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Social support and coping strategies as predictors of marital interaction in couples experiencing unintended pregnancy

Dukungan Sosial dan Strategi Koping sebagai Prediktor Interaksi Suami-Istri pada Pasangan yang Mengalami Kehamilan Tidak Diinginkan

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ABSTRACT

Background: Unintended pregnancy (UP) is a reproductive health problem that can undermine psychological well-being, social functioning, and family dynamics, particularly marital interaction.
Objective: This study aimed to analyze the extent to which social support and coping strategies predict the quality of marital interaction among couples experiencing UP.
Methods: A cross-sectional design was employed involving 200 couples from Bekasi City and Bekasi Regency, Indonesia, selected using purposive sampling. Data were collected through structured interviews using standardized questionnaires and analyzed with Partial Least Squares Structural Equation Modeling (PLS-SEM).
Results: The results showed that most couples reported low levels of social support and marital interaction, while coping strategies were generally at a moderate level. Social support had a significant positive effect on both coping strategies ($p < 0.01$) and marital interaction ($p < 0.01$), and coping strategies also had a significant positive effect on marital interaction ($p < 0.05$).
Conclusion: These findings highlight the importance of strengthening social support networks and enhancing adaptive coping skills to improve marital quality and foster family resilience in the context of unintended pregnancy.

Keywords: coping strategies, marital interaction, social support, unintended pregnancy

ABSTRAK

Latar Belakang: Kehamilan tidak diinginkan (KTD) merupakan permasalahan kesehatan reproduksi yang berdampak pada kesejahteraan psikologis, sosial, dan dinamika hubungan keluarga, khususnya interaksi suami-istri.
Tujuan: Penelitian ini bertujuan menganalisis pengaruh dukungan sosial dan strategi koping terhadap interaksi suami-istri pada keluarga dengan KTD.
Metode: Menggunakan desain cross-sectional, penelitian melibatkan 200 keluarga di Kota dan Kabupaten Bekasi yang dipilih melalui purposive sampling. Data dikumpulkan melalui wawancara menggunakan kuesioner terstruktur. Analisis data dilakukan dengan Structural Equation Modeling–Partial Least Squares (SEM-PLS). Hasil menunjukkan sebagian besar responden melaporkan dukungan sosial dan interaksi suami-istri yang rendah, sedangkan strategi koping berada pada kategori sedang.
Hasil: Secara statistik, dukungan sosial berpengaruh positif signifikan terhadap interaksi suami-istri ($p < 0,01$), dan strategi koping juga berpengaruh positif signifikan terhadap interaksi suami-istri ($p < 0,05$).
Kesimpulan: Temuan ini menegaskan pentingnya penguatan jaringan dukungan sosial dan pelatihan strategi koping adaptif dalam menghadapi KTD. Hasil penelitian dapat menjadi dasar pengembangan program pendampingan keluarga, layanan konseling

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reproduksi, serta intervensi berbasis komunitas untuk meningkatkan ketahanan keluarga.

Kata kunci: dukungan sosial; interaksi suami-istri; kehamilan tidak diinginkan; strategi koping

INTRODUCTION

Unintended pregnancy is a critical public health issue with far-reaching consequences for maternal well-being, child development, and family resilience. Unintended pregnancy is a pregnancy that is either unwanted (not desired at all) or mistimed (desired but occurring earlier than intended) from the perspective of one or both partners. This condition often triggers significant psychological and social stressors that can disrupt family dynamics and undermine relational stability [1]. Globally, the high prevalence of unintended pregnancy reflects not only socioeconomic disparities but also cultural norms, educational gaps, and limited access to reproductive health services.

In Indonesia, unintended pregnancy contributes substantially to maternal mortality, with an estimated 11–14% of maternal deaths linked to unsafe abortion, translating to 43–55 deaths per 100,000 live births [2]. Data from the 2019 Program Performance and Accountability Survey (SKAP) by the National Population and Family Planning Board (BKKBN) reveal that the prevalence of unintended pregnancy rises with parity and maternal age. Families with four or more children report the highest rate (18.4%), while women aged 45–49 exhibit a prevalence of 24.8%. In response, BKKBN has set a national target to reduce unintended pregnancy from 17.5% in 2020 to 15.5% by 2024 through expanded access to family planning services and enhanced reproductive health education.

Unintended pregnancy is associated with numerous adverse outcomes, including heightened stress, prenatal and postpartum depression, psychological distress, and reduced adherence to prenatal care [3], [4], [5]. The lack of physical, emotional, social, and economic preparedness exacerbates maternal psychological burden and compromises overall family well-being. Importantly, the repercussions extend beyond the individual mother to the marital relationship itself. Unintended pregnancy can provoke emotional tension, interpersonal conflict, and diminished marital satisfaction [6], [7]. In vulnerable relationships, it may intensify preexisting discord and elevate the risk of domestic violence. When partners feel unprepared for parenthood, communication often deteriorates, emotional intimacy weakens, and the quality of marital interaction declines. Conversely, healthy marital interaction, characterized by effective communication, mutual empathy, and emotional openness, serves as a cornerstone of household harmony, relationship satisfaction, and family resilience [8], [9], [10], [11]. Poor interaction quality, by contrast, may fuel chronic conflict and increase the likelihood of marital dissolution.

In navigating the stress of unintended pregnancy, social support functions as a vital protective resource. Support from spouses, extended family, and the broader social environment can mitigate psychological distress, lower depression risk, and reinforce marital bonds [12]. Social support operates through two primary mechanisms: the direct effect model, wherein social connectedness inherently enhances psychological well-being, and the buffering model, wherein support moderates the adverse impact of stress. Complementing this, coping strategies also play a pivotal role in managing pregnancy-related stress. In the transactional model, coping encompasses cognitive and behavioral efforts to manage internal or external demands. Adaptive strategies, such as problem-focused coping (e.g., joint decision-making) and emotion-focused coping (e.g., seeking emotional support), are linked to greater relationship satisfaction and psychological

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adjustment [13]. In contrast, maladaptive approaches like avoidance, denial, or emotional suppression tend to exacerbate conflict and psychological strain [12], [14].

While existing literature has examined the individual effects of social support and coping on marital quality, few studies have simultaneously investigated their predictive roles in shaping marital interaction specifically within the context of unintended pregnancy, particularly in non-Western settings. Most prior research has centered on maternal mental health or reproductive outcomes, overlooking the relational dimension that underpins family resilience. In Indonesia, where cultural values, gender norms, and familial expectations profoundly shape marital dynamics, couples' responses to unintended pregnancy may differ markedly from those observed in Western contexts. Therefore, this study aimed to analyze the extent to which social support and coping strategies predict the quality of marital interaction among couples experiencing unintended pregnancy. The findings are expected to inform the development of culturally responsive, couple-centered interventions and reproductive counseling services that strengthen relational resilience in the face of reproductive uncertainty.

METHODS

Study design

This study employed a cross-sectional observational design in which data on exposures and outcomes were collected from participants at a single point in time. The study was conducted in Bekasi City and Bekasi Regency, West Java, Indonesia, from December 2024 to June 2025.

Data source and sampling procedure

The target population comprised married couples currently experiencing or who had recently experienced an unintended pregnancy, defined as a pregnancy that occurred without prior planning, either because it was unwanted or mistimed according to one or both partners. Participants were selected using non-probability purposive sampling based on the following inclusion criteria: (1) legally married couples, (2) wives who were pregnant or had given birth within the past six months, (3) self-reported acknowledgment that the pregnancy was unintended, and (4) voluntary consent to participate. Exclusion criteria were: (1) either partner having a diagnosed severe psychiatric disorder, (2) current experience of intimate partner violence requiring emergency intervention, and (3) inability to complete the questionnaire due to cognitive or communication difficulties. A total of 200 couples were recruited. This sample size was determined based on methodological recommendations for Structural Equation Modeling using Partial Least Squares (SEM-PLS), which suggest a minimum of 100–200 observations, or at least 10 times the number of the largest set of indicators, to ensure stable and reliable parameter estimation [20].

Variable of the study

The variables in this study consisted of independent, mediating, and dependent variables. The independent variable was social support, which refers to the perceived emotional, informational, and instrumental support received by couples experiencing an unintended pregnancy. Coping strategies were treated as a mediating variable, reflecting the cognitive and behavioral efforts used by couples to manage stress related to unintended pregnancy. The dependent variable was marital interaction, defined as the quality of communication, emotional bonding, and interaction between spouses. These variables were analyzed to examine both the direct and indirect relationships among social support, coping strategies, and marital interaction.

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Data Collection

Primary data were gathered through face-to-face interviews using a structured questionnaire that had undergone validity and reliability testing. Secondary data were obtained from official sources, including the Central Bureau of Statistics (BPS), BKKBN reports, and relevant peer-reviewed studies. The study examined four key constructs: (1) family sociodemographic characteristics (e.g., age, education, income, parity), (2) social support, (3) coping strategies, and (4) marital interaction.

Measurement and Instrument

All constructs were measured using Likert-type scales adapted from validated instruments: (1) Social Support: Assessed using the Interpersonal Support Evaluation List (ISEL) [15], comprising 18 items across four subscales: emotional, appraisal, instrumental, and informational support. Total scores range from 18 to 72, with Cronbach's α = 0.897; (2) Coping Strategies: Measured with the Ways of Coping Questionnaire [16], consisting of 45 items categorized into two primary styles: problem-focused coping and emotion-focused coping. Responses were rated on a 4-point Likert scale (1 = never, 4 = always), with Cronbach's α = 0.893; (3) Marital interaction: Evaluated using the Marital Interaction Scale [17], which includes 24 items reflecting six interactional dimensions: love, respect, domineering, hostility, submissive, and directing. Total scores range from 24 to 120, with Cronbach's α = 0.892.

Ethical Consideration

The research protocol was approved by the Research Ethics Committee of IPB University, Indonesia, under Ethical Clearance Certificate No. 1544/IT3.KEPMSM-IPB/SK/2024.

Data Analysis

Data were screened and analyzed using SPSS 25.0, Microsoft Excel, and SmartPLS 4.0. Descriptive statistics (frequencies, means, standard deviations) were used to summarize respondent characteristics and study variables. Inferential analysis employed Partial Least Squares Structural Equation Modeling (PLS-SEM) to test the hypothesized direct and indirect relationships among latent variables. The reflective measurement model was assessed using indicator loadings (> 0.70), Average Variance Extracted (AVE > 0.50), and composite reliability (> 0.70) to ensure convergent reliability and validity. Model fit and predictive relevance were evaluated using R^2 values, path coefficients, and bootstrapping with 5,000 subsamples to estimate standard errors and statistical significance at a 5% level ($p < 0.05$).

RESULTS

Respondent Characteristics

Table 1. Socio-demographic Characteristics of Respondents

Variable	Category	Wifes		Husband	
		n	%	n	%
Age (years)	Early adulthood (18–40)	199	99.5	199	99.5
	Middle adulthood (41–60)	1	0.5	1	0.5
	Late adulthood (>60)	0	0.0	0	0.0
	Min–max (years)	20–42		23–43	
	Mean ± SD (years)	29.9 ± 4.7		31.4 ± 4.6	
Education	No formal education	1	0.5	1	0.5
	Primary school	18	9.0	11	5.5
	Junior high school	35	17.5	42	21.0
	Senior high school	72	36.0	57	28.5

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Vol 36 No 1, Maret 2026
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Variable	Category	Wifes		Husband	
		n	%	n	%
	Tertiary education	74	37.0	89	44.5
	Min–max (years)	4–16		4–16	
	Mean ± SD (years)	12.4 ± 2.8		12.6 ± 2.8	
Occupation	Trader	51	25.5	77	38.5
	Employee	51	25.5	61	30.5
	Teacher	4	2.0	6	3.0
	Health worker	9	4.5	13	6.5
	Civil servant	11	5.5	10	5.0
	State-owned enterprises	16	8.0	19	9.5
	Homemaker	32	16.0	0	0.0
	Others	26	13.0	14	7.0
Households					
Monthly household income (IDR)	≤ 5,000,000	167	83.5		
	5,000,001–10,000,000	31	15.5		
	> 10,000,000	2	1.0		
	Min–max (IDR)	300,000–25,000,000			
	Mean ± SD (IDR)	3,899,000 ± 2,340,000			

Table 1 presents the sociodemographic characteristics of the respondents, including wives, husbands, and household economic conditions. The majority of both wives and husbands were in early adulthood (18–40 years), with comparable mean ages. Educational attainment varied across respondents, ranging from no formal education to tertiary education, with most having completed senior high school or higher. Occupational distribution showed diversity between wives and husbands, reflecting different roles in economic activities, while household monthly income was predominantly in the low to middle-income range. Overall, the table provides an overview of the demographic and socioeconomic profile of the study sample.

Social Support

Overall, social support among couples experiencing unintended pregnancy was generally low. Mean scores for emotional, appraisal, instrumental, and informational support were all below the scale midpoint, indicating deficits in reassurance, social validation, practical assistance, and access to relevant information during pregnancy (Table 2).

Table 2. Levels of Social Support Among Couples Experiencing Unintended Pregnancy

Social support dimension	Mean score	Low (%)	Moderate (%)	High (%)
Emotional support	27.18	84.5	10.0	5.5
Appraisal support	25.74	85.0	11.0	4.0
Instrumental support	27.16	84.5	7.5	8.0
Informational support	27.34	84.5	7.0	8.5
Total social support	26.76	85.0	8.0	7.0

Coping Strategies

Table 3. Levels of Coping Strategies Among Couples Experiencing Unintended Pregnancy (N= 200)

Coping strategies dimension	Mean score	Low (%)	Moderate (%)	High (%)
Problem-focused coping	63.02	38.0	48.0	14.0
Emotion-focused coping	56.63	41.5	58.5	0.0
Total coping strategies	59.97	38.0	62.0	0.0

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Overall, coping strategies among couples experiencing unintended pregnancy were at a moderate level (mean total score = 59.97). Problem-focused coping tended to be used slightly more than emotion-focused coping, yet both dimensions showed predominantly moderate rather than high utilization, indicating that participants' efforts to manage stress remained suboptimal (Table 3).

Marital interaction

Overall, marital interaction among couples experiencing an unintended pregnancy was predominantly low. Positive dimensions such as love and respect showed relatively low mean scores, while directing and submissive interaction also tended to be low, suggesting limited active communication, shared decision-making, and mutual engagement in daily relational processes (Table 4).

Table 4. Levels of Marital Interaction Among Couples Experiencing Unintended Pregnancy (N = 200)

Marital interaction dimension	Mean score	Low (%)	Moderate (%)	High (%)
Love	27.83	85.0	5.5	9.5
Directing	26.85	84.5	10.0	5.5
Domineering	23.29	88.5	2.0	9.5
Hostility	24.32	88.0	2.0	10.0
Submissive	26.75	86.5	5.0	8.5
Respect	27.95	85.5	4.0	10.5
Total marital interaction	53.45	94.0	5.0	1.0

Results of SEM-PLS Model Testing

The assessment of the reflective measurement model showed that all three latent constructs, social support, coping strategies, and marital interaction, exhibited satisfactory convergent validity and reliability. Average Variance Extracted (AVE), composite reliability, and Cronbach's alpha values for each construct exceeded the commonly recommended thresholds, indicating that the indicators explained sufficient variance and demonstrated high internal consistency (Table 5).

Table 5. Construct Validity and Reliability Assessment

Construct	AVE	Composite reliability	Cronbach's alpha
Social support	0.997	0.998	0.969
Coping strategies	0.993	0.995	0.913
Spousal interaction	0.992	0.994	0.922

In the structural model, all hypothesized paths were statistically significant (Table 6, Figure 1). Social support had a positive effect on coping strategies and on marital interaction, and coping strategies showed a strong positive effect on marital interaction, with the model explaining 68% of the variance in marital interaction. These findings indicate that higher social support is associated with more adaptive coping and, in turn, better marital interaction among couples facing unintended pregnancy.

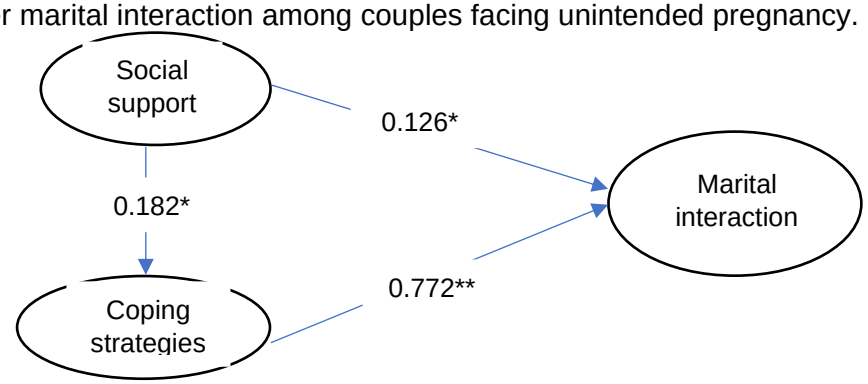

Figure 1. Structural Model Results (Path Coefficients and Hypothesis Testing)

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Vol 36 No 1, Maret 2026
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Table 6. Structural Model Results (Path Coefficients and Hypothesis Testing)

Hypothesized path	B	T-stat	p-value
Social support → coping strategies	0.182	2.770	0.006
Social support → marital interaction	0.126	2.091	0.037
Coping strategies → marital interaction	0.772	2.837	0.005

DISCUSSION

Unintended pregnancy within marriage can disrupt family dynamics, particularly when couples have established plans regarding childbearing timing and family size. In this study, most couples reported substantial psychosocial stress, and many came from households with incomes near or below the basic needs threshold, conditions that are known to heighten marital conflict and diminish relationship quality. Additionally, a considerable proportion of wives had lower educational attainment and limited knowledge of reproductive health and family planning, which may increase vulnerability to unintended pregnancy and reduce their capacity to cope with ensuing psychological and social challenges [3], [4], [18]

Social support among participating couples was consistently low across all dimensions: emotional, appraisal, instrumental, and informational. This deficit fosters feelings of isolation, intensifying stress, anxiety, and depressive symptoms. These results align with prior research demonstrating that families experiencing unintended pregnancy report significantly lower social support compared to those with planned pregnancies [19], [20], [21], [22]. Low social support is linked to heightened risks of prenatal and postpartum depression, poor parental role adjustment, and reduced quality of life. While economic hardship contributes to this pattern, relational dynamics and social stigma surrounding unintended pregnancy also play critical roles. Conversely, consistent support from partners and extended family can mitigate these adverse effects, enhance maternal psychological well-being, and improve caregiving quality [23]

Coping strategies employed by couples were generally moderate in both problem-focused and emotion-focused styles. Although efforts such as joint planning and self-soothing were evident, their effectiveness remained limited. Problem-focused strategies were insufficient in alleviating stress, whereas emotion-focused approaches yielded more favorable outcomes. Notably, avoidance-oriented coping, common among individuals with negative attitudes toward pregnancy, was associated with elevated stress and increased risk of postpartum depression [24], [25].

Marital interaction in the context of unintended pregnancy was predominantly low, reflecting emotional disengagement and communication deficits that undermine family well-being [26], [27] Couples' inability to express affection or engage in collaborative decision-making, particularly regarding finances and health, generated emotional distress and heightened tension [28] Furthermore, unequal sharing of childcare and household responsibilities exacerbated relational strain, disproportionately affecting mothers. Although overt dominance or hostility was minimal, the absence of proactive problem-solving deepened emotional alienation [29].

Model estimation identified three significant directional effects linking social support, coping strategies, and marital interaction. First, social support exerted a positive and significant effect on marital interaction ($\beta = 0.126$, $p = 0.037$). Higher social support was associated with more engaged marital communication, facilitating conflict resolution and reducing the likelihood of severe discord. This aligns with, who found that adequate social support enhances relational quality and buffers stress. Social support also plays a pivotal role in stabilizing marriages facing unintended pregnancy; when support is present, relational burden decreases, marital instability declines, and overall relationship

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quality improves [30] . Emotional support, such as empathy and attentiveness from partners, strengthens emotional bonding, alleviates distress, and promotes marital adjustment [31], [32] . Individual characteristics, including personality and optimism, further moderate this effect; husbands who provide sensitive, responsive support report higher marital satisfaction and fewer conflicts [33], [34] .

Furthermore, social support significantly predicted coping strategies (β = 0.182, p = 0.006), indicating that higher perceived support encourages the use of more adaptive coping mechanisms. This support helps couples navigate health- and economy-related crises through more effective emotion regulation and problem-solving, and partner as well as community support in the Indonesian context has been shown to buffer maternal stress and enhance coping efficacy. In line with these findings, the present study suggests that strengthening informal support networks around couples facing unintended pregnancy may be a key entry point for interventions aimed at improving both coping capacity and marital interaction [36], [37],[38].

Coping strategies positively and significantly influenced marital interaction (β = 0.772, p = 0.005), representing the largest effect in the model. Couples employing more effective coping mechanisms demonstrated greater relational harmony. The capacity to manage stress constructively directly shapes relationship satisfaction, as individual coping styles influence mutual interaction patterns. Couples with strong communication skills are more likely to utilize support-seeking and collaborative problem-solving strategies. Open, positive communication is essential for conflict management and the successful implementation of adaptive coping. Longitudinal evidence further indicates that high marital satisfaction predicts greater use of solution-oriented coping, positioning relationship quality as both an outcome and a facilitator of adaptive stress management [39], [40].

This study has several limitations. The cross-sectional design precludes causal inference, as data were collected at a single time point. Purposive sampling limits generalizability, as the sample may not represent the broader population of couples experiencing unintended pregnancy. Additionally, self-reported data on sensitive topics such as marital interaction are susceptible to social desirability bias. The absence of qualitative methods also restricts in-depth exploration of couples' lived emotional and relational experiences. Future research should employ mixed-methods or longitudinal designs to capture the dynamic interplay of support, coping, and marital interaction over time.

CONCLUSION

This study showed that both social support and coping strategies significantly predict the quality of marital interaction among couples experiencing unintended pregnancy. Stronger social support was associated with more adaptive coping and better marital interaction, while coping strategies had the largest direct effect on marital interaction. These findings support the study aim and highlight the need for culturally responsive, couple-centered interventions and reproductive counseling services that strengthen social support networks and enhance adaptive coping skills to foster marital resilience in the face of reproductive uncertainty.

Based on these findings, the following family-centered interventions are recommended: (1) Family education programs that promote affective communication, adaptive coping strategies, and active spousal involvement, particularly the husband's role as an emotional and practical supporter; (2) Reproductive counseling services integrated into community health centers (Puskesmas) and maternal-child health posts (Posyandu) that address not only clinical but also relational and psychosocial needs following unintended pregnancy; (3) Capacity-building for community cadres (e.g., PKK,

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BKB) to identify at-risk families and facilitate linkages to social and psychological support; (4) Incorporation of family resilience modules, including stress management, conflict resolution, and shared decision-making, into mandatory premarital education programs administered by local governments; (5) Future research should employ longitudinal or mixed-methods designs to capture the dynamic process of family adaptation over time and to rigorously evaluate the effectiveness of these proposed interventions.

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