

# Events of Domestic Violence among Pregnant Women in Traditional Villages in Bali

Ni Komang Yuni Rahyani<sup>1</sup>, Astridya Paramita<sup>2</sup>, Ni Gusti Kompiang Sriasih<sup>3</sup>, Ni Wayan Ariyani<sup>4</sup>

<sup>1,3,4</sup>Midwifery Department, Polytechnique of Health Denpasar, Bali, Indonesia

<sup>2</sup>Indonesia Ministry of Health, Health Research and Development Agency, Humanities Center, Health Policy and Community Empowerment, Surabaya, Indonesia

**Abstract:** *The incidence of domestic violence (DV) is more often experienced by women, especially wives. The incidence of domestic violence has a negative impact on women's health, especially during pregnancy and childbirth. The aim of the study was to explore the health problems faced by pregnant women victims of DV in two traditional villages (Pedungan Village and Nongan Village), Bali Province. The research method is qualitative research with a phenomenological approach. The number of samples is 31 pregnant women in Traditional Village of Pedungan and 33 pregnant women in Traditional Village of Nongan. The study was conducted from May to the end of October 2015. The instruments of data collection used in-depth interview guides and focus group discussion guidelines. The results showed that the incidence of domestic violence during pregnancy was more experienced by pregnant women in Nongan Village (45.45%) compared to pregnant women in Pedungan Village (32.26%). DV history is generally not only one type, but multiple or even a pregnant woman who experiences two or more types of violence by her husband. More pregnant women in Nongan Village claimed to have been victims of DV compared to pregnant women in Pedungan village (15 people / 45.4% vs 10 people / 32.3%). The more violence that is experienced is emotional violence in the form of hurting the respondent's feelings, insulting and intimidating. The form of sexual violence in the form of a husband forces sexual intercourse when the respondent does not want and feels afraid of being beaten if she refuses sexual intercourse. Pregnant women said that their husband regard that wives as possessions or husband's property. Efforts need to be made that are directly program for DV prevention through the approach of traditional leaders in the provision of customary sanctions for DV perpetrators to provide a deterrent effect.*

**Keywords:** domestic violence, victims, perpetrators, traditional village, traditional leaders

## 1. Introduction

Violence against women is included in one form of gross and fundamental human rights violations but is often overlooked. The term gender-based violence is an effort to place women under men in society, this condition causes women to be more often victims of violence in the household. One of the goals of the Sustainability Development Goals (SDGs) is to improve gender equality and women's empowerment in the 3rd objective (1). Efforts to achieve gender equality and empowerment of women, governments around the world including Indonesia have made the legal framework especially related to acts of violence against women and gender based violence (2).

The terminology of gender based violence or violence against women commonly used is the domestic violence (DV) model. DV action in the domestic or household domain is a hidden stigma (3). Thus, cases of violence reported more often are underreporting compared to overreporting caused by socio-cultural factors and the stigma that is still inherent in society.

Real data on the incidence of domestic violence in Indonesia has not been revealed much. According to data from the Bali Regional Police (2015), the incidence of violence against women in general in Bali reported and handled included types of physical violence, neglect and psychological violence. The type of physical violence in women is the highest form of violence, which is more than 150 cases each year (4). Previous studies by Rahyani (2004) found that as many as 24 people from 105 pregnant women were victims of DV in Denpasar City and Badung Regency. A total of 15

pregnant women (14.30%) were victims of violence. The highest form of violence experienced by pregnant women in the last 12 months was experiencing three types of violence at the same time, namely emotional, physical and sexual violence (10 people or 9.5%) (5).

Violence experienced by pregnant women is higher, that is in the form of multiple or multiple violence, in the form of beatings on the abdomen, breasts and genitalia. In other words, the incidence of DV, especially physical violence in pregnant women, increases the risk of pregnancy twice as much (6, 7). There are risk factors that trigger DV actions from spouses / husbands, including: the use of illegal drugs, consuming alcohol, not having a regular job and income, having a low education, and a history of having parents / living separately (8). Trust, tradition, patriarchal culture or masculinity that make women only as objects or implementers of decisions made by men. Women are only additional breadwinners, not being the main source of income, because women are also considered as property rights of men (9).

The neglected of the rights of Hindu women in Bali is especially in the area of culture, such as: women are nominated both on all fronts including in the field of reproductive health. The position of Balinese women judged from customary law is indeed under men / sub-ordination (10). Thus, the incidence of DV in the area of traditional villages in Bali, tends to be influenced by patterns of family relations, especially husband and wife, where men / husbands consider women / wives as property rights or personal property.

The purpose of this study was to explore the health problems faced by pregnant women victims of DV in Pedungan Village and Nongan Village, Bali.

In this study focused on indigenous villages in Bali with the consideration that the holders of control of the lives of Hindus in Bali are traditional villages, so that almost all individual activities are full of a series of customs. Until now the indigenous banjar community adheres to the patrilineal kinship known as the *purusa system or kepurusa*, which can be seen from the custom that usually married women follow a husband (male) or live on the husband's side (10). This condition is assumed to increase the incidence of DV among women, especially pregnant women in traditional villages in Bali.

## 2. Theoretical Background

Domestic violence (DV) is generally considered to be one form of gender-based violence. The terminology of gender-based violence or violence against women that is commonly used is a model of domestic violence Actions of VAW in the domestic or household domain are hidden stigmas (3). The consequences of DV for women, especially for pregnant women, are very severe, because they affect the health status of the pregnant women and fetus. Violence experienced by pregnant women is higher in the form of multiple or multiple acts of violence, in the form of beatings on the stomach, breasts and genital. In other words, DV actions especially physical violence in pregnant women increase risky pregnancies by two times (6,7). DV action in pregnant women triggers a high risk of miscarriage, unsafe abortion, premature labor, and fetal distress, pregnant women who are late for pregnancy checks, low nutritional status of pregnant women, contracting sexually transmitted diseases (STDs), unwanted pregnancies, and other infections. There is a relationship between DV actions and low birth weight babies / LBW especially in developing countries. About 16% of all maternal deaths in India during pregnancy result from DV (11,12).

## 3. Material and Experiment

This type of research was qualitative research with analysis design using phenomenological analysis. This study uses the triangulation method, which is through focus group discussions on traditional leaders at the village, sub-district and district levels in the Traditional Village of Pedungan and Nongan Traditional Village, and pregnant women. Besides using observation sheets and in-depth interview guides for pregnant women. Data collection was conducted in the period from May to the end of October 2015.

The study sample was pregnant women and husbands who were willing to become respondents. The number of samples was 31 people in Traditional Village of Pedungan and 33 pregnant women in Nongan Traditional Village. Because

this study involved a husband and wife in a traditional village environment, researchers also had to get permission from community leaders or local traditional leaders.

Variables raised included the level of education, employment, and parity, health problems experienced by pregnant women in the last 12 months using the instruments of understanding in-depth interviews, FGD guidelines, and self-reported questionnaires. The instrument used in the self-reported questionnaire is referring to previous studies by Hakimi et al., 2001. (13)

## 4. Result

The characteristics of the respondents indicated that the education of pregnant women in Pedungan Village was almost 40% that was primary education, while in Nongan Village more than 50% with basic education. For the education of husbands, most were secondary education (48.4% in Pedungan Village vs. 72.7% in Nongan Village). Pregnant women who do not work are more commonly found in Nongan Village compared to the traditional village of Pedungan (66.7% vs. 51.6%). Women parity in Pedungan Village has a given birth more than four times as many as 1 person (3.3%).

The results of the forms of violence experienced by pregnant women in the last 12 months in Pedungan Village were found that as many as 3 pregnant women who claimed to have experienced physical violence in the form of: a husband throwing dangerous objects / items at a mother (2 people / 6, 45%) and the husband throws things including maternal pets (1 person / 3.23%). There is less history of physical violence experienced by pregnant women in Pedungan Village compared to Nongan Village.

Emotional violence experienced by pregnant women in the form of a husband who has hurt the feelings of pregnant women and frightening / intimidating is also higher in rural villages (6 people / 19.35% and 3 people / 9.68%) when compared to pregnant women in Nongan Village ( 3 people / 9.09%).

The number of pregnant women who have experienced sexual violence is higher in pregnant women in Nongan Village compared to in Pedungan Village. The type of sexual violence experienced is in the form of: husband forcing to have sex when the woman does not want it (3 people / 9.09% vs 2 people / 6.45%), having sex because of fear of actions to be taken by the husband (2 people / 6.06 % vs 1 person / 3.23%), and as many as 2 people (6.06%) husbands insist on doing something that is sexually unnatural and disliked. Picture below describe types of sexual violence by husband in Pedungan Village and Nongan Village.

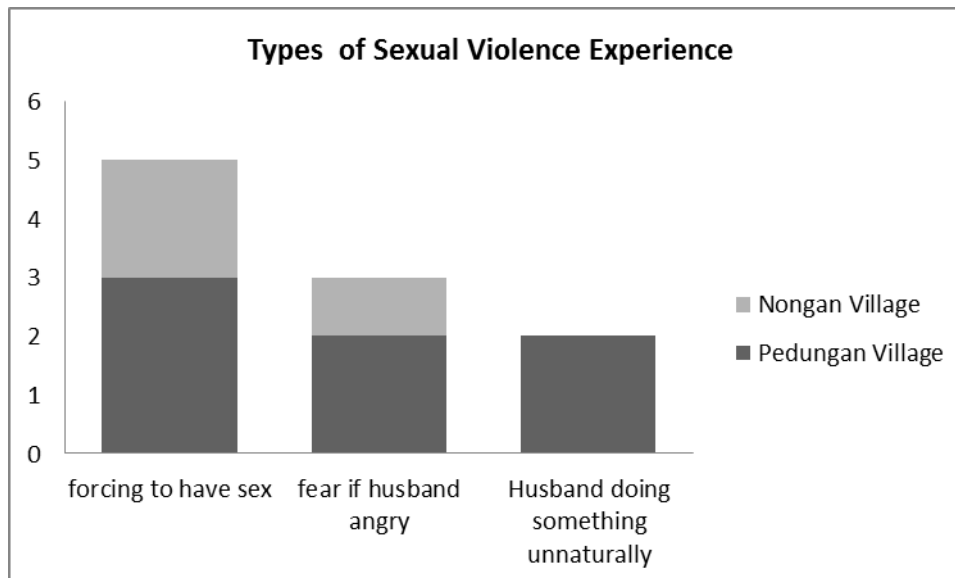


Figure 1: Sexual Violence Types Experience among Pregnant Women in Pedungan Village and Nongan Village

## 5. Discussion

DV history experienced by pregnant women in Pedungan Village and in Nongan Village shows that DV history is more experienced by pregnant women in Nongan Village. The problem faced by pregnant women is that DV history is generally not only one type, but multiple or even a pregnant woman who experiences two or more types of violence by her husband. The history of domestic violence in pregnant women in Pedungan village and in Nongan village showed a greater incidence experienced by pregnant women in Nongan Village of Karangasem (45.45%) compared to pregnant women in Pedungan Village (32.26%). The history of domestic violence experienced by pregnant women in the Pedungan Village of Denpasar and in the Village of Nongan Karangasem shows that the history of domestic violence is more experienced by pregnant women in the Nongan Village of Karangasem.

Risk factors that increase the incidence of violence against women include: husbands or couples who consume drugs, drink alcoholic beverages, do not work and have a low level of education (9). The results of a previous study by Hakimi et al (2001) found that women who had been victims of violence by their husbands or partners experienced more health problems or psychological problems, including depression (13).

There is overlap of DV acts experienced by pregnant women in Pedungan and Nongan Villages, especially physical and sexual violence, sexual and emotional violence, and physical violence with emotional violence caused by the assumption that husbands have rights over women, including how a woman treated. The results obtained through the self reported questionnaire regarding the knowledge and attitudes of pregnant women about DV acts, that most wives agree if a wife must always obey and follow the husband's orders. A husband may scold his wife if he does not obey his wishes. Like the answer of a husband at the time of data collection in the respondent's house, as follows:

"I used to beat or scold my wife if she (wife) is wrong, so that there is fear and will not repeat it. Once the wife is brave to the husband, it will not be good "(Husband R4, Nongan).

"In the past a few years ago, I used to anger my wife, including hitting her. But now since the last year it has been rare, sorry for him, let alone being pregnant again "(Husband R11, Nongan).

The incidence of violence against women is a recurring event, so it is called the cycle of violence. Actors generally show remorse or apologize after committing acts of violence against the victim or his wife or partner. This condition is often termed "candies hell". After apologizing and promising not to repeat, violent behavior will repeat itself. On the other hand, women always hope that their husband or partner will change at some time (14). Women or wives in Bali still adhere to the concept of marriage is the realization of loyalty to death. The divorce process is also very difficult, because it must involve the role of traditional leaders before the court's decision. These results are consistent with the results of in-depth interviews with pregnant women in Pedungan Village which stated as follows:

"I always have to yield and keep quiet when my husband is angry, because if I answer ... he usually likes to throw things at home" (R3, Pedungan Village)

"I once tried to get a divorce from my husband and go home to my parents, but mmm ... my father was very angry and blamed me. He said I had to stay at my husband's house no matter what ...(R7, Nongan Village)

Education affects individual knowledge, by learning more about new things can add experience and knowledge including efforts to prevent DV. Higher levels of education and income are protective factors against acts of violence, although the relationship between poverty and violence is not always linear. On the other hand, masculinity, conflict in marriage and unbalanced socio-economic status of women

have a greater influence than only the influence of income levels (15).

## 6. Conclusion

According to the results of a study by Jejeebhoy & Bott (2005) and Heise et al (1998), that DV events are influenced by factors that originate at the individual level, family relationships, community to broader systems, namely societal order (11, 16). Efforts from the community level are to involve the role of traditional leaders from the banjar, village, sub-district to district levels regarding prevention efforts and interventions in the form of sanctions that are appropriate for the perpetrators to provide deterrent effects.

## 7. Acknowledgement

Thank you to Prof. Anom Umbara who has provided input and support to researchers to complete this research on time. Mr. Sugeng Wibisono from Gadjah Mada University who helped in conducting data analysis.

## 8. Conflict of Interest

There is no conflict of interest in the preparation of the results of this study.

## 9. Permission/Ethical Clearance and Funding

Ethical Clearance from Ethical Commission Of Pusat Penelitian dan Pengembangan Kesehatan Jakarta, no: LB. 02.01/5.2/KE. 271/2015. Funding from Indonesia Ministry of Health, Health Research and Development Agency, Humanities Center, Health Policy and Community Empowerment.

## References

- [1] The Millenium Development Goals Report 2014. *United Nations Statistics Division Millenium Development Goals* [Internet]. 2014 [cited <http://mdgs.un.org>].
- [2] World Health Organization. Indonesia: Country Policies and Strategies for Combating GBV. In: Indonesia ARNCoA-VoR, editor. 2008.
- [3] Bradley F, Smith M, Long J, O'Dowd T. Reported frequency of domestic violence: Cross sectional survey of women attending general practices. *British Medical Journal*. 2002;324:7332, 271.
- [4] Laporan Kejadian Tindak Kekerasan Pada Perempuan periode tahun 2012 s.d. September 2015 di Bali, (2015).
- [5] Rahyani KY, Hakimi M, Utarini A. Efektivitas pelatihan bidan untuk mengidentifikasi kekerasan pada ibu hamil yang periksa kehamilan di Puskesmas. *Berita Kedokteran Masyarakat*. 2004; 22(4): 152.
- [6] Gazmararian JA, Lazorick S, Splitz AM, Ballard TJ, Saltzman LE, Marks JS. Prevalence of violence against pregnant women. *Journal of American Medical Association*. 1996;275:1915-20.

- [7] Mezey G, Bewley S. Domestic violence and pregnancy. Risk is greatest after delivery. *British Medical Journal*. 1997;314: 1295.
- [8] Tshesane MM. *Women abuse in the family context: an ethological approach*. Crime Research in South Africa, 2001.
- [9] Kyriacou DN, Anglin D, Takiiaferro E, Stone S, Tubb T, Linden JA, et al. Risk factors for injury to women from domestic violence. *New England Journal of Medicine*. 1999;341:1892-8.
- [10] Sudantra. Wanita Bali dan harta perkawinan: Suatu perspektif normatif. *Jurnal Studi Jender Srikandi* Pusat Studi Wanita Lembaga Penelitian Universitas Udayana. 2002;2 (2):79-88.
- [11] Heise.L. Violence against women: *An integrated, ecological framework*. . Violence Against Women. 1998;4:262-90.
- [12] Koenig MA, Lutalo T, Zhao F, Nalugoda F, Mangen-Wabwire F, Kiwanuka N, et al. Domestic violence in rural Uganda: evidence from a community-based study. *Buletin of World Health Organization*, 81, 53-60
- [13] Hakimi M, Hayati EN, Marlinawati VU, Winkvist A, Ellsberg MC. *Silence for the sake of harmony: Domestic violence and health in Central Java, Indonesia*. Yogyakarta: CHN-RL Gadjah Mada University Press; 2001.
- [14] Walker's L. *"Cycle of Violence"*. New York: Harper and Row; 1980.
- [15] Jewkes R, Levin J, Penn-Kekana L. Risk factors for domestic violence: findings from a South African cross sectional study. *Social Science and Medicine*. 2002;55 (9):1603-17.
- [16] Jejeebhoy SJ, Bott S. *Non-consensual sexual experiences of young people in developing countries: an overview. Sex without consent: Young people in developing countries*. London and New York: Zed Books; 2005.