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Exploring Pregnant Tourism: A Phenomenological Study of Women's Lived Experiences in Sabang

Eka Octavian Pranata[1], Nabila Fadhilah[2], Yulia Intan Fatriana[3] Aqilah Hilmi[4]

[1]UIN Ar-Raniry Banda Aceh
E-mail: e.octavianpranata@ar-raniry.ac.id
[2]Pentahelix Indonesia
E-mail: Nabila@pentahelix.org
[3]Universitas Aisyiyah Yogyakarta
E-mail: Yuliaintanfatriana@poltekespalembang.ac.id
[4]UIN Ar-Raniry Banda Aceh
E-mail: 2306022025@student.ar-raniry.ac.id

Abstract

This study is a qualitative research employing a phenomenological approach aimed at understanding the lived experiences of pregnant women engaging in tourism activities in Sabang, Indonesia. The focus of this study is to explore the subjective meanings constructed by pregnant tourists during their travel experiences. The informants consisted of 10 participants selected purposively based on their direct experience of traveling while pregnant. Data were collected through in-depth semi-structured interviews and analyzed using thematic analysis, including coding, categorization, and the development of essential meanings. The findings identify five major themes: risk perception and safety considerations, emotional dynamics, physical challenges, the role of support systems, and the meaning of travel during pregnancy. The results indicate that the tourism experiences of pregnant women are multidimensional, influenced by physical, psychological, social, and destination-related factors. This study contributes to the development of tourism studies, particularly in the area of pregnant tourism, and provides practical implications for developing more inclusive, safe, and pregnancy- friendly tourism environments.

Keywords: Maternal travel; Phenomenology; Pregnant tourism; Qualitative research; Sabang

1. INTRODUCTION

Tourism is one of the most dynamic and rapidly evolving sectors, contributing significantly to economic growth, cultural exchange, and regional development (Raveendran et al., 2025). Over time, tourism has undergone substantial transformation, not only in terms of destinations and products but also in the diversification of tourist segments (Liu et al., 2025). Contemporary tourism no

*** Eka Octavian Pranata**
Corresponding Author

longer focuses solely on mass tourism; instead, it increasingly recognizes the importance of niche and inclusive tourism that accommodates the diverse needs, preferences, and conditions of different groups of travelers (Benur & Bramwell, 2015). This shift reflects a broader paradigm in which accessibility, safety, and personalized experiences become central to tourism development (Bunghez, 2021).

Inclusive tourism has emerged as an important discourse in both academic and practical contexts, emphasizing equal access and meaningful participation for all individuals, regardless of their physical condition, age, or specific needs. While considerable attention has been given to groups such as elderly tourists and people with disabilities, other segments such as pregnant women remain relatively underexplored (Gillovic & Mcintosh, 2020; Makuyana et al., 2022; Załuska et al., 2022). Pregnant women represent a unique group of travelers whose needs are shaped by physiological, psychological, and social changes during pregnancy. Despite these conditions, many pregnant women continue to engage in travel activities for various reasons, including relaxation, stress reduction, strengthening emotional bonds with partners, and preparing for the transition into motherhood (Gabor & Oltean, 2019).

The growing popularity of the babymoon trend further highlights the increasing participation of pregnant women in tourism activities. This trend reflects a shift in lifestyle and social perceptions, where pregnancy is not necessarily viewed as a limitation to mobility but rather as a phase in which meaningful and memorable experiences are still sought (Gabor & Oltean, 2019; Vespestad, 2023). However, traveling during pregnancy involves a complex interplay of considerations, including health risks, physical comfort, accessibility of facilities, availability of healthcare services, and the overall safety of the destination(McAlester et al., 2020). These factors influence not only travel decisions but also the quality of the tourism experience itself(Fernando et al., 2023; Jasper & Aiken, 2024).

In this context, the experiences of pregnant tourists differ significantly from those of general tourists. Physical challenges such as fatigue, limited mobility, and sensitivity to environmental conditions may affect their ability to participate in tourism activities(Fernando et al., 2023). At the same time, emotional aspects such as feelings of joy, anxiety, and the need for reassurance play an important role in shaping their overall experience. Social support from partners, family members, and tourism service providers also becomes a critical factor in ensuring a positive and safe travel experience (Bauer, 2021). Therefore, understanding the experiences of pregnant tourists requires a holistic perspective that considers the interaction between physical, psychological, social, and environmental dimensions.

Sabang, located at the westernmost part of Indonesia, is widely recognized for its marine tourism, scenic landscapes, and relatively tranquil environment. As a developing tourist destination, Sabang has strong potential to attract diverse tourist segments, including those seeking relaxation and nature-based experiences. Its relatively calm atmosphere and natural attractions may appeal to pregnant tourists who prefer low-intensity and restorative travel experiences. However, the extent to which Sabang is able to accommodate the specific needs of pregnant travelers such

as access to healthcare facilities, transportation safety, and availability of pregnancy-friendly services remains unclear (Aprilia & Zainul, 2018; Ningrum et al., 2019).

Existing tourism research has largely focused on economic contributions, destination marketing, and general tourist satisfaction, often overlooking the subjective and lived experiences of specific groups. In particular, there is a lack of studies that explore tourism from the perspective of pregnant women, especially within the Indonesian context (Yang & Schänzel, 2025). This gap highlights the need for research that goes beyond surface-level analysis and seeks to understand the deeper meanings and personal experiences associated with travel during pregnancy.

To address this gap, a phenomenological approach is employed in this study. Phenomenology is particularly suitable for exploring lived experiences, as it allows researchers to capture how individuals perceive, interpret, and assign meaning to their experiences (Cohen, 1979). Through this approach, the study seeks to uncover the essence of pregnant tourists' experiences in Sabang, including their motivations, challenges, emotional responses, and personal reflections. By focusing on participants' narratives, this research provides a rich and nuanced understanding of tourism during pregnancy(Gnoth & Matteucci, 2014; Jackson et al., 2018).

This study is expected to contribute both theoretically and practically. Theoretically, it enriches the body of knowledge in tourism studies by introducing pregnant tourism as an emerging and important area of research. Practically, the findings can inform policymakers, tourism stakeholders, and service providers in designing and delivering more inclusive, safe, and responsive tourism services. Ultimately, understanding the lived experiences of pregnant tourists is essential for promoting a more inclusive tourism environment that recognizes and accommodates the needs of all travelers.

2. METHODOLOGY

This study employs a qualitative research design grounded in the descriptive phenomenological tradition, as introduced by Husserl and later adapted by (Radhakrishna & Doamekpor, 2008). Phenomenology is selected as the most appropriate methodological framework for this research, given its capacity to illuminate the lived experiences of individuals and uncover the essence of subjective phenomena as they are perceived and interpreted by the participants themselve. In the context of this study, phenomenology enables the researcher to go beyond objective or surface-level descriptions and to grasp the deeper meanings that pregnant tourists attach to their travel experiences in Sabang.

The choice of a qualitative approach is justified by the nature of the research problem, which centers on the subjective, embodied, and emotionally complex experiences of pregnant women as tourists. Unlike quantitative methods, which prioritize measurement and generalizability, qualitative inquiry allows for the exploration of nuanced personal narratives, emotional dimensions, and contextual factors that shape individual experiences (Denzin & Lincoln, 2017). This approach is particularly suitable for studying marginalized or underexplored groups in tourism

research, such as pregnant travelers, whose voices have not been adequately represented in the existing literature.

The descriptive phenomenological approach adopted in this study is guided by the principle of epoché (bracketing), in which the researcher deliberately suspends prior assumptions, theoretical biases, and preconceptions to remain open to the participants' own descriptions of their experiences (Chang et al., 2015). This methodological stance ensures that the analysis remains grounded in the data and faithful to the participants' perspectives, thereby producing findings that authentically reflect the lived realities of pregnant tourists in Sabang.

The study is conducted in Sabang, located at the westernmost tip of Indonesia on Pulau Weh, in the province of Aceh. Sabang is selected as the research site for several reasons. First, it is a well-established marine tourism destination known for its scenic natural landscapes, underwater biodiversity, and relatively tranquil environment characteristics that may attract pregnant tourists seeking low-intensity, restorative travel experiences. Second, Sabang represents a developing tourism destination within the Indonesian context, making it a relevant site for examining the extent to which local tourism infrastructure and services are responsive to the needs of specific tourist groups, including pregnant women.

The research site encompasses various tourism zones within Sabang, including beach areas, accommodation facilities, healthcare centers, and transportation hubs. These locations are relevant to understanding the physical accessibility, safety conditions, and availability of pregnancy-friendly services that pregnant tourists encounter during their visit to the destination.

The participants of this study are pregnant women who have traveled to Sabang for tourism purposes. Consistent with the phenomenological tradition, this study does not seek a large, statistically representative sample, but rather a small number of participants who can provide rich, detailed, and meaningful accounts of their lived experiences (Creswell & Cheryl N. Poth, 2016). The study targets a sample of eight to twelve (8–12) participants, as this range is considered sufficient to achieve thematic saturation in phenomenological research (Guest et al., 2006)

Participants are selected using a combination of purposive and snowball sampling techniques. Purposive sampling ensures that participants meet the specific criteria relevant to the research objectives, while snowball sampling allows the researcher to expand the participant pool through referrals from initial participants. The inclusion criteria for participation in this study are as follows: (1) the participant must be a woman who was pregnant at the time of traveling to Sabang, regardless of gestational age; (2) the participant must have traveled to Sabang primarily for tourism purposes; and (3) the participant must be willing and able to communicate their experiences clearly in Indonesian or English. Individuals who traveled to Sabang exclusively for medical or work-related purposes are excluded from the study.

Data are collected through in-depth semi-structured interviews, which serve as the primary method of data collection in this study. Semi-structured interviews are particularly well-suited for phenomenological research, as they provide a flexible

and open-ended format that allows participants to narrate their experiences in their own words, while also ensuring that key topics aligned with the research objectives are addressed (Brinkmann & Kvale, 2014). Each interview is expected to last between 45 and 90 minutes, depending on the depth and richness of the participant's account.

The interview guide is developed based on the key thematic areas identified from the literature review and the research objectives. The main interview themes include: (1) motivations for traveling to Sabang during pregnancy; (2) physical experiences and challenges encountered during the trip; (3) emotional responses, feelings, and psychological well-being; (4) social support and interactions with partners, family members, and tourism service providers; (5) perceptions of the destination's suitability and responsiveness to the needs of pregnant travelers; and (6) personal reflections on the overall travel experience. The interview guide is structured to be open-ended and exploratory, encouraging participants to elaborate on their experiences without being constrained by closed-ended or leading questions.

All interviews are conducted in a setting that is comfortable and familiar to the participants, either in person or via online video conferencing platforms, depending on the participants' preferences and accessibility. Interviews are audio-recorded with the explicit consent of the participants and subsequently transcribed verbatim to ensure accuracy. In addition to interviews, field notes and observational records are maintained throughout the data collection process to document contextual information, non-verbal cues, and reflective observations that may enrich the interpretation of the data.

Data analysis in this study follows (Valle & King, 1978) seven-step phenomenological analysis procedure, which is widely recognized as a rigorous and systematic approach to analyzing experiential data. The seven steps of Colaizzi's method are as follows:

Step 1 Each participant's transcript is read and re-read in its entirety to acquire a holistic sense of the data and to familiarize the researcher with the participants' accounts.

Step 2 Significant statements directly pertaining to the phenomenon under investigation are extracted from each transcript.

Step 3 Meanings are formulated from the significant statements, moving from descriptive language to interpretive and analytical meanings.

Step 4 The formulated meanings are organized into thematic clusters that reflect recurring patterns across participants' accounts.

Step 5 The thematic clusters are integrated into a comprehensive description of the phenomenon, capturing the essential structure of the lived experiences of pregnant tourists.

Step 6 The essence of the phenomenon is articulated in a final, exhaustive description that conveys the fundamental nature of the experience.

Step 7 Member checking is conducted by returning the final descriptions to the participants to verify whether the findings accurately reflect their experiences.

Throughout the analysis process, the researcher maintains reflexivity by regularly documenting personal reflections, emerging interpretations, and potential biases in a research journal. This practice of reflexive journaling contributes to the transparency and rigor of the analytical process, ensuring that interpretations remain grounded in the participants' data rather than the researcher's assumptions (Finlay, 2011).

To ensure the trustworthiness and rigor of the research findings, this study employs several strategies consistent with (Lincoln & Guba, 1985) criteria for qualitative research credibility: credibility, transferability, dependability, and confirmability.

Credibility is established through prolonged engagement with the data, member checking, and peer debriefing. Prolonged engagement involves spending sufficient time with the data to gain a thorough understanding of participants' experiences. Member checking, as outlined in Colaizzi's Step 7, ensures that participants have the opportunity to review and validate the researcher's interpretations. Peer debriefing involves consulting with colleagues familiar with qualitative research to examine and refine emerging interpretations.

Transferability is addressed through the provision of thick, detailed descriptions of the research context, participants, and findings, enabling readers to assess the extent to which the results may be relevant or applicable to other contexts. Dependability is ensured through the maintenance of a detailed audit trail documenting all methodological decisions and analytical steps taken throughout the research process. Confirmability is achieved through reflexivity and transparency, as the researcher explicitly acknowledges and brackets personal assumptions and biases that may influence the interpretation of data.

This study adheres to the ethical principles governing qualitative research with human participants. Prior to data collection, ethical approval is obtained from the relevant institutional review board or research ethics committee. All participants are provided with a detailed participant information sheet explaining the purpose of the study, the procedures involved, and their rights as participants. Informed consent is obtained from all participants prior to the commencement of the interviews.

Given the sensitive nature of pregnancy as a research context, particular attention is given to ensuring the physical and emotional well-being of participants throughout the research process. Participants are informed of their right to withdraw from the study at any time without penalty or explanation. All data are anonymized using participant codes (e.g., P1, P2, P3) to protect confidentiality, and all audio recordings and transcripts are stored securely and accessible only to the research team. The findings of this study will be disseminated in a manner that protects the identity and dignity of all participants.

RESULTS AND DISCUSSION

Participant Profile

Ten (10) pregnant women who had traveled to Sabang for tourism purposes participated in this study. The participants ranged in gestational age from the first to

the third trimester, with the majority traveling during their second trimester. Participant details are presented in Table 1.

Table 1. Participant Profile (N = 10)

Code	Age	Trimester	Occupation	Trip Purpose	Companion	Origin
P1	28	2nd (22 wk)	Teacher	Babymoon	Husband	Banda Aceh
P2	31	2nd (20 wk)	Civil Servant	Babymoon	Husband	Medan
P3	25	1st (12 wk)	Entrepreneur	Leisure	Husband & Family	Lhokseumawe
P4	33	2nd (24 wk)	Nurse	Babymoon	Husband	Banda Aceh
P5	29	2nd (18 wk)	Lecturer	Leisure	Husband & Friend	Jakarta
P6	27	1st (10 wk)	Housewife	Leisure	Husband & Family	Banda Aceh
P7	34	3rd (30 wk)	Doctor	Babymoon	Husband	Banda Aceh
P8	30	2nd (26 wk)	Accountant	Babymoon	Husband	Langsa
P9	26	2nd (16 wk)	Student	Leisure	Husband & Sister	Aceh Besar
P10	32	3rd (28 wk)	Midwife	Babymoon	Husband	Sabang

The participants' ages ranged from 25 to 34 years, with the majority (n = 6) traveling during their second trimester, which is generally considered the most suitable period for travel during pregnancy due to decreased nausea and increased energy levels (Fernando et al., 2023). Six participants identified their primary travel purpose as a babymoon, while four traveled for general leisure. All participants were accompanied by their husbands, with some also traveling with family members or close friends.

Thematic Findings

Data analysis using (Valle & King, 1978) seven-step phenomenological method yielded five major themes that encapsulate the lived experiences of pregnant tourists in Sabang. These themes emerged iteratively from the participants' narratives and reflect the multidimensional—physical, psychological, social, and environmental—nature of traveling while pregnant. The five themes are: (1) Motivations for Travel During Pregnancy, (2) Physical Challenges and Bodily

Awareness, (3) Emotional and Psychological Dimensions of the Experience, (4) Social Support as a Protective Factor, and (5) Perceptions of Sabang's Responsiveness to Pregnant Tourists' Needs. Each theme is elaborated below, with supporting participant quotations and theoretical discussion.

Table 2. Summary of Themes and Sub-themes

Theme	Theme Title	Sub-themes	Participants
T1	Motivations for Travel During Pregnancy	Desire for relaxation; Emotional bonding with partner; Celebrating pregnancy milestone; Psychological preparation for motherhood	All (P1–P10)
T2	Physical Challenges and Bodily Awareness	Fatigue and limited mobility; Sensitivity to heat and environment; Dietary restrictions; Concern for fetal safety during transport	P1, P2, P4, P5, P7, P8, P10
T3	Emotional and Psychological Dimensions	Joy and gratitude; Anxiety and heightened vigilance; Sense of achievement; Meaning-making and self- reflection	All (P1–P10)
T4	Social Support as a Protective Factor	Partner support as central anchor; Family and peer support; Responsiveness of local service providers; Online community networks	All (P1–P10)
T5	Perceptions of Destination Responsiveness	Perceived inadequacy of healthcare infrastructure; Limited pregnancy-friendly facilities; Natural tranquility as compensatory advantage; Recommendations for destination improvement	P1, P3, P4, P5, P6, P7, P8, P9, P10

Theme 1: Motivations for Travel During Pregnancy

The first theme that emerged from the data relates to the diverse yet interconnected motivations that led the participants to travel to Sabang during their pregnancy. Consistent with the growing literature on babymoon tourism (Gabor & Oltean, 2019; Vespestad, 2023), the most prominent motivation expressed by participants was the desire for relaxation and temporary escape from the demands and anxieties associated with pregnancy and impending parenthood.

a. Desire for Relaxation and Stress Relie

All ten participants articulated, in varying degrees, a strong desire to rest and decompress prior to the birth of their child. Sabang's natural environment particularly its beaches, marine scenery, and tranquil atmosphere was repeatedly cited as a primary pull factor that distinguished it from more crowded or stimulating urban destinations.

"I just wanted somewhere quiet, somewhere that didn't feel like the city. I was exhausted from work and the pregnancy symptoms, and Sabang felt like the right place to breathe. I didn't want activities, I wanted stillness." (P5)

"We chose Sabang because it is close and calm. I needed somewhere I could sit by the sea without worrying about too much walking or too much noise. The beach in the morning was everything I needed." (P2)

These narratives align with the concept of restorative travel experiences, in which natural environments provide psychological and physical recovery from stress (Kaplan & Kaplan, 1989, as cited in Vespestad, 2023). The participants' accounts suggest that Sabang's intrinsic natural qualities serve as a significant draw for pregnant travelers seeking low- intensity, restorative tourism experiences.

b. Emotional Bonding and Partnership

A second prominent motivational sub-theme was the desire to strengthen the emotional bond with their husbands prior to the arrival of the baby. Six of the ten participants explicitly referenced the babymoon concept though not always using that specific term as a rationale for their trip.

"This was maybe our last long trip before everything changes. We wanted time just for us. When the baby comes, everything is about the baby. So this was for us, for our relationship." (P1)

"My husband planned this trip as a surprise. He said we needed to celebrate this pregnancy together, just the two of us, before we became three. It was the most meaningful trip we have ever taken." (P4)

These accounts resonate with Gabor and Oltean's (2019) characterization of babymoon tourism as a form of emotional well-being service, in which travel serves as a deliberate act of investment in the couple's relationship at a pivotal life transition point. The emotional significance attributed to the trip by participants suggests that travel during pregnancy is not merely a leisure activity but a meaningful ritual embedded within the broader narrative of becoming parents.

c. Celebrating Pregnancy as a Milestone

Several participants also framed their travel to Sabang as a form of celebration—a way of marking the pregnancy as a significant and joyful milestone in their lives rather than a period of restriction or limitation.

"In my family, people used to say pregnant women should not travel. But I believe pregnancy is something to celebrate. Going to Sabang felt like saying: this is a happy time, and I deserve to enjoy it." (P9)

"I am a midwife, so I know the risks. But I also know the importance of mental health during pregnancy. I chose to travel because I believe happiness and good memories are good for the baby too." (P10)

This finding reflects a broader cultural and attitudinal shift in which pregnancy is increasingly reconceptualized not as a state of incapacity but as a life stage compatible with personal agency, mobility, and the pursuit of meaningful experiences (Gillovic & McIntosh, 2020). The participants' framing of travel as celebration aligns with the growing normalization of the babymoon trend and challenges traditional, often overly cautious, perceptions of pregnant women as inherently immobile.

Theme 2: Physical Challenges and Bodily Awareness

Despite the positive motivational landscape described above, all participants acknowledged significant physical challenges that shaped and, in some instances, constrained their travel experience. This theme captures the embodied nature of pregnancy tourism, in which the body itself becomes a central mediator of the tourist experience.

a. Fatigue, Mobility Limitations, and Environmental Sensitivity

Fatigue was the most universally reported physical challenge, particularly among participants in their third trimester and those traveling during periods of high heat and humidity. Sabang's tropical climate posed a particular challenge for several participants, who reported heightened sensitivity to heat, sunlight, and physical exertion.

"I wanted to explore more of the island, but by noon I was completely exhausted. The heat was overwhelming. I had to rest for two or three hours every afternoon. I could not do as much as I had planned." (P7)

"My legs and feet swelled badly on the second day, especially after walking on the beach. I had not expected it to be that severe. We had to change our itinerary completely." (P8)

These experiences are consistent with the clinical literature on pregnancy-related travel discomforts, which identifies heat intolerance, peripheral edema, and fatigue as common concerns for pregnant travelers, particularly in the third trimester (Fernando et al., 2023; International travel during pregnancy review, 2024). The participants' accounts underscore the importance of flexible itinerary planning and the availability of rest facilities within tourism destinations catering to pregnant travelers.

b. Concerns About Transportation Safety

Transportation emerged as a significant source of physical concern, particularly in relation to road conditions and the ferry crossing from Banda Aceh to Pulau Weh. Several participants expressed anxiety about the potential physical impact of turbulent sea crossings and uneven road surfaces on their pregnancy.

"The ferry was quite rough that day. I was holding onto my belly the whole time, praying we would arrive safely. Nobody on the ferry knew I was pregnant, and there was no special seating or support for me." (P3)

"The roads in some parts of Sabang are very bumpy. My husband drove slowly, but every big bump made me nervous. I kept thinking about whether it was safe. I wish there was more information about road conditions before we arrived." (P6)

These findings are consistent with existing travel medicine guidelines, which highlight road traffic accidents and physical jolting as significant risks for pregnant travelers and recommend that pregnant women seek smooth, low-vibration transport options wherever possible (CDC Yellow Book, 2026; Fernando et al., 2023). The absence of pregnancy-specific transportation provisions within Sabang represents a gap in the destination's inclusive tourism infrastructure.

c. Dietary Restrictions and Food Safety Concerns

Dietary concerns were raised by several participants, particularly in relation to the availability of nutritionally appropriate and hygienically prepared food options. Some participants expressed difficulty finding foods compatible with pregnancy-related dietary restrictions or aversions.

"I could not eat seafood because of mercury concerns during pregnancy. But almost everything in Sabang is seafood. Finding something else that was also hygienic and nutritious was quite difficult." (P5)

This finding highlights a relatively underexplored dimension of pregnancy tourism: the intersection between food tourism and dietary safety during pregnancy. Destinations with a dominant culinary identity, such as Sabang's seafood culture, may inadvertently create challenges for pregnant tourists whose dietary needs diverge from the local gastronomic offer.

Theme 3: Emotional and Psychological Dimensions of the Experience

The third theme illuminates the rich emotional texture of the participants' travel experiences, which were simultaneously characterized by positive affect including joy, gratitude, and a sense of personal achievement and more complex emotions such as anxiety, ambivalence, and heightened vigilance.

a. Joy, Gratitude, and Meaning-Making

Despite the physical challenges described above, the majority of participants reported profound feelings of joy and gratitude associated with their trip to Sabang. The natural beauty of the destination its sunsets, marine life, and serene beaches was frequently cited as a source of deep emotional significance.

"Watching the sunset over the sea while feeling my baby kick inside me that is a moment I will never forget for the rest of my life. Everything felt right at that moment. I felt grateful, peaceful, and so full of love." (P1)

"Being in nature while pregnant felt spiritual. Sabang gave me a kind of peace I had not felt in months. I felt that the baby could feel it too this calmness, this happiness. It was worth every difficult moment of the journey." (P4)

These powerful emotional accounts align with the phenomenological tradition of meaning-making in tourism, in which travel is understood not merely as recreational activity but as an occasion for profound personal reflection and existential significance (Cohen, 1979). The participants' narratives suggest that traveling while pregnant intensifies the emotional resonance of the tourism experience, imbuing it with layers of meaning that extend beyond the immediate encounter with the destination.

b. Anxiety and Heightened Vigilance

Alongside these positive emotions, participants also articulated consistent undercurrents of anxiety, particularly in relation to the health and safety of their unborn child. This anxiety was heightened by perceived gaps in healthcare availability and emergency preparedness at the destination.

"I enjoyed every moment, but at the back of my mind, I was always thinking: what if something happens? What if I bleed, or feel contractions? I did not know where the nearest hospital was, or how long it would take to get there. That fear stayed with me the whole time." (P7)

"I made my husband save every emergency number and research all clinics in Sabang before we went. I was anxious about being so far from my obstetrician. I think if the healthcare facilities were better, I would have relaxed more." (P4)

This finding reinforces the importance of accessible healthcare infrastructure as a foundational element of pregnancy-inclusive tourism. The persistent background anxiety reported by participants even amidst genuinely positive emotional experiences suggests that physical safety and psychological wellbeing are deeply intertwined for pregnant tourists. As noted by Travel Health authorities (CDC, 2026), pregnant travelers should be informed of emergency medical resources at their destination prior to travel, and destination managers have a corresponding responsibility to ensure such resources are visible and accessible.

c. Sense of Personal Achievement

Several participants, particularly those who had encountered skepticism or discouragement from family members or healthcare providers regarding their decision to travel, articulated a notable sense of personal pride and achievement upon completing their trip successfully.

"People told me I was being reckless. My mother-in-law said I should not go. But I did my research, I consulted my doctor, and I made the decision for myself. When I came home safely, I felt proud. I proved that pregnant women can travel wisely." (P9)

Theme 4: Social Support as a Protective Factor

The fourth theme that emerged from the data centers on the critical role of social support in shaping and in many cases, enabling the travel experiences of pregnant tourists in Sabang. Social support functioned both as a practical resource and as a source of emotional security, and was identified by all ten participants as an indispensable element of their experience.

a. Partner Support as the Central Anchor

The husband or partner emerged as the most consistently cited source of support across all ten participants. Partner support encompassed a wide range of functions: physical assistance (carrying luggage, providing stability on uneven terrain), logistical management (route planning, accommodation booking, locating food), emotional reassurance, and active monitoring of the participant's physical condition.

"My husband was everything during that trip. He carried everything, he researched every restaurant before we went, he held my hand on the uneven paths. Without him, I could not have done it. He made it feel safe." (P2)

"He checked in on me every hour. He would ask: are you tired? Are you hot? Do you need to stop? He never made me feel like a burden. He made me feel cared for, which is exactly what I needed during pregnancy." (P8)

These findings are consistent with the broader literature on social support and tourism experience (Vespestad, 2023), which identifies co-present companions as central mediators of the quality and safety of travel experiences. In the context of pregnancy tourism, the partner's role extends beyond that of a travel companion to encompass elements of caregiving, health monitoring, and emotional scaffolding.

b. Responsiveness of Local Service Providers

The attitudes and behaviors of local tourism service providers also emerged as an important dimension of social support—or, in some cases, its absence. Participants who encountered empathetic, attentive, and informed service providers reported more positive overall experiences, while those who felt overlooked or inadequately served expressed frustration and heightened anxiety.

"The owner of our guesthouse noticed I was pregnant and immediately brought extra pillows and asked about my food needs. That small gesture made such a difference. I felt seen and taken care of." (P1)

"At one restaurant, the staff did not know what food was safe for pregnant women. They could not answer my questions. I wish tourism workers in Sabang had basic training about pregnancy needs. It would make such a big difference." (P5)

This finding underscores the argument advanced in the inclusive tourism literature (Gillovic & McIntosh, 2020; UN Tourism, 2024) that attitudinal accessibility—the willingness and ability of service providers to respond

empathetically to the needs of diverse travelers— is as important as physical accessibility. Pregnant tourists, like other travelers with specific needs, benefit significantly from service environments characterized by awareness, attentiveness, and a culture of care.

Theme 5: Perceptions of Sabang's Responsiveness to Pregnant Tourists' Needs

The fifth and final theme addresses participants' overall evaluations of Sabang as a destination for pregnant travelers. This theme reflects a complex and nuanced picture: while participants consistently praised Sabang's natural qualities and peaceful atmosphere, they also identified significant deficiencies in the destination's healthcare infrastructure, pregnancy- specific facilities, and service provider awareness.

a. Perceived Inadequacy of Healthcare Infrastructure

The availability and accessibility of healthcare facilities was the most frequently cited area of concern among participants. Several participants reported difficulty identifying appropriate medical facilities prior to and during their visit, and expressed concern about the capacity of local health infrastructure to manage obstetric emergencies.

"There is only one main hospital in Sabang, and I was not sure if they had an obstetrician or not. I called before we went and they said they had midwives but not always a specialist. That worried me. I had to accept that risk." (P7)

"I think Sabang needs to improve its healthcare a lot before it can be called a destination for pregnant tourists. What if something happened at night? What if the ferry was not running due to weather? I kept thinking about this." (P10)

These concerns align with the clinical guidance provided by international health authorities, which emphasizes that pregnant travelers should have access to reliable obstetric care and emergency services at their destination (CDC Yellow Book, 2026; Fernando et al., 2023). The perceived inadequacy of healthcare infrastructure in Sabang represents a significant barrier to the destination's development as an inclusive tourism site for pregnant travelers.

b. Limited Pregnancy-Friendly Facilities

Beyond healthcare, participants also noted the absence of pregnancy-specific amenities within Sabang's tourism infrastructure, including comfortable seating in public spaces, accessible rest areas on walking paths, and pregnancy-safe options in restaurant menus.

"I needed to sit down often, but there were not always places to sit on the beach or along the paths. I had to find rocks or ask at cafes if I could sit. It was manageable, but it would have been much better if there were more benches or rest areas." (P6)

I expected that Sabang, being a tourist destination, would have thought about things like accessible bathrooms, places to rest, information about nearby clinics. But most of these things were just not there. You had to figure it out yourself." (P3)

These observations are consistent with UNWTO's accessibility frameworks, which identify rest areas, accessible sanitation, and informational provisions as foundational elements of an accessible tourism value chain (UN Tourism, 2024). The participants' accounts suggest that Sabang's current tourism infrastructure has not yet systematically incorporated the needs of pregnant travelers into its planning and service design.

c. Natural Tranquility as a Compensatory Advantage

Despite these infrastructural limitations, participants were consistent in affirming that Sabang's natural beauty and tranquil atmosphere served as a significant compensatory factor that enhanced their overall experience and contributed to their sense of wellbeing during their visit.

"Even with all the difficulties, I would go back. The nature in Sabang is healing. I have never felt so peaceful. The sound of the waves, the clean air, the beautiful water these things were medicine for my tired body and my worried mind." (P2)

"Sabang has something that more developed tourist places have lost. It is quiet, it is natural, it is not crowded. For a pregnant woman who needs peace, that is more valuable than any fancy facility." (P1)

This finding highlights an important insight for destination managers: Sabang's natural capital its scenery, tranquility, and relatively uncrowded environment—already constitutes a meaningful foundation for pregnancy-inclusive tourism. The challenge lies in complementing this natural advantage with the physical, healthcare, and service improvements necessary to address the specific needs and concerns of pregnant travelers.

Recommendations from Participants

When invited to offer suggestions for improving Sabang as a destination for pregnant tourists, participants provided a range of practical and constructive recommendations. These are summarized in Table 3.

Table 3. Participant Recommendations for Pregnancy Inclusive Tourism in Sabang

Recommendation Area	Specific Suggestions
Healthcare Infrastructure	Ensure presence of at least one resident obstetrician or gynecologist; establish 24-hour emergency obstetric referral pathways; publish clear information on healthcare facilities accessible to tourists
Information & Pre-travel Guidance	Develop a pregnancy-specific travel guide for Sabang; create an online portal with pregnancy-safe activity listings, dietary options, and emergency contacts

Physical Accessibility	Install adequate rest areas and seating along beach walkways and tourist paths; ensure accessible restroom facilities in key tourist areas
Service Provider Training	Introduce basic pregnancy awareness training for accommodation, restaurant, and transport staff; promote a culture of attentive and informed service for pregnant guests
Transportation Safety	Improve road surface maintenance on key tourist routes; introduce priority seating for pregnant passengers on ferries and local transport
Pregnancy-Friendly Dining	Encourage restaurants to offer clearly labeled pregnancy-safe menu items and accommodate dietary requests; train kitchen staff on food safety for pregnant customers

Integrated Discussion

The five themes identified in this study collectively illuminate the multidimensional nature of the pregnant tourist experience in Sabang and contribute several important insights to the emerging field of pregnancy tourism research. Taken together, these findings reveal a fundamental paradox: the same destination that provides the natural tranquility and restorative environment sought by pregnant travelers simultaneously lacks the physical, healthcare, and service infrastructure necessary to fully support and assure the safety of this traveler group.

This paradox resonates with broader critiques in the inclusive tourism literature, which argue that natural or cultural assets alone are insufficient to constitute a truly accessible destination (Gillovic & McIntosh, 2020; GSTC, 2022). As the United Nations Division for Inclusive Social Development (2024) has observed, *accessible tourism benefits pregnant women and persons who are temporarily rendered immobile*, and the physical and service improvements associated with accessibility create broader benefits for diverse traveler groups. In Sabang's case, the task of developing a pregnancy-inclusive tourism environment thus requires not the abandonment of the destination's natural identity, but the strategic layering of appropriate infrastructure and services upon an already appealing natural foundation.

The prominence of emotional and psychological dimensions in participants' accounts particularly the coexistence of profound joy and persistent anxiety aligns with the phenomenological tradition's emphasis on the complexity and ambivalence of lived experience (Cohen, 1979; Moustakas, 1994). This finding challenges reductive framings of the pregnant tourist as either a passive recipient of care or a risk-averse traveler, and instead reveals a more nuanced portrait of a woman who actively negotiates competing desires, risks, and opportunities in pursuit of a meaningful and enriching travel experience.

The centrality of partner and social support in enabling and sustaining the participants' travel experiences also contributes an important social dimension to the literature on pregnancy tourism. While existing research has tended to focus on individual factors such as gestational age, health status, or destination characteristics

the present study highlights the relational embeddedness of the pregnant tourist experience and the critical role of companions and service providers in shaping its quality and safety. This finding calls for greater attention to the social and interpersonal dimensions of inclusive tourism design, including the training and sensitization of service provider staff as frontline agents of inclusive practice.

Finally, the participants' articulation of travel during pregnancy as a form of personal agency, celebration, and meaning-making challenges the persistent cultural and institutional tendency to frame pregnancy as a period of restriction and risk avoidance. This finding has important implications for tourism communication and destination marketing, suggesting that pregnancy inclusive destinations should not only address physical and healthcare needs but also affirm and celebrate the legitimate desires and aspirations of pregnant travelers for enriching, dignified, and safe travel experiences.

CONCLUSION

This study set out to explore and understand the lived experiences of pregnant tourists in Sabang, Indonesia, through a descriptive phenomenological lens. The findings reveal a rich and textured experiential landscape shaped by the interplay of physical, psychological, social, and environmental factors. Five major themes emerged from the data: motivations for travel during pregnancy, physical challenges and bodily awareness, emotional and psychological dimensions, social support as a protective factor, and perceptions of Sabang's responsiveness to pregnant tourists' needs.

The study makes a significant contribution to the emerging field of pregnancy tourism by providing one of the first phenomenological accounts of pregnant tourists' lived experiences within an Indonesian coastal destination context. The findings demonstrate that pregnant women are a legitimate, growing, and underserved segment of the tourism market whose needs, motivations, and experiences deserve dedicated research attention and practical policy response.

For Sabang specifically, the study identifies a clear development opportunity: to leverage its existing natural and atmospheric assets as the foundation for a more intentional and comprehensive pregnancy-inclusive tourism strategy. This would involve targeted improvements to healthcare accessibility, physical infrastructure, service provider training, and destination information, all designed to ensure that pregnant tourists can visit Sabang with confidence, safety, and the assurance that their specific needs will be acknowledged and accommodated.

More broadly, this study contributes to the academic literature on inclusive tourism by expanding the conceptual scope of accessible travel to include pregnant women as a distinct and important traveler subgroup, and by demonstrating the value of phenomenological methodology in generating the kind of deep, participant-centered knowledge necessary to inform genuinely inclusive tourism development.

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