

## Article

# Partners' behavior as the main cause of domestic violence experienced by pregnant adolescents in Jakarta

Irma Permata Sari,<sup>1</sup> S. Setyowati,<sup>2</sup> Titin Ungsianik<sup>2</sup>

<sup>1</sup>Faculty of Nursing, Universitas Muhammadiyah Jakarta, Jakarta; <sup>2</sup>Department of Maternity Nursing, Faculty of Nursing, Universitas Indonesia, Depok, West Java, Indonesia

## Abstract

**Background:** Adolescent pregnancy leads to a variety of complex problems. Adolescents with an unwanted pregnancy potentially face a stigma or rejection by parents and friends as well as facing threats to be a victim of domestic violence. Violence experienced by pregnant adolescents has a negative impact on the health status of the mother and their fetus. This study aimed to identify the factors triggering domestic violence on pregnant adolescents in Jakarta.

**Design and Methods:** The design of the study was cross-sectional study with convenience sampling (n=230). The tools used for data collection were questionnaires.

**Results:** The results of the bivariate analysis showed that the factors associated with domestic violence suffered by pregnant adolescents were the partner's violence history (p=0.000), partner's behaviors (p=0.000), economic status (p=0.002) and family's support (p=0.03). The partner's behavior was the most influential factor that contributed 73.96 times the potential occurrences of domestic violence against pregnant adolescents (p=0.000; OR=73.96).

**Conclusions:** The involvement of the partner during the pregnancy process is necessary for understanding and comprehension of the changes, which may possibly occur due to the partner's pregnancy.

## Introduction

Adolescent pregnancy leads to a variety of complex problems. Adolescents with an unwanted pregnancy potentially face social stigma or rejection by parents and friends. 84.04% of adolescents who do not want to get pregnant have an abortion as a solution to an unwanted pregnancy and it is considered as a negative approach and threat of violence by their partner.<sup>1,2</sup> Adolescents who become pregnant before the age of 18 are more likely to experience violence in marriage or partnership.<sup>3</sup> Domestic violence committed by partners increases in adolescent pregnancy cases.<sup>4</sup> Pregnant or postpartum adolescents are at the higher risk of experiencing violence.<sup>5</sup>

Violence is the second leading cause of death of 10-19 years old girls.<sup>6,7</sup> Violence includes physical, psychological, verbal and sexual abuse. Twenty-six percent of 13-17 years old adolescents experience violence before, during or after pregnancy.<sup>8</sup> Twenty-two percent of those experience physical violence committed by their partner during pregnancy and 25% of that experienced physical violence in their previous pregnancy. Three point one percent of them said that the part of their body that was most often injured was the face, 1.3% said that the part of their body that was most often injured was the stomach and as many as 4.8% stated that no part of their body was injured.<sup>9</sup>

Negative physical and psychological impacts are higher on pregnant adolescents than on those not experiencing violence. The physical impact on pregnant women experiencing violence can lead to death. Meanwhile, the psychological impact on pregnant adolescents experiencing violence and not getting support from the partner was the feeling of incapability and hopelessness in fulfilling their new responsibilities as new mothers.<sup>10</sup> This made adolescent pregnant women more stressed and depressed.<sup>11</sup> In addition, pregnant adolescents who experience violence are twice likely to experienced miscarriage, abortion and/or stillbirth.<sup>12</sup>

The Indonesian Ministry of Women's Empowerment and Child Protection and the Central Bureau of Statistics state that violence against women occurs more in urban areas than in rural areas.<sup>13</sup> DKI Jakarta is a densely populated urban area, a mega metropolitan that is aware of the development and progress of the times and is influenced by various cultures. DKI Jakarta occupies the highest position of unplanned pregnancies occurring at the age of marriage 16-20 years as much as 51.7%.<sup>14</sup> The Department of Population and Civil Registration of DKI Jakarta reports that the highest ranking of mothers giving birth to adolescents aged 15-19 is West Jakarta as many as 565 (26.27%).<sup>15</sup> Therefore, it is important to know the factors associated with the incidence of domestic violence suffered by pregnant adolescents.

## Design and Methods

This study used a quantitative method with a cross sectional approach. The population surveyed in this research consisted of all

### Significance for public health

Adolescent pregnancy leads to a variety of complex problems. Adolescents with an unwanted pregnancy potentially face a stigma or rejection by parents and friends as well as facing threats to be a victim of domestic violence. Violence experienced by pregnant adolescents has a negative impact on the health status of the mother and the fetus. Research on the factors causing the incidence of violence in adolescent pregnant is still limited and in Indonesia has not been involved in this study. This study aimed to identify the factors triggering domestic violence on pregnant adolescents.

pregnant adolescents aged 10-19 years visiting the District Health and Medical Centers of West Jakarta. The sampling technique used was convenience sampling with a total sample of 230 respondents. Data collection was using Google form distributed to respondents who had agreed to be involved in this research. The implementation of this research has received ethical permission from the Ethics Committee of the Faculty of Nursing, University of Indonesia under number: SK-127/UN2.F12.D1.2.1/ETIK 2020. Data analysis was carried out using the Chi-Square test and Logistic Regression with the Backward Elimination method.

The questionnaires used were demographic data questionnaire which included age, education, marital status, economic status and the history of violence that has been experienced by the partners and a violence screening questionnaire using the 'Abuse Assessment Screen' developed by McFarlane *et al.* with Cronbach Alpha value of 0.944.<sup>16,17</sup> With respect to family support, the questionnaire used was Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet GD, Dahlem NW, Zimet

GS, Farley GK with Cronbach Alpha value of 0.945.<sup>18</sup> For measuring the partner behavior, we used a questionnaire modified from WHO questionnaire and a reading book through validity and reliability tests with a Cronbach Alpha value of 0.907. For measure patriarchal culture, the 'Patriarchal Beliefs Scale' questionnaire developed by Yoon *et al.* was used with a Cronbach Alpha value of 0.941.<sup>19</sup>

## Results

The results on Table 1 showed the description on the characteristics that most of pregnant adolescents who experienced domestic violence were older, married adolescents with primary educational background, low economic status and spouse having no previous history of violence.

Table 2 showed that the factors associated with domestic violence suffered by pregnant adolescents were, among others, the

**Table 1. Distribution of characteristic frequency of pregnant adolescents in district health and medical center areas of West Jakarta (n=230).**

Characteristics of respondents	Experiencing domestic violence		Not experiencing domestic violence	
	f	%	f	%
Age				
Early adolescents	27	24.5	37	30.8
Older adolescents	83	75.5	83	69.2
Education				
Primary secondary	58	52.7	68	56.7
Senior high school	52	47.3	52	43.3
Higher education	0	0	0	0
Economic status				
Low	90	81.8	75	62.5
High	20	18.2	45	37.5
Marital status				
Married	110	100	120	100
Single	0	0	0	0
Violence history of partner				
Ever	37	33.6	0	0
Never	73	66.4	120	120

**Table 2. Correlation between internal and external factors and domestic violence incidents experienced by pregnant adolescents in district health and medical center areas of West Jakarta (n=230).**

Factors	Violence incidents		p
	Experiencing domestic violence (%)	Not experiencing domestic violence (%)	
Early adolescents	27 (24.5)	37 (30.8)	0.0306
Older adolescents	83 (75.5)	83 (69.2)	
Primary and secondary education (elementary school, junior high school)	58 (52.7)	68 (56.7)	0.640
Senior high school	52 (47.3)	52 (43.3)	
Ever experienced violence	37 (33.6)	0 (0)	0.000
Never experienced violence	73 (66.4)	120 (100)	
Low economic status	90 (78.9)	75 (62.5)	0.002
High economic status	20 (18.2)	45 (37.5)	
Lack of family support	84 (76.4)	75 (62.5)	0.033
Good family support	26 (23.6)	45 (37.5)	
Partner's behavior was not good	61 (55.5)	2 (1.7)	0.000
Partner's behavior was good	49 (44.5)	118 (98.3)	
Having patriarchal culture	56 (50.9)	73 (60.8)	0.167
No patriarchal culture	54 (49.1)	47 (39.2)	

**Table 3. Most influencing factors of domestic violence incidents experienced by pregnant adolescents in district health and medical center areas of West Jakarta (n=230).**

Variable	B	SE	Wald	Sig.	Exp(B)	95% C.I. for EXP(B)		
						Lower	Upper	
Step 1:	Economic status	0.9000	0.410	4.808	0.028	2.459	1.100	5.496
	Partner's violence history	19.322	6.204.897	0.000	0.998	246,399,613.610	0.000	
	Family support	0.074	0.359	0.042	.837	1.077	0.533	2.177
	Partner's behavior	3.486	0.766	20.712	.000	32.640	7.275	146.445
	Patriarchal culture	-0.374	0.345	1.172	0.279	0.688	0.350	1.354
	Constant	-45.402	12.409.794	0.000	0.997	0.000		
Step 2	Economic status	0.977	0.409	5.694	0.017	2.656	1.191	5.923
	Family support	0.146	0.356	0.168	0.682	1.157	0.576	2.327
	Partner's behavior	4.267	0.749	32.489	0.000	71.320	16.442	309.350
	Patriarchal culture	-0.347	0.342	1.029	0.310	0.707	0.362	1.381
	Constant	-8.593	1.698	25.604	0.000	0.000		
Step 3	Economic status	0.960	0.407	5.560	0.018	2.612	1.176	5.802
	Partner's behavior	4.301	0.744	33.384	0.000	73.773	17.150	317.343
	Patriarchal culture	-0.339	0.341	0.986	0.321	0.713	0.365	1.391
	Constant	-8.451	1.661	25.882	0.000	0.000		
Step 4	Economic status	1.012	0.403	6.314	0.012	2.752	1.249	6.062
	Partner's behavior	4.304	0.745	33.410	0.000	73.964	17.190	318.252
	Constant	-9.013	1.578	32.617	0.000	0.000		

partner's violence history ( $p=0.000$ ), economic status ( $p=0.002$ ) family's support ( $p=0.033$ ) and partner's behavior ( $p=0.000$ ).

Table 3 above showed that most influencing factor for the occurrence of domestic violence suffered by pregnant adolescents was the behavior of their partner with ( $p=0.000$ ;  $OR=73.964$ ), meaning, bad-behaved partners had a 73.96 times greater chance of committing violence than a well-behaved partner, who were controlled by economic status.

The high influence of partner's behavior on the incidence of domestic violence experienced by pregnant adolescents was identified from the type of partner behavior of pregnant adolescents as shown in Table 4.

It could be seen that there were partners' behaviors of using or consuming drugs and having been in prison. In addition, there were some types of behaviors had by more than 20% of partners, including dominating, having fought, restraining, being suspicious and consuming alcohol.

## Discussion

The last modeling result showed that partner's behavior was the most influencing factor in domestic violence incidences experienced by pregnant adolescents. The partners referred to this study were the adolescent partners consuming alcohol, using drugs, acting rudely/harshly, blaming or punishing their pregnant partner, having fought or imprisoned, as well as those who were dominating, authoritative, acting suspiciously or restraining their pregnant partner.

Partner's bad behavior was also 73.96 times greater triggering the occurrence of domestic violence against pregnant adolescents, there were 21.3% partners who consumed alcohol and 2.6% of them were drug addicts. This research was supported by the one carried out by Ibrahim *et al.*<sup>20</sup> stating that the partners bad behaviors, such as smoking, consuming alcohol or drugs were 98.1 times highly risky to violence against pregnant adolescents. This finding

**Table 4. Frequency distribution of partner's behavior types of pregnant adolescents experiencing domestic violence in district health and medical center areas of West Jakarta (n=230).**

Partner's behavior	Yes, there was		None	
	f	%	f	%
Age of adolescent's partner	74	32.2	156	67.8
Consuming alcohol	49	21.3	181	78.7
Drug users	6	2.6	224	97.4
Rude	42	18.3	188	81.7
Blaming	33	14.3	197	85.7
Fighting/quarreling	62	27.0	168	73.0
Dominating	65	28.3	165	71.7
Suspicious	50	21.7	180	78.3
Blaming the law (prison)	5	2.2	225	97.8
Authoritative	40	17.4	190	82.6
Restraining	52	22.6	178	77.4

was also confirmed by other studies conducted in South Africa and Ethiopia showing that partners who consumed alcohol were at increasing risk of domestic violence towards pregnant adolescents, compared to partners with good behaviors.<sup>12,21</sup> In addition, partners with dominating behavior had a 3.06 times high risk of committing violence in the household.<sup>21</sup>

In current study, there was 28.3% partners dominate the conversation. It related to the culture adopted by Indonesian society that men have a more dominant position and power than women. Consequently, this dominant behavior became one of the triggers for violence.

Another type of condition possibly leading to domestic violence was a partner whose was also still a adolescent, namely 32.2%. It was in line with the statement of World Health Organization that a factor relevant to the increase of violence was the fact that the violence were committed by young couples or ado-

lescents.<sup>22</sup> Adolescents had instability in managing emotions. They were more idealistic in making their own decisions without thinking about the consequences and danger possibly happening. So that, this allowed the adolescent partner to be able to commit violent acts. In addition, speaking harshly, always blaming their partner, being suspicious of their partner, being authoritative and restraining were also the signs that the partners were possibly able to commit domestic violence.

Besides partner's behaviors, there were other factors relevant to domestic violence, namely a history of violence experienced by a partner. This study states that a partner's violence history had a significant correlation with domestic violence towards pregnant adolescents. This was in line with the research conducted by James *et al.* stating that partners with violence experience were 4 times more likely to commit violence to their partner than those who did not have a history.<sup>23</sup>

Apart from that, economic status was also a significant factor for domestic violence incidences among pregnant adolescents. Low economic status also contributed 2.75 times greater chance of adolescents experiencing domestic violence during pregnancy. This was in line with research conducted by Rurangirwa *et al.* stating that low socioeconomic levels contributed 2.27 times the risk of violence towards pregnant adolescents.<sup>24</sup>

Furthermore, the family support factor, which was the act of providing help and assistance to family members in need also has a significant correlation with the occurrence of domestic violence suffered by pregnant adolescents. Family was the most needed source of social support by pregnant adolescents.<sup>25</sup> This was in line with research conducted by Sigalla *et al.*, stating that family support in the form of good communication such as exchanging ideas, helping to make decisions at least every month was able to decrease the risk of the occurrence of violence to adolescents during pregnancy 0.46 times.<sup>26</sup>

Based on the results of research obtained, health workers played an important role in reducing the number of domestic violence incidents experienced by pregnant adolescents by collaborating with multidisciplinary measures in developing strategies for violence control programs and comprehensive health education packages.

## Conclusions

Partner's behavior was the most influencing factor for domestic violence experienced by pregnant adolescents. Therefore, the involvement of partner during the pregnancy process was necessary in the form of providing understanding and comprehension on the changes possibly occurring due to partner's pregnancy. In addition, there were other factors associated with domestic violence suffered by pregnant adolescents, among others, the partner's violence history ( $p=0.000$ ), socioeconomic status ( $p=0.002$ ) and family's support ( $p=0.03$ ). It could be concluded that, suppressing the occurrence of violence towards pregnant adolescents may not only oriented towards pregnant adolescents themselves, but it must involve their partners and families.

**Correspondence:** S. Setyowati, Department of Maternity Nursing, Faculty of Nursing, Universitas Indonesia, Jalan Prof. Dr. Bahder Djohan, UI Depok Campus, West Java, 16424, Indonesia. Tel. +62.82.213460404. E-mail: wati123@ui.ac.id

**Key words:** Factors; domestic violence; violence against women; pregnant adolescents.

**Contributions:** All authors contributed equally. SS, TU supervised conceptualization and design the study, revising it critically for important intellectual content, final approval. IPS, concept and design analysis and interpretation of data, drafting manuscript.

**Conflict of interest:** The authors declare no conflict of interest.

**Acknowledgments:** The author would like to thank all respondents and all parties who had helped the completion of this research. Our deepest gratitude was also expressed to the Direktorat Riset dan Pengembangan Universitas Indonesia for funding this research with fund PUTI PROSIDING 2020 Number: NKB-3429/UN2.RST/HKP.05.00/2020.

**Ethics approval and consent to participate:** This study has been approved by Ethics Committee of Faculty of Nursing Universitas Indonesia, Depok with Number: SK-127/UN.2.F12.D1.2.1/ETIK.FIK.2020. For respondent who participated in the research, fill out the informed consent form.

**Availability of data and materials:** The datasets analyzed in this study are available from the corresponding author on reasonable request.

**Conference presentation:** This final manuscript has been presented at 7<sup>th</sup> Virtual Biennial International Nursing Conference, Faculty of Nursing, Universitas Indonesia on September 24<sup>th</sup>, October 30<sup>th</sup>, November 16<sup>th</sup> 2020.

Received for publication: 13 August 2020.

Accepted for publication: 9 April 2021.

©Copyright: the Author(s), 2021

Licensee PAGEPress, Italy

Journal of Public Health Research 2021; 10(s1):2341

doi:10.4081/jphr.2021.2341

This work is licensed under a Creative Commons Attribution NonCommercial 4.0 License (CC BY-NC 4.0).

## References

1. World Health Organization. Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019. Available from: <https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/>
2. Djuwitaningsih S, Setyowati S. The development of an interactive health education model based on the development of an interactive health education model based on the Djuwita application for adolescent girls. *Compr Child Adolesc Nurs* 2017;40:169–82.
3. United Nations Population Fund. Adolescent pregnancy: A



- review of the evidence. New York: United Nations Population Fund; 2013. Available from: [https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT\\_PREGNANCY\\_UNFPA.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/ADOLESCENT_PREGNANCY_UNFPA.pdf)
4. Campo M. Domestic and family violence in pregnancy and early parenthood Overview and emerging interventions. Melbourne: Australian Institute of Family Studies; c2015. Available from: <https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-resource-dv-pregnancy.pdf>
  5. Herman JW, Finigan-Carr N, Haigh KM. Intimate partner violence and pregnant and parenting adolescents in out of home care: reflection on a data set and implication for intervention. *J Clin Nurs* 2017;26:2409-16.
  6. World Health Organization. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization; 2013; Available from: <https://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>
  7. UNICEF. A statistical snapshot of violence against adolescent girls. New York: UNICEF Data; 2014. Available from: <https://data.unicef.org/resources/statistical-snapshot-violence-adolescent-girls/>
  8. National Center on Domestic and Sexual Violence [Internet]. Interpersonal violence and teen pregnancy. 2014. Available from: [http://www.ncdsv.org/images/BTC\\_IPVTeenPregnancyImplicationsStrategiesForComm-BasedStrategies\\_4-2-09.pdf](http://www.ncdsv.org/images/BTC_IPVTeenPregnancyImplicationsStrategiesForComm-BasedStrategies_4-2-09.pdf)
  9. Antoniou E, Iatrakis G. Domestic violence during pregnancy in Greece. *Int J Environ Res Public Health* 2019;16:4222.
  10. Setiawati N, Setyowati S, Budiati T. SETIA health education set enhances knowledge, attitude, and parenting self-efficacy score in postpartum adolescent mothers. *Compr Child Adolesc Nurs* 2017;40:114-27.
  11. Hanum SMF. [Dampak psikologis pada kehamilan remaja (studi eksplorasi di Desa Watutulis Prambon Sidoarjo) (Psychological impact on adolescent pregnancy (exploratory study in Desa Watutulis Prambon Sidoarjo)]. [Article in Indonesian]. *Midwiferia: Jurnal Kebidanan* 2015;1:93-104.
  12. Lencha B, Ameya G, Baresa G, et al. Intimate partner violence and its associated factors among pregnant women in Bale Zone, Southeast Ethiopia: a cross-sectional study. *Plos One* 2019;14:e0221442.
  13. Ministry of Women's Empowerment and Child Protection, Indonesian Statistics Agency. [Statistik gender tematik: mengakhiri kekerasan terhadap perempuan dan anak di Indonesia (Thematic gender statistics: ending violence against women and children in Indonesia)]. [in Indonesian]. Jakarta: Ministry of Women's Empowerment and Child Protection, Indonesian Statistics Agency; 2017. Available from: <https://www.kemennppa.go.id/lib/uploads/list/71ad6-buku-ktpa-meneg-pp-2017.pdf>
  14. Djamilah D, Kartikawati R. [Dampak perkawinan anak di Indonesia (Impact of child marriage in Indonesia)]. [Article in Indonesian]. *Jurnal Studi Pemuda* 2014;3:1-16.
  15. Jakarta Open Data. [Data kelahiran usia ibu bayi tahun 2014 (Birth Data Based on Maternal Age)]. [in Indonesian]. Jakarta: Jakarta Open Data; 2014. Available from: <https://data.jakarta.go.id/dataset/data-kelahiran-berdasarkan-usia-ibu-per-wilayah-tahun-2014>
  16. McFarlane J, Parker B, Soeken K, et al. Assessing for abuse during pregnancy severity and frequency of injuries and associated entry into prenatal care. *JAMA* 1992;267:3176-8.
  17. Center for Research & Education on violence against Women & Children [Internet]. Ontario: Western University; 1978-2021. Available from: <https://www.uwo.ca/projects/heritage/heritage3/>
  18. Zimet GD, Dahlem NW, Zimet SG, et al. The multidimensional scale of perceived social support. *J Pers Assess* 1988;52:30-41.
  19. Yoon E, Adams K, Hogge I, et al. Development and validation of the patriarchal beliefs scale. *J Couns Psychol* 2015;62:264-79.
  20. Ibrahim ZM, Ahmed WAS, El-Hamid SA, et al. Intimate partner violence among Egyptian pregnant women: incidence, risk factors, and adverse maternal and fetal outcomes. *Clin Exp Obstet Gynecol* 2015;42:212-9.
  21. Pengpid S, Peltzer K. Intimate partner violence victimization and perpetration among female adolescents and adults in Timor-Leste. *Gender Behav* 2018;16:11055-64.
  22. World Health Organization. Understanding and addressing violence against women Intimate partner violence. Geneva: World Health Organization; 2012. Available from: <https://apps.who.int/iris/handle/10665/77432>
  23. James L, Brody D, Hamilton Z. Risk factors for domestic violence during pregnancy: a meta-analytic review. *Violence Vict* 2013;28:359-80.
  24. Rurangirwa AA, Mogren I, Ntaganira J, et al. Intimate partner violence among pregnant women in Rwanda, its associated risk factors and relationship to ANC services attendance: a population-based study. *BMJ Open* 2017;7:e013155.
  25. Yurdakul M. Perceived social support in pregnant adolescents in Mersin area in Turkey. *Pak J Med Sci* 2018;34:115-20.
  26. Sigalla GN, Rasch V, Gammeltoft T, et al. Social support and intimate partner violence during pregnancy among women attending antenatal care in Moshi Municipality, Northern Tanzania. *BMC Public Health* 2017;17:240.