2022). *State of World Population 2022*. United Nations. <https://doi.org/10.18356/9789210015004>
- Widowati, L. P., & Damayanti, R. (2022). Unintended pregnancy and antenatal care behavior in Indonesia. *JNKI (Jurnal Ners Dan Kebidanan Indonesia) (Indonesian Journal of Nursing and Midwifery)*, 10(3),

214.  
[https://doi.org/10.21927/jnki.2022.10\(3\).214-223](https://doi.org/10.21927/jnki.2022.10(3).214-223)  
Yarger, J., Schroeder, R., Cabral, M. A., Lamme, J. S., McCulloch, C. E., Trieu, S. L., de Jounge, A., & Harper, C. C. (2022). An Educational Intervention to Raise Awareness of Contraceptive Options Among Young People. *Journal of Women's Health*, 31(2), 252–260.  
<https://doi.org/10.1089/jwh.2020.8753>
- Zain, I., Rumiati, A. T., Permatasari, E. O., & Sari, N. N. (2023). Imbalanced Data Analysis of Adolescent Unintended Pregnancy and Pre-marital Sex using Univariate and Bivariate Random Forest. *The Open Public Health Journal*, 16(1).  
<https://doi.org/10.2174/18749445-v16-e230111-2022-65>