

# Kekerasan Domestik, Komplikasi Kehamilan dan Karakteristik Ibu Hamil di Kabupaten Ogan Komering Ulu Sumatera Selatan = Domestic violence, pregnancy complication, and pregnant mother's characteristics of pregnant mothers in Organ Komering Ulu District, South Sumatera Province

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## Abstrak

Tujuan kesehatan reproduksi adalah meningkatkan kesadaran akan harga diri dan kemandirian perempuan dalam mengontrol diri, kehidupan seksual dan jalan hidupnya. Perkembangan konsep pelayanan kesehatan reproduksi meliputi perubahan sikap dalam kehidupan berkeluarga, KIA dan KB. Salah satu tahapan perkembangan reproduksi adalah kehamilan. Pada kehamilan dibutuhkan peran keluarga, dalam hal ini suami, lebih banyak memperhatikan kebutuhan dasar istri sehingga kehamilan dapat berlangsung dengan sejahtera.

Komplikasi kehamilan diperkirakan terjadi pada 15-20 % kehamilan. Jenis komplikasi yang berisiko menyebabkan kematian adalah pendarahan, preeklamsi, dan infeksi (Depkes. R.I. 1999).

Satu dari tiga ibu hamil diduga mengalami kekerasan dan suaminya (kekerasan domestik), bahkan jenis kekerasan fisik saat hamil dialami oleh 4 - 9 % ibu hamil (Ballard et.al 1998).

Kekerasan fisik merupakan kekerasan yang relatif mudah diidentifikasi, dan biasanya telah didahului oleh kekerasan yang lain, minimal kekerasan psikologis. Bagian tubuh yang menjadi sasaran muka perut, genetalia, bagian belakang kepala, yang berisiko menimbulkan trauma yang berdampak kepada janin dalam kandungan.

Penelitian tentang kekerasan domestik pada kehamilan dan dampaknya pada kehamilan belum banyak diteliti di Indonesia. Penelitian ini bertujuan mengetahui hubungan kekerasan domestik dengan komplikasi kehamilan di Kabupaten Ogan Komering Ulu.

Desain penelitian ini cross-sectional, dengan sampel 266 orang ibu hamil yang umur kehamilannya empat bulan keatas, diperoleh dengan cara multistages random sampling, di sepuluh wilayah puskesmas di Kabupaten Ulu.

Pengukuran variabel memakai angket tertutup dan pedoman observasi, yang melibatkan Bidan di desa dalam memeriksa kehamilan pada pelaksanaan Posyandu. Selain itu dilakukan pula wawancara mendalam dengan informan yang mengalami komplikasi kehamilan.

Penelitian ini menemukan 22 (8,3 %) ibu hamil dengan komplikasi, 78,6 % mengalami kekerasan fisik, 99,2 % mengalami kekerasan psikologis, dan 87,6 % mengalami kekerasan seksual. Pola kekerasan yang

teridentifikasi tidak berwajah tunggal, dengan variasi 69,5 % mengalami kekerasan fisik dan seksual, 74,4 % mengalami kekerasan seksual dan psikologis, dan 77,8 % mengalami kekerasan fisik dan psikologis. Siklus kekerasan yang diimbangi periode romantis tampak nyata tergambar menandakan siklus kekerasan domestik, dengan distribusi yang merata bila responden mengalami kekerasan dalam intensitas sedang, maka mereka juga mengalami periode romantis dalam intensitas sedang.

Hasil uji statistik menunjukkan tidak ada hubungan antara kekerasan domestik dengan komplikasi kehamilan. Karakteristik Ibu hamil yang diduga menjadi variabel kontrol, ternyata tidak menunjukkan hubungan yang bermakna secara statistik.

Disarankan kepada petugas kesehatan khususnya Bidan di desa yang terlibat langsung dalam asuhan kebidanan agar meningkatkan identifikasi dan upaya intervensi pada korban kekerasan domestik. Sosialisasi penghapusan kekerasan terhadap perempuan perlu lebih gencar dilakukan baik oleh BKKBN, LSM, Da'i, pemuka agama, dengan menggalang kerjasama lintas sektoral. Penelitian tentang dinamika kekerasan pada ibu hamil, terutama tentang periode kekerasan, bagian tubuh yang menjadi sasaran kekerasan, dan dampaknya terhadap kehamilan, baik secara kohort, survey, maupun kualitatif perlu dilakukan.

Daftar bacaan, 68 (1989 - 2002)

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Domestic Violence, Pregnancy Complication, and Pregnant Mother's Characteristics of Pregnant Mothers in Ogan Komering Ulu District, South Sumatera Province  
The goal of reproductive health is to increase the awareness of self pride and women's independency regarding self control, sexual life, and her way of life, Development in concept of reproductive health care covers changes in attitude toward family, maternal and child health, and family planning. One stage in reproductive development is pregnancy. Pregnancy necessitates family role, in this case husband, as to pay more attention on basic needs of wife in order to make pregnancy safer.

Pregnancy complication is estimated to be occurred in 15-20% of all pregnancies. Type of complication that could cause death including bleeding, pre-eclampsia, and infection (MOH-RI, 1999).

One third of pregnant women was suspected to experience domestic violence conducted by husband, and physical violence was experienced by 4-9% of pregnant women (Ballard et al., 1998). Physical violence is relatively easy to be identified, and usually preceded by other type of violence, at least psychological violence. Part of body targeted to physical violence including face, stomach, genital, and back of head which can cause traumatic impact to the foetus.

Research on domestic violence during pregnancy and its impact on pregnancy outcome is still scarce in Indonesia. This study aimed to know the relationship between domestic violence and pregnancy complication in Ogan Komering Ulu (OKU) District.

Design of the study is cross sectional, with 266 pregnant women (with gestational age four months or more) as sample, obtained through multistages random sampling in 10 puskesmas area in OKU District. Variables

were collected by closed questionnaire and observation guidelines involving village midwives during pregnancy check in Posyandu. Besides, in depth interview was also performed with informant who experienced pregnancy complication.

The study found 22 (8.3%) pregnant women with complication, 78.6% experienced physical violence, 99.2% experienced psychological violence, and 87.6% experienced sexual violence. The pattern of violence was not single faced, 69.5% experienced both physical and sexual violences, 74.4% experienced both sexual and psychological violences, and 77.8% experienced both physical and psychological violences. Violence cycle balanced by romantic period was obvious in this study reflecting the typical cycle of domestic violence. Those who experienced medium intensity violence was experiencing romantic period in medium intensity as well.

Statistical test results show that there was no relationship between domestic violence and pregnancy complication. Characteristics of pregnant women, which was suspected as control variable, did not show statistical significance either.

It is recommended that health personnel and village midwives in particular, to improve the identification and intervention targeted to pregnant women who become victim of domestic violence. There is a need to strengthen the socialization of effort to stop female violence organized by BKKBN, NGO, religious leaders, in an intersectoral mariner. There is also a need to conduct more research on the dynamics of violence among pregnant women, especially on violence period, body part targeted to violation, and its impact to pregnancy either in cohort, survey, or qualitative design.

References : 68(1989-2002)