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Beyond Shelter: Psychosocial Care For Adolescents Experiencing Unintended Pregnancy In Indonesia

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Abstrak

Kehamilan yang tidak direncanakan dapat mengganggu hubungan sosial, keberlanjutan pendidikan, dan harapan anak muda terhadap masa depan, sementara stigma dapat membatasi akses mereka terhadap dukungan sosial. Meskipun intervensi psikososial bagi remaja hamil menunjukkan potensi manfaat, bukti dari negara-negara berpendapatan rendah dan menengah masih terbatas. Penelitian ini mengeksplorasi pengalaman remaja dan perempuan muda yang mengalami kehamilan tidak direncanakan dalam memperoleh layanan psikososial di lingkungan hunian berbasis komunitas di Indonesia. Wawancara kelompok kualitatif dilakukan terhadap lima partisipan yang tinggal di Yayasan Rumah Tumbuh Harapan (Rumah RUTH), sebuah organisasi hunian berbasis komunitas di Bandung, Indonesia. Partisipan secara sukarela mengikuti wawancara setelah kegiatan konseling seni. Wawancara selama 45 menit dilakukan dalam bahasa Indonesia, direkam secara audio, ditranskripsikan secara manual, dan dianalisis menggunakan analisis tematik refleksif. Empat tema yang saling berkaitan dikembangkan, yaitu memasuki kehidupan yang tidak familiar, membangun kembali koneksi melalui relasi sehari-hari, partisipasi sebagai dukungan emosional dan sosial sehari-hari, serta munculnya agensi melalui kompetensi praktis. Partisipan menggambarkan ketidaknyamanan dan proses penyesuaian pada awal kehidupan komunal, yang kemudian diikuti oleh kesempatan untuk membangun hubungan dengan staf, teman sebaya, dan penghuni yang lebih dewasa. Berbagai aktivitas sehari-hari memberikan kesempatan untuk terlibat secara sosial, belajar, dan memperoleh jeda emosional sementara, meskipun partisipasi tidak selalu bersifat sukarela atau menyenangkan. Rutinitas dan keterampilan praktis berkaitan dengan persepsi partisipan terhadap kompetensi diri dan kemungkinan peluang di masa depan. Di tengah berbagai pengalaman tersebut, partisipan tetap menunjukkan keterikatan yang kuat terhadap keluarga, teman, kebebasan, pendidikan, dan kehidupan mereka sebelumnya. Temuan menunjukkan bahwa layanan psikososial dalam lingkungan hunian dapat dialami bukan sebagai suatu intervensi yang berdiri sendiri, melainkan sebagai ekologi relasional sehari-hari, tempat koneksi, partisipasi, dan pembelajaran praktis berlangsung berdampingan dengan batasan institusional serta keberlanjutan keterpisahan dari kehidupan di luar hunian. Oleh karena itu, layanan hunian berbasis komunitas perlu memperhatikan tidak hanya dukungan segera di dalam hunian, tetapi juga otonomi, partisipasi yang bermakna, serta keberlanjutan hubungan dan kesempatan yang aman di luar hunian.

Kata kunci: Kehamilan Tidak Direncanakan; Layanan Hunian; Layanan Berbasis Komunitas; Dukungan Psikososial; Penelitian Kualitatif; Analisis Tematik Refleksif; Indonesia.

Abstract

Unintended pregnancy can disrupt young people's social relationships, educational trajectories, and expectations for the future, while stigma may constrain access to social

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support. Although psychosocial interventions for pregnant adolescents have demonstrated potential benefits, evidence from low and middle income settings remains limited. This study explored how adolescents and young women experiencing unintended pregnancy experienced psychosocial care within a community-based residential setting in Indonesia. A qualitative group interview was conducted with five participants residing at Yayasan Rumah Tumbuh Harapan (Rumah RUTH), a community-based residential organization in Bandung, Indonesia. Participants volunteered to take part following an art-counseling activity. The 45-minute interview was conducted in Indonesian, audio-recorded, manually transcribed, and analyzed using reflexive thematic analysis. Four interconnected themes were developed: entering an unfamiliar life, rebuilding connection through everyday relationships, participation as everyday emotional and social support, and emerging agency through practical competence. Participants described initial discomfort and adjustment to communal living, followed by opportunities for connection with staff, peers, and older residents. Everyday activities provided opportunities for social engagement, learning, and temporary emotional respite, although participation was not uniformly voluntary or enjoyable. Practical routines and skills were associated with participants' perceptions of competence and possible future opportunities. Across these experiences, participants continued to express strong attachment to family, friends, freedom, education, and their previous lives. The findings suggest that psychosocial care in residential settings may be experienced not as a discrete intervention but as an everyday relational ecology in which connection, participation, and practical learning coexist with institutional boundaries and continuing separation from life beyond the residence. Community-based residential care should therefore attend not only to immediate support within the residence but also to autonomy, meaningful participation, and safe continuity of relationships and opportunities beyond it.

Keywords: *Unintended Pregnancy; Residential Care; Community-Based Care; Psychosocial Support; Qualitative Research; Reflexive Thematic Analysis; Indonesia.*

INTRODUCTION

An unintended pregnancy can turn a private reproductive event into a crisis involving relationships, belonging, education, identity, and expectations for the future. For adolescents and young women, these disruptions may occur during a developmental period already characterized by changing relationships, increasing autonomy, and preparation for adult roles. When pregnancy is accompanied by stigma, family conflict, interrupted education, or reduced access to supportive relationships, the consequences may extend beyond the pregnancy itself.

Research on unintended pregnancy has shown that social stigma can shape whom young people feel able to approach and what forms of support they can access. In a qualitative study of young people experiencing unintended pregnancy, stigma influenced disclosure and contributed to selective or reduced access to social support, while participants expressed a need for connection with people who could understand their circumstances (Moseson et al., 2019). Social support during pregnancy is also multidimensional, encompassing emotional, informational, instrumental, and relational forms of assistance (Al-Mutawtah et al., 2023). These findings suggest that psychosocial support cannot be understood simply as the availability of a formal service; the accessibility and meaning of relationships surrounding the individual are equally important.

The need for psychosocial support may be particularly significant among pregnant adolescents. A systematic review of psychosocial interventions targeting pregnant adolescents and adolescent parents found potential benefits for positive mental health and related outcomes, but also identified substantial limitations in the evidence base, including a lack of studies from low- and middle-income countries (Laurenzi et al., 2020). International guidance similarly emphasizes the importance of promotive and preventive mental health interventions and supportive environments for adolescents experiencing adversity, including those affected by pregnancy and other challenging life circumstances (World Health Organization, 2020).

One possible context for such support is community-based residential care. Residential environments differ from conventional outpatient services because psychosocial experiences occur within the same social and physical environment in which individuals live. Support may

therefore be encountered through relationships with staff and peers, shared routines, communal activities, educational opportunities, and practical responsibilities. Research on young people's experiences of residential care has emphasized the importance of relationships, safety, autonomy, participation, and transitions beyond care (Sommerfeldt, 2022). Studies have also shown that resilience among young people in residential care is associated with resources operating across individual, relational, residential, family, and community domains (Pinheiro et al., 2022).

However, identifying protective factors does not fully explain how young people experience those resources in everyday life. A relationship with a staff member may be described as a protective factor, but this does not explain how the relationship becomes accessible, meaningful, or trusted. Likewise, an activity may be available within a residential program without necessarily being experienced as supportive by every resident. Participation may involve choice and contribution for some young people while being experienced as obligation or institutional expectation by others. Recent research has therefore emphasized that participation in residential care is negotiated within everyday institutional structures and power relations (Equit et al., 2025).

Relationships are particularly important in this context. Young people entering residential care may initially experience unfamiliarity and separation from established attachment networks while simultaneously developing new relationships within the residence. Research has demonstrated the importance of relationships between residential staff and young people, while qualitative studies have highlighted family, peer, and staff relationships as meaningful resources from the perspective of adolescents themselves (Göbbels-Koch & Gupta, 2025). A sense of belonging to the residential setting may also connect relational resources with outcomes such as hope and perceived life skills (Sulimani-Aidan & Tayri-Schwartz, 2021). These findings suggest that communal living should not be equated automatically with belonging. Belonging may instead develop through repeated interactions, trust, accessibility, and experiences of being recognized within everyday life.

Everyday participation may also provide opportunities for competence and emerging agency. Household responsibilities, structured activities, education, and practical skills can create situations in which young people learn to manage routines, contribute to shared life, and develop capabilities that may become relevant after leaving care. Developmental perspectives emphasize that young people's capacities emerge through interactions with contextual assets rather than through individual characteristics alone (Lerner et al., 2011). Research on transitions from residential care similarly indicates that practical skills, autonomy, and preparation for life beyond care are interconnected (Calheiros et al., 2013).

These considerations are particularly relevant in Indonesia, where the organization and social meaning of residential care may differ from the contexts in which much of the existing literature has been developed. Indonesian research has increasingly examined the psychological well-being of women experiencing unintended pregnancy (Hardee et al., 2004) and the design of psychosocial programmes for pregnant adolescents (Ermiati et al., 2026), and has examined young people's health and psychosocial experiences in residential settings, but qualitative accounts of how adolescents themselves experience psychosocial care in everyday residential life remain limited. Moreover, research concerning unintended pregnancy in Indonesia has often focused on psychological well-being, stigma, or help-seeking rather than on how psychosocial support is experienced within a residential community.

The present study was conducted at Yayasan Rumah Tumbuh Harapan (Rumah RUTH), a community-based residential organization in Bandung that provides accommodation alongside counseling, education, health-related support, self-development activities, skills training, and other forms of assistance. The organization represents a distinctive context in which psychosocial support is potentially distributed across everyday residential life rather than delivered exclusively through formal counseling.

The study therefore asks: How do adolescents and young women experiencing unintended pregnancy describe their experiences of psychosocial support within a community-based residential setting?

Specifically, the study explores how participants experience residential entry and adjustment, relationships and everyday sources of support, participation in residential activities, and opportunities for practical learning and future-oriented agency. By foregrounding participants' accounts, the study seeks to contribute an experiential understanding of psychosocial care that does not assume that residential services are uniformly beneficial or that adaptation follows a linear trajectory.

RESEARCH METHODES

Research Design

This study employed a qualitative descriptive design (Sandelowski, 2000) to explore how adolescents and young women experiencing unintended pregnancy described their experiences of psychosocial care within a community-based residential setting. A qualitative descriptive approach was considered appropriate because the study sought to provide a rich account of participants' experiences while remaining closely grounded in their own descriptions rather than imposing a highly abstract theoretical interpretation.

The data were analyzed using reflexive thematic analysis following Braun and Clarke's approach (Braun & Clarke, 2021a, 2021b). This analytic approach was selected to identify patterns of meaning across participants' accounts while recognizing the active and interpretive role of the researcher in theme development. Reporting follows the Consolidated Criteria for Reporting Qualitative Research (COREQ), a 32-item checklist covering the research team, study design, data collection, analysis, and reflexivity; the completed checklist is provided as Supplementary File 1, and the interview guide as Supplementary File 2 (Tong et al., 2007).

Study Setting

The study was conducted at Yayasan Rumah Tumbuh Harapan (Rumah RUTH) in Bandung, Indonesia. Rumah RUTH is a community-based residential organization that provides accommodation and psychosocial support for women experiencing unintended pregnancy and related circumstances. Its services include counseling, education, health-related support, self-development activities, skills training, and other forms of assistance.

The residential setting was selected because psychosocial support is provided within an environment in which participants live together rather than through an exclusively outpatient or appointment-based service. This setting therefore provided an opportunity to examine how support was experienced through everyday relationships, routines, activities, and practical responsibilities. Institutional permission to conduct the study was obtained from Rumah RUTH prior to data collection.

Participants and Recruitment

Fifteen adolescents and young participants residing at Rumah RUTH initially participated in an art-counseling activity conducted as part of the broader research context. Following the activity, participants were informed about the qualitative group interview and were invited to volunteer if they wished to share their experiences of residential life. Five participants volunteered and subsequently took part in the group interview. Participation was voluntary, and participants were informed that their decision to participate or decline would not affect their access to residential services or support. For reporting purposes, participants are identified as P1–P5. No personally identifying information is presented in the manuscript. The five participants were aged 12–20 years (mean = 16 years). At the time of the interview, four participants were pregnant, with gestational ages ranging from 9 to 17 weeks, and one participant had already given birth. Participants had lived at the residence for between one week and four months. Their educational backgrounds at the time of entry included junior secondary education and university-level education. The participants had entered the residence through different referral or access pathways; these are reported in aggregate to avoid linking individual characteristics with

identifiable placement histories. Data were collected on 7 August 2026. Given the small number of participants and the fact that the host organisation is identified by name, participant characteristics are reported only in aggregate. Individual-level combinations of age, pregnancy status, gestational stage, educational status, and length of residence could increase the risk of deductive disclosure. No personally identifying information is therefore reported.

Group Interview Procedure

Data were collected through a group interview involving the five participants. The interview lasted approximately 45 minutes and was conducted in Bahasa Indonesia. The session was audio-recorded with permission. The group interview was facilitated by N.A.N., a female researcher with a background in guidance and counseling. N.A.N. had previously interacted with the participants during the preceding art-counseling activity, providing some prior familiarity that may have facilitated rapport during the interview. P.M.A., a female researcher with a background in guidance and counseling, subsequently conducted the initial coding of the transcript. Both researchers were independent of the management of Rumah RUTH. The interview guide focused on participants' experiences of entering the residence, everyday life, relationships with staff and peers, counseling and other sources of support, residential activities, rules and routines, experiences of missing aspects of life outside the residence, and hopes for the future.

Questions were intentionally phrased in everyday language and avoided directly introducing evaluative or psychological concepts such as well-being, resilience, emotional regulation, or therapeutic effectiveness. The interview also avoided leading evaluative questions such as whether participants “liked” or were “happy” living at the residence. This approach was intended to allow participants to describe their experiences in their own terms.

Participants were informed that they could decline to answer questions that made them uncomfortable. The interviewer also clarified that the research team was not part of Rumah RUTH management and that participants' responses would not routinely be shared with residential management, except where disclosure was necessary to address an immediate safety concern. An accompanying adult/caregiver was present during the interview to support participants' comfort. The presence of this adult was also recognized as a contextual factor that could influence participants' willingness to disclose sensitive experiences.

Data Transcription and Preparation

The interview was conducted in Bahasa Indonesia and transcribed manually by the research team. The audio recording was subsequently reviewed against the transcript to check the accuracy of the transcription.

No generative artificial intelligence or automated transcription software was used to transcribe the interview. The Indonesian-language transcript was retained as the primary analytic material. For presentation in the manuscript, selected participant quotations are provided in English translation alongside the original Indonesian wording to preserve both accessibility for international readers and the linguistic context of participants' accounts.

Participant identifiers (P1–P5) were used in the transcript and manuscript to protect confidentiality.

Data Analysis

Data were analyzed using reflexive thematic analysis (Braun & Clarke, 2021a, 2021b). Analysis involved repeated engagement with the transcript, identification of meaningful segments of participants' accounts, development of initial codes, examination of relationships among codes, and construction and refinement of candidate themes.

We conducted coding through repeated engagement with the transcript and identification of meaningful patterns within participants' accounts. Initial codes were subsequently reviewed and discussed with other members of the research team, and candidate themes were refined through iterative discussion and reflexive consideration of alternative interpretations.

1. The analysis resulted in four interconnected themes:
2. Entering an Unfamiliar Life
3. Rebuilding Connection Through Everyday Relationships
4. Participation as Everyday Emotional and Social Support
5. From Competence to Emerging Agency

A cross-cutting tension, connection without replacement, was also identified across the four themes. This was not treated as a separate thematic category because it represented a recurring tension connecting participants' accounts of residential support with their continuing attachment to family, friends, education, freedom, and life outside the residence.

The analysis did not employ statistical measures of coding agreement or inter-coder reliability. Consistent with reflexive thematic analysis, theme development was understood as an interpretive process rather than as a procedure for establishing coder-independent agreement (Braun & Clarke, 2021a, 2021b).

Reflexivity and Researcher Positioning

Reflexive consideration was incorporated throughout the research process. Reflexive notes were maintained to document observations, contextual considerations, and reflections arising during and after data collection. These notes were used to contextualize the interview material and to examine potential researcher assumptions during interpretation rather than as a substitute for participants' accounts.

The research team was not part of the management of Rumah RUTH. However, the interviewer had interacted with the participants previously during the art-counseling activity. This prior familiarity may have facilitated rapport and participant comfort while also potentially influencing the interaction and the content of participants' responses. The group format and the presence of an accompanying adult were also considered during interpretation because both factors could influence disclosure, particularly concerning sensitive experiences. An accompanying adult who was a staff member of Rumah RUTH was present to accompany the participants and help them feel comfortable during the session. The staff member did not participate in the discussion and spoke only when asked to provide factual confirmation. Although the staff member's presence was intended to reduce participants' discomfort, her affiliation with the organisation was recognized as a potential contextual factor that could have influenced what participants felt comfortable disclosing.

This consideration was particularly relevant because participants were discussing their experiences within the residential setting while an organisational staff member was present. Although the interviewer explicitly clarified that the research team was not part of Rumah RUTH management and that participants' responses would not routinely be shared with the management, the presence of a staff member may nevertheless have shaped participants' willingness to express critical or sensitive views. The researchers therefore did not assume that appreciative descriptions of staff or residential support represented entirely unmediated accounts. At the same time, accounts reflecting discomfort, obligation, restrictions, and continuing longing for life outside the residence were retained and treated as analytically significant rather than incidental. Participant member checking was not conducted. Instead, interpretive credibility was supported through repeated engagement with the transcript, reflexive notes, discussion of candidate themes among research team members, and attention to divergent and ambivalent accounts.

RESULT AND DISCUSSION

Results

Overview of Findings

The analysis generated four interconnected themes describing participants' experiences of residential life at Rumah RUTH: (1) Entering an Unfamiliar Life, (2) Rebuilding Connection Through Everyday Relationships, (3) Participation as Everyday Emotional and Social Support, and

(4) From Competence to Emerging Agency. Rather than representing a linear process of recovery or adjustment, the themes illustrate how participants negotiated support, relationships, participation, and practical learning within the residential environment.
Across the four themes, a cross-cutting tension was also identified: connection without replacement. Although participants described meaningful sources of support within the residence, they continued to express attachment to family, friends, freedom, education, and aspects of their lives before entering residential care.

Entering an Unfamiliar Life

Participants described their initial entry into the residence as an experience of unfamiliarity and discomfort. The transition required them to live with people they did not previously know, adjust to different personalities, and adapt to communal routines.
One participant described her initial experience as:

"Awal ya asing-asing terus kayak enggak nyaman … terus kayak kita dipaksa berbaur sama orang-orang yang enggak kita kenal dengan karakter yang berbeda-beda … pokoknya bimbang aja bingung."

"At first, it felt unfamiliar and uncomfortable … it was like we were expected to interact with people we did not know, with different personalities … I just felt uncertain and confused." (P3)

Another participant similarly described initially wanting to return home:

"Pertamanya ya asing aja sama kayak harus berbaur sama orang lain gitu awalnya pengen pulang karena ngerasa nggak betah gitu kayak ini satu rumah sama orang asing."

"At first, it felt unfamiliar, having to interact with other people. At first I wanted to go home because I did not feel comfortable, living in the same house with strangers." (P4)

For P4, the unfamiliarity was also associated with separation from her family:

"Awalnya aku nggak nyaman … kebiasaan sama orang tua ini tiba-tiba jauh gitu."

"At first I was uncomfortable … I was used to being with my parents, and suddenly I was far away from them."

However, participants' accounts also indicated that entering residential life involved learning how to live communally. P4 explained:

"Aku di sini benar-benar banyak belajar kayak berbagi dalam hal apapun gitu."

"Here I really learned a lot about sharing in different ways." (P4)

P5 similarly described learning from older residents:

"Dari yang tua tuh yang umurnya di atas aku berbagi sharing pengalaman kayak cerita gini loh… jadi aku juga banyak dapat eksperiensinya dari situ."

"The older ones shared their experiences and stories, so I also gained a lot of experience from them." (P5)

Daily routines also became part of this learning process. P3 described learning to establish a different daily rhythm:

"Di sini aku kayak belajar bangun pagi…"

"Here I learned to wake up early…" (P3)

Thus, entering the residence involved more than becoming accustomed to a new physical setting. Participants described learning how to share space, interact with unfamiliar people, and participate in a communal routine.

Rebuilding Connection Through Everyday Relationships

Participants identified staff and peers as accessible sources of support within the residence. Support was not limited to formal counseling sessions but could emerge through everyday interactions.

When asked about whom she could approach, one participant responded:

"Sama staf bisa langsung."

"I can talk directly to the staff." (P3)

Peer relationships also provided opportunities for support. P4 stated:

"Bisa-bisa sesama juga bisa… satu teman satu kamar."

"It can also be with peers… with a roommate." (P4)

The residential environment therefore provided multiple relational pathways through which participants could seek or receive support. Staff were identified as accessible adults, while roommates and peers were available within the immediate living environment.

Support also involved learning through the experiences of other residents. P5 described how older residents shared stories and experiences with younger participants, allowing her to gain knowledge from their experiences.

These accounts suggest that relationships within the residence served not only an emotional function but also an informational and experiential one. Participants could learn from people who shared the same residential environment and, in some cases, had spent longer periods there.

Participation as Everyday Emotional and Social Support

Participants described various activities and responsibilities as part of residential life. These activities provided opportunities for interaction, learning, and, for some participants, temporary relief from sadness.

One participant explained:

"Ada kegiatan yang bikin kita tuh lupa sama apa yang bikin kita sedih."

"There are activities that make us forget about what makes us sad." (P3)

This account suggests that participation could temporarily shift participants' attention away from distress. However, the data do not establish that the activities produced a therapeutic or clinical effect.

Participation was also not uniformly experienced as voluntary or enjoyable. When discussing household responsibilities, P3 stated:

"Karena aku terpaksa banget."

"Because I was really forced to." (P3)

P4 did not identify a household activity that she particularly enjoyed.

Participants also differed in their abilities and preferences regarding creative activities. P5 explained:

"Aku tuh sama sekali nggak bisa yang kayak kerajinan kayak mereka-mereka. Tapi mereka selalu kayak excited…"

"I really cannot do crafts like the others at all. But they are always so excited about them…" (P5)

Thus, participation took different forms across participants. Activities could facilitate social interaction and emotional respite, but some responsibilities were experienced as obligatory, and not all activities were equally engaging for everyone.

From Competence to Emerging Agency

Participants described residential life as a context in which they acquired practical knowledge and developed greater familiarity with everyday responsibilities.
One participant described learning through the length of her stay:

"Karena kan aku udah lumayan lama di sini jadi kayak udah belajar banyak gitu kan … aku tahu terapin itu semua … di sini tuh aku belajar mandiri banget … kelas-kelas itu bikin nambah ilmu … kalau dikembangin mungkin bisa jadi ini penghasilan."

"Because I have been here for quite a long time, I have learned many things … I know how to apply them … here I have really learned to be independent … the classes have added to my knowledge … if I develop them, maybe they could become a source of income." (P3)

The account connects practical learning with a perception of increasing independence and a possible future use of acquired skills. Importantly, the participant described a potential source of income rather than an actual livelihood outcome.
Another participant described a more immediate practical benefit of learning sewing:

"Kalau aku jadi bisa ngajain sih. Jadi kalau misalkan ada yang sobek jadi bisa diulin sendiri."

"For me, I learned how to do it. So if something is torn, I can repair it myself." (P4)

Practical competence was also connected to participants' expectations for themselves after leaving the residence. P4 expressed:

"Semoga keluar dari sini aku jadi diri yang lebih baik lagi, lebih dewasa dalam mengambil tindakan atau melakukan sesuatu sih."

"I hope that when I leave here, I will become a better version of myself, more mature in making decisions or taking action." (P4)

These accounts indicate that agency emerged through ordinary forms of competence and future-oriented reflection. However, participants did not describe the same degree of certainty about their future, suggesting that emerging agency was uneven rather than a uniform outcome of residential living.

Connection Without Replacement: A Cross-Cutting Tension

Across the four themes, participants continued to express strong attachment to people, activities, and aspects of life outside the residence.
P5 described several sources of longing:

"Banyak, banyak banget yang pertama pasti keluarga ya kedua teman-teman aku yang ketiga kehidupan aku sebelum-sebelumnya…"

"Many, so many things. First, definitely my family; second, my friends; and third, my life before." (P5)

P4 similarly described missing freedom:

"Kangen ya kebebasan sebelum masuk sini."

"I miss the freedom I had before coming here." (P4)

Participants also referred to aspects of education and their lives before entering the residence. For one participant, university education had been interrupted, including taking leave from the semester. These accounts demonstrate that the residential environment did not replace participants' previous social worlds. Rather, support within the residence coexisted with continuing attachment to family, friends, education, freedom, and previous routines.
This cross-cutting tension is important for interpreting the four themes. Participants could experience connection and learning within the residence while simultaneously experiencing separation from people and activities outside it. Residential psychosocial care was therefore

experienced within a transitional space rather than as a complete replacement for participants' lives beyond the residence.

Discussion

The findings of this study suggest that psychosocial care within a community-based residential setting is experienced less as a discrete psychological service and more as an ongoing part of everyday residential life. Participants described support through relationships with staff and peers, shared routines, participation in activities, and opportunities to acquire practical skills. At the same time, these experiences were not uniformly positive or linear. Participants also described discomfort during entry, obligatory aspects of residential participation, restrictions associated with communal living, and continuing longing for family, friends, education, freedom, and life outside the residence. Taken together, the findings suggest that residential psychosocial care is best understood as an everyday relational ecology, in which supportive experiences emerge through ordinary interactions and activities while remaining shaped by institutional boundaries and separation from previous social environments.

We use the term *everyday relational ecology* to describe the configuration of relationships, shared routines, activities, and institutional conditions through which psychosocial support is encountered in the ordinary course of residential life, rather than primarily through designated therapeutic encounters. The term is used here as an interpretive description of the interconnected conditions surrounding participants' everyday experiences, rather than as an operationalization of a formal ecological theory or developmental model. This distinction is important because the present study did not set out to test or apply a specific ecological framework. Instead, the concept emerged inductively from participants' accounts of how support, participation, relationships, and institutional boundaries were experienced together in daily residential life.

Psychosocial Care as Everyday Relational Infrastructure

One of the central findings is that participants did not describe psychosocial support primarily in terms of formal counseling or specialized psychological interventions. Instead, support was encountered through accessible relationships embedded in everyday residential life. Participants identified staff and peers as people they could approach when they needed someone to talk to, while older residents also became sources of experiential knowledge and informal guidance. This finding is consistent with research conceptualizing social support as multidimensional, encompassing emotional, informational, instrumental, and relational forms of assistance (Al-Mutawtah et al., 2023).

The importance of these everyday relationships is particularly relevant in the context of unintended pregnancy, where stigma and fear of judgment may shape decisions about disclosure and support-seeking. Previous qualitative research has shown that young people experiencing unintended pregnancy may selectively disclose their circumstances because of anticipated stigma and may value relationships in which they feel understood rather than judged (Mahanaimy & Moseson, 2023; Moseson et al., 2019). From this perspective, the accessibility of staff and peers within a residential setting may represent more than simple availability of social contact. It can create relational pathways through which young people can seek emotional or practical support without having to initiate a formal counseling encounter each time support is needed.

This finding also corresponds with qualitative research on residential care, which has emphasized the importance of trusting relationships between young people and caregivers and the role of everyday interactions in creating experiences of care, belonging, and participation (Göbbels-Koch & Gupta, 2025; Sommerfeldt, 2022). Residential care may therefore function as a relational environment in which support is produced through repeated contact and familiarity rather than only through scheduled services.

However, the findings should not be interpreted as evidence that residential proximity automatically produces belonging or psychological well-being. Participants' accounts of initial unfamiliarity and discomfort demonstrate that entering a residential environment can itself be

socially and emotionally disruptive. The development of supportive relationships appears to depend on time, repeated interaction, and opportunities to become familiar with others. Thus, residential care provides the conditions in which relational support can develop, but does not guarantee that such support will be experienced in the same way by every resident.

This distinction is important for community-based psychosocial care. Rather than evaluating a residential program solely according to the formal services it provides, attention should also be given to the relational infrastructure of everyday life: whether staff are accessible, whether peers can become meaningful sources of support, whether residents feel recognized, and whether the environment allows relationships to develop without excessive pressure.

Participation as Supportive but Negotiated

Participants also described residential activities as part of their psychosocial experience. Activities provided opportunities to interact with others, learn new things, and temporarily shift attention away from sadness or distress. This account suggests that participation may provide emotional respite, but it should not be interpreted as evidence of a therapeutic effect.

This distinction is important because activities within residential programs can have multiple meanings. An activity may be designed by providers as supportive while being experienced by residents as enjoyable, meaningful, neutral, or burdensome. The present findings illustrate this ambivalence. Although participants described positive aspects of activities and shared learning, some household responsibilities were described as obligatory, and not all participants enjoyed or felt capable of participating in the same activities.

Such findings resonate with recent research on participation among young people in residential care, which conceptualizes participation as something negotiated within institutional structures rather than simply a matter of whether opportunities are formally provided (Equit et al., 2025). Participation is therefore shaped by the degree of choice available to young people, the expectations attached to activities, relationships with adults and peers, and the institutional routines within which participation occurs.

The findings further suggest that participation should not be equated with engagement in every available activity. One participant acknowledged being unable to participate in certain craft activities in the same way as other residents while observing their enthusiasm. This indicates that meaningful participation may take different forms across individuals. Some residents may engage through practical tasks, others through social interaction, and others through observation or informal conversation.

For community-based residential care, this implies that activities may be more supportive when residents have opportunities to negotiate how they participate rather than being expected to engage identically. Providing choice, allowing alternative forms of contribution, and distinguishing between therapeutic activities and routine household responsibilities may help prevent psychosocial support from becoming indistinguishable from institutional obligation.

From Practical Competence to Emerging Agency

A further contribution of the findings concerns the relationship between everyday residential responsibilities, practical learning, and emerging agency. Participants described learning routines such as waking earlier, managing household responsibilities, and acquiring practical skills. Sewing, for example, was described not only as a skill learned within the residence but also as something that could potentially be useful beyond the residential setting.

These accounts can be understood in relation to developmental perspectives emphasizing that young people's competencies emerge through interactions with their environments and through opportunities to exercise responsibility and develop capabilities (Lerner et al., 2011). Research on transitions from residential care has similarly highlighted the importance of practical skills, autonomy, and preparation for life beyond care (Calheiros et al., 2013).

Importantly, the present findings do not demonstrate that residential participation produces economic independence or successful transition outcomes. The participant's reference

to the possibility that sewing could become a source of income represents an anticipated future possibility rather than an observed outcome. Likewise, describing increased independence should not be interpreted as evidence of generalized empowerment. Rather, the findings indicate that ordinary activities can create small and situated experiences of competence from which future-oriented agency may begin to emerge.

This is particularly relevant because agency in residential settings is inherently contextual. Young people may develop new skills while simultaneously living within rules and structures over which they have limited control. The coexistence of competence and constraint is therefore important. Learning to manage one's routine, repair clothing, or contribute to shared household life may increase perceived capability, but these experiences occur within an environment where freedom of movement, communication, and daily choices may also be restricted.

The findings consequently support a more nuanced understanding of empowerment in residential psychosocial care. Rather than treating empowerment as a discrete program outcome, residential settings may contribute to emerging agency by creating repeated opportunities for young people to do, decide, contribute, and imagine possible futures. The extent to which such agency can be sustained after leaving the residence, however, remains an important question for future research.

Connection Without Replacement

Across the four themes, a persistent tension emerged between connection within the residence and attachment to life outside it. Participants described staff, peers, and other residents as sources of support, yet they continued to express strong longing for family, friends, freedom, education, and their previous lives. This finding is important because it challenges an assumption that successful adaptation to residential life necessarily involves replacing previous social environments with new ones.

Research on unintended pregnancy has consistently demonstrated the importance of social support and the potential consequences of stigma for young people's relationships and well-being (Al-Mutawtah et al., 2023; Hardee et al., 2004; Moseson et al., 2019). At the same time, residential care literature indicates that relationships within care settings can provide meaningful experiences of safety, recognition, and belonging (Göbbels-Koch & Gupta, 2025; Sommerfeldt, 2022; Sulimani-Aidan & Tayri-Schwartz, 2021). The present study brings these strands together by showing that new relational connections do not necessarily diminish the significance of pre-existing attachments.

In this sense, residential care can provide connection without becoming a replacement for the social world from which young people have been separated. This distinction may be particularly important for adolescents and young women experiencing unintended pregnancy, whose residential placement may involve disruption to education, family relationships, friendships, and ordinary developmental experiences.

The continued longing expressed by participants should therefore not necessarily be interpreted as evidence that residential support was unsuccessful. Rather, it may reflect the coexistence of two legitimate needs: the need for safety and support in the present residential environment and the need to maintain meaningful connections and possibilities beyond that environment. A young person can appreciate relationships developed within the residence while simultaneously wanting to return to family, education, friendships, or greater freedom.

This interpretation also complicates a linear model of psychosocial adjustment. Participants' experiences cannot be reduced to a progression from distress to adaptation and then to successful independence. Instead, support, adaptation, longing, competence, and constraint may coexist. Residential psychosocial care is consequently better understood as a process of negotiating connection across different social worlds.

Implications for Community-Based Psychosocial Care

The findings have several implications for the design of community-based residential psychosocial care for young people experiencing unintended pregnancy.

First, relational accessibility should be treated as a core component of care. Formal counseling remains important, but participants' accounts indicate that support may also depend on whether staff and peers are approachable in everyday situations. Residential programs may therefore benefit from creating environments in which young people can seek support informally while retaining access to professional counseling when needed.

Second, participation should be meaningful and negotiated rather than assumed to be beneficial simply because activities are available. Activities can provide opportunities for social connection and emotional respite, but compulsory participation may produce a different experience. Programs should therefore consider individual preferences, different forms of participation, and the balance between communal responsibilities and personal choice.

Third, practical learning should be connected to future transition planning. Everyday routines and skills may provide opportunities for competence, but these opportunities could be strengthened when linked to realistic pathways for education, vocational development, and life after residential care. This is particularly relevant because participants' aspirations were not uniformly clear or developed.

Finally, continuity beyond the residence should be considered part of psychosocial care rather than an issue that begins only at discharge. Participants' continued attachment to family, friends, education, and freedom suggests that residential support should ideally complement rather than sever meaningful relationships and developmental opportunities outside the residence. Where safe and appropriate, transition planning may therefore need to include continuity of supportive relationships, educational pathways, and opportunities for independent participation in community life.

Contribution to the Literature

The main contribution of this study lies in shifting attention from psychosocial care as a collection of formal services toward psychosocial care as an everyday relational ecology. Existing research has established the importance of social support, relationships, participation, autonomy, and practical preparation in the lives of young people experiencing adversity and residential care (Calheiros et al., 2013; Equit et al., 2025; Göbbels-Koch & Gupta, 2025; Pinheiro et al., 2022; Sommerfeldt, 2022; Sulimani-Aidan & Tayri-Schwartz, 2021). The present findings extend this literature by showing how these elements can become intertwined within the everyday experience of a community-based residential setting for young people experiencing unintended pregnancy.

The contribution is therefore not to suggest that residential care is inherently beneficial, nor to establish its clinical effectiveness. Instead, the study demonstrates how psychosocial care is experienced and negotiated from within residential life itself. This perspective may be particularly valuable for understanding community-based models in settings where formal mental health services are limited and psychosocial support is necessarily integrated into broader social and residential environments.

Limitations

Several limitations should be weighed alongside these findings. The dataset comprises a single group interview of approximately 45 minutes with five participants, which yielded limited speaking time per person and constrained how far any individual account could be pursued. Participants were volunteers drawn from a larger group of fifteen, so those who chose to participate in the interview may have differed from those who did not, including in their willingness to discuss their experiences or their perceptions of the residence.

Three features of the interview situation may have shaped what could be said. First, the interviewer had previously interacted with the participants during the preceding art-counseling

activity. This prior familiarity may have supported rapport and participant comfort while also potentially influencing the interaction and making some critical accounts more difficult to voice. Second, an accompanying staff member from Rumah RUTH was present throughout the session. Although the staff member did not participate in the discussion except when asked to provide factual confirmation, her organisational affiliation may have influenced participants' willingness to disclose critical or sensitive experiences. Third, the group format itself may have encouraged agreement, elaboration, or reticence among participants. Because participant interaction was not treated as a unit of analysis, the study cannot determine the extent to which individual accounts were shaped or co-produced through the group interaction.

Participant member checking was not conducted, and the analysis was not triangulated with accounts from staff, counsellors, or families. The findings therefore reflect the participants' accounts as interpreted through the research team's reflexive thematic analysis rather than a triangulated account of the residential setting. Quotations were translated from Bahasa Indonesia into English, and some nuance in colloquial expression may inevitably be reduced in translation. Presenting the Indonesian originals alongside the English translations helps preserve linguistic context but does not eliminate this limitation.

An additional limitation concerns the scope of the interview. The interview focused primarily on participants' experiences of everyday residential life, including relationships, routines, activities, support, restrictions, and hopes for the future, rather than exploring unintended pregnancy itself in depth. This focus was an intentional ethical consideration aimed at protecting participants' psychological safety and reducing the potential for distress when discussing sensitive or emotionally difficult experiences**.** Consistent with this approach, the interview guide was structured to begin with relatively safe, everyday experiences and to avoid opening with questions about family, past experiences, or the reasons participants were staying at the residence. Consequently, the study does not provide a detailed account of participants' experiences of pregnancy, including disclosure, stigma, pregnancy-related decision-making, or anticipated motherhood. The findings should therefore be understood as an account of psychosocial care as experienced within residential life among young women residing at Rumah RUTH following unintended pregnancy, rather than as an account of the lived experience of unintended pregnancy itself.

Finally, the study was conducted in a single community-based residential setting in Indonesia, and the findings are offered as a contextualised account rather than as a basis for statistical generalisation. Transferability to other residential settings or populations should be considered in relation to differences in organisational practices, participant characteristics, cultural context, and forms of psychosocial support.

CONCLUSION

This study shows that psychosocial care within a community-based residential setting is experienced through the everyday social and practical conditions of residential life rather than through formal psychological services alone. Participants described support through relationships with staff and peers, shared routines, participation in activities, and opportunities to develop practical skills. These experiences created opportunities for connection, emotional respite, competence, and emerging agency, while also coexisting with institutional boundaries, obligatory aspects of residential life, and continuing attachment to people and experiences outside the residence.

The central contribution of this study is the conceptualization of residential psychosocial care as an everyday relational ecology. From this perspective, the psychosocial meaning of care does not reside solely within individual counseling sessions or designated interventions. Instead, it is produced and negotiated through ordinary interactions, routines, relationships, participation, and opportunities to learn within the residential environment. At the same time, these

experiences should not be assumed to be uniformly positive or to represent a linear process of adjustment or recovery.

For adolescents and young women experiencing unintended pregnancy, community-based residential care may therefore be strengthened by combining accessible and trusting relationships, meaningful and negotiated participation, opportunities for practical learning, and preparation for transitions beyond residential life. Maintaining safe and appropriate continuity with family, education, friendships, and other valued aspects of life outside the residence may be equally important. The findings do not establish clinical effectiveness or long-term psychological outcomes; rather, they provide an experiential account of how psychosocial care is understood and negotiated by young people living within a residential setting.

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