”Protect Me”: An Intervention to Overcome and Prevent Domestic Violence in Adolescent Pregnancy

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Abstract

Background: Some pregnant adolescents experience violence that has a negative impact for the pregnant adolescent itself and also their babies. It is necessary to make a health promotion intervention as an effort to prevent and control violence against pregnant adolescents.
Purpose: This research aimed to analyse the influence of the health education about domestic violence named “Protect Me” on knowledge, self-efficacy, and help-seeking behavior again violence among adolescent with pregnancy.
Methods: There were 37 participants of pregnant adolescents involved in violence screening. Based on the screening results, 30 participants experienced violence and agreed to involve in this research. Research with pre-experimental study design using a total sampling of 30 pregnant adolescents experiencing domestic violence from April to June 2020.
Results: The results showed that 6.7% of pregnant adolescents experienced psychological, physical and economic violence and 13.3% pregnant adolescents experienced sexual violence. There was a significant difference between the level of knowledge ($p < 0.001$) and help-seeking behavior ($p = 0.002$) of pregnant adolescents after being given “Protect Me” intervention and Self-efficacy has no relation with Protect Me intervention ($p = 0.186$)
Conclusion: The results of the research concluded that the domestic violence prevention and management efforts could be carried out by applying education based intervention “Protect Me”, to improve the knowledge and help-seeking behavior of pregnant adolescents.

Keywords: adolescents; help seeking behavior; knowledge; self-efficacy; violence.

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Introduction

Maternal mortality that occurs in pregnant adolescent population is 40% (Koroma, 2013). Adolescents aged 10-19 years have more risk of having preeclampsia, cervix inflammation, and systemic infections compared to those aged 20-24 years (Kiani, Ghazanfarpour, & Saeidi, 2019; Koroma, 2013). Globally, complications of pregnancy and childbirth are the main cause of teenage girl mortality aged 15 to 19 years (World Health Organization, 2019). Psychological problems could lead to maternal mortality in pregnant adolescents, while stress due to role transition into motherhood, not being ready for pregnancy, lack of support from closest people, and violence, lead to depression and suicidal behavior in pregnant adolescents (Palladino, Singh, Campbell, Flynn, & Gold, 2011; Wilson-Mitchell, Bennett, & Stennett, 2014).

Violence is one of the causes of mental disorders in pregnant women which can lead to suicidal behavior and is one of the causes of maternal mortality (Quintanilla, Pollock, McDonald, & Taft, 2018; Storm et al., 2014; Véronique, Doris, Carine, Wendy, & Lale 2016; World Health Organization, 2019). Campo (2015) said that young women aged 18–24 years were more at risk of experiencing violence by a partner during pregnancy, and it became worse if violence had occurred before, compared to other adult women. Domestic

violence against pregnant adolescents includes physical, sexual, emotional, and verbal violence perpetrated by their partner. Research reported that 4% of pregnant adolescents experienced coercion in sexual intercourse, 5% experienced emotional and psychological violence in the form of threats, and 48% of pregnant adolescents experienced a blow to their abdomen during pregnancy by the father of the fetus (Santiago, Iñiguez, Solorzano, Burgos, & Monreal, 2014).

Violence suffered by pregnant adolescents has a negative impact on adolescents themselves and their babies. Therefore, it is necessary to do intervention to pregnant adolescents, including health promotion regarding violence, types of violence, perpetrators of violence, impact, control, and methods of prevention. This intervention aims to increase knowledge, self-efficacy about violence against women and help-seeking behavior in pregnant adolescents. High knowledge about violence and help-seeking behavior will increase individual self-efficacy so those who are at risk, have, or are currently experiencing violence are able to do help-seeking behavior. According to (Donatus, Sama, Tsoka-Gwegweni, & Cumber, 2018), this effort is important because pregnant adolescents have less knowledge about physical and sexual violence.

Materials and Methods

Design

The research used the quantitative research with pre-experimental design: one group pre-test-post-test.

Sample and setting

The research was carried out at all Health and Medical Centers in Depok District, West Java Province, Indonesia. Sampling in this research was the total sampling as of April to June 2020. The inclusion criteria of participants were defined as follows: (1) Pregnant adolescent aged < 20 years who have experienced or are experiencing violence; (2) Pregnant adolescents who can communicate, read and write; (3) Willing to be a participant; (4) Having telephone access. The exclusion criteria include: (1) Participant refuses to be involved in the research; (2) Participant who cannot be contacted by phone call; (3) Participant who has mental health problems. There were 37 participants involved in violence screening. Based on the screening results, 33 participants experienced violence and four people did not experience violence. There were three participants who experienced violence who withdrew from this research. So, a total 30 participants were involved in this research since the pre- and post-test.

Instruments

Pregnant adolescents were given a violence screening questionnaire as screening to become research participants. Violence screening uses a modified Abuse Assessment Screen (AAS) questionnaire by McFarlan, Parker, Soeken, and Bullock (2012) and the Center for Research & Education on Violence Against Women & Children (2020) consisting of 16 questions about violence of A physical, sexual, psychological or economic nature. The questionnaire has been tested for validity and reliability with a value of r count> 0.44.

The demographics questionnaire includes participants' age and gestational age using a numeric scale. Education background, occupation, marital status and family income used a nominal scale. Self-efficacy questionnaire used the modified general self-efficacy by Schwarzer and Jerusalem (1995) and Fitriana, Suryawati, and Zubaidah (2018). It consists of 10 questions which score of each question starting from 1 (disagree) to 4 (strongly agree) on positive questions and 1 (strongly agree) to 4 (disagree) on negative questions. The questionnaire has been tested for validity and reliability with a value of r count> 0.44.

Help-seeking behavior questionnaire was modified from (Center for research & education on violence against women & children, 2022) and consists of nine Yes or No questions. Categorization of help-seeking behavior is high and low with cutoff point pre- and post-test. The questionnaire has been tested for validity and reliability with a value of r count> 0.44.

Intervention

Participants involved completed a violence screening questionnaire. Subsequently, the pregnant adolescents in the violence screening were asked for consent to research involvement and the, completed the demographic data and pre-test questionnaires. The participants were then each given the "Protect Me" intervention for three telephone sessions by the research team with 20-30-minute duration for each meeting.

The first phone call consisted of four sessions, namely introduction, violence experience sharing, explanations by the research team with respect to violence including the definition, perpetrators, types, forms, impacts, and violence handling by using booklets as the media, teaching the participants to use monitoring sheets while at home, and continued with questions and answers at the end of the session. The second phone call was a review about the first phone call, sharing about their experiences at home, and self-monitoring evaluation. In the third phone call/online meeting, which was the last intervention, the participants carrying out self-monitoring evaluation were given a post-test questionnaire. This research was conducted for a total of 12 weeks.

Data collection and variable

In the preparation step, data collection procedure was started after obtaining ethical approval for the study and the research permit letter from the Faculty of Nursing, University of Indonesia. Then,

Table 1. Distribution of Violence Screening (n=37), Demographic Frequency Distribution and Frequency of Violence Type at District Health and Medical Centers in Depok in 2020 (n=30)

	Variables	n	%
Distribution of Violence Screening	Experiencing	33	89.2
	Not Experiencing	4	10.8
Age	16 years	2	6.7
	17 years	6	20
	18 years	5	16.7
	19 years	17	56.7
Gestational Age	1-13 week	5	16.6
	14-27 week	16	53.4
	28-40 week	9	30
Education	Elementary School	3	10
	Junior High School	12	40
	Senior High School	15	50
Occupation	Employed	1	3.3
	Unemployed	29	96.7
Marital Status	Married	30	100
Income	Low	21	70
	High	9	30
Psychological Violence	Experiencing	30	100
Physical Violence	Experiencing	2	6.7
	Not experiencing	28	93.3
Sexual Violence	Experiencing	4	13.3
	Not experiencing	26	86.7
Economic Violence	Experiencing	2	6.7
	Not experiencing	28	93.3

the researcher submitted the research permit letter to the Unity of Nations and Politics of Depok District, Health Department of Depok District and then to the Public Health Center (Pusat Kesehatan Masyarakat/ Puskesmas). After obtaining permission from the Public Health Center, the research team collected data of pregnant adolescents in the medical records in the Public Health Center. Then, the research team, assisted by officers of the Public Health Center, contacted pregnant adolescents for the introduction and approach process. The research team contacted pregnant teenagers to ask about the current condition of their pregnancy.

On the next day, the researcher contacted the pregnant teenagers to ask for permission to fill out the violence screening through an online questionnaire on their mobile phone. Researchers processed and analyzed the violence screening information that filled in by the pregnant adolescents. Pregnant adolescents who experienced violence were contacted again through phone call by researchers assisted by Public Health Center officers to ask permission to conduct research through a phone call. Then, the research team started to do intervention activities through phone calls to the pregnant adolescents who agreed to be research participants.

In the implementation step, data collection was carried out after participants agreed to be involved in the research. The involved participants filling out demographic data questionnaires and pre-test questionnaires; the research team then gave "Protect Me" intervention to participants in three phone call sessions with duration of 20-30 minutes for each session and the interval of each session was two days.

The first phone call session consisted of four sessions, namely introductions, sharing experiences about violence, explanations from the research team about violence, then followed by a discussion session at the end of the phone call session. In the second phone call session, the research team gave a review about the first session, sharing participants' experiences while at home, and self-monitoring evaluation. The third phone call session was the end of the intervention. Participants were evaluated for self-monitoring and then given a post-test questionnaire.

Data analysis

Bivariate analysis was conducted to determine the correlation between the independent variables and

Table 2. The Correlation between "Protect Me" Intervention and Knowledge, Self-Efficacy, and Help-seeking Behavior

Dependent Variables	Intervention				P Value
	Before		After		
	n	%	n	%	
Knowledge					
Low	15	50	7	23.3	< 0.001
Good	15	50	23	76.7	
Self-Efficacy					
Low	14	46.7	12	40	0.186
High	16	53.3	18	60	
Help-seeking behaviour					
Low	13	43.3	3	10	0.002
High	17	56.7	27	90	

dependent, as well as analyzing. In the bivariate analysis of the pre- and post-test dependent variables Wilcoxon statistical tests were used.

Ethical consideration

This research has obtained the approval of ethical study under number: SK-118/UN2.F12.D1.2.1/ETIK 2020 from Research Ethics Committee of Faculty of Nursing Science, Universitas Indonesia, Indonesia.

Results

Based on Table 1, violence screening showed that 33 respondents experienced violence (89.2%). We obtained a description that 100% of respondents experienced psychological violence, 6.7% experienced physical and economic violence and 13.3% experienced sexual violence.

Based on Table 2, there is a significant difference in knowledge of "Protect Me" to the knowledge of pregnant adolescents ($p < 0.001$). In the self-efficacy variable, it can be concluded that there is no significant difference in self-efficacy between before and after the intervention. The "Protect Me" intervention had no effect on the self-efficacy of pregnant adolescents ($p = 0.186$). In the help-seeking behavior variable, it can be concluded that there was a significant difference in help-seeking behavior between before and after the "Protect Me" intervention, where the "Protect Me" intervention has an effect on help-seeking behavior ($p = 0.002$).

Discussion

The results of this research indicated that "Protect Me" intervention affected the respondents' knowledge on violence. This was in line with research conducted by Taghdisi et al. (2014) stating that health education on violence was able to increase women's knowledge and awareness. The form of health education carried out in this study was by following-up the phone calls consisting of explanation, sharing, and question and answer sessions. The media used to provide health education interventions in this study was soft file booklets sent by an online message application. This was similar to the research conducted by Divakar et al. (2019) stating that digital health education such as smartphones, email, messages and applications had the potential to be effective learning tools in preventing violence. In addition, the research carried out by Djuwitaningsih and Setyowati (2017) which used application-based interactive educational media also showed that pregnant adolescents had a great interest in such applications; consequently, we could use such applications in the course of improving adolescents' knowledge.

Interventions and interactive media in the health education process affected the respondents' interest in reading. This is evidenced by the results of the pre-test and post-test research through knowledge questionnaires. Based on the results of the research, the average score of knowledge was higher after the intervention was given compared to the average score before the "Protect Me" intervention was given. They showed that the "Protect Me" intervention was effective in improving the knowledge of pregnant adolescents.

The results of this research indicated that "Protect Me" intervention did not affect the pregnant respondents' self-efficacy. This is contrary to the research conducted by Fitriana, Suryawati, and Zubaidah (2018) which showed that health education affected self-efficacy in preventing sexual violence. The research conducted by Setiawati, Setyowati, and Budiati (2017) which used "BE LOYAL" health education to increase self-efficacy in adolescent mothers also indicated that health education was effective in increasing the self-efficacy of adolescent mothers.

The result indicating that "Protect Me" intervention had no effect on self-efficacy of pregnant adolescents in this study was also contrary to the research conducted by Djuwitaningsih and Setyowati (2017) using application-based interactive educational media for adolescents. The results indicated that pregnant adolescents had a

great interest in these applications and that, as a consequence, using these applications, we could improve their knowledge and self-efficacy.

There was no change in self-efficacy in this research since the form of intervention was carried out only by phone. The telephone medium used was less attractive since it only involved voice and did not involve video or online applications. Therefore, the effort of nurses to increase pregnant adolescents' self-efficacy by verbal persuasion and physiologic arousal sources did not significantly affect the self-efficacy of pregnant adolescents, as shown by the results of this research. In fact, with respect to verbal persuasion and physiologic arousal points, nurses played an important role in increasing the self-efficacy of pregnant adolescents. This showed that interactive and attractive media were very supportive and affected the interventions given.

The results showed that the health education in the form of "Protect Me" intervention had an influence on the help-seeking behavior of pregnant adolescents. This was in line with the research conducted by (Pope & Tilghman, 2017) using the "CARE" educational intervention, which discussed information about violence and its prevention to improve women's help-seeking behavior.

The help-seeking behavior was successful when the individuals were aware that they were experiencing problems, namely they were able to ask other people or parties for help, and were able to express the problems they were facing (Bilican, 2013; Cornally & Mccarthy, 2011; O'Mahony & Hegarty, 2009). It could be achieved through promotional actions carried out by nurses by providing explanations or education about the concept of violence and how to handle it, just like what was carried out in this research. Consequently, by applying them the awareness of pregnant adolescents about violence, their confidence about their capacity to be free from violence, and their help-seeking behavior could be improved in accordance with the results of this research.

Conclusion

The "Protect Me" intervention is an education-based nursing intervention provided to pregnant adolescents to prevent violence. The results of this study indicated that the "Protect Me" intervention affected the knowledge about violence and help-seeking behavior of pregnant adolescents. Good knowledge and help-seeking behavior was able to improve the awareness and help-seeking behavior of pregnant adolescents experiencing violence.

Declaration of Interest

No potential conflict of interest was reported by the authors.

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