

# Women's Reactions and Health Disorders Caused by Abuse During the Pregnancy-Postpartum Period

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## Abstract

The purpose of this study was to determine women's reactions to violence, and reproductive health problems as a result of violence, during the pregnancy-puerperal period. The study was conducted in two villages of central Sulawesi: Sunju Village in Sigi Biromaru Regency and Tanjung Batu Town in Donggala Regency. The main population of interest was married women of childbearing age who were pregnant, in the puerperal period, had been pregnant, had given birth a maximum of 2 years previously, or who had experienced violence in the past. The data collection was completed through structured interviews, in-depth interviews, observations, and a Focus Group Discussion (FGD). The results showed that women who are victims of violence generally go to traditional midwives for childbirth, while women in town in general go to rural midwives. The typical response of wives to reproductive health problems is silence, and this is the first choice of reaction for victims of violence in villages and cities. However, if the violence is considered to endanger the health and safety of their lives, women in the village generally report the violence to a customs agency called "Pabisara Ada", while women in town choose to fight or avoid it, rather than to report their husband's actions.

**Keywords:** reproductive health; responsibility; violence

## Introduction

The ideal conditions desired by women for healthy reproduction are liberation from pain and disease, the ability to perform and enjoy safe sex activities, the ability to have descendants and undergo pregnancy and childbirth safely, the ability to regulate fertility without compromising their health, and the ability to go through their pregnancy with a healthy baby and mother<sup>1</sup>. The prevalence of violence towards pregnant and nursing women has increased over time. In the study area there were 71 cases of violence in 2010–2012, which increased to 91 cases in 2013–2015<sup>3</sup>. Pregnancy demands extra attention and awareness by the husband, both physically and mentally; however, many women experience violence during this time. Data shows that in the period from 2010 to 2012, there were 11 cases of violence towards expectant mothers, and this increased to 27 cases in 2013 to 2015<sup>3</sup>. In this paper, we seek to understand the reaction of women to violence, and the prevalence of health disorders caused by violence during the pregnancy-puerperal period.

## Materials and Method

This study was conducted in Sunju Village (rural area) in Sigi Biromaru Regency and Tanjung Batu Town (urban area) in Donggala Regency, Central Sulawesi. When the study was conducted, Sunju Village and Tanjung Batu Town were included in Donggala Regency. Now, they have been separated; Sunju Village is included in Sigi Biromaru Regency and Tanjung Batu Town is included in Donggala Regency. Samples were taken from married women of childbearing age who were pregnant, in the postpartum period, had experienced pregnancy and child birth within the last 2 years, or who were suffering from violence at the time. This study had 94 respondents. Data were collected through interviews, focus group discussions (FGD), and observations.

## Results

Responses of Women to Reproductive Health Problems

In Table 1, it can be seen that the total number of

victims seeking care from a midwife was 39.7%.

**Table 1. Places where help was sought for reproductive health problems.**

Place of Treatment	Sunju		Tanjung Batu		Total	
	n	%	n	%	n	%
	1	2	3	4	3	4
Traditional midwife	16	44.4	8	21.7	24	32.9
Doctor	1	2.8	6	16.2	7	9.6
Village midwife	11	31	18	48.6	29	39.7
Health Center	6	16.2	5	13.5	11	15.1
Not looking for treatment/ Self-treatment	2	5.6	0	0	2	2.7
Total	36	100	37	100.0	73	100

This phenomenon can be understood by that fact that almost all villages have a midwife who can be reached by the public. According to Adrina<sup>5</sup> and Hakimi et al.<sup>6</sup> the victims chose a village midwife because of the short distance required to travel to them. In addition, this type of midwife is deemed to meet the needs of pregnant women in terms of having knowledge and equipment that is modern and sophisticated than that of traditional midwives, thereby giving a general feeling of safety. These data are supported by qualitative data, including statements such as the following by Mrs. SW (31 years of age), from interviews and the FGD:

“At that time, I was arguing with my husband. I was heavily pregnant, and then his body banged me against the wall and then he dragged me. I was bleeding at that time. Yes, I was taken by my neighbor to midwife’s house, because I thought the traditional midwife had no medicine to stop the blood. I was given some medications there, then the midwife injected me, she said that it was to strengthen the pregnancy, yeah, thank God the bleeding stopped.”

In addition to the fact that the traditional midwives are able to keep secrets, women generally assumed that the cost of the treatment given by traditional midwives would also be cheaper:

“If we asked for help at the traditional midwife, she just asked to buy cigarettes, sometimes I bring 3 liters of beans or rice, while in the midwife I could pay up to 40,000Rp or more.”

Several other women (Mrs. Ng, Mrs. Dika, and Mrs. HJR) explained that they were

usually assisted by traditional midwives because they offer comfort and advice to them:

“Ina made me comfortable, she first asked, what’s wrong with you my daughter, then we were entertained by her, if we felt pain, or dizziness, she always advised, then she gave therapy as well so we felt calm. She prayed for us.”

Traditional midwives also seem to care about the pregnancy complications experienced by women.

Several advantages of this midwife were noted by the women in this study. Village midwives often provide an opportunity for victims to make several payment installments. Mrs. Neni (26 years old) stated

“Midwife is preferred, although it is a bit pricey. The payment can be repaid at the health center. Midwives can also be approached easily both day and night, while health center services is confined only in the mornings.”

Reproductive health services through midwives not only treat complications of pregnancy or bleeding, but they also help with childbirth and venereal diseases and provide contraceptive services. Some women said that they had a normal childbirth; some had babies born prematurely. Mrs. Sisi (32 years old) stated

“Since my husband had slapped me, I often had a fever. At the time, I returned from the market after

trading. When I arrived home, I washed, mopped, then I cooked. Immediately my body felt limping at all. I took Vitamin C. Not long after that, I felt that there was blood coming out of my womb, then I went to midwife's house. "

In addition to the above forms of help, midwives can treat venereal diseases, as expressed by Mrs. Jm (28 years old). She was reluctant to go to the health center because it was considered disgraceful:

*"My genital was swollen. She said that it was like that, genital was swelling and itching. I went to traditional midwife and she fetched the bark of Java, then laced with areca and betel, and cooked it. She then taped it in my genital parts. For one month I treated it regularly and eventually my genital is dry and does not itchy anymore.*

Especially for abortion services, it seems that traditional midwives and midwives in the village have the same view. They steadfastly refuse to perform abortions if they are asked for help. Abortions are very difficult to talk about openly. Mrs. An (30 years old) from Tanjung Batu Town, who had an abortion, expressed the following in an interview:

*"I aborted my pregnancy in a place that is located quite far from here. Its location is in the Pasang Kayu, North Mamuju, West Sulawesi.*

The low control of women over their reproductive rights, especially in terms of the decision to have an abortion, is certainly not new in the community, which embraces the values of the patriarchy<sup>10-12</sup>.

Women may be pressured by their husband or the surrounding community, while at the same time the facilities and the support they need is not available. Related to this discourse, although provisions for abortions exist in Clauses 1 and 2 of the Health Act No. 23 of 1992, the opportunity to have an abortion is only available in the case of an emergency, as an attempt to save the lives of pregnant women or their babies. These provisions need to be reviewed. These conditions often mean that women's needs are neglected, as stated by Catherine A. McKinnon:

"Policy on abortion is never explicitly approached contextually, namely by taking into account the circumstances of the time a woman is impregnated by her partner, that is, in the circumstances specified by

gender inequality that, as a result, women are forced to have sexual relationship."

Another place women use for reproductive health services is the health center. An assortment of reasons for this were expressed by the respondents, for example, Mrs. Mila (32 years old) from Sunju Village stated

"If I got sick, I tried to go to traditional midwife first, but if I was not cured, I would go to the health center."

Most respondents said that they rarely go to the health center because of remoteness and limited service time. Mrs. Neni (26 years old) recognized the problem as follows:

*"Health center are quite far from here. It is also open only until 11 o'clock, so if we were sick in the evening then the least is we should go to the midwife or call traditional midwife."*

Although the respondents tended to have a number of grievances, it seems that not much can be done by health workers in health centers given the limited availability of medicines, the lack of understanding about women's reproductive health, and the tendency to consider the complaints of women as not being important. Often, the answer given to the respondents was, "never mind Ma'am, you will be cured if you have been given a drug". In addition to the services of health workers being less friendly, health center services also tend to be complicated and slow to access.

### 3.2. Respondent's Responses to Violence

Respondents reported an assortment of reactions to violence. The reactions of victims of violence were classified into four categories: silence, avoid, resist, and report. In general, respondents' reactions to violence were affected by the impact they experienced. If the violence experienced was considered mild, respondents generally tended to be silent or avoid it, whereas when the impact was painful, the victims tended to complain, resist, and report<sup>19,20</sup>.

This facility has long existed in the village, so the villagers affected by violence are likely to know the details of the reporting procedure or complaint process. Meanwhile, in Tanjung Batu Town, there are no indigenous village councils. In the town, although silence was shown to be the preferred response, the percentage of respondents who reported quite a lot of resistance was 20.7%; however, in the village it was

only 13.1%. This is due to the fact that awareness of respondents of their rights has begun to increase.

**Table 2.** Respondents' reactions to violence in Sunju Village and Tanjung Batu

Respondents Reaction to Violence	Sunju		Tanjung Batu		Total	
	n	(%)	n	(%)	n	(%)
	1	2	3	4	3	4
Silent	15	41.7	28	48.3	43	45.7
Resist	5	13.9	12	20.7	17	18.1
Report	12	33.3	6	10.3	18	19.1
Avoid	4	11.1	12	20.7	16	17.0
Total	36	100.0	58	100.0	94	100.0

The places to report or complain included the village traditional council, the headman, police, friends, family, and neighbors. Table 3 shows that, in general, the respondents complain to a friend (39.1%). This is because friends can keep conflicts secret and help find a solution before the incident gets worse

**Table 3.** Places used to report or seek protection by respondents.

The Place to Report for Seek Protection	Sunju		Tanjung Batu		Total	
	n	(%)	n	(%)	n	(%)
	1	2	3	4	3	4
Village Traditional Council	10	27.8	0	0.0	14	14.9
Headman	4	11.1	9	15.5	15	16.0
Police	0	0.0	7	12.1	7	7.4
Neighbors	2	5.6	4	6.9	6	6.4
Friends	14	38.9	23	39.7	33	35.1
Family	6	16.7	15	25.9	19	20.2
Total	36	100.0	58	100.0	94	100.0

In the town, the place used to report or complain tended to be family (25.9%). This was possibly because violence was reported to cause severe problems, such as husbands getting remarried and women getting slapped. In general, this occurred more in the town. A neighbor of a respondent (Mrs. Leni, 42 years old) confirmed that view. She argued that tackling a violent husband could result in major problems, such as the husband remarrying or giving a beating; thus, for minor issues, in general, the woman will just cope herself.

This reinforces the findings of Khaeruddin<sup>21</sup> and Hayati<sup>6</sup>, that the service of law enforcement officers in the handling of women victims of violence is not adequate, which makes victims reluctant to report

violence to the authorities<sup>22,23</sup>.

## Conclusions

Silence is the common reaction of respondents in both villages and towns to violence. However, if violence is considered to endanger their health and safety, the village respondents generally report it to the customs agency "Pabisara Ada", while respondents in the town prefer to fight or avoid it than report it.

Handling of violence by pregnant women in the two regions remains piecemeal. In the town, the management of violence against pregnant women is done by police. The services provided tend to be convoluted, take a long time, and are costly, with inadequate facilities and

handling by officials who are not sensitive to gender issues.

**Conflict of Interest:** We declare that this research there is no conflict of interest

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