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**Iran J Public Health(22317)**

6 pesan

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4 Februari 2021 pukul 13.46

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Thanks a lot.

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You are welcome.

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1 Januari 2022 pukul 22.24

Dear Dr. MB Rokni

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I express my respect and pleasure to be able to review one of the articles in IJPH.

The identity of the article:

Date: February 3, 2021

Art. No.: 22317

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Art. Title: Violence Against Pregnant Women in Indonesia

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Thank you for your attention.

Best regards

Dr. Nikmatur Rohmah.

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## Iranian Journal of Public Health

*Official Publication of the Iranian Public Health Association*

**Date:** February 3, 2021

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**Ref No.:** A

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No	Requested Questions	Yes	No	Comments
1	Is this article ...	<b>An original work?</b>	V	
		<b>A new subject?</b>	V	This topic is not too new, but the case is interesting to discuss because it concerns women's rights to reproductive health and the health of their babies.
2	Is the title ...	<b>Suitable for its content?</b>	V	
3	Is the abstract ...	<b>Informative, including main finding and significance?</b>	V	
4	Is the introduction ...	<b>Sufficient?</b>	V	
		<b>Informative?</b>	V	
5	Are the materials and methods	<b>Clear?</b>	V	
		<b>Adequate?</b>	V	
		<b>Ethical?</b>	V	
6	Are the results...	<b>Efficient?</b>	V	
		<b>Satisfactory in statistical analysis?</b>	V	
		<b>Well presented?</b>	V	
7	Are the tables ...	<b>Satisfactory?</b>	V	
		<b>Clear?</b>		V Table 2. Should be at the head of the table, the merger "Violence" column with the column to the right of it. Table 3. The meaning of writing " $\geq 4$ ANC visits" at the head of table 3 is unclear.
		<b>Necessary?</b>	V	
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		<b>Clear/in good quality of art?</b>	-	
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9	Does the discussion ...	<b>Include other relevant studies?</b>	V	
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14	Is the ethical consideration..	<b>Include?</b>	<b>V</b>	

Art. No:22317

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## Violence against Pregnant Women in Indonesia

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### Abstract

**Background:** Generally, violence against women, especially during pregnancy, can increase the risk of pregnancy and childbirth complications. Besides, multiple trauma may occur because it affects not only the woman but also the fetus. The present study analyzed the factors associated with violence against pregnant women in Indonesia.

**Methods:** This cross-sectional study involved participants consisted of 2,553 pregnant women (aged 15-49) from the 2017 Indonesian Demographic and Health Survey data. The dependent variable was violence, while the independent variables included the characteristics of the households, respondents, and husbands/partners. In the final stage, the author calculated determinants using binary logistic regression.

**Results:** The higher the wealth status of pregnant women, the lower the likelihood of domestic violence. The pregnant women who jointly owned a house with their husbands/partners were more likely to be violated than those who did not. Pregnant women in the high parity category were at greater risk of experiencing violence than those in the primiparous category. A husband/partner at a younger age increased the likelihood of violence among pregnant women. Finally, the pregnant women whose husbands/partners had primary/secondary education were more likely to experience violence than those whose husbands/partners had no education.

**Conclusion:** The study concluded five variables were statistically and significantly associated with violence against women in Indonesia: wealth status, homeownership, parity, husband/partner's age, and the education level of the husbands/partners.

**Keywords:** Violence risk; Pregnant women; Household survey; Quantitative study; Indonesia

## Introduction

A pregnant woman requires optimal physiological and psychological living environments to give birth to a healthy baby safely (1,2). However, violence against women, especially during pregnancy, can significantly increase the risk of pregnancy and childbirth complications. Besides, multiple trauma may occur because it affects the woman and the fetus (1,2). Violence against pregnant

women can cause depression (3,4) and increase maternal mortality (5-7).

Globally, the proportion of violence against women is estimated to be relatively high, even though the reported number of violent cases is somewhat low. The findings of previous research have also immensely varied. For example, in China, the prevalence of violence against women was



15.6% (8), while a systematic review in Ethiopia found a higher prevalence of such violence at 26.1% (9). Meanwhile, in Nigeria, violence against pregnant women was as high as 44.6% (10).

Moreover, countries with relatively low numbers of reported violence against women are often related to the region's cultural characteristics. For instance, in a society where violence against women matters, the number of reported cases is very low (11). Interestingly, a community with traditional gender roles that consider women inferior has similar findings (12,13). Violence against women tends to be more generous in rural areas than in urban ones (14,15). Access to information, counseling, and health services are more available in the latter (16–18).

In the Indonesian context, some local cultures allegedly legitimize violence against pregnant women. For example, in Papua's Muyu tribe, women planning to give birth must leave their respective houses and live in huts that are quite far away. The belief that laboring women's blood can bring misfortune and cause illnesses among them (19,20). In another example, in the Gayo tribe in Aceh, pregnant women are forced to work in the fields and perform complicated tasks such as heavy lifting. In this regard, the Gayo people believe that the harder they work, the easier the childbirth (21).

The present study analyzed the factors associated with violence against pregnant women in Indonesia based on the previous research. The authors hoped policymakers could use the study results to reduce violence against pregnant women in the country.

## Methods

### *Data Source*

Data source was the 2017 Indonesian Demographic Data Survey, part of the global Demographic and Health Survey conducted by the Inner City Fund program. The study involved 2,553 pregnant women (aged 15-49 yr).

### *Data Analysis*

The dependent variable was the occurrence of physical violence against pregnant women. In this case, the reasons for such violence included: going outside without telling their husbands/partners, neglecting their children, arguing with their husbands/partners, refusing to have sex, and burning the food. Physical violence consists of two categories: having experience with such violence and having no history of such violence. The independent variables included the type of residence, wealth status, homeownership, age group, marital status, education level, work status, parity, and recent sexual activity. The research also involved the husbands/partners' age group, education level, and work status of the husbands/partners.

All of the variables were dichotomous. We also used the Chi-square test to examine the relationship between the dependent and independent variables. In the final stage, we employed a binary logistic regression to determine the factors associated with violence among pregnant women in this study. The research carried out all of the statistical analyzes by using SPSS 22 software (IBM Corp., Armonk, NY, USA).

### *Ethics approval*

We obtained permission from the Inner City Fund International (https://dhsprogram.com/data/new-user-registration.cfm) to use 2017 Indonesian Demographic and Health Survey, which received ethical approval from the National Ethics Committee. Besides, all of the respondents provided their written consent. Moreover, this study erased all respondents' identities to ensure their anonymity.

## Results

As shown in Table 1, the pregnant women who experienced violence were more dominant in rural areas, had the lowest wealth status, and had joint ownership of their houses. These three characteristics were significantly related to the incidence of violence against pregnant women in this study.

**Table 1:** The descriptive statistics regarding the household characteristics of the pregnant women in this study (n=2,553)

Variables	Violence				P-value
	No		Yes		
	n	%	n	%	
Place of residence					***<0.001
• Urban	794	50.1	408	42.2	
• Rural	792	49.9	559	57.8	
Wealth status					***<0.001
• Poorest	443	27.9	351	36.3	
• Poorer	291	18.3	192	19.9	
• Middle	290	18.3	192	19.9	
• Richer	249	15.7	121	12.5	
• Richest	313	19.7	111	11.5	
Owns a house					*0.046
• Does not own	636	40.1	344	35.6	
• Alone only	284	17.9	172	17.8	
• Jointly	666	42.0	451	46.6	

Note: \*  $P<0.05$ ; \*\* $P<0.01$ ; \*\*\* $P<0.001$

According to Table 2, the pregnant women who experienced violence were more dominant in the 30–34 age group and were married/living with their husbands/partners. As for their education level, the majority of pregnant women who experienced violence had secondary education. As for the other variables, unemployed, multiparous, and sexually active (over the last 4 wk), pregnant women experienced violence from their husbands/partners. Regarding their husbands/partners, the incidence of violence primarily occurred in the 35-39 age group and those employed and had secondary education.

As shown in Table 3, five variables were statistically and significantly associated with violence against pregnant women in this study: wealth status, homeownership, parity, husband's age, and the education level of the husbands/partners.

The higher the wealth status of pregnant women, the lower the likelihood of domestic violence.

Second, the pregnant women joint ownership of their houses were 1.300 times more likely to experience violence than those with no home ownership (COR 1.300; 95% CI 1.074–1.574). Interestingly, those who lived alone did not significantly differ from those who did not own a house.

Third, the high parity women were 1.242 times more likely to experience violence than the primiparous women (COR 1.242; 95% CI 1.006–1.533). Having more children increased the likelihood of violence among pregnant women in this study.

Fourth, a husband/partner at a younger age increased the likelihood of violence among pregnant women in Indonesia.

**Table 2:** The descriptive statistics regarding the characteristics of the pregnant women in this study (n=2,553)

Variables	Violence				P-value
	No		Yes		
	n	%	n	%	
Age group					0.193
• 15-19	9	0.6	9	0.9	
• 20-24	118	7.4	85	8.8	
• 25-29	388	24.5	256	26.5	
• 30-34	487	30.7	293	30.3	
• 35-39	452	28.5	264	27.3	
• > 40	122	8.3	60	6.2	
Marital status					0.564
• Never in union/Widowed/Divorced	10	0.6	8	0.8	
• Married/Living with partner	1576	99.4	959	99.2	
Education Level					***<0.001
• No education	17	1.1	23	2.4	
• Primary	420	26.5	308	31.9	
• Secondary	906	57.1	536	55.4	
• Higher	243	15.3	100	10.3	
Work status					0.852
• No work	924	58.3	567	58.6	
• Work	662	41.7	400	41.4	
Parity					*0.034
• Primiparous	458	28.9	242	25.0	
• Multiparous	1128	71.1	725	75.0	
Recent sexual activity					0.762
• Never had sex/Not active in the last 4 wk	450	28.4	269	27.8	
• Active in last 4 wk	1136	71.6	698	72.2	
The age group of husband					**0.005
• < 24	32	2.0	34	3.5	
• 25-29	194	12.3	141	14.7	
• 30-34	416	26.4	229	23.9	
• 35-39	465	29.5	288	30.0	
• 40-44	326	20.7	162	16.9	
• 45-49	113	7.2	74	7.7	
• > 49	30	1.9	31	3.2	
Education Level of husband					***<0.001
• No education	22	1.4	6	0.6	
• Primary	425	27.0	318	33.2	
• Secondary	889	56.4	550	57.4	
• Higher	240	15.2	85	8.9	
Work status of husband					*0.041
• No work	6	0.4	10	1.0	
• Work	1570	99.6	949	99.0	

Note: \*  $P<0.05$ ; \*\*  $P<0.01$ ; \*\*\*  $P<0.001$

**Table 3:** Binary Logistic Regression of violence among pregnant women in Indonesia, 2017 (n=2,553)

<i>Predictor</i>	<i>Violence</i>			
	<i>P</i> -value	COR	Lower Bound	Upper Bound
Place of residence: Urban	0.670	0.958	0.788	1.165
Place of residence: Rural	-	-	-	-
Wealth status: Poorest	-	-	-	-
Wealth status: Poorer	0.438	0.907	0.708	1.161
Wealth status: Middle	0.389	0.893	0.689	1.156
Wealth status: Richer	*0.036	0.727	0.539	0.980
Wealth status: Richest	**0.001	0.572	0.411	0.796
Owns a house: Does not own	-	-	-	-
Owns a house: Alone only	0.060	1.261	0.990	1.607
Owns a house: Jointly	**0.007	1.300	1.074	1.574
Education Level: No education	-	-	-	-
Education Level: Primary	0.175	0.622	0.314	1.236
Education Level: Secondary	0.096	0.555	0.278	1.110
Education Level: Higher	0.130	0.561	0.266	1.185
Parity: Primiparous	-	-	-	-
Parity: Multiparous	*0.044	1.242	1.006	1.533
Age group of husband: < 24	-	-	-	-
Age group of husband: 25-29	0.291	0.745	0.432	1.286
Age group of husband: 30-34	*0.019	0.529	0.310	0.902
Age group of husband: 35-39	*0.040	0.569	0.333	0.974
Age group of husband: 40-44	**0.004	0.442	0.253	0.775
Age group of husband: 45-49	*0.024	0.501	0.275	0.914
Age group of husband: > 49	0.454	0.756	0.363	1.574
Education Level of husband: No education	-	-	-	-
Education Level of husband: Primary	*0.011	3.426	1.330	8.820
Education Level of husband: Secondary	**0.009	3.561	1.379	9.196
Education Level of husband: Higher	0.091	2.352	0.873	6.336
Work status of husband: No work	-	-	-	-
Work status of husband: Work	0.070	0.371	0.127	1.084

Note: \*  $P < 0.05$ ; \*\*  $P < 0.01$ ; \*\*\*  $P < 0.001$

Finally, the husbands/partners with primary/secondary education were more likely to commit violence against their pregnant partners than those with no education. Meanwhile, the husbands/partners with higher education did not significantly differ from those with no education.

## Discussion

Overall, the higher the wealth status of pregnant women, the lower the probability of experiencing

violence in the households. The work also reinforces the close relationship between violence against women and poverty. In this regard, the everyday pressures of life can cause men to release their frustrations on their wives/partners, as shown in previous research in West Java (22) and related studies in Egypt, South Sudan, and Afghanistan (11,23,24). Meanwhile, in the Indonesian context, hundreds of ethnic groups with diverse cultures value men more than women (19,21,25). Women often experience domestica-

tion. Played only to deal with domestic problems. Not for matters that are bigger or have a broader impact (26). In some cases, violence against women is considered normal, and it does not need to be resolved in the realm of law (27).

Multivariate tests have shown no significant relationship between the incidence of violence in pregnant women and education. Interestingly, previous studies in Iran and Ethiopia found that the higher the education level of husbands, the less likely the pregnant women experienced violence, which is in contrast to the present study's findings (28–31). Previous studies have often found that education is a positive determinant of health sector performance (32–35). Conversely, poor education is a barrier to quality performance in the health sector (36,37).

Regarding the variable of homeownership, this study found that pregnant women joint ownership of their houses were more likely to experience violence than those with no home ownership. In the Indonesian context, this condition also occurred in households where the couples lived with parents-in-law or extended families of their husbands/partners (8,38–40). A smaller role of ownership of a house means less autonomy or independence. This situation encourages violence to occur in extended families who live in one household (41).

As for the women's parity in this study, those with more children increased the likelihood of violence in households. The findings were especially apparent in the families in which the women were seen as inferior. Besides, the older the women, the more they were dependent on the men. In this regard, divorce was not an option, and the possibility of finding another relationship was limited due to their age and appearance (42–44). Consequently, they failed to seek appropriate help and remained in their respective households (23).

The study results found a husband/partner at a younger age increased the likelihood of violence among pregnant women in Indonesia. This condition indicates that a more youthful does not demonstrate maturity. Younger people tend to have more volatile emotions. This analysis rein-

forces the reasons for giving an age limit for marriage at a more mature age (45,46).

Finally, regarding education level, this study found that the husbands/partners with primary/secondary education had a higher likelihood of committing violence against their pregnant wives/partners than those with no education. However, these findings slightly contradict the analysis of the poverty variable in which a low education level can result in poverty and affect both partners' health status. Moreover, this study showed that violence against women in Indonesia is not linear with the husbands' education level, mostly since the patriarchal system plays a significant role in Indonesia's various ethnic groups (47,48).

Perhaps this is because the husband feels more educated or superior to his wife. In Indonesia's context, the opportunity to have a better education is always favored by boys, so that women often play a subordinate role (26,49). Men dominate their political leadership involvement, moral authority, social rights, and property control (9,50,51). For this reason, the government needs a more balanced effort. Efforts to encourage policies that provide more expansive space or opportunities for women. Opportunity to pursue higher education so that equality can be more realized (52).

## **Conclusion**

First, the higher the wealth status of pregnant women, the lower the likelihood of domestic violence. Second, the pregnant women who jointly owned a house with their husbands/partners were more likely to be violated than those who did not. Third, pregnant women in the high parity category were at greater risk of experiencing violence than those in the primiparous category. Finally, the pregnant women whose husbands/partners had primary/secondary education were more likely to experience violence than those whose husbands/partners had no education. Four variables were statistically and significantly associated with violence against women in

Indonesia: wealth status, homeownership, parity, and the education level of the husbands/partners. The authors hoped policymakers could use the results to reduce violence against pregnant women in the country.

## Journalism Ethical considerations

The authors have entirely observed ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and falsification, double publication and submission, redundancy, etc.).

## Acknowledgements

The author would like to thank Inner City Fund International, who has agreed to allow the 2017 IDHS data to be analyzed in this article.

## Conflict of interest

The authors declare that there is no conflict of interests.

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