

# The Implication of the Physical Violence, Psychological, Economical, and Sexual Violence on the Pregnancy Period to the Baby: Mother Interaction on the Post Partum Period at Public Hospital District (RSUD) KOJA and Public Hospital Center (RSUP) Fatmawati Jakarta

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**Keywords:** Violence during pregnancy, mother – baby interaction.

**Abstract:** The research is intend to analyze the physical violence, psychological, economical, and sexual influence on the pregnancy period to the baby – mother interaction on the early post partum period. The research method of which applied is quatitative by operating control cases design. The total sample which is gathred on the research is 100 handeled care mothers post partum patients at RSUD Koja and RSUP Fatmawati both are in Jakarta. The data gathred technique used observation sheet and questionare. Approving the violence implication with the baby – mother interaction is exercised with applying Chi Square technique test. Based on the finding analyses on  $\alpha$  5% known that there are no physical violence, psychological, economical, and sexual implication on the pregnancy period to the baby – mother interaction on the post partum period. Confounding variabel on the marital ages, pareties, and pregnancy program both are not influencing the baby – mother interaction. The useful suggestion to the nurses is that they are should be deep concerned to the mother's violence experience whom are victimize on the perinatal period. Besides, the nurses must be supported the baby – mother interaction as early as possible.

## 1 INTRODUCTION

According to the Women National Commission (Komnas Perempuan) Data in 2005 the violence cases to the women is raising. In 2001 – 2005 there are any raising cases as follows; in 2001 there are any 3.165 cases, in 2002 there are any 5.163 cases, in 2003 there are any 7.787 cases, in 2004 there are any 13.968 cases and in 2005 recorded 20.391 cases (Pambudy & Hartiningsih, 2006).

The violence victims are not only bearing to the women but it is suffered by pregnant women as well. According to Barirrier (1998 on Lowdermilk 2000) its around 30% - 40% women are death and murdered either by their own partner or by their ex-couple. And around 25% - 45% of those victims many of them are in pregnant. Based on the research which is held in central Java there are found just a little violence cases that bears pregnant women. It recorded that physical violence during pregnancy

found only 1%, sexual violence during pregnancy found 7%, and psychological violence during pregnancy recorded 10% (Hakimi, et al., 2001).

The reason of the violence in pregnancy period are caused such as many factors they are: (1) biophysichosocial stress during pregnancy incapable relation and cooping ability, and frustration are at the end drives violence action, (2) the husband jealousy with the infant and making his couple becoming target of its angry, (3) either anger to the infant or to the its wife, (4) the violence is caused because of the husband confused and eager to abort of its wife pregnancy (Lodermilk, et al., 2000).

The victim violence women in pregnancy period usually they wounded to herself and its infant by smoking and alcoholic consuming as the one way to cooping to reduce psychological stressing. (Curry, 1998). If the emotion distress exercised continually it can be caused suicide risk and refusing pregnancy and may imply the violence to the child ( Hakimi, et al., 2001).

The violence to the child may begin in early baby period where the baby birth, his mother experienced physical and emotional changing. Those effects may pursue the victim violence pregnant mother in interaction with her baby. Besides, the mother might become the subject of the violence to her baby if she can not reconcile her relationship with her husband (Lowdermilk, et al., 2000).

The implication of the maladaptive action of the post partum mother would like to influence the baby – mother interaction. The other important bad influence to the baby is a less of the fulfillment burst milk because his mother refused to give breast feeding, refused to care her baby, through away, and killed her own baby. The action mother in uncaring baby is close relation with the restless and anxiety her psychological conditions besides she refused to close with her baby (Shaw & Bell, 1993 dalam Wong, Perry & Hess, 1998). The ignoring and violence towards the baby would like to disturb his development besides it becoming sensitive to the disease or raising emotional problem ( Klaus & Kennell, 1982 ).

This research is intend to analyse the phisycal influence violence, psychological, economical, and sexual during pregnancy period and its influencial to the baby – mother interaction in early post partum period.

## 2 METHODS

The research design is non-experiment: comparative, applying case control method with identify baby – mother interaction during post-partum period. So, retrospectively identify the violence action during pregnancy. The population of the research is the mothers whom are experiencing early post-partum (24 – 46 post-partum hours) by spontaneous delivery without any complications and their baby in health condition. All of them are caring at RSUD Kojja and RSUP Fatmawati Jakarta. The population of the research is divided into two groups, they are: (1) cases group who are stand for all of the early post-partum mother whom are experienced interaction barrier with their baby or their interaction is inadequate, (2) control group is stand for the early post-partum mother whom are not experiencing barrier interaction or their interaction is adequate. Both of cases were found on the research which is held on May – June 2006 by sample total for each group is 50 women.

## 3 RESULTS AND DISCUSSION

The research result is presenting with univariat and bivariat analyses. The respondent characteristics are describe based on the hospital where they were cared, education, profession, marital old, parity, and pregnancy planning. All of them are presenting on the table 1.

Table 1: Frequency of demographic dominance respondents.

Characteristic	Case group n (%)	Control group n (%)
Hospital:		
RSUP Fatmawati	21 (43,8)	27 (56,3)
RSUD Kojja	29 (55,8)	23 (44,2)
Education:		
Uneducated	2 (4,0)	1 (2,0)
Elementary school	14 (28,0)	14 (28,0)
Junior high school	10 (20,0)	13 (26,0)
Senior high school	19 (38,0)	17 (34,0)
Bachelor degree	5 (10,0)	5 (10,0)
Professions:		
Housewife	34 (68,0)	28 (58)
Civil servant	7 (14,0)	
Entrepreneur	1 (2,0)	
Labor	4 (8,0)	
Students	1 (2,0)	
Peasants	1 (2,0)	
House servant	1 (2,0)	
Old Marital:		
New Marital:	21 (42,0)	25 (50)
	29 (58,0)	25 (50)
Parity:		
Multipara	35 (70,0)	30 (60,0)
Primipara	15 (30,0)	20 (40,0)
Unwanted pregnancy		
Wanted pregnancy	30 (60,0)	32 (64,0)
	20 (40,0)	18 (36,0)

Table 1 shows that the most total respondents were found in RSUD Kojja by total cases up to (55,8%) on this group there were often experiencing baby – mother problem relation during early post-partum period. The respondent characteristic based on education most of them are from senior high school (SMA). And the total on the cases group 19 or (38%) and on the total control group are 17 or (34%). The most of the respondent profession are house wife and on the control group 41 or (82%), and the total respondent based on old marital and new marital both of the total are almost the same by total number (46%) for old marital and (54%) for new marital.

Table 2: Result analyses based on the ages on the control group and their cases (n = 100, cases = 50, control = 50).

Age	Mean	Median	Min	Max	95% CI
Case group	30,48	31,00	18	42	28,66-32,30
Control group	29,28	29,00	18	43	27,63-30,93

Based on the result analyses above show that the most of the ages post-partum mother on the cases group are 30,48, by the youngest ages 18 years old with the oldest ages 43 years old.

The violence description of which experienced by post-partum mother presented such as that the violence in pregnancy can be divided into four kinds, they are: physical violence, economical, emotional psychology, and sexual violence. Those of the violence which experienced by post-partum mother can be observe at the table 3.

Table 3: Respondent distribution based on the kind of violence which experienced during pregnancy (n = 100, cases = 50, control = 50).

Types of violence	Case group n (%)	Control group n (%)
<b>Physical Violence:</b>		
Ever	5 (10)	3 (6)
Never	45 (90)	47 (94)
<b>Economical Violence:</b>		
Ever	14 (28)	10 (20)

Never	36 (72)	40 (80)
<b>Psychological Violence:</b>		
Ever	22 (44)	16 (32)
Never	28 (56)	34 (68)
<b>Sexual Violence:</b>		
Ever	13 (26)	8 (16)
Never	37 (74)	42 (84)
<b>Physical Violence, Psychological, Economical, and Sexual:</b>		
Ever	4 (8)	1 (2)
Never	46 (92)	49 (98)
<b>Total Violence:</b>		
Ever	26 (52)	20 (40)
Never	24 (48)	30 (60)

On the Table 3 shows that the kind of violence of which common experienced by post-partum mother during pregnancy either on the control group or on the cases group they are experienced emotional violence. On the other hand, especially on the mother who are experienced emotional violence the total number is 22 women or (44%) and the total number of the control group is 16 women or (32%). And based on the observation on the baby – mother interaction in the early post-partum period for the first, the second, and the third days with applied observation sheets were known that 50 mothers their interaction with their babies are inadequate and the 50 mothers their interaction with their baby is adequate.

The violence influence during pregnancy towards Baby – Mother interaction presented on the table 4.

Table 4: The violence influence during pregnancy towards baby – mother interaction on early post-partum period.

Variable	Mother – Baby Interaction Post Partum		Total	X <sup>2</sup>	p	OR (95% CI)
	Adequate	Inadequate				
<b>Kekerasan Fisik</b>						
Never	47 (94%)	45 (90%)	92 (92%)	-	0,715	1,741(0,393-7,713)
Ever	3 (6%)	5 (10%)	8 (8%)			
Total	50(100%)	50(100%)	100 (100%)			
<b>Psychological Violence</b>						
Never	34 (68%)	28 (56%)	62 (62%)	1,061	0,303	1,670(0,739-3,774)
Ever	16 (32%)	22 (44%)	38 (38%)			
Total	50(100%)	50(100%)	100 (100%)			
<b>Economical Violence</b>						
Never	40 (80%)	36 (72%)	76 (76%)	0,493	0,482	1,556(0,615-3,935)
Ever	10 (20%)	14 (28%)	24 (24%)			
Total	50(100%)	50(100%)	100			

			(100%)			
<b>Sexual Violence</b>						
Never	42 (84%)	37 (74%)	79 (79%)	0,964	0,326	1,845(0,689-4,941)
Ever	8 (16%)	13 (26%)	21 (21%)			
Total	50(100%)	50(100%)	100 (100%)			
<b>Physical Violence, Psychological, Economical and Sexual</b>						
Never	49 (98%)	46 (92%)	95 (95%)	0,362	4,261 (0,459-39,544)	
Ever	1 (2%)	4 (8%)	5 (5%)			
Total	50(100%)	50(100%)	100 (100%)			
<b>Violence Total/Compounding</b>						
Never	30 (60%)	24 (48%)	54 (54%)	1,006	0,316	1,625(0,736-3,500)
Ever	20 (40%)	26 (52%)	46 (46%)			
Total	50(100%)	50(100%)	100 (100%)			

Table 5: The respondent distribution on the control group (adequate interaction) and the case of (inadequate interaction) based on the old marital, parity, and the pregnancy planning.

Confounding variable	Mother – Baby Interaction at Post-Partum		Total	X <sup>2</sup>	p	OR (95% CI)
	Adequate	Inadequate				
<b>Old marital</b>						
Old	25 50%	21 42%	46 46%	0,362	0,547	1,381(0,627-3,040)
New	25 50%	29 58%	54 54%			
Total	50(100%)	50(100%)	100 (100%)			
<b>Parity</b>						
Multipara	30 60%	35 70%	65 65%	0,703	0,402	0,643(0,281-1,472)
Primipara	20 40%	15 30%	35 35%			
Total	50(100%)	50(100%)	100 (100%)			
<b>Pregnancy planning</b>						
Unwanted	18 32%	20 40%	38 38%	0,042	0,837	0,844(0,376-1,894)
Wanted	32 64%	30 60%	62 62%			
Total	50(100%)	50(100%)	100 (100%)			

Based on the analyses on the table 4 that there are not founded that the violence could influenced baby – mother interaction on the post partum period where the score  $p > 0,05$ . The result is also suitable with the violence subvariable and all of them were not influencing the baby – mother interaction during post partum period it shows the score  $p > 0,05$ .

And the influencing of the confounding variable such as (old marital, parity, and pregnancy Planning) to the baby – mother interaction on the early post partum presented at table 5.

The analyses on the table 5 show that all of the confounding variable (old marital, parity, and the pregnancy planning) are not influencing to the baby – mother interaction during post partum period where the score  $p > 0,05$ .

The result of this research known that physical violence during pregnancy is more larger than what have found on the Hakimi's research in Central Java (2001) where he found 3,8% violence cases. From of those presentation know that the physical violence during pregnancy from its presentation is very varyative and always depend on the district position, culture, religion, and values orientation. Simultaneously, those of research finding refused that pregnant women is not free from the violence intimidation. Proportion that the violence physically the pregnant mother is often experienced by the mother whom are having interaction problem or its interaction is inadequate. Eventhough the statistics result show that there are no influence among physical violence with the baby – mother interaction ( $p=0,715$ ).

The pregnant women is often experiencing emotional/psychological violence it shows the score for (38%), the result is almost equal with the research of which done in Central Java where the total presentation of the psychological violence to the pregnant women is (38,4%). The result is suitable with the opinion of many scholars where the psychological violence is the common experience for the pregnancy women (Buzawa & Carl 1990; Ammerman, 1992). According to many scholars assumption that the highest total number is caused by psychological of the pregnancy women who is more sensitive, more emotional, and tend to ask many attentions. The pregnancy women commonly need of the good conditions but for the husband the situations is very pressing because of the husband is still unready to prepare the burden because of the attended baby. The incapable of the husband adaptation commonly is expressed by uttered the hard words. By the way, the special of the "specific character" (sensitive caharacter) is giving

positive influence to do her responsibility to pregnat, to birth, giving bearst feeding, and caring child. (Syuqqoh, 1999).

According to the other data which based on the economical violence the total score is 24%, this is the second binggest score for the violence action under psychological violence action. Economical violence is the basic to raise domestic violence such as physical, mental, and sexual violence (Mardiana & Hartiningsih, 2000). Those of situation imply to the less of nutrition and may influence of the health condition either to the baby or mother. The implication of the economical violence were forced the mother working eventhough they have just birth and it is also influencing to the bearst feeding or affecting to the interaction process. Statistically this research is approve that ( $p=0,482$ ) the economical violence is happend. Sometimes, the most of scholars have some assumptions that the sample total which is limited is difficult to work. So, it is difficult to work statistically. To gather the data is limited by time therefore it is possible to presented the trully data. It is similar to Adiningsih's opinion (2003), that the violence score in domestic area especially in Indonesia is more higher than what have written. Her reason is that of the problem is the shame for family that must be protected and it is very impolite if it were told to the other men.

For the other analyses show that 21% the pregnant mother experiencing sexual violence. the data on this research is the same with what have found by Hakimi et al.(2001). On the face-to-face interviews, the one among 5 women (20%) are victims of the sexual violence. The pression feeling in the intercourse on the pregnancy period is possible caused by reduced of the passionate women sexual and their afraid because their limited knowledge about the intercourse risk and threatening her pregnancy. The lack of the right sexual education and the minimizing of the responsibilities were caused miss perception in fulfilling sexual need in pregnancy period (Pangkahila, 1997). Statistically, ( $p=0,326$ ), the intercourse influence towards baby – mother interaction is not approved eventhough the mother who are their interaction is inadequate they are more often experiencing of the sexual violence (26%) if it were compared with the mother of whom their interaction are adequate (16%).

This research is also states that physical violence, emotion, economical, and sexual violence are most experienced by the mother whom are their interaction is inadequate (8%) where for the mother whom are their interaction is adequate they are less



violence experience the score is recorded 2%. Hal tersebut menunjukkan bahwa riwayat kekerasan tersebut walaupun persentasenya kecil tapi memang sering terjadi pada ibu dengan interaksi yang tidak adekuat. The analyses result among two variable relationship showing that there are no influence to the physical violence, emotional, economical, and sexual violence with the baby – mother interaction ( $p$  fisher exact = 0,362). The result according to the researcher is caused by the less of the sample from the mother historical physical violence background, emotional, economical, and sexual violence and even those of the historical background procentage are not significance for the victim violence mother yet in interaction but it adequate is larger than inadequate interaction among baby – mother interaction in early post partum period. The other reason is caused by the limited information from the respondent because of her frighten in opening her real condition especially where the researcher gathered the data. The frighthen of which the women shadow is of her unreadiness in facing the stressing from the other side. The other side of the reason is caused of the dependent of the wife to her husband besides it supports of the social and cultural system stigma in Indonesia to the widow judgment that it status is inhonoured. The argument is supported by Purnianti and Kalibonso (2003) which stated that the most of women are dislike in giving information related to the violence that they were experienced because of the reason that she would like to covered her husband. She is also wish that for the next time the husband caharacters would be changes. Besides, the wife have many dependents to her husband on the financial, social, emotional, and physical. The other aspect of the reason is law consequence that were caused the victim violence mother did not want to confess the violence that were happened to themselves (Thompson & Atkins, 2003).

The result of the research show that the total of the violence that could be happend to the women is around on the one of the items they are; physical, emotion, economic, and sexual. The one of the items could be experienced by the women who were their interaction is inadequate it shows on the number (52%), and for the adequate interaction the violence experience is less than inadequate interaction it showed by total number 40%.

Two variables analyses of the research show that there are no implication directly with the baby mother interaction ( $p = 0,316$ ). According to the researcher assumsion is that eventhough there are no direct implication on the baby – mother interaction but the other analyses result is indicated too that the

historical background of the interaction is inadequate. The result is also indicated that the importance of play of the hard provider (especially in hospital) in order to give councelling and health education about cooping and stress adaptation during the pregnancy period it is also can avoid of the violence in domestic area in solving every problems that are raised.

## 4 CONCLUSIONS

There are no physical violence implication to the baby – mother interaction on the early post partum period. This statement is suitable with the violence subvariable that there is no one factor which were influnced baby – mother interaction on the early post partum period. On the other hand, all of the compounding factors such as (old marital, parity, and pregnancy planning) are also indicated that there are no any implications at all that are implicated directly to the baby – mother interaction in early post partum period.

Based on the research above which has been concluded therefore it is suggested that (1) to the nurses who are in maternity room it is better for them to join on the specific training in caring, analysing, approaching, and handling the victim mother's; (2) It is urgent for hospital to give specific integreted service to handle the pregnancy women victim violence; (3)It is possible to the other researcher to make a research by applied kohort design and compiled with qualitative research method; (4) to the mother who are experiencing the violence action it must be looking for aid and protection; (5) to the people is sugessted in order to carefull and giving aid and protection if they were found the mother who are becoming victim especially when they are in pregnant condition.

## REFERENCES

- Affonso, D. (1976). The newborn's potential for interaction. *Jurnal of Obstetric, Gynecologic ,& Neonatal Nursing*, 5(6) 9-14
- Alligood, M.R. & Tomey, A.M . (2002). *Nursing theory: Utilization & aplication*. St. Louis: Mosby.
- Ammerman, Robert, T. & Herse,M. (1992). *Assesment of Family Violence: A clinical and legal sourcebook*. New York: A Weley Intercience Publication..
- Bobak, I.M., Lowdermilk, D.T., & Jensen, M.C. (1995). *Maternity nursing*. (4th ed). St. Louis: Mosby-Year Book, Inc.
- Bobak, I.M. & Jensen, M.C. (1985). *Maternity &*

- gynecologic care: The nurse and the family. (3th ed). St. Louis: Mosby-Year Book, Inc.
- Bobak, I.M. & Jensen, M.C. (1984). Essentials of maternity nursing. St. Louis: Mosby-Year Book, Inc.
- Buzawa, A.S & Carl, G. (1990). Domestic Violence the Criminal Justice Response, Studies in Crime Law and Justice. California: Sage Publications.
- Curry, M.A. (1998). The interrelationships between abuse, substance use, and psychosocial stress during pregnancy. *Journal of Obstetric, Gynecologic, and Neonatal Nursing: Clinical Issues*, 27(6), 692-698.
- Ervita, M. & Utami, S. (2002). Memahami gender dan kekerasan terhadap perempuan. Yogyakarta: Rifka Annisa Women's crisis Center.
- Gorrie, T.M, McKinney, E.S & Murray, S.S. (1998). Foundation of maternal-newborn nursing. (2nd ed. ). Philadelphia: W.B. Saunders Company.
- Hakimi, M., Hayati, E.N., Marlinawati, U., Winkvist, A. & Ellsberg, M.C.I. (2001). Silence for the take harmony: Domestic violence and health in Central Java, Indonesia. Yogyakarta: CHN – RL GMU.
- Hayati, E.N., (2002). Jangan pojokan perempuan korban kekerasan. *Jurnal Perempuan: untuk pencerahan dan kesetaraan*. Jakarta: Yayasan Jurnal Perempuan, 26 (8), 42-47
- Humphreys, J. & Campbell, J.C. (2004). Family violence and nursing practice. Philadelphia: Lippincott Williams & Wilkins.
- Info Kesehatan Reproduksi, 2006, Undang-Undang Kekerasan dalam Rumah Tangga, <http://saran.kespro.info/disku04.html>, diperoleh 9 Mei 2006).
- Kalibonso, R.S, (2002). Kejahatan itu bernama kekerasan dalam rumah tangga. *Jurnal Perempuan: Untuk pencerahan dan kesetaraan*. Jakarta: Yayasan Jurnal Perempuan, 26 (2) 7- 19.
- LBH APIK, Jumlah Kasus Kekerasan, di LBH APIK Jakarta, (2002, <http://www.lbh-apik.or.id/kdrt%2098-02%20data.html>, diperoleh 1 juni 2005.
- Lowdermilk, D. L., Perry, S.E., Bobak, I.M. (2000). Maternity & woman health care. (7th ed.), St. Louis: Mosby Inc.
- Mardiana, N. & Hartiningsih, M. (2000). Masih banyak persoalan, tetapi ada perbaikan situasi. (10 Maret 2000). *Kompas*, hlm 1 & 8.
- Matteson, P.S. (2001). Women's health during the childbearing years; A community based approach. St. Louis: Mosby Inc.
- Mercer, R.T. (1986). Matherhood: Experiences from teens to forties. New York: Springer Publishing Company.
- Mercer, R.T. & Ferketich, S.D. (1994). Maternal- baby attachment of experienced & inexperienced mother during infancy. *Nursing Research*, 43.6.344-351.
- Mitra Perempuan. (1999). Laporan Tahunan Catatan Kekerasan terhadap Perempuan. Jakarta: Yayasan Penghapusan Kekerasan Terhadap Perempuan.
- Murray, S.S., McKinney, E.S. & Gorrie, T.M. (2001). Foundations of maternal newborn nursing. (3rd ed). Philadelphia: W.B. Saunders Co.
- Old, S.B., London, M.L., & Ladewig, P.A.W. (1994). Maternal newborn nursing a family and community based approach. (6th ed). New Jersey: Prentice Hall Health.
- Pangkahila, W. (1997). Aktifitas Seksual dalam Kehamilan, Makalah seminar Mutiara Perkawinan, Denpasar.
- Pillitteri, A. (2003). Maternal & child health nursing: Care of the childbearing & childrearing family. (4th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Subono, N. I. (2002). Laki-laki: Pelaku atau korban kekerasan. *Jurnal Perempuan: untuk pencerahan dan kesetaraan*: 26. Jakarta: Yayasan Jurnal Perempuan.
- Sumaryoto, S. R. (2004). Undang-undang Republik Indonesia no 23 th 2004 tentang penghapusan kekerasan dalam rumah tangga. Jakarta: Kementerian Pemberdayaan Perempuan.
- Syuuqqoh, A.A.H. (1999). Kekerasan Wanita. Jilid 5. Jakarta: Gempa Insani Press.
- UNFPA & Yayasan PULIH (2004). Modul penanggulangan kekerasan terhadap perempuan dalam situasi krisis/konflik. Tidak dipublikasikan.