



Description of The Implementation of The Domestic Violence Control Program During The Covid-19 Pandemic by Midwife

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Abstract

The COVID-19 pandemic is a multidimensional problem. Proofed by the increasing number of domestic violence (DV). DV has many negative impacts, such as reproductive disorders. So, an effort needs to be done to control the cases. Such as, involving midwives to carry out promotional and preventive activities. However, with changes in the health care system as a form of adaptation and there are no reports on the program. Those conditions became the reason to conduct research aimed at doing an overview of the DV control program during COVID-19 pandemic by midwives. This research is quantitative with descriptive method. The sample in this study was determined by a total sampling technique, namely all midwives who practiced during the COVID-19 pandemic era at the Lakarsantri District Health Center, Surabaya. The instruments used in the questionnaire are mixed types. The collected data will be processed and analyzed by descriptive analysis. The results obtained were 71.4% of 14 midwives were aware of the workplace policies for controlling DV and 50% stated that there was training. The implementation of DV education has been carried out by 92.9% of midwives and early detection has been carried out by 42.9% of midwives. Also, 14.3% said there were obstacles. The conclusion of this study is that efforts to control domestic violence during the COVID-19 pandemic by midwives have been carried out. However, the role of midwives and the form of services that have been adapted to the new normal still need to be improved.

Keywords

COVID-19 pandemic; domestic violence; midwife

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Introduction

The COVID-19 pandemic is a phenomenon that causes a domino effect. This is evidenced by the increasing number of cases of domestic violence (KDRT) during this situation (Adrian et al., 2022). The definition of domestic violence according to WHO (2012) is violence that is carried out physically, sexually, emotionally, or forcibly controlled behavior by a partner. This condition is a public health problem that often goes unnoticed.

The increase in the number of domestic violence cases was first reported in a study conducted in Hubei Province, China. It was recorded that in February 2020, there had been a threefold increase in cases compared to the previous year, which was 162 cases (Graham et al., 2020). The same report was also found in Indonesia. Based on data collected by LBH Apik (Indonesian Women's Association for Justice) it has been recorded that during March to mid-April 2020 97 cases of domestic violence occurred. This figure shows an increase of 68% from the previous year. Other supporting data were issued by Komnas Perempuan, with the figure reaching 213 cases.

The increase in the number of domestic violence cases during the COVID-19 pandemic did not only occur at the international level, but also at the national level. At the provincial and city levels, the same phenomenon was also found. In East Java in 2020, there were 401 cases of violence recorded and 66.52% of them were domestic violence (Komnas Perempuan, 2021). The city that became the largest to cases of domestic violence that occurred in East Java was Surabaya, with a total of 80 cases reported (Sutinah & Kinuthia, 2019). These data can show that the COVID-19 pandemic has a significant relationship with an increase in the number of domestic violence cases (KPCPEN, 2020).

The increase in the number of domestic violence cases during the COVID-19 pandemic was caused by various factors. One of them is the implementation of social dis-

tancing (Radhitya et al., 2020). Although the aim of this movement is to minimize human contact. Thus, the movement of the virus can be reduced and transmission of the virus can be avoided. In fact, activity restrictions can trigger conditions of stress, lack of security, increasing economic difficulties, and hindering access to public services (WHO, 2021). The above conditions are risk factors for domestic violence.

The impact of domestic violence is multidimensional. In addition to the effects related to emotional states, such as feeling afraid, losing self-confidence, and can progress to depression. Another impact, can be in the form of interference with reproductive health. A person who experiences domestic violence has a 1.5 times greater risk of developing sexually transmitted infections (STIs) and unwanted pregnancies. Also, pregnant women who experience domestic violence have a risk for miscarriage, premature delivery, fetal distress, and IUFD (WHO, 2012).

The effects of domestic violence are not only felt by mothers. This condition can also have an impact on the fetus it contains. Conditions that can occur are low birth weight (LBW), not getting immunizations, and the fetus can also experience death (WHO, 2013b). Therefore, control efforts need to be made to reduce the number of cases of domestic violence. Based on the guidelines for Control of Domestic Violence published by P2PTM (2012) Midwives as health workers at the public health facilities level can carry out promotional and preventive activities. Promotional activities by empowering the community through socialization about domestic violence, negative impacts, prevention that can be done. Meanwhile, in preventive efforts, midwives can carry out screening and monitoring with surveys. In addition, based on Minister of Health Decree No. 320 of 2020 states that midwives have the authority to provide care for victims of physical and sexual violence.

However, with the change in the form of midwifery services during the COVID-19 pandemic (Townsend et al., 2021). Such as

avoiding the provision of services by face-to-face and seeking services through online. And, various phenomena found at the end of 2020, such as the results of the accumulation of the number of domestic violence cases which showed a decrease of up to 31.5% which was inversely proportional to the number of cases found at the beginning of the year. In addition, health workers are in the bottom three positions in providing domestic violence services and there are no reports of domestic violence control programs during the COVID-19 pandemic by midwives, especially in the Puskesmas area of Lakarsantri District (Komnas Perempuan, 2021).

The above explanation became the basis for the author to conduct research on the domestic violence control program in the era of the COVID-19 pandemic by midwives at the Lakarsantri District Health Center Surabaya to get an idea of adaptation efforts in providing services and look for gaps or problems that occur during these activities. Thus, the results of the research are expected to be a source of consideration in finding appropriate ways or approaches to improve.

Method

This research is quantitative using descriptive method. The study was conducted from May-June 2021. The respondents in this study were all midwives who practiced at the Lakarsantri Sub-district Health Center in Surabaya during the COVID-19 pandemic. There are 15 midwives. The sampling technique used was total sampling technique.

The implementation of the study only assessed one variable, regarding the domestic violence control program (KDRT) in the COVID-19 pandemic era using a questionnaire with open and closed questions. The questionnaire contained questions regarding control policies, educational activities, early detection, and obstacles in controlling domestic violence. Compilation Each question item is quoted from the questionnaire used in the assessment of indicators of success

in controlling domestic violence published by P2PTM (2012) and research published by (O'Reilly & Peters, 2018). The questionnaire was written via the Zoho form and the link was shared via WhatsApp. The collected data will be processed through the process of editing, coding, and tabulating data using the Statistical Package for Social Science (SPSS) program. Followed by data analysis using descriptive statistics. Then, the data will be presented in percent form in the table.

Results and Discussion

This research was successfully conducted on 14 midwives. The number of respondents decreased by one, due to the condition of one of the Midwives who was infected with SARS-CoV-2. So, it is constrained to fill out the questionnaire. The research location is in the Lakarsantri District Health Center, Surabaya City. The health centers included in the area are Lidah Kulon Health Center, Jeruk Health Center, and Bangkingan Health Center.

According to Table 1 which contains general characteristics, namely the respondent's age and last education. It can be seen that most of the midwives are in the age range of 30-39 years (9;61%), followed by 20-29 years as much as 22% (3) and two others are in the age range of 40 -49 years (7%). Also, 50-59 years (7%). On the characteristics of the last education, of the 14 Midwives 12 (86%) of them are graduates of Diploma III Midwifery, then Diploma IV and Bachelor of Midwifery who have gone through a professional program, each one is a Midwife (7%). According to Table 2 which contains data on the specific characteristics of the respondents, namely knowledge of control program policies, implementation of education and early detection. Also, the obstacles experienced in the domestic violence control program.

Workplace Policies

Midwives' knowledge of domestic vi-

olence control program policies during the COVID-19 pandemic by midwives at the Puskesmas was mostly as much as 71.4% stated that there were SOPs for controlling domestic violence and 50% of midwives said that there was domestic violence control training for health workers, namely nurses (71.4%) and Midwives (28.6%).

Domestic Violence Education

Domestic violence educational activities carried out by midwives during the COVID-19 pandemic were carried out by most of the midwives (n=13;92.9%). Educational media during the COVID-19 pandemic was conducted face-to-face (n=9;69.2%) and online (n=4;30.8%). The targets of this activity are pregnant women (n=3;23.1%), post-partum women (n=1;7.7%), prospective brides (n=9;68.2%) and there are no Cadres who receive education about domestic violence.

Early Detection of Domestic Violence

Six (42.9%) of the 14 midwives who worked at the Lakarsantri Sub-district Health Center in Surabaya had carried out early detection of domestic violence. This activity was carried out through face-to-face media (n=4;66.7%) and using interview techniques (n=5;83.3%). Also, filling out the questionnaire was only applied by one midwife (16.7%). The targets of this activity are mothers who receive services at the MCH poly, namely pregnant women (n=3;50%) and prospective brides (n=3;50%).

Problem

In the implementation of domestic violence control during the COVID-19 pandemic, midwives still felt obstacles (14.3%). The perceived obstacles were the client's openness and dishonesty towards the midwife (n=1;50%) and the limitation of services during the COVID-19 pandemic (n=2;100%).

After going through the data processing and analysis process, it can be concluded that the domestic violence control program during the COVID-19 pandemic by the Midwife at the Lakarsantri District Health

Center Surabaya has been implemented well (67.4%).

The role of Midwives in providing care to clients who experience physical and sexual violence in accordance with Minister of Health Decree No. 320 of 2020 and Guidelines for Control of Domestic Violence published by P2PTM (2012), Midwives have the authority to provide care as health workers who work in Puskesmas. Regarding the knowledge of midwives about SOPs for domestic violence control policies in the workplace, it was also found in a study conducted by O'Reilly and Peters (2018), only a small proportion (35%) of health workers were not aware of the existence of workplaces policy in their workplace

Meanwhile, a different number was seen in midwives who were aware of the training on domestic violence control. This condition is related to the target of training which is mostly carried out on nurses and the form of training that is more self-taught (O'Reilly & Peters, 2018)

However, only most of the midwives have received training in controlling domestic violence. But the implementation of education is still being carried out. Face-to-face domestic violence control education is still mostly done by midwives (69.2%). However, some midwives (30.8%) have conducted education through online media (Whatsapp).

This was related to the condition of the Lakarsantri sub-district, Surabaya, which at that time was included in the red zone. According to the Guidelines for Antenatal, Childbirth, Postpartum, and Newborn Services in the Era of New Habits Adaptation issued by the Indonesian Ministry of Health (2020), its implementation must be postponed during the COVID-19 pandemic or carried out through online communication media (Windatania et al., 2020).

The target for domestic violence education is mostly for prospective brides (68.2%). This activity is included in the preconception care recommendations in the WHO guidelines (2013a) and the Indonesian Ministry of Health (2018). Educational mate-

rials provided on the meaning and forms of violence included in domestic violence, signs and solutions for domestic violence. The solution for domestic violence is to go to health services or health workers if you experience physical and psychological injuries due to domestic violence, and health workers will help to make referrals to related parties.

Apart from that, pregnant women and post-partum mothers are also targets for domestic violence education. This activity needs to be done because according to research conducted (Priya, 2019), during pregnancy and post-partum, the risk of women experiencing physical domestic violence increases compared to when they were not pregnant or not in the post-partum period. If domestic violence occurs, this condition will of course be dangerous for the mother and the baby.

However, the implementation of domestic violence education during the COVID-19 pandemic has not been carried out optimally because there are no cadres who are part of the target. According to research conducted by (Rosida et al., 2020) to improve health services at the primary level, cross-sectoral partnerships and collaborations need to be carried out. In this case, cadres can be partners with midwives in providing education about domestic violence and helping to make complaints about domestic violence around their homes.

Although most of the midwives had carried out education about domestic violence during the COVID-19 pandemic, not all of them had carried out early detection of domestic violence (42.9%). The same finding was also found in (Aziz & El-Gazzar, 2019) regarding the low early detection of domestic violence carried out by health workers, only 35% of health workers had done it.

Different results were found in other studies, it was explained that most health workers (82.3%) had carried out early detection of domestic violence. However, the implementation is only carried out on clients who have experienced signs of domestic violence, such as wounds of unknown cause,

and a history of mental disorders. Also, a history of consuming drugs and alcohol (Saber, 2017).

The implementation of early detection is mostly carried out by officers using the interview method. This condition is related to the lack of research on early detection tools for domestic violence that can be used and trusted (O'Reilly and Peters, 2018). Also, the interview method is considered to make it easier for health workers to dig up information about domestic violence related to different client conditions (Shea, SC 2016).

Barriers to the implementation of education and early detection of domestic violence carried out in the area of the Lakarsantri District Health Center Surabaya were only felt by a small number of midwives (14.3%). A different condition was found in a study conducted by Saber (2017) with 83.3% of health workers stating that there were obstacles in controlling domestic violence activities. The difference in results was due to the low number of domestic violence cases during the COVID-19 pandemic that had been handled by midwives.

Some of the obstacles felt by midwives were dishonesty and openness of clients (50%). The same finding is also found in a study conducted by (Poreddi, 2020), this condition occurs because of the client's perception that domestic violence is a personal problem and considers health workers unable to treat domestic violence.

In addition, there are several problems related to the COVID-19 pandemic, namely service restrictions (50%). Service restrictions are related to health service guidelines during the COVID-19 pandemic set by the Indonesian Ministry of Health (Kemenkes, 2020) in the red zone area, it is recommended that health services go online if immediate help is not required. Therefore, midwives feel hampered in providing education and early detection of domestic violence during the COVID-19 pandemic.

Then, the service model that is carried out online in controlling domestic violence is deemed inappropriate. It is proven by the

absence of positive feedback when conducting education. Also, in carrying out early detection of domestic violence. This is related to the public perception that still considers that domestic violence is a personal and confidential problem between husband and wife (Nuzuliana and Istiyati 2020) . In order for a victim to express the problems he is experiencing, good interpersonal communication is needed between officers and victims. Good communication will make victims more open and honest (Fauzia 2019) .

In achieving good interpersonal communication, with an online or online service model, various obstacles can be found. One of them, physical barriers with the victim's body gestures that cannot be seen, noises that can interfere with various communications, and signal interference can occur (Fauzia 2019). Thus, online domestic violence control during the COVID-19 pandemic is deemed inappropriate.

Conclusion

Domestic Violence (KDRT) is a public health problem that still needs special attention. Therefore, the results of this study show that health workers, especially midwives during the COVID-19 pandemic, have controlled domestic violence. Education and early detection efforts carried out by midwives, of course, still face various obstacles. Thus, support in the form of domestic violence control training for midwives also needs to be increased.

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