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## Digital Public Sentiment Toward Out-of-Wedlock Pregnancy and Its Implications for Health Policy in Indonesia

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### ABSTRACT

**Background:** Unmarried pregnancy in Indonesia remains closely associated with gendered moral norms and social stigma, which may limit women's access to equitable maternal health services. Digital platforms such as YouTube function as public arenas where these norms are reproduced, contested, and potentially influence informal policy environments. **Purpose:** This study aims to analyze digital public sentiment toward unmarried pregnant women and to examine its implications for gender-responsive and intersectional maternal health policy in Indonesia. **Methods:** A qualitative descriptive study was conducted using content analysis of publicly available YouTube comments posted between January 2024 and 2026. Comments from highly engaged videos discussing unmarried pregnancy were anonymized and categorized into negative, positive, and neutral sentiment groups. Descriptive statistics were used to present proportional distributions. **Results:** Negative sentiment dominated the discourse (47.25%), followed by positive sentiment (39.32%) and neutral sentiment (13.44%). Although moral judgment and stigma remain prominent, a substantial proportion of comments express empathy and support. **Conclusions:** Digital public sentiment reflects persistent gender stigma surrounding unmarried pregnancy, alongside emerging supportive narratives. Integrating intersectional and rights-based approaches aligned with WHO recommendations is essential to strengthen inclusive maternal health policy and ensure equitable access to care for all women, regardless of marital status.

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## INTRODUCTIONS

Maternal health remains a central priority within global and national health agendas, including Indonesia's commitment to the Sustainable Development Goals, which emphasize reductions in maternal mortality and universal access to quality maternal health services (WHO, 2023). Despite measurable progress in service coverage, substantial disparities persist among socially vulnerable populations, particularly women whose pregnancies fall outside socially sanctioned norms, (Laksono et al., 2023); (Ahinkorah et al., 2024).

Unmarried pregnancy in Indonesia is frequently framed through dominant moral and cultural discourses that equate pregnancy legitimacy with marriage, positioning unmarried pregnant women as morally deviant and socially marginalized, (Asriani, 2020). Such gendered norms intersect with age, socioeconomic status, and educational background, shaping unequal exposure to stigma and discrimination, (Sitohang & Arifa, 2025). Empirical evidence suggests that these intersecting vulnerabilities are strongly associated with unintended pregnancy, delayed antenatal care, and adverse psychosocial outcomes, (Laksono et al., 2023).

National maternal health policies prioritize antenatal care utilization, skilled birth attendance, and facility-based delivery as key strategies to improve maternal outcomes, (KEMENKES, 2024). However, these policy frameworks largely assume marriage as the normative context for pregnancy and childbirth, resulting in limited explicit recognition of marital status-based stigma as a determinant of access and quality of care (Gayatri et al., 2023); (Rahayu et al., 2023). Consequently, unmarried pregnant women may experience informal exclusion despite formal entitlement to services.

Digital media platforms have become influential spaces where social norms, moral judgments, and gender ideologies are produced and contested. In Indonesia, social media discourse has been shown to both reinforce conservative moral frames and enable the articulation of alternative, rights-based narratives related to sexuality and reproductive health (Darwis et al., 2024); (Setiawan et al., 2021). Public sentiment expressed on platforms such as YouTube therefore provides critical insight into informal normative environments that shape health-seeking behaviour and policy implementation.

Understanding digital public sentiment toward unmarried pregnancy is particularly relevant within the context of gender mainstreaming and intersectionality in health policy. Scholars have noted that gender mainstreaming often becomes technocratic, emphasizing procedural compliance over substantive transformation, thereby overlooking intersecting forms of disadvantage (Oluseye et al., 2024). Examining digital discourse enables a more nuanced assessment of how societal norms align with or undermine policy commitments to equity.

In this context the present analysis examines digital public sentiment toward unmarried pregnant women in Indonesia using YouTube comments posted between January 2024 and 2026, and explores its implications for gender-responsive and intersectional maternal health policy.

## METHODS

This study employed a qualitative descriptive design using content analysis to examine public discourse on unmarried pregnancy on YouTube. The qualitative descriptive approach was chosen to capture patterns of meaning, sentiment, and social responses as expressed naturally by users in online comment section. The unit of analysis in this study was individual YouTube comments, as each comment represent a discrete expression of public sentiment toward unmarried pregnancy, rather than videos or user accounts.

The data source consisted of publicly available YouTube videos discussing unmarried pregnancy that demonstrated high levels of user engagement. Videos were categorized as high engagement if they met at least one of the following criteria: a high number of views relative to similar-topic videos, active comment section with sustained user interaction, or repeated appearance in keyword search result indicating public relevance. This selection strategy emphasized discursive intensity rather than algorithmic popularity alone.

Data were collected on 3 January 2026 using Python-based web scraping conducted through Google Collab. The search utilized Indonesian keywords “Hamil di luar nikah” and “MBA”. A total of 43 relevant videos were identified and included in the analysis. From these videos, 2.017 publicly accessible comments posted between 1 Januari 2024 and 3 January 2026 were extracted. All comments were anonymized by removing usernames and any identifiable personal information to ensure ethical use of public data.

The primary research instrument was a structured coding sheet developed based on prior social media sentiment categorized: negative (moral, judgement, blame, or stigmatizing language), positive (expression of empathy, support, or right-based perspective), and neutral (descriptive or ambiguous statement without clear evaluative content). Manual coding was employed to preserved contextual meaning ang cultural nuance inherent in Bahasa use. Coding was conducted by one trained primary coder, supported by a refinement of categories to minimize subjectivity. Given the exploratory nature of the study, inter-coder reliability testing was not applied, which is acknowledged as a methodological limitation.

## RESULTS

### Digital Public Sentiment Distribution

Table 1 Distribution of Digital Public Sentiment Toward Unmarried Pregnancy

| Sentiment Category | Description                              | Percentage (%) |
|--------------------|------------------------------------------|----------------|
| Negative           | Moral Judgement, blame, stigma           | 47,25          |
| Positive           | Empathy, support, right-based views      | 39,32          |
| Neutral            | Descriptive or non-evaluative statements | 13,44          |

Negative sentiment constituted nearly half of the discourse, indicating persistent stigmatization. However, supportive narratives formed a substantial proportion of comments.

### Existing Conditions and Policy Context in Indonesia

Table 2 Existing Conditions of Unmarried Pregnancy and Maternal Health Policy in Indonesia

| Aspect                    | Existing Condition                                                            | Policy Gap                                                              |
|---------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Maternal health framework | Focus on universal ANC, skilled birth attendance, and facility-based delivery | Limited recognition of marital status–based stigma as a barrier         |
| Unmarried Pregnancy       | Often framed as moral deviation within social discourse                       | Absence of explicit protection for unmarried women in maternal programs |
| Access to services        | Formal access guaranteed through national health insurance                    | Informal barriers due to shame, fear of judgment, and discrimination    |
| Provider perspective      | Emphasis on clinical standards of care                                        | Limited training on non-judgmental, stigma-free maternal services       |
| Community norms           | Strong linkage between pregnancy legitimacy and marriage                      | Insufficient community-level stigma reduction strategies                |

DISCUSSIONS

The predominance of negative sentiment within digital discourse reflects the enduring influence of gendered moral norms that frame pregnancy legitimacy through marital status, a pattern consistently observed in Indonesian sociocultural contexts (Asriani, 2020)(Laksono et al., 2023). Such norms are not merely symbolic but operate as structural forces that shape women’s health-seeking behaviour, particularly among those experiencing unintended or socially non-normative pregnancies.

The digital stigmatization identified aligns with broader evidence indicating that stigma and fear of judgment constitute informal yet powerful barriers to accessing maternal health services, even when formal entitlement exists through national health insurance schemes, (Gayatri et al., 2023) (Rahayu et al., 2023). These dynamics suggest that policy effectiveness cannot be assessed solely through coverage indicators, but must also consider sociocultural acceptability and perceived safety of care environments, as emphasized in WHO quality-of-care standards, WHO (2023).

At the same time, the substantial proportion of positive and empathetic sentiment points to a gradual transformation in public attitudes. Supportive narratives emphasizing women’s wellbeing, autonomy, and rights resonate with emerging discourses on sexual empowerment and gender equity in Indonesia (Adiprabowo et al., 2025). Similar shifts have been documented in studies of online discourse, where digital platforms increasingly serve as spaces for contesting dominant moral frames and amplifying alternative, rights-based perspectives (Darwis et al., 2024); (Setiawan et al., 2021).

From a policy perspective, these findings underscore a critical gap between formal maternal health frameworks and lived social realities. Indonesian maternal health policies prioritize antenatal care utilization, skilled birth attendance, and facility-

based delivery, yet they remain largely silent on marital status–based stigma as a determinant of access and quality (KEMENKES, 2024). This omission risks perpetuating exclusion, particularly for adolescents and unmarried women who are already disproportionately affected by unintended pregnancy and social vulnerability (Ahinkorah et al., 2024) (Laksono et al., 2023).

Integrating an intersectional lens into maternal health policy is therefore essential. Intersectionality allows recognition of how gender, age, marital status, and socioeconomic position interact to produce compounded disadvantage, moving beyond one-dimensional approaches to gender mainstreaming (Bohren et al., 2024). WHO guidance explicitly emphasizes respectful, non-discriminatory maternity care and the importance of addressing social determinants and stigma as part of comprehensive maternal health strategies (WHO, 2022)(WHO, 2024).

Digital sentiment analysis contributes novel insight into these policy challenges by illuminating informal normative environments that shape health behaviour and service uptake. Monitoring public discourse can complement conventional health indicators by signalling areas where stigma reduction, community engagement, and provider sensitization are most urgently needed (Putra et al., 2018) (Haryanti et al., 2023).

**ALIGNMENT WITH WHO RECOMMENDATIONS**

Table 3 Comparison of Existing Conditions and WHO-Recommendations Approaches

| WHO Recommendation                            | Existing Condition in Indonesia                         | Policy Implication                                |
|-----------------------------------------------|---------------------------------------------------------|---------------------------------------------------|
| Respectful, non-discriminatory maternity care | Limited emphasis on stigma-free services                | Strengthen provider training on respectful care   |
| Rights-based maternal health approach         | Focus on service coverage indicators                    | Incorporate gender and rights indicators          |
| Community engagement to reduce stigma         | Minimal structured stigma reduction programs            | Develop community-based norm change interventions |
| Adolescent- and youth-friendly services       | Services available but underutilized by unmarried women | Improve confidentiality and youth-sensitive care  |

**CONCLUSION AND RECOMMENDATIONS**

Digital public sentiment toward unmarried pregnancy in Indonesia is characterized by persistent stigma alongside emerging supportive perspectives. These findings underscore the need for maternal health policies that move beyond normative assumptions and explicitly address stigma as a barrier to care. Aligning national

maternal health strategies with WHO recommendations through intersectional, rights-based, and stigma-sensitive approaches is essential to ensure equitable access to maternal health services for all women, regardless of marital status.

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