The Influence of Social Support, Coping Strategies, and Husband-Wife Interaction on Marital Quality Families with an Unwanted Pregnancy

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Abstract: *Unwanted pregnancy is one of the population issues that can lead to serious problems for both the mother and the family as a whole. This study aims to analyze the influence of social support, coping strategies, and marital quality on the subjective well-being of families experiencing unwanted pregnancy. The research design used is a cross-sectional study. The study was conducted in Bekasi City and Bekasi Regency, West Java, which were purposively selected based on the high number of unwanted pregnancies in these areas. Respondents in this study were families with pregnant women experiencing an unwanted pregnancy. The sampling technique used was non-probability sampling. A total of 200 families were selected as the sample. The results showed that families with unwanted pregnancies experienced low levels of social support, moderate coping strategies, low levels of husband-wife interaction and low marital quality. The influence test results indicated that social support had a significant positive effect on coping strategies, husband-wife interactions, and marital quality. Coping strategies had a significant positive effect on husband-wife interaction. Husband-wife interaction had a positive affect on marital quality. To improve their marital quality, families experiencing unwanted pregnancy need to improve their ability to used coping strategies symptoms by seeking social support and implementing positive husband-wife interaction.*
Keywords: *social support, coping strategies, husband-wife interaction, marital quality, unwanted pregnancy*

INTRODUCTION

Indonesia, with the fourth-largest population in the world (279,806,359 people in July 2024, according to Worldometer), faces various challenges in improving the quality of life of its population. One of the main problems that affects a family's quality of life is an unwanted pregnancy (KTD). An unintended pregnancy is a pregnancy that is unplanned and unwanted by one or both partners. This phenomenon is still a big issue in Indonesia, considering its fairly high prevalence and broad impact on family life.pUnwanted pregnancy (KTD) is a profound public health problem in Indonesia, affecting many families and society as a whole. Data shows that around 8.8% of women in Indonesia report experiencing untimely pregnancy, which affects their quality of life, especially in terms of physical and mental health (Fauziah, et al. 2022). Unwanted pregnancies often trigger significant emotional distress, which can lead to problems in marital relationships, as well as impact the overall well-being of the family (Yazdkhasti et al., 2015; Caruso, et al. 2018).Unwanted pregnancy can have various negative impacts, both physical and psychological. The health impacts often experienced by mothers who experience untimely pregnancy include prenatal and postpartum stress, psychological disorders such as depression, and an increased risk of domestic violence (IPV) (Nelson et al., 2022; Dasgupta et al., 2019). In addition, untimely pregnancy can also cause tension in marital relationships, where partners often feel anxious and less prepared to face the changes that come with the pregnancy (Rollins & Galligan, 1978).The social support received by families with KTD plays an important role in reducing emotional stress and improving their quality of life. This support can take the form of emotional support, information and practical help from extended family, friends and health workers. Research shows that strong social support can help reduce negative perceptions of pregnancy and improve maternal well-being, thereby improving the quality of relationships within the family (Al-Mutawtah et al., 2023).

Effective coping strategies are crucial for families facing unforeseen events. There are two main types of coping strategies that couples can use: problem-focused coping and emotion-focused coping (Lazarus & Folkman, 1984). Problem-focused coping strategies aim to find practical solutions to the problems faced, such as seeking

support from medical personnel or deciding whether to continue the pregnancy. Meanwhile, coping focused on emotions aims to reduce the emotional impact of stress, such as managing anxiety and communicating with partners openly. The use of appropriate coping strategies can help couples manage conflict and improve the quality of their relationship (Compas & Williams, 1990).

Healthy and positive interactions between husband and wife are an important foundation in maintaining the quality of marriage, especially in facing the challenges faced due to untimely pregnancy. Couples who can maintain open communication, support each other, and work together to solve problems tend to have more stable relationships (Sarder, 2021). Effective communication and emotional support between partners can strengthen relationships, even in the face of major difficulties such as adverse events, and support the overall subjective well-being of the family (Thomas, et al. 2017).

Social support, effective coping strategies, and positive husband-wife interactions are closely related and have a big influence on the quality of marriage in families with KTD. Couples who receive strong social support, and are able to apply appropriate coping strategies, tend to have better relationship quality and are better able to deal with the stress caused by untimely pregnancy. Positive interactions between partners can also improve the quality of communication, reduce tension, and improve the quality of family life (Jabbari, et al. 2023; Ngai, 2020).

This research is important to carry out because many families experience untimely pregnancy and the psychological and social impacts it causes. This research aims to explore more deeply the factors that influence marital quality in families with KTD, with a focus on social support, coping strategies, and husband-wife interactions. It is also hoped that this research will provide new insights that will be useful for developing more effective interventions in improving the quality of life of families with KTD in Indonesia.

METHOD

This study aims to analyze the influence of social support, coping strategies, and husband-wife interactions on marital quality in families experiencing unwanted pregnancies. The research uses a quantitative design with a descriptive approach and influence analysis. The study population was families with pregnant women who experienced unwanted pregnancies, which were defined as pregnancies that were not or had not been planned. The sample was selected using a purposive sampling technique, with a total of 200 respondents residing in Bekasi City and Regency, West Java. The location selection was based on BKKBN data (2023) which records the number of unwanted pregnancies in the area.

The data used consists of primary data obtained through interviews and questionnaires related to social support, coping strategies, husband-wife interactions, and marital quality, as well as secondary data taken from sources such as the BPS website and previous research. The questionnaire used includes several variables whose reliability has been tested with good Cronbach's Alpha for each instrument: social support (α = 0.997), coping strategies (α = 0.993), husband-wife interaction (α = 0.992), and marital quality (α = 0.992).

Data processing was carried out using SPSS 25.0 for Windows for descriptive analysis and relationship analysis, as well as Smart PLS for influence analysis. Descriptive analysis was used to describe the characteristics of respondents and research variables by categorizing index scores based on Bloom's cut-off point. For relationship analysis, the Pearson correlation test was used to measure the strength of the relationship between variables, while influence analysis was carried out using Smart PLS to measure direct and indirect influences between the variables studied, with a model fit test via the outer model and inner model.

RESULT AND DISCUSSIONS

Family Characteristics

The results of the study found that the average age of mothers was 29.85 years. The average length of maternal education is 12.31 years. The largest percentage of mothers' jobs are housewives (29 percent). The average age of husbands is 31.43 years. The average education of husbands is 12.69 years. The largest percentage of fathers' occupations are traders (38.5 percent). The average family income is IDR 3,470,500. The average number of

family members in this study was 3.81 people. The average number of pregnancies experienced by mothers is 2.12 pregnancies.

Social Support

The social support received by families of unwanted pregnancies as a whole is in the low category which is described by four dimensions, namely emotional, appreciation, instrumental and information. The emotional support received by families with unwanted pregnancies is in the low category (84.5 percent). This means that the emotional support received from husbands, family and those closest to them is still very minimal. It can be seen from the research results that it was found that husbands did not provide enough attention and affection during pregnancy, family and those closest to them could not be talked to and did not provide comfort, and mothers with unwanted pregnancies did not feel comfortable talking about what they felt because they were afraid of being judged and criticized (Table 1).

Appreciation support for families with unwanted pregnancies is in the low category (85 percent). This means that the family receives very little appreciation in the form of positive support and appreciation. It can be seen from the research results that found that the majority of mothers with unwanted pregnancies received less appreciation from their husbands regarding their efforts and struggles in overcoming challenges and difficulties during pregnancy, and received less appreciation and support from those closest to them, especially the family, so they felt stronger, motivated and confident in carrying out the pregnancy (Table 1).

Table 1 Distribution of Respondents based on Family Social Support and Minimum, Maximum, Average and Standard Deviation Values

Social support	Category						Min-Max	Mean±Stdev
	Low		Currently		High			
	n	%	n	%	n	%		
Emotional support	169	84,5	20	10,0	11	5,5	0-100	26,17±25,01
Award support	170	85,0	22	11,0	8	4,0	0-100	25,78,±25,22
Instrumental support	169	84,5	15	7,5	16	8,0	0-100	27,33±25,86
Information support	169	84,5	14	7,0	17	8,5	0-100	27,80±25,50
Total social support	170	85,0	16	8,0	14	7,0	0-96,30	26,94±24,50

Table 1 shows that instrumental support is in the low category (84.5 percent). This means that families with unwanted pregnancies receive little physical and material support. It can be seen from the research results that show that mothers with unwanted pregnancies who experience difficulties in looking after their children and doing household tasks rarely get help from those closest to them, apart from that, their husbands are considered less able to fulfill all the needs of mothers who experience unplanned pregnancy.

The information support received by KTD families is in the low category (84.5 percent). This means that the support received in the form of advice, direction and recommendations for carrying out an undesired pregnancy is still less than optimal. It can be seen from the research results that show that mothers with unwanted pregnancies feel that they have less access to information on pregnancy examination services, prenatal care, preparation for pregnancy, nutrition and care during pregnancy, and do not understand the procedures and legal requirements related to giving birth and caring for children (Table 1).

Coping Strategies

Overall, the coping strategies (62 percent) used by families are in the moderate category. This means that the family has implemented strategies to overcome the difficulties caused by an unwanted pregnancy but the strategies implemented have not been optimal. Coping focuses on problems experienced by families experiencing pregnancy in the moderate category (Table 3). This means that the family has made efforts to

overcome the problems that are a source of family stress, but the efforts made are still not optimal. It can be seen from the research results that show that families tend to try to recognize problems and find solutions to these problems, such as discussing to find the best steps, managing the resources they have, or looking for information related to the situation they are facing. Even though efforts have been made to resolve the problem, these efforts have not been optimal, so the results achieved are still limited in resolving the problem.

Table 2 Distribution of Respondents based on Coping Strategy and Minimum, Maximum, Average and Standard Deviation Values

Coping strategies	Category						Min-Max	Mean±Stdev
	Low		Currently		High			
	n	%	n	%	n	%		
Focus on the problem	76	38	96	48	28	14	8,69-86,95	61,45±23,86
Focus on emotions	83	41,5	117	58,5	0	0	26,98-74,60	56,09±13,28
Total Coping Strategy	76	38	124	62	0	0	18,18-78,78	58,89±18,55

Emotion-focused coping carried out by families experiencing unwanted pregnancy is in the moderate category (Table 3). This means that the family has tried to regulate emotional responses to deal with problems that arise when experiencing an unwanted pregnancy but the results have not been optimal. The family has tried to calm themselves, sought emotional support from those closest to them, and tried to accept the situation by surrendering. The effectiveness of the emotion-focused coping strategy used is still in the middle stage so it has not fully helped KTD families achieve the desired emotional stability.

Husband Wife Interaction

Husband-wife interaction is in the low category (88.0 percent) which is described by 6 dimensions, namely love, directing, domineering, hostility, submissiveness, and respect. Husband-wife interactions in families experiencing unwanted pregnancies are in Table 3 on dimensions love (85.0 percent) is in the low category. This means that there are still limitations in showing affection, love and warmth shown by husband and wife when facing an unwanted pregnancy. Emotional closeness that tends to be limited triggers tension and emotional distance. Husband and wife interactions in dimensions directing (84.5 percent) is in the low category. This means that the husband and wife in the unwanted pregnancy family are less active or consistent in making decisions and managing daily activities. Characterized by a lack of helping your partner with important decisions in their life, rarely reminding them when they forget to do something, and rarely reprimanding their partner when they are not behaving well.

Husband and wife interactions in dimensions of domineering (88.5 percent) is in the low category. This means that husband and wife rarely control or dominate the relationship, both emotionally and behaviorally. This lack of dominance can illustrate that husband and wife are minimally involved in conflict, but on the other hand, it may indicate a lack of initiative on both sides to take an active role in leading the relationship when necessary. Husband and wife interactions in dimensions hostility (88.0 percent) is in the low category. This means that hostility or conflict rarely occurs in interactions between husband and wife. Husband and wife tend to be able to avoid negative expressions such as blaming, speaking in a high tone, and showing hostility (Appendix 2).

Table 3 Distribution of Respondents based on Husband and Wife Interaction and Minimum, Maximum, Average and Standard Deviation Values

Husband and Wife Interaction	Category						Min-Max	Mean±Stdev
	Low		Currently		High			
	n	%	n	%	n	%		
Love	170	85,0	11	5,5	19	9,5	0-100	27,17±27,07
Directing	169	84,5	20	10,0	11	5,5	0-100	25,50±27,33
Domineering	177	88,5	4	2,0	19	9,5	0-100	24,20±26,43
Hostility	176	88,0	4	2,0	20	10,0	0-100	22,58±28,41
Submissive	173	86,5	10	5,0	17	8,5	0-100	26,38±26,84
Respect	171	85,5	8	4,0	21	10,5	0-100	28,25±27,29
Total husband and wife interactions	176	88,0	5	2,5	19	9,5	0-100	25,63±25,67

Husband and wife interactions in dimensions submissive (86.5 percent) is in the low category. This means that husband and wife behavior such as submitting and complying with their partner's wishes rarely occurs. Low character submissive shows that couples do not depend on one-way interaction patterns, for example, one party dominates decisions. Husband and wife interactions in dimensions respect poor families (85.5 percent) are in the low category. This means that husband and wife do not show mutual respect and respect for each other's opinions, feelings and roles. This shows a lack of recognition of the partner's contribution or an attitude that ignores the emotional needs and role of the life partner (Table 3).

Marital Quality
Overall marital quality is in the low category which is reflected in 4 dimensions, namely marital happiness, marital interaction, problems and marital instability. The quality of marriage in the marital happiness dimension (84.0 percent) is in the low category (Table 4). This means that the level of happiness or satisfaction felt by husband and wife in their marriage is low because of the difficulties faced by the family in dealing with unwanted pregnancies. Unwanted pregnancy cannot be denied as having an important role in marital dynamics, husband and wife may feel that their partner's unwanted pregnancy does not meet their expectations or emotional needs. When marital happiness is low, husband and wife often experience feelings of frustration, dissatisfaction and tension in their marriage.

Marital quality in the marital interaction dimension (84.0 percent) is in the low category (Table 4). This means that the communication patterns, emotional relationships and cooperation that exist between husband and wife are in poor condition. In this condition, husband and wife tend to experience difficulties in establishing open and effective communication. This makes it possible for miscommunication to occur, avoiding important conversations, and husband and wife not making enough effort to understand their partner's feelings and needs.

Table 4 Distribution of Respondents based on Marital Quality and Minimum, Maximum, Average and Standard Deviation Values

Marital Quality	Category						Min-Max	Mean±Stdev
	Low		Currently		High			
	n	%	n	%	n	%		
Marital happiness	168	84,0	9	4,5	23	11,5	0-100	28,13±26,68
Marital interactions	168	84,0	10	5,0	22	11,0	0-100	27,74±26,95
Problem	177	88,5	1	0,5	22	11,0	0-100	22,80±27,95
Marital instability	175	87,5	4	2,0	21	10,5	0-100	20,25±29,57
Total marital quality	176	88	2	1,0	22	11,0	0-94,00	25,47±26,30

The quality of marriage in the problem dimension in poor families (88.5 percent) is in the low category. This means that the characteristics or behavior of husbands and wives that have the potential to cause problems are at a minimal level (Table 4). In conditions like this, conflicts resulting from the behavior or habits of husband and wife rarely occur. Based on the distribution of sample answers, this low level of problems occurs because husband and wife tend to avoid confrontation and ignore small problems in married life that should be discussed.

The marital quality dimension of marital instability (88 percent) is in the low category (Table 4). Low marital instability reflects a husband and wife relationship with a tendency towards divorce that is at a small level or almost non-existent. In difficult conditions due to an unwanted pregnancy, husband and wife tend to have a strong commitment to maintaining their relationship even though they face quite heavy challenges and pressure.

The Influence of Social Support, Coping Strategies, and Husband-Wife Interaction on Marital Quality Families with an Unwanted Pregnancy

The SEM test results in Figure 1 show a GoF (Goodness of Fit) value of 0.688 which can be interpreted to mean that the model can explain 68.8 percent of the variables studied, and the rest is explained by other variables outside the research. Social support has a significant positive direct effect on coping strategies (β=0.182*), husband and wife interactions (β=0.761*), and marital quality (β=0.360*). This means that the higher the social support received by families experiencing unwanted pregnancies, the higher the coping strategies used, husband and wife interactions, and the quality of the marriage. Coping strategies have a significant positive direct effect on husband and wife interactions (β=0.129*). This means that the higher the coping strategies carried out by the family, the higher the quality of the husband and wife's marriage. The interaction between husband and wife has a significant positive direct effect on marital quality (β=0.517*). This means that the higher the interaction between husband and wife, the higher the quality of marriage that will develop in husbands and wives who experience unwanted pregnancies.

Within the scope of the empirical model in Figure 1, it shows that there are two latent variables that have a significant effect on marital quality, namely social support (β=0.360*) and husband and wife interaction (β=0.517*). Thus, it can be said that the quality of marriage in families with unwanted pregnancies is influenced by social support of (β=0.360*)2 or 12.96 percent and husband and wife interaction is (β=0.517*)2 or 26.72 percent. There are three series of pathways that influence the quality of marriage, namely originating from entry point exogenous latent variable social support towards marital quality with a beta effect calculation of (0.360) x 100 = 36 percent, the second series of paths comes from entry point exogenous latent variable social support towards husband and wife interaction ultimately leads to marital quality with a beta effect calculation of (0.761x0.517) x 100 = 39.24 percent, and the third path series comes from entry point exogenous latent variable social support to coping strategies to husband and wife interactions ultimately to marital quality with a beta effect calculation of (0.182x0.129x0.517) x 100 = 1.21 percent.
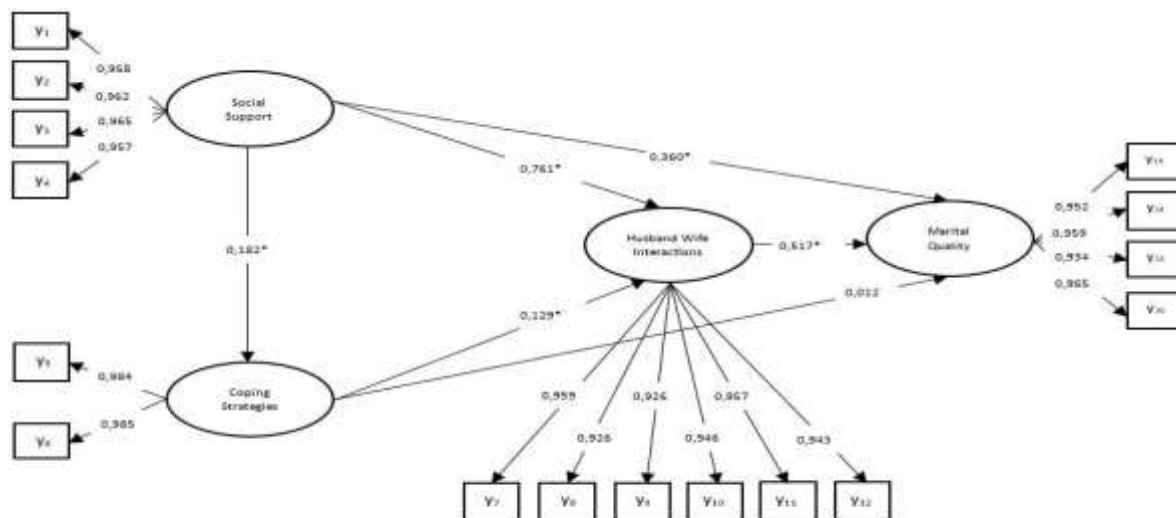

Figure 1. The Influence of Social Support, Coping Strategies, and Husband-Wife Interaction on Marital Quality Families with an Unwanted Pregnancy

DISCUSSION

An unplanned pregnancy can be a disruptive event to the expected course of life, especially for married couples. According to Neugarten's (1976) theory, events that deviate from the normal life path can cause difficulties in adapting to new situations. This can affect individual well-being, both psychologically and socially. The World Health Organization (2023) notes that approximately 257 million women worldwide have an unmet need for safe and reliable contraception. Many women in developing countries want to limit the number of children, but are unable to do so due to various obstacles, such as limited resources, limited access, religious beliefs, inadequate facilities, and lack of education and family planning services. This condition affects the welfare of the family, especially for those facing unplanned pregnancies.

The social support received by families with unwanted pregnancies showed low levels in all dimensions, including emotional support, esteem support, instrumental support, and information support. This shows that despite facing major challenges such as unwanted pregnancies, these families do not receive adequate attention and assistance from the surrounding environment, whether from husbands, family or close friends. Barton et al. (2017) reported that women who described their pregnancy as 'unplanned' reported lower levels of support as well as less frequent contact with friends and family, especially those who had ambivalent or negative feelings regarding the unwanted pregnancy. Perceived support has been widely recognized as a major predictor of postpartum affective disorders and a lack of this may hinder families' ability to effectively face the challenges associated with unintended pregnancy, ultimately adversely impacting their overall well-being (Yim et al. 2015). Families with unwanted pregnancies who receive less emotional support from their partners or significant others tend to experience postpartum affective disorders more easily, which worsens their well-being. Previous research confirms that social support can reduce feelings of isolation and reduce the impact of stressful events in a person's life (Dennis and Dowswell 2013). With continuous support from partners and family members, pregnant women are less likely to experience depression, mental stress, and anxiety disorders (Maharlouei 2016).

Coping strategies that focus on both problems and emotions used by the family are at a moderate level. Families tend to try to find solutions together or try to calm themselves down, but the strategies used are not completely effective in reducing the pressure they feel. This reflects that in dealing with an unwanted pregnancy, even though the family tries to deal with the problem in a rational and emotional way, the results achieved are still limited. Coping strategies play an important role in managing stress arising from unwanted pregnancy. In sudden and unexpected pregnancy situations, coping strategies are used to fight stress and survive the situation (Sarı et al., 2023). Folkman et al. (1986) stated that the main factor influencing health and well-being is not stress itself, but rather how individuals deal with it. On the other hand, problem-focused coping strategies, such as planning and finding solutions together, even though they have been carried out, are not effective enough in overcoming the problem as a whole. This indicates that even though families try to recognize problems and find solutions, their ability to solve these problems optimally is still limited. Bakhtari-Aghdam et al. (2023) stated that the main coping strategies during unwanted pregnancy include planning patterns, avoidance, and positive spiritual patterns. In the planning pattern, the individual plans to continue the pregnancy and talks to others about the pregnancy and birth, which can reduce the individual's stress in the short term. Avoidance strategies are more commonly used by women with negative attitudes towards pregnancy, but this can actually cause long-term stress. This spiritual-positive approach can provide inner calm and reduce the ambivalence felt during an unwanted pregnancy (van Reenen & van Rensburg, 2015). However, the more common avoidance strategies used by individuals with negative attitudes towards pregnancy may exacerbate stress in the long term. Sánchez-Cunqueiro et al. (2018) explained that the use of avoidance strategies can be associated with the risk of postpartum depression, premature birth, and impaired infant development. Therefore, planning-based coping strategies or spiritual approaches are more recommended because they can have a significant positive impact in managing stress, while avoidance strategies actually worsen the negative impact of unwanted pregnancy situations.

The interaction between husband and wife plays a key role in determining how the family can face the challenges of an unwanted pregnancy. In the findings of this research, it appears that the quality of husband-

wife interactions is in the low category. This shows that there are emotional limitations that have the potential to worsen the overall well-being of the family. Low emotional closeness and minimal expressions of affection between partners can cause significant emotional stress. When partners cannot show enough affection or attention to each other, a sense of isolation and unsupported can arise, worsening their mental and emotional state, especially in the face of an unplanned pregnancy (Carr et al. 2014; Margelisch et al. 2017; Herawati et al. 2021). In addition, the lack of joint decision making and lack of active involvement in managing family problems reflects challenges in communication and cooperation between husband and wife. Families who do not have mutual understanding or involvement in important decisions, such as finances, health, and future planning, will have difficulty in overcoming existing challenges. Without effective cooperation, couples become more vulnerable to confusion, uncertainty, and internal conflict, which further worsens their subjective well-being (Tyas and Herawati 2017). Without honest and open communication, family problems will pile up and worsen their overall well-being.

The findings of this study show that unwanted pregnancy causes a decrease in marital quality. In families with unplanned pregnancies, low marital quality often reflects emotional tension and frustration between partners. Low marital happiness, detected in the majority of respondents, indicates that couples tend to feel dissatisfied with their relationship. Unwanted pregnancies often exacerbate this dissatisfaction, because partners feel unable to meet each other's expectations, both emotionally and in terms of desired roles in the family (Tyas and Herawati 2017; Herawati 2017; Herawati et al. 2021). In many cases, an unplanned pregnancy brings feelings of depression, disappointment, and even frustration with existing conditions, which in turn reduces satisfaction in the husband-wife relationship. A decline in the quality of a healthy marriage, as seen in families with unwanted pregnancies, also leads to poor quality communication between partners. Poor communication often causes couples to avoid important conversations, even miscommunication leading to misunderstandings and tension. This pattern of poor communication, which occurs in many marital relationships facing major challenges, such as unwanted pregnancy, exacerbates the situation and worsens family dynamics (Carr et al. 2014). If partners cannot communicate openly and effectively, feelings of isolation and unsupported may develop, further damaging the quality of their relationship.

Social support has a significant positive effect on coping strategies. This means that the stronger the social support received, the better the coping skills implemented by the family for unwanted pregnancies. Social support acts as a buffer against stress by strengthening the use of more adaptive coping strategies, such as seeking help and emotional support (Williams, 2016). Social support helps families experiencing difficulties to develop effective coping strategies such as adaptive coping and emotion management (Thompson and Roberts, 2018). Social support allows individuals to use effective coping strategies thereby increasing their well-being (Garcia and Perez, 2021). Social support has a significant positive effect on husband and wife interactions. This means that the more social support the family receives, the higher the intensity of interaction between husband and wife in the family for unwanted pregnancies. In line with research conducted by Cahya (2021) which found that adequate social support can enable husband and wife to interact well so that it is easier to face problems and prevent major conflicts. will improve the overall welfare of the family (Margelisch et al. 2017; Tyas and Herawati 2017).

The social support received by the family has a significant positive effect on the quality of family marriage. This means that the more social support received, the quality of marriage will improve. Social support is an important element in determining the quality of marriage. Families who are facing an unwanted pregnancy really need support, both support from family and support from other close relatives. When the required support can be met, the husband and wife will feel that their burden in dealing with unwanted pregnancy is reduced, thereby reducing problems and instability in the marriage which ultimately improves the quality of the marriage (Arfain et al. 2021). Coping strategies have a significant positive effect on husband and wife interactions. This means that the better the coping strategies used by the family, the more harmonious the interactions between husband and wife will be. A husband and wife's ability to overcome problems such as unwanted pregnancy can influence the relationship satisfaction felt by one or both parties. The attitude chosen by an individual in dealing with problems influences the attitudes and relationships of their partners

(Lau et al. 2016). Husband and wife interaction has a significant positive effect on marital quality. This means that the better the interactions that are formed within the family, the stronger the quality of the marriage that will be developed (Malinen, Tolvanen, and Ronka 2012). Healthy interactions between partners will improve marital quality and intimacy (Lairenceau, Barrett, and Rovine 2005). Bad interactions between husband and wife will cause problems in the family, especially regarding the quality of the marriage (Nurcahyanti 2010).

CONCLUSION

Unintended pregnancy is a pregnancy that is not planned or desired by one of the partners. The results showed that families with unwanted pregnancies received low social support, moderate coping strategies, low husband and wife interaction, and low marital quality. The results of the influence test show that social support has a significant positive effect on coping strategies, husband and wife interactions, and marital quality. Coping strategies have a significant positive effect on husband and wife interactions. Husband and wife interactions have a significant positive effect on marital quality. The results of the research provide implications related to increasing the ability of KTD families to seek social support, understanding and implementing coping strategies that suit the problem, making husband and wife interactions more effective to increase satisfaction. Suggestions for the government to reduce the incidence of unwanted pregnancies it is necessary to strengthening educational programs, training for health workers so that they can provide optimal support to families who experience them, and strengthening health services. Universities need to carry out community service that involves various parties to be able to provide education to help families with unwanted pregnancies. The private sector can distribute *Corporate Social Responsibility* (CSR) in training to increase the importance of maintaining pregnancy, especially in families with unwanted pregnancies. Further research is recommended to examine the causes of unwanted pregnancies in families and their impact on children's growth and development. This research has limitations because the research was only conducted on mothers so the results of the research are limited to explaining based on mothers' perceptions alone. Apart from that, this research uses a design *cross sectional study* which is only done at one time. The research results will provide better data if the research is carried out systematically *longitudinally* so that changes in social support, coping strategies, husband and wife interactions, and marital satisfaction during KTD can be measured over several years and their development analyzed.

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