Available *online* at : https://ejurnal.upnb.ac.id/index.php/JKPN

Jurnal Kesehatan

| ISSN (Print) 2085-7098 | ISSN (Online) 2657-1366 |

# UNINTENDED PREGNANCY IN PATRIARCHAL FAMILIES IN SOUTH ASIA AND AFRICA: A SCOPING REVIEW

**Arryan Rizqi Aulia Purnamasari[1], Andari Wuri Astuti[2], Anjarwati[2]**

[1] Master's Program in Midwifery, Faculty of Health Sciences, Universitas 'Aisyiyah Yogyakarta, Indonesia

[2] Department of Midwifery, Faculty of Health Sciences, Universitas 'Aisyiyah Yogyakarta, Indonesia

[3] Department of Public Health, Faculty of Health Sciences, Universitas 'Aisyiyah Yogyakarta, Indonesia

ARTICLE INFORMATION

Received: 02 December 2025
Revised: 10 February 2026
Accepted: 30 March 2026
Available online: 31 March 2026

KEYWORDS

*Unintended pregnancy; Patriarchal families; Women's experiences; Reproductive autonomy; Gender inequality*

CORRESPONDING AUTHOR

***Corresponding author, email:**
arryanpurnamasari@gmail.com

**ABSTRACT**

**Background:** Unintended pregnancy remains a major global reproductive health issue affecting women's physical and mental well-being. Despite extensive research, limited attention has been given to how patriarchal family structures influence women's experiences and reproductive decision-making. In patriarchal contexts, unequal gender power relations and male dominance may restrict women's autonomy in reproductive choices, increasing vulnerability to health risks and gender-based violence.

**Objectives:** This scoping review aims to map and explore women's experiences of unintended pregnancy within patriarchal family contexts.

**Methods:** This study employed a scoping review based on the Arksey and O'Malley methodological framework, with reporting guided by the PRISMA-ScR guidelines. Literature searches were conducted in four databases: PubMed, Wiley, ScienceDirect, and Google Scholar for studies published between 2020 and 2025. Data extraction included study characteristics and key findings. The methodological quality of included studies was assessed using the JBI Critical Appraisal Tools.

**Results:** Five qualitative studies were included, originating from South Asia (Bangladesh, Pakistan, and Nepal) and Africa (Eswatini and Nigeria). Two studies were categorized as Grade A and three as Grade B. The analysis identified three major themes: male-dominated decision-making regarding pregnancy outcomes, gender inequality in contraceptive access and reproductive health literacy, and the role of family members in supporting or opposing unintended pregnancy and abortion decisions

**Conclusion:** Unintended pregnancy in patriarchal families is shaped by gender power imbalances that limit women's reproductive autonomy. Strengthening gender-sensitive policies and improving access to reproductive health services are essential. Further research should develop interventions supporting equitable reproductive decision-making.


DOI: http://dx.doi.org/10.35730/jk.v17i1.1502

## INTRODUCTION

Unintended pregnancy is a global issue that threatens women's physical and psychological health [1] . Data from UNFPA (2022) indicate that unintended pregnancies account for 50% of all pregnancies worldwide. Of these, more than 60% result in abortion, with approximately 45% being performed unsafely or without proper medical procedures, contributing to 5–13% of maternal deaths [2].

Unintended pregnancy occurs not only among unmarried women but also among married couples, primarily due to male dominance in decision-making [3]. Patriarchal culture refers to a social system in which men hold primary power in social, economic, and familial decision-making processes. Within the framework of gender power theory and feminist perspectives, patriarchy shapes unequal gender relations that limit women's autonomy over their bodies and reproductive choices. Patriarchal culture positions men as the main decision-makers in the family, causing other members, particularly women, to lose full autonomy over their reproductive choices. This includes decisions regarding the number of children, pregnancy, contraceptive use, and other aspects of women's reproductive health [4].

A study by Owoo et al. (2023) revealed that strong patriarchal norms contribute to the high rate of unintended pregnancies because women lack control over their choices, actions, and decisions concerning family planning and the number of children. Furthermore, women face restrictions in making other reproductive decisions, such as engaging in sexual relations and choosing contraceptive methods. The incidence is higher among groups with lower education levels and limited access to reproductive health services [5].

Unintended pregnancy within a patriarchal cultural context can be categorized as a form of violence against women [6]. The WHO (2019) report highlights that unintended pregnancy has serious impacts on maternal and child health, including malnutrition, illness, violence, and even death [7].

Although previous studies have demonstrated the association between patriarchal norms and unintended pregnancy, the existing literature remains fragmented and largely focuses on quantitative associations or specific regional contexts. There is still limited synthesis of qualitative evidence that explores women's lived experiences of unintended pregnancy within patriarchal family structures. Understanding these experiences is essential to reveal how gender power relations influence reproductive decision-making and women's autonomy.

Therefore, a comprehensive synthesis of the available evidence is needed to better understand how patriarchal family dynamics shape women's reproductive experiences. This scoping review aims to explore, map, and identify themes from existing qualitative studies regarding women's experiences of unintended pregnancy within patriarchal family contexts. By mapping the available evidence, this review seeks to provide a broader understanding of the social and gender dynamics influencing unintended pregnancy and to identify potential implications for reproductive health interventions and policies.

## METHOD

The author employed a Scoping Review as the research design, aiming to identify the types of evidence available on the discussed topic, provide an overview of how research has been conducted within a particular subject or field, and identify key characteristics or factors related to the study. This study was conducted as a scoping review following the methodological framework proposed by Arksey and O'Malley (2005), which is widely used to map the existing evidence, identify research gaps, and summarize key concepts related to a particular research topic. This scoping review was reported in accordance with the PRISMA-ScR guideline. This scoping review article was written by three authors from the same educational institution, consisting of one student and two lecturers.

The Population, Concept, and Context (PCC) approach was used as the basis for the screening survey design. The search scope focused on unintended pregnancy within the context of patriarchal family structures. In this review, the Population refers to women who experience unintended or unplanned pregnancy. The Concept focuses on women's experiences and reproductive decision-making related to unintended pregnancy. The Context refers to patriarchal family structures or gender power relations that


DOI: http://dx.doi.org/10.35730/jk.v17i1.1502

influence women's reproductive health decisions. The search scope focused on unintended pregnancy within the context of patriarchal family structures.

Five full-text articles were selected, relevant to the topic, and published between 2020 and 2025. The preparation process of the scoping review followed the PRISMA (Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, structured based on the framework developed by Arksey and O'Malley (2005), which includes five stages: (1) identifying documents through a systematic search; (2) screening articles based on titles and abstracts; (3) assessing article eligibility by reading the full text; (4) conducting a critical appraisal of article quality; and (5) including relevant articles for further analysis [8].

A literature search was conducted across several electronic databases, including PubMed, ScienceDirect, Wiley Online Library, and Google Scholar. The search strategy used combinations of keywords and Boolean operators to ensure transparency and reproducibility of the search process. The keywords used in the search included "unintended pregnancy" OR "unplanned pregnancy" AND "patriarchal family" OR "patriarchy" OR "gender power relations" AND "women's experience" OR "reproductive decision-making." Boolean operators such as AND and OR were used to combine these keywords and retrieve relevant studies. The last literature search was conducted in January 2025.

Published articles exploring unintended pregnancy within patriarchal families were included as one of the inclusion criteria for this study. Other inclusion criteria were publications released between 2020 and 2025, articles written in either Indonesian or English, qualitative research articles, and fully accessible full-text reports. Meanwhile, exclusion criteria included papers, news articles, commentaries, and similar non-research materials.

A total of 259 records were initially identified from databases and registers, including 248 records from databases (PubMed = 86, ScienceDirect = 71, and Wiley = 91) and 11 records from Google Scholar. Before the screening stage, one record was removed automatically due to duplication or ineligibility, leaving 258 records for title and abstract screening. During the first screening, 205 records were excluded because their titles or abstracts were not relevant to the study objectives. The remaining 53 reports were sought for retrieval; however, 33 reports could not be retrieved. Consequently, 20 full-text articles were assessed for eligibility. After applying the inclusion and exclusion criteria, 15 articles were excluded, resulting in five studies that met the criteria and were included in the final analysis. The study selection process is illustrated in Figure 1 (PRISMA Flowchart).

To assess the methodological quality of the included studies, a critical appraisal was conducted using the Joanna Briggs Institute (JBI) Critical Appraisal Tool for qualitative research. This tool evaluates several aspects of qualitative study quality, including the congruity between research methodology and research questions, the appropriateness of data collection methods, the representation of participants' voices, ethical considerations, and the rigor of data analysis. Based on the results of the appraisal process, the studies were categorized into two levels of quality: Grade A for studies with high methodological quality that met most of the JBI criteria, and Grade B for studies with moderate methodological quality that met several criteria but had minor methodological limitations. The quality appraisal helped ensure the credibility of the included studies and supported the interpretation of findings during the synthesis process.

Data from the selected studies were systematically extracted and organized into a data charting table (Table 1), which included information such as article code, article identity (title, author, year), country of study, research objective, research method, and study results. The results presented in the data charting table were refined to emphasize findings directly related to women's experiences of unintended pregnancy within patriarchal family contexts, ensuring alignment with the main objective of this scoping review.


DOI: http://dx.doi.org/10.35730/jk.v17i1.1502

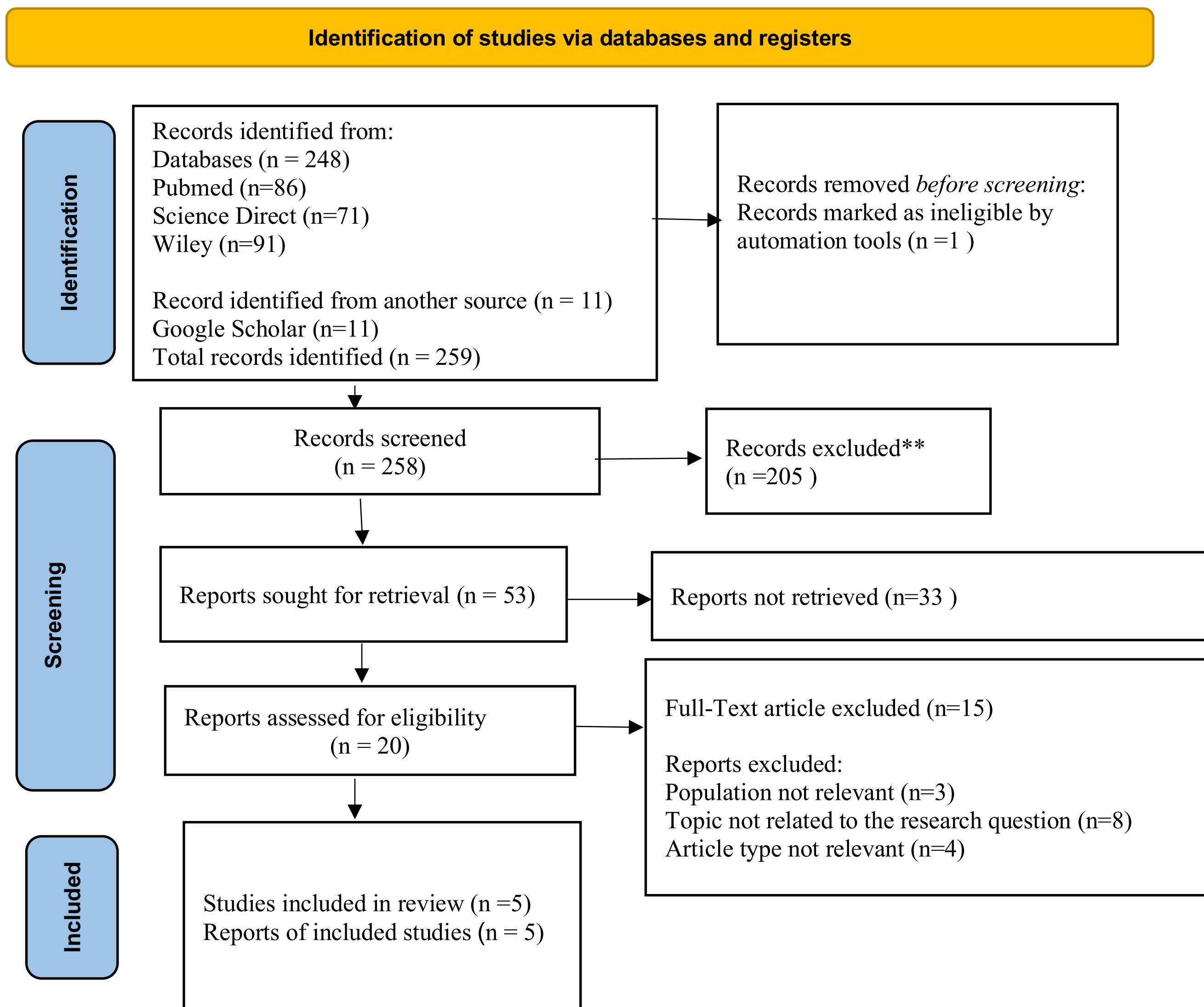


**Figure 1. PRISMA Flowchart**


DOI: http://dx.doi.org/10.35730/jk.v17i1.1502

**Tabel 1.** ***Data Charting***

| Article Code | Article Identity (Title, Author, Year) | Country | Objective | Research Method | Key Findings Related to Women's Experiences |
|---|---|---|---|---|---|
| **A1** | *The Perpetuating Cycle of Unplanned Pregnancy: Underlying Causes and Implications in Eswatini* (Niemeyer Hultstrand et al., 2020) | Eswatini | To understand factors contributing to unplanned pregnancy within patriarchal family structures. | Qualitative study using in-depth interviews and focus group discussions. | Women reported limited autonomy over reproductive decisions due to male dominance in family decision-making. Patriarchal norms positioned women as responsible for pregnancy outcomes while men retained decision-making power. Cultural barriers also limited open discussions about contraception and reproductive health. |
| **A2** | *"Here, the Girl Has to Obey the Family's Decision": A Qualitative Exploration of Reproductive Coercion in Bangladesh* (Pearson et al., 2021) | Bangladesh | To explore reproductive coercion and its impact on unplanned pregnancy within patriarchal families. | Qualitative study using interviews and FGDs with women and healthcare providers. | Women experienced reproductive coercion from husbands and in-laws, who influenced decisions about pregnancy and contraception. Patriarchal family expectations required women to comply with family decisions, limiting their ability to control reproductive outcomes. |
| **A3** | *Married Women's Negotiations About Their Reproductive Rights Within Patriarchy* (Khadija et al., 2021) | Pakistan | To explore how married women negotiate reproductive rights in patriarchal settings. | Qualitative study using semi-structured interviews with married women. | Women faced difficulties negotiating contraceptive use and pregnancy decisions because husbands dominated reproductive decision-making. Limited reproductive health knowledge and gender inequality further reduced women's ability to assert autonomy. |
| **A4** | *Reproductive Health Freedom and Domestic Violence* (Brown et al., 2023) | Nigeria | To examine how patriarchal structures influence reproductive decision-making and unintended pregnancy. | Qualitative research using interviews and focus groups with women and men. | Women described losing autonomy over reproductive choices due to male authority in the household. Social expectations from husbands and extended family increased pressure to conform to traditional reproductive roles, contributing to unintended pregnancy. |
| **A5** | *Multilevel Factors Influencing Contraceptive Use and Childbearing Among Adolescent Girls in Nepal* (Sekine et al., 2021) | Nepal | To identify factors influencing contraceptive use and childbearing decisions. | Qualitative study using in-depth interviews and key informant interviews. | Women and adolescent girls experienced strong pressure from husbands and mothers-in-law to conceive soon after marriage. Patriarchal family expectations limited women's autonomy and restricted their ability to delay pregnancy or choose contraceptive methods. |

## RESULT AND DISCUSSION

Based on the articles analyzed in this scoping review related to unintended pregnancy within patriarchal families, a total of five eligible articles were included in this review. All selected articles employed qualitative research methods and originated from several countries: three from South Asia (Bangladesh, Pakistan, and Nepal) and two from Africa (Eswatini and Nigeria).

The geographical distribution of the studies allows for a comparison of how patriarchal family structures influence women's experiences of unintended pregnancy across different cultural contexts. While the socio-cultural settings vary between South Asia and Africa, the studies consistently highlight the persistence of patriarchal norms that shape reproductive decision-making and limit women's autonomy.

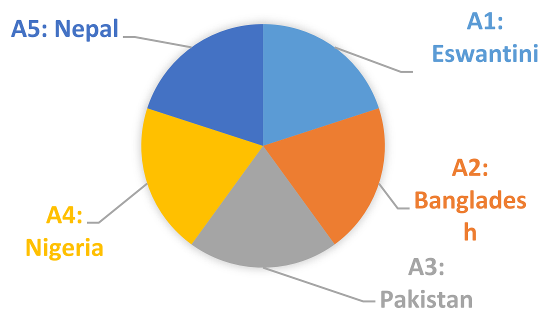


**Figure 2. Characteristics of Articles by Country**

The methodological quality of the included studies was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Qualitative Research. Studies that fulfilled most of the appraisal


DOI: http://dx.doi.org/10.35730/jk.v17i1.1502

criteria and demonstrated strong methodological rigor were categorized as Grade A, whereas studies that met several but not all criteria were categorized as Grade B. Based on this assessment, two articles were categorized as Grade A (A1 and A4), while the remaining three were categorized as Grade B (A2, A3, A5).

The methodological quality of the included studies was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Qualitative Research. Studies that fulfilled most of the appraisal criteria and demonstrated strong methodological rigor were categorized as Grade A, whereas studies that met several but not all criteria were categorized as Grade B. Based on this assessment, two articles were categorized as Grade A (A1 and A4), while the remaining three were categorized as Grade B (A2, A3, A5).

| Criteria (JBI Checklist) | A1 | A2 | A3 | A4 | A5 |
|---|---|---|---|---|---|
| Congruity between research methodology and research question | ✓ | ✓ | ✓ | ✓ | ✓ |
| Congruity between methodology and data collection methods | ✓ | ✓ | ✓ | ✓ | ✓ |
| Congruity between methodology and data analysis | ✓ | ✓ | ✓ | ✓ | ✓ |
| Congruity between methodology and interpretation of results | ✓ | ✓ | ✓ | ✓ | ✓ |
| Researcher's cultural or theoretical positioning stated | ✓ | ✗ | ✗ | ✓ | ✗ |
| Influence of researcher on the research addressed | ✓ | ✗ | ✗ | ✓ | ✗ |
| Representation of participants' voices | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ethical approval reported | ✓ | ✓ | ✓ | ✓ | ✓ |
| Conclusions supported by the data | ✓ | ✓ | ✓ | ✓ | ✓ |
| Overall methodological quality | **A** | **B** | **B** | **A** | **B** |

**Table 2. Critical Appraisal of Included Studies Using JBI Critical Appraisal Checklist for Qualitative Research**

In this article review, thematic mapping was conducted following the processes of data extraction and critical appraisal of the selected research articles.

| Theme | Subtheme | Supporting Articles |
|---|---|---|
| Decision-making patterns in unintended pregnancy within patriarchal families | Male dominance in reproductive decision-making | A1, A2, A3, A4 |
| | Women's powerlessness in reproductive decision-making | A1, A2, A4 |
| | Influence of cultural and social norms | A1, A3 |
| Gender inequality in unintended pregnancy within patriarchal structures | Education and gender literacy reinforcing inequality | A3 |
| | Gender disparity in contraceptive use | A2, A3, A4, A5 |
| Role of family members in unintended pregnancy | Family support or opposition to unintended pregnancy | A2 |
| | Family participation in abortion decision-making | A2, A4, A5 |

**Tabel 3. Thematic Mapping of Women's Experiences of Unintended Pregnancy in Patriarchal Families**

The thematic analysis identified three main themes and seven subthemes. Rather than representing isolated findings, these themes reveal recurring patterns across the included countries and illustrate how patriarchal structures shape women's reproductive experiences in different socio-cultural contexts.

The first theme is decision-making patterns in unintended pregnancy within patriarchal families. This theme includes the subthemes of male dominance in reproductive decision-making (A1, A2, A3, A4), women's powerlessness in making reproductive decisions (A1, A2, A4), and the influence of cultural and social norms. Across both South Asian and African contexts, male partners and senior family members often play a decisive role in determining pregnancy outcomes. However, the mechanisms of control differ across contexts: studies from South Asia highlight stronger influence from extended family structures and community norms, whereas studies from African settings more frequently emphasize partner dominance and relationship power dynamics.

The second theme is gender inequality in the context of unintended pregnancy within patriarchal structures. This theme consists of subthemes related to education and gender literacy as factors reinforcing inequality (A3) and gender disparity in contraceptive use (A2, A3, A4, A5). Across the studies, limited access to education and reproductive health information consistently contributed to women's reduced negotiating power in contraceptive use. While this pattern was observed in all settings, several studies suggest that the interaction between gender norms and educational inequality may intensify women's


DOI: http://dx.doi.org/10.35730/jk.v17i1.1502

vulnerability to unintended pregnancy in communities where reproductive decision-making is strongly male-centered.

The third theme is the role of family members in unintended pregnancy, encompassing subthemes such as family involvement in supporting or opposing unintended pregnancy (A2) and family participation in abortion decision-making (A2, A4, A5). The findings indicate that family influence operates differently across cultural contexts. In some settings, family members act as key sources of support during unintended pregnancy, while in others they function as decision-makers who influence whether the pregnancy is continued or terminated. These differences highlight the complex role of family structures in reinforcing or mitigating patriarchal control over women's reproductive choices.

Overall, the synthesis demonstrates that although patriarchal norms manifest differently across regions, similar patterns of gendered power imbalance persist. These findings suggest that unintended pregnancy within patriarchal families is shaped not only by individual relationships but also by broader cultural expectations regarding gender roles, family authority, and reproductive responsibility.

**Decision-Making Patterns in Unintended Pregnancy within Patriarchal Families**

Male dominance in reproductive decision-making is a central pattern identified across the studies included in this review. Rather than functioning solely as a social hierarchy, patriarchal power relations directly influence how decisions about unintended pregnancy are made within families. Evidence from the literature (A1, A2, A3, A4) shows that male partners frequently hold the primary authority in determining whether a pregnancy is continued or terminated, which limits women's ability to control their reproductive choices [9], [10], [11], [12].

These findings support previous studies suggesting that patriarchal power dynamics create structural barriers that restrict women's reproductive autonomy [4].

In some contexts, reproductive decision-making involves not only husbands but also other influential family members. For example, in patriarchal families in Bangladesh (A2), power relations between women and male relatives such as husbands and fathers-in-law shape decisions regarding unintended pregnancy [12]. Women may therefore experience pressure to comply with family expectations to continue the pregnancy even when they personally do not desire it [13], [14].

As a result of these dynamics, women often adopt passive or adaptive responses when navigating reproductive decisions. Many women comply with family expectations to avoid conflict or social sanctions, which reflects the limited bargaining power they possess within patriarchal household structures (A1, A2, A4) [9], [11], [12].

Cultural and social norms also reinforce these patterns of decision-making. In several communities, including those in Ibibio land, childbearing particularly the birth of male children is strongly associated with family honor and social status. Such expectations place women in a difficult position where they must balance social obligations with their personal economic or health concerns [9], [11]. Similarly, religious beliefs that frame pregnancy as a "gift from God" may contribute to feelings of guilt associated with pregnancy termination, influencing women to continue pregnancies despite personal reluctance [3].

Although patriarchal norms are present across the included studies, the mechanisms through which they influence reproductive decisions vary across cultural contexts. Studies conducted in South Asia tend to highlight the role of extended family authority and community expectations, while studies from African settings more frequently emphasize partner dominance and relationship power dynamics. This variation suggests that patriarchal influence operates differently depending on local cultural and family structures.

Recent research also indicates that reproductive decision-making surrounding unintended pregnancy is shaped not only by partner or family influence but also by broader structural factors such as stigma surrounding abortion, religious beliefs, and limited access to reproductive health services. For instance, women in Uganda reported initially considering abortion but later continuing their pregnancies due to social pressure and fear of health risks associated with abortion procedures [15]. Similarly, research among Rohingya communities in Bangladesh found that strong social stigma surrounding pregnancy termination often leads women to continue pregnancies even when it conflicts with their personal preferences [16]. These findings suggest that reproductive decisions are often shaped by a combination of personal, social, and structural constraints rather than individual autonomy alone.


DOI: http://dx.doi.org/10.35730/jk.v17i1.1502

**Gender Inequality in the Context of Unintended Pregnancy**

Gender inequality emerges as another key factor influencing unintended pregnancy in patriarchal family structures. The studies included in this review demonstrate that men often hold greater authority in reproductive decision-making, while women have limited influence over decisions affecting their own bodies and reproductive health (A2, A3, A4) [9], [10], [12].

In several contexts, women must obtain their husband's permission to access reproductive health services, including contraception and medical care. This requirement reflects broader gender inequalities within patriarchal societies and significantly restricts women's autonomy in managing their reproductive health [17], [18].

Educational background also plays an important role in shaping gender inequality related to reproductive decision-making. The literature (A3) indicates that women with higher levels of education are generally better able to negotiate reproductive decisions and access contraceptive services [10]. Conversely, women with lower educational attainment often face difficulties discussing contraception with their partners, which increases the likelihood of unintended pregnancy [19].

These findings highlight that gender inequality operates through both structural and interpersonal mechanisms. Structural factors such as limited access to education and reproductive health information interact with gender norms that position men as primary decision-makers in the household. Together, these factors contribute to persistent inequalities in reproductive decision-making and increase women's vulnerability to unintended pregnancy [20].

**The Role of Family Members in Unintended Pregnancy**

Family members play a significant and complex role in shaping women's experiences of unintended pregnancy. Evidence from the included studies suggests that family involvement can function both as a source of emotional support and as a mechanism that reinforces patriarchal control over reproductive decisions [10], [12], [21].

In supportive contexts, family members particularly mothers or partners may help women cope with the psychological stress associated with unintended pregnancy. Emotional and social support from family can reduce stigma and provide women with a sense of security when facing difficult reproductive decisions [22].

However, family members may also exert strong influence over reproductive choices. In many cultural settings, husbands and mothers-in-law play decisive roles in determining whether a pregnancy should be continued or terminated [13], [14]. These expectations are often rooted in social norms that prioritize early childbearing after marriage and emphasize family lineage.

Family influence also extends to decisions regarding contraceptive use. Studies in Uganda and Ethiopia show that husbands or senior family members frequently determine whether women can access contraception, which increases the risk of repeated unintended pregnancies when contraceptive use is discouraged [23], [24], [25]. Similar findings in Pakistan indicate that women often follow their husbands' directives regarding reproductive decisions even when they feel unprepared for pregnancy [17].

Despite these constraints, some women employ coping or adaptive strategies to navigate family pressures. These strategies may include seeking emotional support from trusted relatives, negotiating decisions privately with partners, or accessing reproductive health services discreetly. While such strategies demonstrate women's agency within restrictive environments, they also highlight the structural barriers that continue to limit women's full reproductive autonomy.

**Study Limitations and Contextual Considerations**

Several limitations should be considered when interpreting the findings of this review. First, the number of included studies is relatively small and all employ qualitative research designs. While qualitative studies provide rich insights into women's lived experiences, the findings cannot be generalized statistically to broader populations.

Second, the geographical scope of the included studies is limited to five countries in South Asia (Bangladesh, Pakistan, Nepal) and Africa (Eswatini and Nigeria). Therefore, the findings should not be


DOI: http://dx.doi.org/10.35730/jk.v17i1.1502

interpreted as representing all patriarchal societies globally. Cultural norms, family structures, and health system contexts vary widely across regions, which may influence how unintended pregnancy is experienced and managed.

Future research should expand the evidence base by including studies from additional regions and exploring intervention strategies that promote women's reproductive autonomy. Such research would help generate more context-sensitive policies and programs aimed at reducing unintended pregnancy and improving reproductive health outcomes.

## Conclusion

This scoping review highlights that unintended pregnancy within patriarchal family structures is strongly shaped by gendered power relations that influence reproductive decision making. The findings from the included studies indicate three main patterns: male dominated decision-making regarding pregnancy outcomes, gender inequality in access to contraceptive information and reproductive health services, and the influential role of family members particularly husbands and mothers-in-law in determining whether pregnancies are continued or terminated.

These dynamics often limit women's autonomy in reproductive planning and increase their vulnerability to physical, psychological, and social risks associated with unintended pregnancy. In many contexts, women's reproductive preferences are overshadowed by family expectations, cultural norms, and male authority within the household.

These findings have important implications for reproductive health policies and programs. Gender-sensitive reproductive health interventions are needed to strengthen women's autonomy in reproductive decision-making. Such interventions may include expanding access to comprehensive reproductive health education, promoting couple-based communication on family planning, and ensuring confidential and accessible contraceptive services for women. In addition, community-based programs that engage men and family members in reproductive health education may help challenge patriarchal norms that limit women's reproductive rights.

Future research should further explore women's lived experiences of unintended pregnancy across different cultural contexts to better understand how patriarchal structures influence reproductive decision-making. Studies examining intervention strategies—such as gender-transformative programs, community education initiatives, and improved access to reproductive health services—are also needed to identify effective approaches for reducing unintended pregnancy and promoting women's reproductive autonomy.

## Author Contributions

All authors contributed to the development and execution of this study. Arryan Rizqi Aulia Purnamasari, as the lead author, played a primary role in conceptualizing and designing the study, curating and analyzing the data, preparing the original draft, creating visualizations to present the findings, editing the manuscript, as well as selecting relevant studies, organizing and synthesizing the data, and reporting the results. Supervisory support was provided by Andari Wuri Astuti and Anjarwati, who guided the methodology and validated the findings. All authors have read and approved the final version of the manuscript.

### ACKNOWLEDGEMENT

We sincerely thank all authors for their contributions to the development of this scoping review. We also express our appreciation to the Master of Midwifery Program at Universitas 'Aisyiyah Yogyakarta for providing the facilities and support that enabled the completion of this study.


DOI: http://dx.doi.org/10.35730/jk.v17i1.1502

**REFERENCES {BIBLIOGRAPHY}**


[1] S. Nanda, "Reproductive Health of Women," *Res. Anthol. Adv. Women's Heal. Reprod. Rights*, vol. 6, no. 3, pp. 430–445, 2022, doi: 10.4018/978-1-6684-6299-7.ch022.

[2] J. Coulson, V. Sharma, and H. Wen, "Understanding the global dynamics of continuing unmet need for family planning and unintended pregnancy," *China Popul. Dev. Stud.*, vol. 7, no. 1, pp. 1–14, 2023, doi: 10.1007/s42379-023-00130-7.

[3] Heera, M. Shrestha, N. Pokharel, S. R. Niraula, P. Pyakurel, and S. B. Parajuli, "Women's empowerment for abortion and family planning decision making among marginalized women in Nepal: a mixed method study," *Reprod. Health*, vol. 18, no. 1, p. 28, 2021, doi: 10.1186/s12978-021-01087-x.

[4] R. Achola, L. Atuyambe, E. Nabiwemba, M. Nyashanu, and C. G. Orach, "Barriers to contraceptive use in humanitarian settings: Experiences of South Sudanese refugee women living in Adjumani district, Uganda; an exploratory qualitative study," *PLoS One*, vol. 19, no. 3 March, pp. 1–19, 2024, doi: 10.1371/journal.pone.0278731.

[5] N. S. Owoo, "Patriarchal norms, partner pronatalism, and women's fertility intentions in Ghana," *Afr. J. Reprod. Health*, vol. 27, no. 2, pp. 76–86, 2023, doi: 10.29063/ajrh2023/v27i2.8.

[6] T. Sattar, S. Ahmad, and M. Asim, "Intimate partner violence against women in Southern Punjab, Pakistan: A phenomenological study," *BMC Womens. Health*, vol. 22, no. 1, pp. 1–16, 2022, doi: 10.1186/s12905-022-02095-0.

[7] F. M. Aragaw, T. Amare, R. E. Teklu, B. A. Tegegne, and A. Z. Alem, "Magnitude of unintended pregnancy and its determinants among childbearing age women in low and middle-income countries: evidence from 61 low and middle income countries," *Front. Reprod. Heal.*, vol. 5, no. July, pp. 1–10, 2023, doi: 10.3389/frph.2023.1113926.

[8] W. P. Beck *et al.*, "An Indigenous - informed scoping review study methodology : advancing the science of scoping reviews," *Syst. Rev.*, pp. 1–13, 2024, doi: 10.1186/s13643-024-02586-1.

[9] A. S. Brown and N. A. Usoro, "Reproductive Health Freedom and Domestic Violence in A Patriarchal Society: Some Findings in Akwa Ibom State, Nigeria," *Int. J. Contemp. Stud. Educ.*, vol. 2, no. 2, pp. 127–136, 2023.

[10] Z. Khadija, "Married Women ' s Negotiations about their Reproductive Rights with Patriarchy Married Women ' s Negotiations about their Reproductive Rights," vol. 2021, no. December 2021, 2023, doi: 10.35484/pssr.2021(5-IV)11.

[11] J. N. Hultstrand, K. O. Abuelgasim, T. Tydén, N. Maseko, and M. Målqvist, "The perpetuating cycle of unplanned pregnancy : underlying causes and implications in Eswatini," *Cult. Health Sex.*, vol. 23, no. 12, pp. 1656–1671, 2021, doi: 10.1080/13691058.2020.1791359.

[12] E. E. Pearson *et al.*, "'Here, the girl has to obey the family's decision': A qualitative exploration of the tactics, perceived perpetrator motivations, and coping strategies for reproductive coercion in Bangladesh," *SSM - Qual. Res. Heal.*, vol. 3, p. 100243, 2023, doi: https://doi.org/10.1016/j.ssmqr.2023.100243.

[13] A. Dixit *et al.*, "The association between early in marriage fertility pressure from in - laws ' and family planning behaviors , among married adolescent girls in Bihar and Uttar Pradesh , India," *Reprod. Health*, pp. 1–9, 2021, doi: 10.1186/s12978-021-01116-9.

[14] S. Tomar, N. Dehingia, A. K. Dey, D. Chandurkar, A. Raj, and J. G. Silverman, "Associations of intimate partner violence and reproductive coercion with contraceptive use in Uttar Pradesh , India : How associations differ across contraceptive methods," pp. 1–12, 2020, doi: 10.1371/journal.pone.0241008.

[15] B. Erhardt-Ohren *et al.*, "A qualitative study of abortion decision-making trajectories among pregnant women at their first antenatal care visit in Kampala, Uganda," *J. Glob. Health*, vol. 15, 2025, doi: 10.7189/jogh.15.04125.

[16] A. Rahman *et al.*, "Perceptions and attitudes of Rohingya community stakeholders to pregnancy termination services: a qualitative study in camps of Cox's Bazar, Bangladesh," *Confl. Health*, vol.




DOI: http://dx.doi.org/10.35730/jk.v17i1.1502

18, no. 1, pp. 1–13, 2024, doi: 10.1186/s13031-024-00574-9.

[17] M. Sarfraz, S. Hamid, A. Kulane, and R. Jayasuriya, "' The wife should do as her husband advises ': Understanding factors influencing contraceptive use decision making among married Pakistani couples — Qualitative study," pp. 1–19, 2023, doi: 10.1371/journal.pone.0277173.

[18] K. Yeates *et al.*, "' She needs permission ': A qualitative study to examine barriers and enablers to accessing maternal and reproductive health services among women and their communities in rural Tanzania Study setting and study design," vol. 25, no. June, pp. 139–152, 2021, doi: 10.29063/ajrh2021/v25i3s.12.

[19] L. C. Pkaremba, M. O. Oleche, and E. Owiti, "Analysis of contraceptive use among homeless women in Kenya – a case of Nairobi county Analysis of contraceptive use among homeless women in Kenya – a case of Nairobi county," *Cogent Econ. Financ.*, vol. 11, no. 2, 2023, doi: 10.1080/23322039.2023.2235118.

[20] R. Ojuok, D. D. Nyamongo, and D. J. Mutai, "Determinants of unintended pregnancy among women attending antenatal clinic at Kenyatta National Hospital.," *F1000Research*, vol. 11, pp. 1–17, 2022, doi: 10.12688/f1000research.108815.1.

[21] K. Sekine, N. Khadka, R. R. Carandang, K. I. C. Ong, A. Tamang, and M. Jimba, "Multilevel factors influencing contraceptive use and childbearing among adolescent girls in Bara district of Nepal: a qualitative study using the socioecological model," *BMJ Open*, vol. 11, no. 10, p. e046156, 2021.

[22] C. W. Wainaina *et al.*, "Psychosocial challenges and individual strategies for coping with mental stress among pregnant and postpartum adolescents in Nairobi informal settlements : a qualitative investigation," *BMC Pregnancy Childbirth*, pp. 1–11, 2021, doi: 10.1186/s12884-021-04128-2.

[23] A. Kamwesigye, D. Amanya, and J. Epuitai, "Barriers and enablers to utilisation of postpartum long-acting reversible contraception in Eastern Uganda: a qualitative study," vol. 5, 2024, [Online]. Available: https://doi.org/10.21203/rs.3.rs-4412393/v1

[24] M. D. Alemu, S. Bitew Workie, S. Kussa, T. Tsegaye Gidey, and T. Moshago Berheto, "Trend and determinants of unmet need for family planning among married women in Ethiopia, evidence from Ethiopian demographic and health survey 2000–2016; multilevel analysis," *PLoS One*, vol. 19, no. 1 January, pp. 1–15, 2024, doi: 10.1371/journal.pone.0296382.

[25] M. H. Asratie, G. A. Tesema, and D. G. Belay, "Joint decision on contraceptive use and determinant factors among married women of reproductive ages (15–49) in Ethiopia: a multilevel analysis using Ethiopian Demographic and Health Survey; 2016 data," *BMC Public Health*, vol. 24, no. 1, 2024, doi: 10.1186/s12889-024-19715-z.


DOI: http://dx.doi.org/10.35730/jk.v17i1.1502