



RESEARCH ARTICLE

Subjective Well-Being among Balinese Women Experiencing *Sing Beling Sing Nganten*: A Phenomenological Study of Fertility, Family Support, and Patrilineal Culture

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Abstract. The phenomenon of *sing beling sing nganten* reflects the complex interplay among marital norms, fertility expectations, and the patrilineal kinship system in the lives of Balinese women. This study aimed to explore the subjective well-being of Balinese women who experienced *sing beling sing nganten*, particularly in relation to life satisfaction, positive affect, negative affect, and the contextual factors shaping their interpretations of these experiences. A qualitative approach with a descriptive phenomenological design was employed. Five married Balinese women with children were recruited through snowball sampling and participated in semi-structured interviews. The findings revealed six major themes underlying subjective well-being: pregnancy as proof of fertility and a pathway to marriage; life satisfaction as negotiated acceptance between expectations and reality; children as sources of meaning, self-worth, and familial legitimacy; uneven relational support; negative affect arising from stigma and postmarital life pressures; and strategies for adaptation and meaning-making. The participants' subjective well-being was characterized by ambivalence, as gratitude, family acceptance, and happiness associated with having children coexisted with stigma, economic strain, disrupted life plans, and domestic role demands. These findings highlight that subjective well-being should be understood contextually as an ongoing negotiation among women's agency, relational support, and patrilineal sociocultural structures. The study has implications for culturally sensitive psychological and family support.

Keywords: *sing beling sing nganten*; subjective well-being; Balinese women; premarital pregnancy; patrilineal culture; fertility; family support; descriptive phenomenology.

INTRODUCTION

Balinese society has historically been shaped by a patrilineal social and kinship system in which family lineage, social position, and various customary obligations are transmitted through the male line. Within the *purusa* marriage system, men occupy an important position as continuers of the family lineage; consequently, having descendants—particularly sons—carries strong social, cultural, and familial significance. Research on the marital experiences and fertility decisions of Balinese Hindu women indicates that expectations to bear male heirs remain an important part of women's reproductive experiences, alongside demands to fulfill domestic, economic, reproductive, and customary roles (Titisari et al., 2024). More recent findings further suggest that Balinese women must negotiate their fertility preferences and reproductive autonomy within the demands of a patrilineal system, household economic circumstances, and social expectations

concerning the number and sex of children (Sukardiasih et al., 2025a). Thus, in this context, pregnancy and the ability to bear children are not merely individual biological experiences but are also closely related to women's positions within the family and the broader sociocultural structure.

Within this context, the discourse of *sing beling sing nganten*, which can literally be translated as “no pregnancy, no marriage,” has emerged. The term refers to a practice or belief in which marriage takes place after a woman is confirmed to be pregnant, such that pregnancy may function as proof of fertility before marriage. Rather than describing this phenomenon as “increasingly prevalent”—a claim that would require representative prevalence data—it is more appropriate to state that *sing beling sing nganten* has been documented and has received growing attention in social, legal, gender, and Balinese cultural studies (Dewi et al., 2023; Sarasvati et al., 2025; Sukardiasih et al., 2025a). Recent discourse analysis suggests that the phenomenon is associated with several intersecting ideologies, including the importance of lineage continuity, the spiritual meaning of offspring, constructions of women's bodies and fertility, and the development of social acceptance of the practice (Sukardiasih et al., 2025a). Other studies have similarly described *sing beling sing nganten* as a practice that cannot be separated from gender norms and power relations that may influence women's reproductive autonomy, social

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position, and psychological well-being (Sarasvati et al., 2025).

The phenomenon of *sing beling sing nganten* reflects a complex normative contradiction. On the one hand, pregnancy before marriage may be viewed as inconsistent with social and moral norms and with ideal expectations regarding the sequence of relationships, marriage, and reproduction. Premarital pregnancy in Indonesia also remains associated with stigma, women's social reputation, family relationships, educational continuity, and pressure to marry as a means of obtaining social legitimacy (Asriani, 2020; Ayuandini et al., 2023). On the other hand, in certain contexts, pregnancy may receive family acceptance because it is regarded as evidence of a woman's ability to bear children and may strengthen the continuation of the relationship toward marriage. Among Balinese women, decisions related to becoming pregnant before marriage have also been reported to involve a desire to demonstrate fertility, gain acceptance from the partner's family, maintain the relationship, and reduce concerns about reproductive capacity after marriage (Saraswati & Tobing, 2016). Social norms surrounding marriage and motherhood further shape expectations that marital success is associated with the ability to have children (Spagnoletti et al., 2018). Women may therefore experience stigma for becoming pregnant before marriage while simultaneously gaining social legitimacy once their fertility has been demonstrated. These consequences are not necessarily distributed equally between women and men, because judgments regarding pregnancy and fertility are more directly attached to women's bodies and identities (Dewi et al., 2023; Tohid et al., 2021). Accordingly, women's psychological experiences of *sing beling sing nganten* are better understood as a process of negotiation among gender norms, fertility expectations, family acceptance, social reputation, partner relationships, and women's agency in making sense of their reproductive experiences.

A preliminary study conducted from March to April 2025 with three Balinese women who had experienced *sing beling sing nganten* and subsequently married provided an initial indication of this complexity. The preliminary study was positioned as an exploratory phase intended to refine the research focus and inform the development of the interview guide rather than as part of the primary study data. The initial interviews revealed emotionally ambivalent experiences. The women described sadness, concerns about bringing shame upon themselves and their families, and anxiety regarding social judgment associated with becoming pregnant before marriage. At the same time, however, these experiences were accompanied by feelings of happiness or relief because pregnancy was perceived as evidence of their ability to have children. Acceptance and support from extended family members after the pregnancy became known also provided a sense of security in coping with the situation. These preliminary findings suggest that women's experiences cannot be categorized as entirely negative or entirely positive; rather, they may involve simultaneous evaluations of life and emotional responses.

This complexity can be meaningfully understood through the framework of subjective well-being. Subjective well-being refers to how individuals evaluate and experience their lives based on their own subjective judgments. The construct generally comprises a cognitive component, namely life satisfaction, and affective components consisting of positive affect and negative affect (Diener et al., 2018a; Diener et al., 2018b). Life satisfaction reflects an individual's evaluation of the extent to which current life circumstances correspond with personally

important standards, goals, and expectations, whereas positive and negative affect reflect pleasant and unpleasant emotional experiences, respectively. Empirical support for this multidimensional structure was also reported in Busseri's (2018) meta-analysis, which demonstrated that life satisfaction, positive affect, and negative affect are interrelated yet retain distinct variance. A large-scale longitudinal meta-analysis further showed that these three components may follow different developmental trajectories across the life span and therefore should not be treated as interchangeable indicators (Buecker et al., 2023). These findings are consistent with Busseri and Quoidbach (2022), who demonstrated that individuals may experience satisfaction with certain aspects of their lives while simultaneously experiencing negative affect in response to particular difficulties.

This framework is particularly important because subjective well-being should not be understood simply as a state of "feeling happy" or as the absence of negative emotions. Life evaluations are shaped by personal standards that develop through social experiences, interpersonal relationships, values, and the cultural contexts in which individuals live. Cross-cultural research indicates that conceptualizations of well-being contain relatively universal elements while also differing in the emphasis placed on family relationships, social participation, spirituality, economic security, and community values (Sollis et al., 2024). In addition, cultural norms concerning the expression and valuation of positive emotions may influence how individuals evaluate happiness and their overall lives (Kim & Sasaki, 2024). These findings reinforce the view that the factors associated with subjective well-being are not entirely universal (Diener et al., 2018a; Diener et al., 2018b). Therefore, among Balinese women who experience *sing beling sing nganten*, life satisfaction, positive affect, and negative affect should be situated within a configuration of local values that includes the meaning of fertility, family acceptance, relationships with partners, the presence of children, customary expectations, economic circumstances, spirituality, and experiences of social stigma.

Social relationships and family support are also relevant to understanding these dynamics. A systematic review of pregnancy and subjective well-being found that support from partners and family members is closely associated with women's well-being during pregnancy (Battulga et al., 2021), while a meta-analysis of 67 studies demonstrated that low social support during pregnancy is associated with a greater risk of mental health problems, including antenatal depression and anxiety (Bedaso et al., 2021). More recent evidence indicates that women experience support during pregnancy as multidimensional, encompassing emotional support, partner attention, instrumental and financial assistance, networks of other women, support from their families of origin, and spiritual support (Al-Mutawtah et al., 2023). A mixed-methods systematic review likewise found that inadequate support from partners, family members, and friends is associated with increased symptoms of depression and anxiety during the perinatal period (Sufredini et al., 2022). In the context of *sing beling sing nganten*, family support may therefore function as a protective resource that helps women cope with social and psychological pressures. However, such support also requires critical consideration when acceptance becomes stronger only after a woman is perceived to have demonstrated her fertility. In other words, interpersonal sources of support that enhance well-being may simultaneously operate within social norms that impose reproductive expectations on women.

A growing body of research has provided an important foundation for understanding premarital pregnancy and *sing beling sing nganten*, although the existing literature remains fragmented. Studies of *sing beling sing nganten* have primarily examined women's position from legal and social perspectives (Dewi et al., 2023), the ideologies and power relations underlying the discourse (Sukardiasih et al., 2025a), and the potential use of community-based interventions to address associated gender and reproductive issues (Sarasvati et al., 2025). Meanwhile, psychological research on women or adolescents who experience pregnancy outside marriage in Indonesia has examined meaning in life (Sahertian & Huwae, 2023) and the association between forgiveness and subjective well-being among adolescents from other ethnic contexts (Ndoloe & Huwae, 2024). The broader literature on premarital pregnancy in Indonesia also demonstrates that women's experiences intersect with social stigma, family reputation, decisions regarding marriage, educational continuity, and negotiations concerning their future (Asriani, 2020; Ayuandini et al., 2023). However, this literature has not specifically explained how Balinese women who experience *sing beling sing nganten* evaluate their lives and experience positive and negative affect within the configuration of patrilineal culture, fertility expectations, family acceptance, social stigma, and changing roles after marriage. This gap highlights the need for a phenomenological exploration that places women's subjective experiences at the center of analysis while recognizing that the meaning of well-being is constructed within the social and cultural contexts in which those experiences occur.

Accordingly, the research gap lies not merely in the limited number of studies examining subjective well-being but also in the insufficient understanding of the subjective processes that connect women's individual experiences with the sociocultural structures surrounding them. A phenomenological approach is needed to understand how women themselves make sense of these experiences, including possible ambivalence between gratitude and pressure, acceptance and the loss or postponement of life plans, happiness associated with having children and economic burden, and family acceptance alongside social stigma. This perspective also avoids pathologizing *sing beling sing nganten*. Rather, the phenomenon is more appropriately understood as a sociocultural issue that may have multidimensional implications for gender relations, reproductive autonomy, family relationships, and psychological well-being without pathologizing either the women who experience it or Balinese culture as a whole.

Based on these gaps, this study was guided by three primary research questions: How do Balinese women who have experienced *sing beling sing nganten* evaluate their life satisfaction? How do positive and negative affect emerge and acquire meaning within their lived experiences? How do family context, partner relationships, offspring, socioeconomic circumstances, stigma, and Balinese cultural values shape their experiences of subjective well-being? Accordingly, this study aimed to explore in depth the dynamics of subjective well-being among Balinese women who have experienced *sing beling sing nganten* through the dimensions of life satisfaction, positive affect, and negative affect, while also examining the contextual factors that shape how they make sense of their lives. Through this focus, the study seeks to extend understanding of subjective well-being as an experience that is not solely individual but is also constructed and negotiated through family relationships, gendered expectations, and the sociocultural system within which women live.

METHODS

Research Design

This study employed a qualitative descriptive phenomenological design grounded in the descriptive-transcendental tradition to explore the lived experiences and subjective well-being of Balinese women who had experienced *sing beling sing nganten*. The study focused on how participants evaluated their lives, experienced positive and negative affect, and interpreted these experiences within familial and Balinese sociocultural contexts (Moustakas, 1994).

Diener's subjective well-being framework was used as a sensitizing framework to guide exploration of life satisfaction, positive affect, and negative affect without restricting participants' experiences to predetermined categories. The analysis remained open to contextual meanings related to fertility, children, family and partner relationships, stigma, economic pressures, and Balinese cultural values. Reporting followed established qualitative research guidance concerning participants, researcher-participant relationships, reflexivity, data collection, analysis, and credibility (O'Brien et al., 2014; Tong et al., 2007).

Participants and Recruitment

Five Balinese women who had experienced *sing beling sing nganten* participated in the study. All were married, had children, were aged 27–35 years, and communicated in Indonesian. Eligibility criteria included being a Balinese woman aged 18–35 years, having experienced *sing beling sing nganten*, being able to communicate in Indonesian, and providing informed consent. Three participants were homemakers and two were self-employed; age at first pregnancy ranged from 17 to 28 years. Pasted markdown

Participants were recruited through snowball sampling. Each prospective participant received information about the study before voluntarily agreeing to participate. The sample size reflected the phenomenological emphasis on depth and richness of lived experience rather than statistical representation.

Data Collection

Data were collected through face-to-face, semi-structured interviews conducted at mutually agreed locations and times to ensure participant comfort and privacy. The interview guide addressed life satisfaction, positive affect, and negative affect (Diener et al., 2018a), together with open-ended questions concerning *sing beling sing nganten*. Probing explored partner and family relationships, children, economic circumstances, employment, stigma, fertility, and Balinese cultural values. The guide remained flexible to follow participants' narratives. Interviews were audio-recorded using a mobile phone, and field notes were taken to document relevant contextual information.

Researcher Reflexivity

Interviews were conducted by a female Balinese researcher familiar with local customs and social values. This cultural proximity facilitated contextual understanding but also created the possibility of taken-for-granted assumptions. Therefore, open-ended questions and probing were used to privilege participants' own interpretations.

The interviewer had no prior relationship with the participants. Throughout the study, the researcher practiced *epoché* or bracketing by consciously suspending prior assumptions about *sing beling sing nganten*, fertility, premarital pregnancy, and women's position within Balinese culture (Moustakas, 1994).

Procedure

Ethical approval was obtained from the Research Ethics Committee of the Faculty of Psychology, Universitas Muhammadiyah Malang (No. E.6.m/344/KE-FPsi-UMM/VII/2025). Before data collection, participants received information regarding the study purpose, procedures, confidentiality, audio recording, voluntary participation, and their right to decline questions or withdraw without consequences. Written informed consent was obtained from all participants. Pasted markdown

To protect confidentiality, participants were identified using the codes ED, L, G, E, and Y, and potentially identifying information was removed or anonymized. Interviews lasted approximately 30–50 minutes and provided participants with opportunities to describe their experiences in their own words.

Data analysis

The interview transcripts were initially read repeatedly to facilitate familiarization with and immersion in the data. Data were analyzed using the Miles and Huberman model (as cited in Sugiyono, 2023), which involves several interrelated stages. After all collected data had been organized into a coherent dataset, the next stage involved data display, followed by conclusion drawing and verification. The credibility and validity of the findings were assessed using criteria described by Sugiyono (2023) and Creswell (2024), which incorporated several strategies. The researchers engaged in prolonged observation and enhanced analytical rigor through careful observation and interviewing. Triangulation, consideration of negative or discrepant information, the use of supporting reference materials, and the development of rich and detailed descriptions were also employed to strengthen the findings. These procedures were complemented by member checking and peer debriefing to enhance the accuracy of the data and the credibility of the interpretations.

Table 1. Participant Demographic Characteristics

Characteristic	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
Initial	ED	L	G	E	Y
Age	27 years	30 years	35 years	35 years	29 years
Occupation	Homemaker	Homemaker	Self-employed	Self-employed	Homemaker
Ethnicity	Balinese	Balinese	Balinese	Balinese	Balinese
Religion	Hindu	Hindu	Hindu	Hindu	Hindu
Age at first pregnancy	26 years	28 years	17 years	21 years	21 years

Tabel 2. Thematic Matrix of Subjective Well-Being Experiences among Balinese Women Who Experienced *Sing Beling Sing Nganten*

Main theme	Subtheme	Brief description	Representative quotation
Pregnancy as proof of fertility and a pathway to marriage	Fertility, partner commitment, marriage	Pregnancy was interpreted as confirmation of the ability to have children and as a factor that accelerated the transition to marriage.	"If I got pregnant, it meant that a husband was also looking for a wife who could have children..." (L, pp. 89–91)
Life satisfaction as negotiated acceptance	A sense of sufficiency, acceptance, postponed expectations	Life evaluations did not always indicate complete satisfaction but reflected negotiation between current circumstances and previous expectations.	"I wouldn't say it's complicated, but I wouldn't say it's easy either. I just live through it as best as I can and try to be patient." (L, p. 25)
Children as sources of meaning and self-worth	Offspring, sons, motherhood	Children became sources of gratitude, happiness, and self-worth; for some participants, sons held particular significance as family successors.	"...having my first child, a boy, made me proud to be a woman..." (L, pp. 31–33)
Relational support as a buffer of well-being	Partner, family, siblings, material support	Support varied across participants, ranging from emotional and financial assistance to experiences of inadequate partner support.	"In terms of support, everyone supported me..." (Y, p. 70)
Negative affect arising from different sources	Stigma, economic difficulties, parenting, relationships, pregnancy-related anxiety	Some negative affect was directly related to the stigma of premarital pregnancy, whereas other negative experiences emerged from married life and parenting.	"A woman who gets pregnant outside marriage will definitely be labeled... as not a good woman." (L, pp. 77–79)
Strategies for adaptation and meaning-making	Coping, religion, self-acceptance, social relationships	Participants managed distress through social activities, family support, emotion regulation, religious beliefs, and positive meaning-making.	"I am Hindu, and in Hinduism there are the concepts of Dharma and Karma Phala..." (ED, p. 127)

RESULTS OF STUDY

Analysis of the experiences of the five participants showed that the subjective well-being of Balinese women who experienced *sing beling sing nganten* was not shaped by entirely positive or entirely negative experiences. Rather, their experiences reflected an interconnected dynamic involving proof of fertility, changes in life plans, family acceptance, the presence of children, partner support, economic pressures, social stigma, and adjustment after marriage. Although the dimensions of life satisfaction, positive affect, and negative affect provided the initial framework for data exploration, the analysis generated empirical themes that extended beyond these three categories. Six major themes were identified: (1) pregnancy as proof of fertility and a pathway to marriage; (2) life satisfaction as negotiated acceptance between expectations and reality; (3) children as sources of meaning, self-worth, and familial legitimacy; (4) relational support as an uneven buffer of well-being; (5) negative affect arising from the stigma of *sing beling sing nganten* and pressures of postmarital life; and (6) strategies for adaptation and meaning-making (see table 2).

Pregnancy as Proof of Fertility and a Pathway to Marriage

The experience of *sing beling sing nganten* showed that pregnancy before marriage was not interpreted solely as a reproductive event but was also associated with relationship continuity, proof of the ability to bear children, and the decision to marry. For several participants, becoming pregnant brought a sense of relief because it reduced concerns about potentially being unable to have children after marriage. In this sense, pregnancy carried an ambivalent meaning: it occurred before marriage but was simultaneously regarded as confirmation of fertility. Therefore, pregnancy was not always perceived as the end of a relationship or as an entirely unacceptable condition; instead, it could become an event that accelerated the decision to marry.

The significance of fertility was explicitly expressed by several participants. Participant L, for example, associated pregnancy with a woman's ability to provide offspring and with concerns about social judgment if she were unable to have children after marriage.

"If I got pregnant, it meant that a husband was also looking for a wife who could have children. These days, if you get married and can't get pregnant, people will keep talking about you. So I'm grateful that I could get pregnant, even though it happened outside marriage." (Participant L)

Participant Y also interpreted the ability to become pregnant as one positive aspect of the experience, while still recognizing that pregnancy before marriage was not considered ideal:

"...even though it isn't allowed and it still isn't considered good, the positive thing is that at least we know that we can get pregnant, that we are fertile." (Participant Y)

Participant G's experience reflected a different configuration because the pregnancy was connected with the presence of a *sentana*, referring here to a male partner who entered the woman's family line. For G, the

combination of pregnancy, obtaining a *sentana*, and subsequently having a son was experienced positively.

"Of course, because when I got married I was already pregnant, then I got a sentana, and then the child was a boy. I was very grateful." (Participant G)

These findings indicate that the circumstances surrounding *sing beling sing nganten* were not uniform across participants. Pregnancy occurred within different relational, readiness, and family contexts. Nevertheless, a shared pattern was evident: the ability to bear children held substantial meaning in how participants understood both pregnancy and the transition to marriage.

Life Satisfaction as Negotiated Acceptance Between Expectations and Reality

Participants' evaluations of their current lives reflected experiences that were more complex than simply being "satisfied" or "dissatisfied." Some participants used expressions such as "enough," "balanced," "*astungkara*," or "just live through it." These expressions suggested acceptance of their current circumstances but did not necessarily indicate that all of their life expectations had been fulfilled.

ED described her life as having progressed relatively well and stated that she felt satisfied. Participant E similarly described her life with a sense of satisfaction and happiness through the expression *astungkara*. In contrast, Y described her current circumstances as sufficient and relatively balanced while still expressing a desire for improvement in certain areas.

"For my life right now, personally... financially, we're not lacking... but I wouldn't say we have more than enough either. Basically, everything is sufficient... if you ask whether I'm satisfied, I would say I am, but there are still things I want to improve." (Participant Y)

Participant L demonstrated a somewhat different pattern. Her statement more strongly reflected realistic acceptance of a life that included both ease and difficulty.

"I wouldn't say it's complicated, but I wouldn't say it's easy either. I just live through it as best as I can and try to be patient." (Participant L)

Differences were also apparent when participants compared their current lives with their expectations before marriage. ED had previously wanted to make her parents happy and acquire personal assets before marrying. Participant E had hoped to achieve personal success before entering marriage. Participant G had wanted to be better prepared in terms of employment. Pregnancy required some of these plans to be modified or postponed. In contrast, Participant Y perceived her married life as relatively consistent with her earlier expectations, whereas L recognized several benefits in her current family life despite continuing economic difficulties.

The discrepancy between current circumstances and previous plans was also reflected in participants' future aspirations. ED hoped to establish a business and contribute more substantially to the family's needs. L wanted financial independence and a home of her own. G hoped for greater economic stability so that she would not be looked down upon by others. Y had previously considered pursuing a career but later adjusted this aspiration to accommodate

responsibilities toward her children and family. Thus, participants' sense of having "enough" was better understood as an ongoing form of acceptance negotiated against expectations, limitations, and goals that had not yet been fully achieved.

Children as Sources of Meaning, Self-Worth, and Familial Legitimacy

The presence of children was one of the most consistent patterns across the experiences of all five participants. Children were interpreted as sources of happiness, gratitude, motivation, and self-worth. However, the specific meanings attributed to children varied across participants. ED expressed gratitude for having a child, receiving understanding from her parents-in-law, and having a husband who was employed. Participant E derived gratitude from fulfilling her role as a mother and raising her children through their schooling. For L, G, and Y, however, the meaning of children extended beyond the experience of motherhood and was specifically associated with having sons.

Participant L described the birth of a son as an experience that changed how she viewed her worth as a woman, particularly because she had previously been regarded as unable to have children.

"The main thing is that I was able to have my first child, and he was a boy. That made me proud to be a woman, especially because for so long I had been considered infertile and unable to have children." (Participant L)

A similar meaning emerged in G's account, which connected pregnancy, the presence of a *sentana*, and having a son with feelings of gratitude.

"Of course, because when I got married I was already pregnant, then I got a sentana, and then the child was a boy. I was very grateful." (Participant G)

Participant Y explicitly described her son as a "successor." Having a male descendant was accompanied by a sense of security because her husband was perceived as responsible and her parents-in-law provided support during pregnancy. In Participant L's experience, the partner's family also viewed the arrival of a grandchild as important for continuing the family and its traditions. Thus, children—and particularly sons for some participants—not only generated personal positive affect but were also associated with acceptance, position within the family, and perceptions of family continuity.

Nevertheless, these experiences were not uniform. Participant E emphasized the meaning of fulfilling her role as a mother rather than the child's sex, whereas ED's happiness reflected a combination of having a child, maintaining a positive relationship with her parents-in-law, and having a partner with stable employment. These variations indicate that children were consistently meaningful, although the sources of that meaning were shaped differently by participants' individual experiences and family circumstances.

Relational Support as an Uneven Buffer of Well-Being

Support from partners, family members, and the broader social environment represented an important source of positive affect and security; however, the form and intensity of that support differed across participants. ED, G,

and E described their partners as major sources of emotional support. ED received encouragement not to pay excessive attention to other people's comments; G received emotional encouragement from her husband when facing difficulties; and E experienced her partner's concern through being protected from heavy work and defended in difficult situations. Participant Y described a broader support system that included her partner, her own family, and her partner's family.

"In terms of support, everyone supported me. My husband supported me... his family supported me too, and my own family supported me... everyone was happy when I was pregnant and going to have a child." (Participant Y)

Support for Y also had a material dimension. Because she and her partner were still university students and did not yet have an income, their families helped finance the wedding. A similar pattern was observed for G, who received both emotional and material support from family members. In contrast, ED, L, and E more frequently described support in the form of acceptance, prayers, advice, and emotional encouragement.

Participant L represented the clearest contrasting case. Unlike the other participants, she did not identify her partner as her primary source of support. In some situations, she described him as worsening her emotional state. Instead, her older sister provided the most consistent support.

"The person who made me feel most supported was my older sister. Whenever I was down... she was the one who strengthened me and helped me stand firmly on my own feet..." (Participant L)

Family reactions to pregnancy were also not entirely homogeneous. The families of ED, G, E, and Y were generally described as accepting and supportive. In L's case, her own family initially responded with surprise and concern, whereas her partner's family expressed happiness because the pregnancy was perceived as indicating that a descendant would be born. These differences demonstrate that "family support" was not a singular experience but encompassed emotional acceptance, advice, financial assistance, acknowledgment of the pregnancy, and protection, with varying levels of intensity across participants.

Negative Affect: The Stigma of *Sing Beling Sing Nganten* and Pressures of Postmarital Life

The negative affect experienced by participants could not be attributed entirely to *sing beling sing nganten*. The data indicated at least two broad sources of negative affect: experiences relatively directly associated with premarital pregnancy and its accompanying social stigma, and difficulties that arose as part of married life, subsequent pregnancies, parenting, employment, and economic circumstances after marriage. Participant L reported the most explicit experience of social stigma. She had been negatively judged because of becoming pregnant before marriage and was perceived as a "bad woman."

"I was definitely regarded as a woman who wasn't good. A woman who gets pregnant outside marriage will definitely be labeled as not good... People might even assume she changes partners frequently. Those kinds of

comments could really bring me down emotionally.”
(Participant L)

G also described fear and disappointment when she first learned about the pregnancy, particularly in relation to how she would disclose the situation to her partner. Y recognized that pregnancy before the formal marriage ceremony was not regarded as ideal, although she perceived her surrounding social environment as relatively accepting. Thus, stigma associated with *sing beling sing nganten* varied in intensity: it was highly salient for some participants but relatively limited or not perceived as a major source of pressure for others.

Many other negative experiences were more closely related to the consequences of entering married life. ED experienced financial difficulties before marriage and had to borrow money, followed by parenting burdens because her partner's involvement in childcare was perceived as inconsistent.

“The most difficult situation was when we were about to get married because we had no savings at all. So I finally decided to borrow money from BRI.” (Participant ED)

For E, the main source of pressure was financial difficulty after she stopped working.

“The most difficult thing was the financial issue because after getting married I didn't have another job; I had already stopped working.” (Participant E)

G more frequently described discomfort resulting from communication difficulties with her partner and anxiety related to physical symptoms during pregnancy. Y experienced pregnancy-related anxiety, particularly concerning fetal health and childbirth. Her most difficult experience occurred during her second pregnancy, when the COVID-19 pandemic negatively affected the family business and financial situation.

These differences are important because they indicate that not all anxiety, sadness, or distress experienced by participants resulted directly from *sing beling sing nganten*. Some difficulties emerged from transitions into the roles of wife and mother, economic limitations, parenting responsibilities, lost employment opportunities, relationship dynamics, and anxieties inherent in pregnancy and childbirth.

Strategies for Adaptation and Meaning-Making

Participants used diverse strategies to manage emotional distress. ED and L tended to leave the house, meet friends, or seek a change of environment when they felt sad or overwhelmed.

“I go out to get some fresh air and meet people... I go to a friend's house and talk. That's one of the things that can improve my mood again.” (Participant L)

G and Y described crying as a means of emotional release. Y also talked with her husband, whereas E tended to remain quiet and rest.

“When I'm sad or disappointed, I usually talk to my husband... sometimes I think about it by myself while crying... usually after I've finished crying, I feel quite a bit better.” (Participant Y)

Adaptation was also evident in how participants maintained their self-worth. ED emphasized having the courage to participate in activities and learn from more experienced people. L chose not to use social judgments as the basis of her self-worth.

“I really do deserve all of that. We don't live our lives based on other people's views.” (Participant L)

Participant G used self-care activities as one way of improving her mood and confidence, whereas E emphasized humility and gratitude. Y relied more strongly on family acceptance and on demonstrating her competence through fulfilling responsibilities as a wife, mother, daughter-in-law, and member of the community.

Religious meaning-making also emerged as an important source of acceptance for several participants. ED linked her experience to the Hindu concepts of *Dharma* and *Karma Phala*. Participant G interpreted pregnancy as God's will and as a blessing for which she was grateful, particularly because she was aware of other couples who had struggled to have children. Participant E likewise connected the decision to continue the pregnancy with family lineage and beliefs concerning *Karma Phala*. Participant Y recognized that, according to her understanding, certain religious-ritual requirements had not been fulfilled when the pregnancy occurred before marriage and subsequently interpreted postnatal ceremonies as part of adapting to those circumstances.

“I am Hindu, and in Hinduism there are the concepts of Dharma and Karma Phala... by continuing or accepting the pregnancy that has already occurred.” (Participant ED)

“Maybe at that time it was also God's will. I was grateful that I had been given the pregnancy first.” (Participant G)

Notably, none of the five participants explicitly identified Balinese culture as a direct barrier to self-acceptance. Nevertheless, their narratives continued to demonstrate the strong presence of cultural elements in how their experiences were interpreted, including the importance of descendants, sons as family successors, the institution of *sentana*, participation in the *banjar*, the practice of *nguwopin* or communal mutual assistance, and religious rituals. Thus, culture was experienced not only as a potential source of pressure but also as a framework through which participants understood their roles, family acceptance, and the place of pregnancy within their social lives.

Educational and occupational experiences also reflected different processes of adjustment. Pregnancy led L to leave a job that had previously been a source of happiness. G associated her limited educational background with restricted employment opportunities. Y considered discontinuing her university education after becoming pregnant, but family support encouraged her to complete her studies.

“...I once thought maybe I shouldn't continue... because later I would have to take care of the child... But my family supported me and told me to continue until I finished...” (Participant Y)

Overall, the experiences of the five participants indicate that subjective well-being following *sing beling sing nganten* was a dynamic and ambivalent process. Happiness associated with being able to have children, family acceptance, partner attention, and the meaning of motherhood coexisted with altered life plans, stigma among some participants, economic constraints, employment-related difficulties, parenting demands, and relationship dynamics. Accordingly, participants' well-being was not characterized by the absence of negative affect. Rather, it was reflected in how they reevaluated their lives, maintained sources of positive affect, obtained or sought social support, and constructed meaning from the experiences they had undergone.

DISCUSSION

This study demonstrates that the subjective well-being of Balinese women who experienced *sing beling sing nganten* cannot be understood solely as an individual psychological state or as a condition in which positive affect outweighs negative affect. Participants' experiences indicate that evaluations of life were shaped through an ongoing negotiation among premarital pregnancy, fertility expectations, family acceptance, the meaning attached to having children, relationships with partners, economic circumstances, social stigma, and adjustment to postmarital roles. Thus, the principal finding of this study lies in the contextual and ambivalent nature of well-being: women may feel grateful and happy because they are able to have children and receive family acceptance, while simultaneously experiencing changes in life plans, financial pressures, parenting burdens, relational tensions, and social judgment. This interpretation is consistent with conceptualizations of subjective well-being that regard life satisfaction, positive affect, and negative affect as interrelated components that may nevertheless coexist within an individual's life experience (Busseri & Quoidbach, 2022; Diener et al., 2018a). More broadly, cross-cultural research suggests that the definition and sources of well-being need to be understood within their social and cultural contexts because family, social relationships, spirituality, economic security, and local values may carry different degrees of importance in how particular groups define a good life (Sollis et al., 2024).

Fertility Proof, the Patrilineal System, and Gendered Burdens

One of the most prominent findings was the meaning of pregnancy as proof of fertility. For several participants, the ability to become pregnant before marriage reduced concerns that they might be unable to provide offspring after marriage. Pregnancy therefore occupied a paradoxical position: on the one hand, it occurred outside the normative sequence of marriage; on the other hand, it increased certainty regarding fertility and could open a pathway toward marriage. This finding reinforces the argument that *sing beling sing nganten* should be understood as a practice situated at the intersection of marital norms, fertility, gender, and family continuity, rather than merely as an issue of premarital sexual behavior.

This meaning becomes clearer when situated within Bali's patrilineal kinship structure. Within this system, family continuity has traditionally been strongly associated with the male lineage. Research on the marital and fertility experiences of Balinese women indicates that expectations

regarding offspring, including a preference for sons, continue to shape women's reproductive decisions and experiences within the family (Titisari et al., 2024). Recent research on the reproductive politics of Balinese women likewise shows that women's fertility preferences are negotiated in relation to population continuity, family expectations, economic circumstances, and patrilineal structures (Sukardiasih et al., 2025b).

Within this context, the study's finding that sons were associated with gratitude, pride, and self-worth takes on broader significance. Sons were not understood merely as a source of personal maternal happiness but also as symbols of family continuity and of meeting expectations placed on women as bearers of descendants. Recent research on *sing beling sing nganten* has identified lineage and fertility ideologies as two major elements sustaining this discourse; women's bodies consequently become sites through which reproductive capacity is assessed and used to confirm eligibility for marriage (Sukardiasih et al., 2025a). Other studies have similarly suggested that the norms surrounding *sing beling sing nganten* place a disproportionate burden of fertility proof on women and may perpetuate gender inequality within marital relationships (Ismail, 2025).

These findings are particularly important when viewed through a gender perspective. Pregnancy is biologically visible on women's bodies, making the social consequences of premarital pregnancy more readily attached to women's identities. Although men are equally involved in conception, the demand to "prove" fertility in participants' narratives was directed more strongly toward women. This inequality creates a double burden: women may be negatively judged for becoming pregnant before marriage, yet they may also be considered as failing to fulfill family expectations if they are unable to conceive after marriage. Recent studies on women's bodily autonomy within the discourse of *sing beling sing nganten* suggest that evaluating women's bodies according to reproductive capacity may constrain bodily autonomy by positioning sexuality and pregnancy as determinants of relationship continuity (Sukardiasih et al., 2025c). Analyses drawing on the concepts of *habitus* and symbolic power further suggest that such practices may come to appear "normal" when gendered expectations regarding fertility, marriage, and women's roles become internalized in everyday life (Yogiswari et al., 2025).

However, these findings do not imply that all women passively submit to these cultural structures. Participants demonstrated various forms of agency through accepting their circumstances, maintaining self-worth, completing their education, seeking social support, managing emotions, engaging in self-care, developing economic aspirations, and drawing on religious meaning-making. This agency is important because it demonstrates that women are not merely objects of culture. Nevertheless, women's ability to adapt should not be interpreted as evidence that structures requiring women to demonstrate fertility are unproblematic. Individual adaptation and structural pressure may coexist; women can actively construct meaningful lives within social structures that continue to constrain some aspects of their reproductive choices.

Family Support, Acceptance, and Social Legitimacy

A second important finding concerns the role of family and partner relationships in participants' experiences of well-being. Support did not occur in a uniform manner. For some participants, partners were the primary source of emotional support, whereas others received stronger

support from siblings or extended family members. Support also took multiple forms, ranging from acceptance, advice, and prayer to financial assistance, wedding expenses, childcare assistance, and protection during pregnancy. This variation indicates that social support should not be treated as a homogeneous construct.

These findings are consistent with literature showing that partner and family support is associated with well-being during pregnancy, whereas low social support is associated with greater vulnerability to psychological difficulties such as antenatal anxiety and depression (Battulga et al., 2021; Bedaso et al., 2021). However, the relationship between family and well-being must also be situated within a cultural context. Cross-context research indicates that family relationships represent an important domain of well-being, although their meaning and relative importance vary according to the social structures and cultural values in which individuals are embedded (Sollis et al., 2024). Accordingly, for the Balinese women in this study, family acceptance was not merely a source of interpersonal comfort but was also connected with recognition of the marriage, pregnancy, child, and the woman's position within the family.

Nevertheless, family support requires critical interpretation because some narratives suggested that acceptance was related to women's ability to become pregnant and provide descendants. Support may therefore serve two functions simultaneously. First, it may be protective by reducing isolation, stigma, anxiety, and financial burden. Second, when acceptance becomes stronger after a woman's fertility has been demonstrated, support may indirectly reproduce norms that locate women's value in their reproductive function. This duality represents an important contribution of the present study: factors that increase interpersonal security and well-being may simultaneously operate within cultural structures that place particular demands on women's bodies.

This finding is consistent with recent critical analyses showing that *sing beling sing nganten* is sustained not only through explicit rules but also through normalization, family practices, and everyday social acceptance (Sukardiasih et al., 2025a; Yogiswari et al., 2025). From this perspective, family acceptance need not be positioned dichotomously as either "good" or "bad." Acceptance may provide genuine psychological protection while still operating within a social framework that prioritizes fertility and lineage continuity.

This interpretation also helps explain why the absence of strong stigma among some participants does not necessarily mean that cultural pressure was absent. Cultural norms may operate implicitly through what is regarded as normal, expected, and appropriate within the family. Research on *sing beling sing nganten* in urban Balinese communities suggests that *habitus* and symbolic power can make expectations concerning fertility and women's roles appear to be ordinary aspects of social life (Yogiswari et al., 2025). Therefore, participants' statements that Balinese culture was not perceived as "difficult" or restrictive should be interpreted alongside their other narratives concerning the importance of providing descendants, pride in having sons, responsibilities as daughters-in-law, and acceptance following pregnancy.

The Ambivalence of Subjective Well-Being: Between Happiness, Stigma, and Life Adjustment

The third major finding indicates that participants' subjective well-being was ambivalent. Happiness

associated with pregnancy, children, partner responsibility, and family acceptance coexisted with stigma, financial difficulties, postponed educational or career plans, domestic burdens, relationship tensions, and pregnancy-related anxiety. Such experiences are not contradictory because positive and negative affect may coexist, while life satisfaction does not require the absence of negative experiences (Busseri & Quoidbach, 2022; Diener et al., 2018a). Research on mixed emotions and cross-cultural affective experiences further supports the coexistence of positive and negative emotions across different situational and cultural contexts (Kyeong et al., 2024; Sun et al., 2023).

Expressions such as "enough," *astungkara*, "just live through it," and "be patient" should therefore not automatically be interpreted as indicators of high life satisfaction. They may reflect realistic acceptance, gratitude, adjustment of expectations, religious coping, or accommodation to circumstances that are difficult to change. Cross-cultural research shows that well-being is shaped not only by individual achievement or positive affect but also by social relationships, economic security, responsibilities, spirituality, and local cultural values (Jalal Ahamed, 2025; Sollis et al., 2024; Suavansri et al., 2022). In this study, gratitude for children and family acceptance may therefore represent genuine positive experiences while simultaneously occurring within a sociocultural structure that values reproductive success. Subjective well-being is thus better understood as an ongoing negotiation among women's personal meanings, interpersonal relationships, and broader sociocultural expectations.

Stigma further illustrates this ambivalence. Some participants experienced explicit social judgment after premarital pregnancy, whereas others encountered relatively limited stigma because their families and communities accepted the pregnancy and supported the marriage. This variation suggests that *sing beling sing nganten* does not produce uniform psychological consequences. Similar evidence indicates that women's reproductive experiences are shaped by motherhood expectations, family relationships, shame, economic difficulties, gender norms, social judgment, and the availability of support (Adlington et al., 2023; Insan et al., 2022). Given the qualitative design, these findings should be interpreted as contextual patterns rather than causal relationships.

Importantly, not all negative affect originated directly from *sing beling sing nganten*. Financial difficulties, employment loss, caregiving demands, partner communication, the COVID-19 pandemic, and childbirth-related anxiety also shaped participants' experiences. Reproductive well-being is increasingly understood as emerging through interacting psychological, relational, economic, social, and structural pathways, including gender inequality and constraints on reproductive autonomy (Howard et al., 2025; Insan et al., 2022; Jalal Ahamed, 2025).

Participants also used multiple adaptive resources, including family and partner support, friendships, emotional release, self-care, economic aspirations, and religious meaning-making. Support characterized by empathic listening, nonjudgmental acceptance, and assistance with coping may facilitate psychological adjustment (McLeish et al., 2023), while religious coping can provide culturally meaningful ways of interpreting and managing difficult life experiences (Saunders & Stephenson, 2024). Overall, subjective well-being in this study was shaped by the interaction of psychological, relational, economic, spiritual, and cultural resources rather than by any single factor.

Theoretically, this study extends the application of the subjective well-being framework by demonstrating that life satisfaction, positive affect, and negative affect need to be situated within culturally specific meaning structures. Diener's model remains useful for understanding cognitive evaluations and affective experiences, but the present findings suggest that the sources of those evaluations are not entirely individual. Life satisfaction is intertwined with family acceptance, the presence of children, economic security, partner relationships, spirituality, and the fulfillment or negotiation of cultural expectations.

A further contribution of this study is its demonstration that subjective well-being within the context of *sing beling sing nganten* cannot be understood solely as successful adaptation following a potentially stressful experience. Rather, the findings portray well-being as a negotiation between women's agency and social structure. Women may develop acceptance, establish goals, maintain relationships, strengthen their self-worth, and construct positive meaning from their experiences, yet such agency operates within a social context that may continue to position female fertility as a criterion of marital suitability. Studies published in 2025 on this discourse consistently demonstrate tensions between women's autonomy and reproductive norms, as well as between individual choice and symbolic power normalized in everyday social life (Ismail, 2025; Sukardiasih et al., 2025c; Yogiswari et al., 2025).

Practical Implications

The findings have several implications for psychological and reproductive health services. Support for women who experience pregnancy before marriage should avoid both judgmental approaches and approaches that uncritically normalize demands for proof of fertility. Counseling should explore women's experiences individually, including their feelings about pregnancy, autonomy in decision-making, partner support, family pressure, social stigma, economic circumstances, educational or occupational plans, and available coping resources. Contemporary perspectives on reproductive mental health similarly emphasize the importance of services that support informed reproductive choices and are responsive to gender and social determinants (Howard et al., 2025).

At the family level, interventions may be directed toward strengthening support that is not conditional on a woman's ability to produce particular descendants. Family or premarital counseling may help families and couples address reproductive responsibility as a shared responsibility, division of caregiving roles, partner communication, support for women's education and employment, and responses to stigma. Systematic review evidence indicates that partner and family support represents an important component of well-being during pregnancy (Battulga et al., 2021; Bedaso et al., 2021).

At the community level, reproductive health education should be developed in a culturally sensitive manner and involve women, men, families, health professionals, psychologists, customary leaders, and religious leaders. The aim should not be to eliminate cultural values surrounding family and descendants but to foster more equitable interpretations of reproductive responsibility, reduce stigma toward women, and ensure that social acceptance is not contingent upon proof of fertility. Community-based approaches have begun to be recommended in studies of *sing beling sing nganten* because the phenomenon is not located solely at the level of individual decision-making but

is also sustained by social norms and community interactions (Sarasvati et al., 2025).

Study Limitations and Directions for Future Research

This study has several limitations. First, it involved only five Balinese women who were married and had children; therefore, the findings are not intended to represent all women who experience *sing beling sing nganten*. Women who do not marry after pregnancy, experience partner rejection, receive limited family support, or encounter more severe stigma may have different experiences of subjective well-being. Second, snowball sampling may have recruited participants from relatively similar social networks, thereby limiting the diversity of perspectives. Third, because the study addressed sensitive and retrospective experiences, participants' accounts may have been influenced by social desirability and recall bias. The researcher's shared Balinese cultural background facilitated contextual understanding but also required continued reflexivity and bracketing to minimize taken-for-granted assumptions. Finally, the study focused exclusively on women's perspectives and therefore did not capture the views of partners, parents, parents-in-law, or community members.

Future studies should include participants with more diverse demographic, relational, and socioeconomic backgrounds and may use maximum variation sampling or multi-informant designs. Longitudinal research could examine how subjective well-being changes from pregnancy through marriage, childbirth, and later family life, while quantitative studies could investigate associations among stigma, social support, reproductive autonomy, economic conditions, relationship quality, and subjective well-being in larger samples. Future research should remain culturally sensitive because the meaning and determinants of well-being may differ across sociocultural contexts (Sollis et al., 2024). Overall, the findings suggest that subjective well-being in *sing beling sing nganten* is best understood as a dynamic negotiation between women's agency, relational resources, and broader gendered and cultural structures.

CONCLUSION

This study demonstrates that the subjective well-being of Balinese women who experience *sing beling sing nganten* is dynamic, contextual, and ambivalent. Participants' subjective well-being was reflected not only in life satisfaction, positive affect, and negative affect, but also in the ongoing negotiation among premarital pregnancy, proof of fertility, family acceptance, the presence of children, partner relationships, economic circumstances, social stigma, and Balinese cultural expectations. Premarital pregnancy could generate social pressure and judgment, while at the same time being interpreted as evidence of the ability to bear children and as a source of acceptance within the family. The presence of children, particularly sons for some participants, held important meaning as a source of happiness, gratitude, self-worth, and family continuity. Support from partners and family members served as an important source of emotional and social protection, although its form and intensity varied across participants. The findings also indicate that negative affect did not arise solely from *sing beling sing nganten*, but was also associated with economic pressures, parenting responsibilities, employment, partner communication, and pregnancy-

related anxiety. Thus, participants' ability to develop well-being should not be interpreted as evidence that structural pressures surrounding women's bodies and fertility are unproblematic. The novelty of this study lies in demonstrating that subjective well-being in the context of *sing beling sing nganten* emerges through the interaction of women's agency, relational support, and patrilineal sociocultural structures. These findings highlight the importance of culturally sensitive, non-stigmatizing psychological, family, and community support that respects women's reproductive autonomy.

DECLARATION

Ethics approval and consent to participate

This study received ethical approval from the Research Ethics Committee of the Faculty of Psychology, Universitas Muhammadiyah Malang, under approval number E.6.m/344/KE-FPsi-UMM/VII/2025. All participants provided written informed consent before participating in the study.

Consent for publication

All participants consented to the use and publication of anonymized research data for scientific purposes.

Availability of data and materials

The data used and analyzed in this study are available from the corresponding author upon reasonable request, subject to the protection of participant confidentiality.

Conflicts of interest Statement

The authors declare that they have no conflicts of interest related to this study.

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Artificial Intelligence-Assisted Technology

During the preparation of this manuscript, the authors used ChatGPT (OpenAI) as an assistive tool for language refinement, grammar improvement, clarity of presentation, and organization of the academic narrative. ChatGPT was not used to generate research data, conduct data analysis, or replace the authors' scientific judgment or interpretation. All AI-assisted outputs were critically reviewed, verified, and edited by both authors. The authors take full responsibility for the accuracy, integrity, interpretation, and final content of the manuscript.

Authors' contributions.

Both authors contributed to the conduct of the study and preparation of the manuscript. Their contributions included study conceptualization and design, data collection, data analysis and interpretation, manuscript drafting, and revision. Both authors critically reviewed the scientific content of the manuscript, approved the final version submitted for publication, and take responsibility for the integrity and accuracy of all aspects of the study.

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