

Interventions To Reduce Sexual Violence In Pregnant Mothers: *Systemic Review*

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Abstract. Violence against women is a risk factor for poor health, resulting in the quality of women's health and well-being, including sections and improvements and poor mental health. **Objective:** Systematic review aimed to find out effective methods of reducing violence on intimate partners during pregnancy and after pregnancy. **Method:** Searching articles used electronic database i.e. Cinahl, Science Direct, Academic complete research, and PUBMED. Criteria for inclusion of articles taken included research articles from the last 10 years 2010-2020, randomized controlled trials or quasi experiments, English language, and full text. The search results found in the article by CINAHL according to keywords and based on the years 2010-2020 and full text as many as 11 articles, Science direct 6 articles, Academic complete research (EBSCO) 18 articles, and PUBMED 42 articles. After adjusting for inclusion criteria, there were 4 articles left, consisting of 2 articles from Science Direct database, 1 article from PUBMED and 1 article from Academic complete research. **Results:** There were several methods that can be used to reduce violence in intimate partners during pregnancy and after pregnancy there are 3 methods that can be used, including psycho-behaviour with the use of the VoorZorg program, Cognitive Behavioral Therapy, and non-professional mentor support. **Conclusions:** This study provides valid evidence of a method for reducing violence in intimate partners during pregnancy and after pregnancy. Further studies related to the prevention of violence in intimate partners can be done in more depth about the most effective measures to reduce intimate partner violence, as well as research in ASEAN.

Keywords: Pregnancy, Intimate Partner Violence, Domestic Violence

1. Introduction

Violence against women is a major public health problem with serious consequences for women's health [1]. Violence during pregnancy often involves a blow to the stomach, which may have serious consequences for both mother and baby [2]. Violence against women is associated with a variety of negative things [3], including death, injury, various mental and physical health problems, and adverse effects on sexual and reproductive health.

World Health Organization (WHO) report found that women who were physically and sexually abused by their partners reported higher health problems, like: 16% more likely to have low birth weight babies, having an abortion, almost prone to depression, and 1,5 times more likely to be infected with HIV compared to women who have not experienced partner

violence [4], premature labor, low maternal weight gain, kidney infection, antepartum bleeding, cesarean birth, fetal miscarriage, and fetal death [5].

The prevalence of female violence by intimate partners is quite alarming. A Global Burden of Disease Study survey estimates a multi-country study (Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia, Thailand, America, and the Republic of Tanzania) found that the prevalence of an intimate partner physical violence was between 13% - 61%. Overall, between 15% and 71% of women report physical or sexual violence, or both during their lifetime [1]. In a multi-country study by the World Health Organization (WHO), the prevalence of physical abuse during pregnancy, among pregnant women, ranges from 4% to 12% on most sites [1].

This study aims to determine effective interventions in reducing violence in intimate partners during pregnancy and after pregnancy. This research is expected to benefit researchers, nurses, and other professions in gaining insight so that they can develop effective interventions for mothers who are victims of violence.

2. Methodology

2.1 Search strategy

Search based on PRISMA research protocol guidelines [6]. The preparation of a systematic review by searching for articles using an electronic database namely CINAHL, Scencedirect, Academic complete research, and PubMed. Keywords used in English are "Pregnant Woman", "Domestic Violence", "Domestic Abuse", "Intimate Partner Violence", "Prevention Program", "Intervention Program", "Treatment Program". The article search results were found according to keywords as many as 297 and based on the years 2010 - 2020 in the Cinahl database (EBSCO) as many as 14 articles, Scencedirect 160 articles, Academic complete research (EBSCO) 47, and PubMed 76 articles.

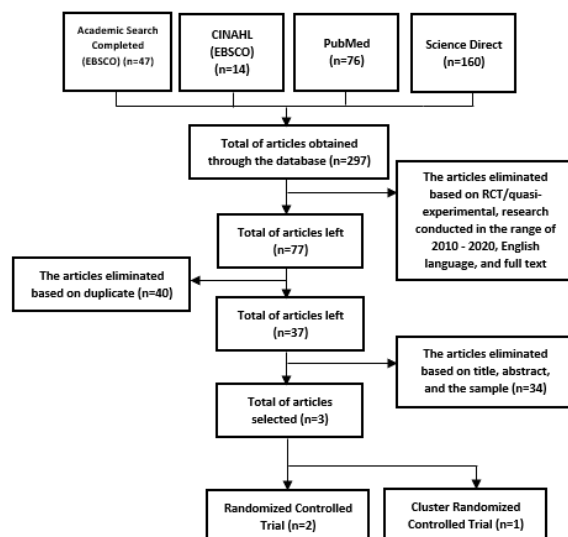


Fig.1. PRISMA Flow Diagram

2.2 Data extraction

The articles obtained are adjusted to the inclusion criteria, namely quasi-experimental, full text, English language, research conducted in the range of 2010 - 2020, in the form of intervention or prevention of violence in pregnant women. The sample size is chosen at least 30 in each group because this size is considered large enough to be able to assume that the variability of the intervention estimate can be estimated close by the normal distribution of the central boundary theorem [7]. Data extraction includes author, year of publication, outcome, study location, method, sample size, technic of sampling, intervention, result, and conclusion.

3. Result and Discussion

Five databases provide 297 articles. After applying the inclusion and exclusion criteria, 77 articles were left. Then a duplicate check is performed and the remaining 37 full text articles remain for quality assessment. After a complete inspection, 3 articles remain. Analysis of the article focuses on prevention interventions that affect the reduction in the incidence of violence in pregnant women. (Picture 1). All the writer's team discusses the article if there is a discrepancy.

The article search process obtained three articles relating to interventions for domestic violence among pregnant women in the world. One of the three articles examined the effectiveness of psycho-behavioral interventions with the use of the VoorZorg program, one study tested the effectiveness of cognitive-behavioral therapy and another article about the effectiveness of non-professional mentor support.

3.1 Psycho-Behavioral Interventions

Studies conducted show that the VoorZorg program is effective in reducing the victimization and actions of Intimate Partner Violence (IPV) during pregnancy and two years after birth to pregnant women with low education. Furthermore, because this program serves to proactively minimize IPV, it may have long-term positive health effects on parents and their children [8]

A trusting relationship exists between the patient and the nurse through a home visit by the nurse. Factors that can increase the risk of IPV in general (for example, stress reduction), as well as factors that can increase the risk of IPV about certain people (for example, identifying abusive relationships), victimization, and actions due to IPV, are significantly lower during pregnancy and two years after birth can be overcome. This program works to proactively prevent IPV which may have long-term positive health effects on parents and their children [9]. VoorZorg is equivalent to Olds et al. who found that NFP had a positive and long-term effect on maternal and child development, but it was not found that NFP affected IPV during pregnancy and after birth [10]. With the Mejdoubi et al article that gets new findings of the positive effect, the program has on IPV action among young pregnant women [8]. Some researchers believe that many participants are reluctant to report violence in family because nurses in the United States are required to report child abuse and participants who may be at risk of losing their child to the Child Protection Service [11]. VoorZorg nurses are considered to be able to handle IPV more effectively because it can reduce violence in pregnant women and children. Mejdoubi et al. revealed that home visits reduced the incidence of intimate

partner violence in a sample of high-risk young pregnant women [8]; Future analysis will reveal whether additional impacts on child abuse and neglect will be found that must be in line with the findings of Eckenrode et al. which shows that the presence of IPV moderates the impact of the program on preventing child abuse and neglect [12].

Mejdoubi et al. found that a high level of psychological aggression at 24 months, this high-risk sample of low-educated young pregnant women, 100% reported experiencing psychological violence, 58% reported experiencing physical violence, 26% reported experiencing injury after a fight and 16% experienced sexual violence during pregnancy [8]. All women in this sample experienced psychological violence, which suggests that it might be situational partner violence that might be present in many all couples [13]. McFarlane et al. report that 17% of low income, pregnant women experience physical or sexual violence [14]. This finding emphasizes the importance of health workers to focus on this vulnerable group. It is important to break this cycle of violence.

3.2 Cognitive Behavior Therapy

This intervention provides information on the types of abuse (e.g, emotional, physical and sexual) and the cycle of violence (e.g, increase, IPV, honeymoon period), Hazard Assessment Components to assess risk, and prevention options that women might consider (e.g, filing protective orders) and developing a safety plan (e.g, leaving important documents and papers with others). As a result, relatively brief counseling interventions during pregnancy have a visible but not significant effect [15].

Research conducted by [15] conducting cognitive behavioral therapy based on structured interventions developed by Parker and colleagues and based on the Dutton Empowerment Theory [16] results such as women with severe IPV experience can increase future IPV and women who have given the intervention of having fewer preterm infants ($p = 0.03$) and increasing mean gestational age ($p = 0.016$). There is a significant relationship between IPV and the use of illegal drugs (16.7%) and active smoking (22%), entirely associated with risk for PTB and LBW [17,18]. These are risk factors which can be quite severe and lasting problems

IPV has been approved for pregnancy complications (for example, inadequate weight gain, infection, and bleeding) as well as adverse pregnancy outcomes (LBW), premature birth (PTB), and neonatal death [19][20]. Kiely et al. Find women who successfully overcome intimate partners who are depressed and anxious, women who are smoking, drinking alcohol, and drugs [21]. This can affect medical conditions that might worsen pregnancy and fetal conditions. The American College of Obstetricians and Gynecologists respond to responses to domestic defenses against women as a priority and oppose screening in primary care settings [22]. Cognitive-behavioral therapy is the basic foundation for applying cognitive principles. Cognitive-effective therapy can reduce the level of hyperactivity, impulsivity, and aggression [23]. Cognitive-enhancing cognitive therapy in adolescents, demonstrating the success of cognitive-cognitive interventions in improving social intelligence and cognitive self-control, rehabilitation management and alternative thinking that reduces mental protection parameters in the experimental group [24]

3.3 Non-professional Mentor Support

In the intervention of the Advocate Mother in the Community (MOSAIC) conducted by Taft et al (2011) consisting of 90 intervention groups and 43 comparison groups, using the mentoring method carried out for 12 months which was made into 4 mentoring sessions namely 1 month, 4 months, 8 months and 12 months. The mentoring activity was only given

to the intervention group participants of 90 people. After the mentoring activity was completed, in the 12th month, the mentor followed up the outcome measures by giving questionnaires to all participants to decide the current status of all the main outcome measures; general health, depression, IPV, relationship status, parental pressure, use of health services and satisfaction, social support. Non-professional mentor support has the effect of increasing safety and increasing physical and mental well-being among mothers who experience post-violence. The results showed that the rate of depression in depressed women who experienced violence was lower after being given intervention with support from a mentor compared to a control group without mentor support. This is indicated by the results in the intervention group that produces a value of stress reduction ($p = 0.08$). Non-professional mentor support for 12 months has the effect of increasing safety and increasing physical and mental well-being among mothers who experience violence from their partners [11]. The same thing was also found from [25] which showed that women who received support in the form of cognitive learning were proven to reduce depression and women from intimate partner difficulties. This can be used to increase defenses in the household and to improve the health of victims.

Interventions conducted [26] show that individual counseling with mentors, telephone support, and a booklet giving can reduce the anxiety they feel because they feel the experience they feel can be shared and listened to. Just like the research conducted [27] that women who receive support by being given education in terms of psychology and emotions for the first time feel more confident and reduce guilt for events in the past. This is in line with research [28] which conducted a support group system with women with violence experienced a decrease in anxiety and better mental health.

4. Conclusion

This study provides valid evidence of a method for reducing violence in intimate partners during pregnancy and after pregnancy. Further studies related to the prevention of violence in intimate partners can be done in more depth about the most effective measures to reduce intimate partner violence, as well as research in ASEAN.

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Table. Interventions to Reduce Sexual Violence in Pregnant Mothers

	Objective	Country & Methode	Sample	Technik Sampling	Intervention	Result	Conclusion
Nurse vs. on Partner Young A trial	To prevent or reduce IPV (Intimate partner violence) victimization and crime rarely happens	Netherlands , RCT	460 pregnant women with violence during pregnancy. The control group (n = 223) and the intervention group (n = 237).	Random Sampling	Women in the control group of 223 people received care as usual Women in the intervention group 237 people received routine care and regular home nurse visits during pregnancy and until the child's second birthday	At 32 weeks of gestation, women in the intervention group reported significantly less IPV victimization than women in the control group in psychological aggression, physical violence and sexual coercion. Furthermore, women in the intervention group reported less significant IPV actions in psychological aggression, physical attacks, and injuries. At 24 months after birth, IPV victimization was significantly lower in the intervention group for sexual violence. Multilevel analysis showed a significant increase in the victimization of IPV and actions among women in the intervention group 24 months after birth. p <0.05.	VoorZorg Program effective in reducing victimization and actions of IPV during pregnancy and two years after in pregnant women with education, and served proactively minor IPV.
rated To ate ence y: A Trial	Estimating the effectiveness of psycho-behavioral interventions in reducing recurrent IPV during pregnancy and postpartum birth outcomes in African-American women.	In A Clinic, United States of America. RCT	1044 women (521 intervention groups, 523 control groups)	Total Sampling	<ul style="list-style-type: none"> Regular visits in the form of counseling based on cognitive behavioral intervention in accordance with the risks experienced by respondents Performed with 8 sessions during prenatal and 2 times during postpartum 	<ul style="list-style-type: none"> Low birth weight (<2,500 grams) (LBW) did not differ in the two groups (intervention group = 12.8% compared to usual care = 18.5%, p = 0.204) Women with minor IPV experience further episodes during pregnancy OR = 0.48, 95% CI = 0.26-0.86, OR = 0.53, 95% CI = 0.28-0.99) and postpartum (OR = 0.56, 95% CI = 0.34-0.93). Women with severe IPV showed significantly reduced episodes in the postpartum (OR = 0.39, 95% CI = 0.18-0.82) Women experiencing physical IPV showed significant reductions at first follow-up (OR = 0.49, 95% CI = 0.27-0.91) and postpartum (OR = 0.47, 95% CI = 0.27-0.82) 	Relatively counseling intervention during pregnancy had visible but not significant effect on IPV pregnancy results.
n the non- ort to imate ence on in cluster trial re	Determine the effectiveness of non-professional mentor support in reducing IPV and depression among pregnant women who have recently experienced, or and are at risk of IPV	Clinic in Melbourne, Australia. Cluster Randomised Trial	133 Respondents (90 intervention and 43 control)	Cluster Random Sampling	<p>Intervention Group: Mentoring conducted for 12 months</p> <p>Control Group: Non-mentoring</p>	Intervention group result: (p=0,8) CAS, (p=0,2) EPDS, (p=0,06) SF-36, (p=0,01) social support, (p=0,08) stress value.	Non-professional support has the effect of increasing safety and increasing physical mental well-being among mothers who experience partner violence