

Exploring maternal perspectives on addressing domestic violence in pregnant adolescents

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Abstract

Adolescent pregnancy has been on the rise in developing countries, primarily attributed to economic challenges, particularly in Africa and South Asia. West Java Province stands out as one of the leading regions with a high incidence of adolescent pregnancies. Young couples often struggle to adapt to early marriage, resulting in domestic violence and adverse health consequences. Notably, domestic violence is prevalent among young married couples, with Bogor reporting a significant incidence among pregnant adolescents. Mothers play a crucial role in providing protection and resolving domestic issues. This study aimed to investigate mothers' perspectives on domestic violence towards adolescents and their problem-solving strategies. The study employed qualitative methods with a descriptive interpretation approach. Data were gathered through in-depth interviews with seven mothers whose

daughters had experienced domestic violence by their husbands during pregnancy, having given birth and entered marriage. Thematic content analysis was employed for data analysis. The central finding is that economic challenges serve as the primary catalyst for domestic violence, manifesting through harsh language and physical abuse, leading to potential harm to the child and miscarriage. Pregnant adolescents often experience psychological distress, exhibiting symptoms such as daydreaming, sadness, crying, and weight loss. Mothers express concern about the domestic violence their daughters endure during pregnancy, attributing it to economic issues. To address the problem, mothers employ various strategies, including seeking advice, providing emotional support, involving health services, mediating, communicating, and reporting incidents to relevant authorities. Maternity nurses should proactively offer information about the risks associated with adolescent pregnancies and early marriage. The government must actively communicate the significance of the risk of early pregnancy, particularly concerning violence, to teenagers.

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Introduction

Every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant, and approximately 12 million of them give birth.¹ Although the trend of adolescent pregnancy is global, developing countries exhibit a more pronounced issue, particularly in Africa,² and in South Asia including Afghanistan, Bangladesh, Guatemala, Haiti, India, and Nepal.³ The higher prevalence of adolescent pregnancy in these areas is attributed to economic challenges, as 95% of these countries are low- and middle-income countries. The population of pregnant adolescents primarily consists of individuals with low incomes, low levels of education, and rural backgrounds.⁴ The Indonesian Government, through the Population and Family Planning Board, establishes an annual target for adolescent births.⁵ Indonesia holds the second-highest rank in adolescent pregnancy within ASEAN, with 48 pregnant adolescents per 1,000.⁶

West Java Province is one of Indonesia's leading contributors to adolescent pregnancy. The prevalence of adolescent pregnancy in West Java is considered high and continues to rise, surpassing the national prevalence by 2.5%.⁷ This upward trend persisted until 2016, with the number of adolescent marriages resulting in pregnancy reaching 4,759 in Bandung.⁸ Bogor emerged as another significant contributor to adolescent pregnancies in West Java, accounting for 812 or 3.8% of all pregnant women in 2017.⁹ Economic factors serve as the primary motivation for parents to consider early marriages for their adolescents. The results of the 2014 Pusat Studi Kependudukan dan Kebijakan (PSKK) study revealed that parents categorized as low-income families tended to encourage their daughters to enter into early marriages. This mindset stems from the belief that children are perceived as an economic burden, and parents anticipate that financial responsibility

ity will shift after marriage.⁸

The tendency toward unstable emotional conditions and an inability to control emotions is a key factor preventing adolescent couples from adapting. For example, they struggle to adjust to their spouse and family dynamics, sexuality, and financial matters, particularly in the early stages of marriage.¹⁰ The challenge of adapting to marriage at a young age arises from the emotional immaturity and thought processes of adolescents when confronted with household problems.¹¹ This failure to control emotions and adapt leads to frequent quarrels, eventually escalating into domestic violence. Violence experienced by pregnant adolescents not only harms their physical health but also takes a toll on their psychological well-being. Violence against women, especially during pregnancy, heightens the risk of complications during pregnancy and childbirth.¹² The adverse consequences of adolescent childbirth are well-documented, encompassing increased risks of low birth weight, pre-term delivery, neonatal mortality, and a low Appearance, Pulse, Grimace, Activity, Respiration (APGAR) score.¹³ Research by Setyawan, Marita, Kharin, & Jannah (2016) identified that domestic violence results in adverse health effects, including direct injury and trauma-related problems such as depression, anxiety, loss of self-confidence, internalization problems, and aggression. Another study conducted by Rayi, Sukohar, Hutahuruk, & Putra (2016) concluded that the impact of domestic violence on wives could be observed through deep stress, fear, isolation from environmental interactions, and emotional instability.^{14,15} WHO estimated that the global prevalence of physical and/or sexual intimate partner violence (IPV) among women was almost one-third (30 percent), with the highest prevalence occurring in the Eastern Mediterranean and South-East Asian regions, accounting for 37 and 37.7 percent, respectively.¹⁶ Concerning the incidence of domestic violence, several studies indicate that violence is prevalent in households dominated by young married couples. Domestic violence has become a critical problem in both developed and developing countries, with the number of cases increasing in Indonesia.^{17,18} Pustikasari (2013) concluded that the highest percentage of domestic violence occurs in adolescents who marry before the age of 20 compared to adult women. Similar results were identified by Sekharan, Kim, Oulman, & Tamin (2015), indicating that the majority of violence occurs against vulnerable pregnant adolescents aged 18-19.¹⁹ Most of the violence is perpetrated by adolescent husbands against their wives during pregnancy. Consistent with the results of this study, the incidence of domestic violence in pregnant adolescents in Bogor is also high. Data from the Bogor City Health Office and the Integrated Service Center for Women and Children Empowerment (P2TP2A) in Bogor show that out of 1848 pregnant adolescents, there were 93 cases of domestic violence committed by husbands against pregnant adolescents in 2019.⁹ Cases of violence against women committed by a partner cannot be viewed as a form of "reasonableness" due to the significant health impact it generates.¹⁷ The estimated number of cases is likely larger than reported due to underreporting in P2TP2A; however, the data above was obtained from community reports.

Parents bear the responsibility of addressing issues involving their pregnant adolescents. Moral support from parents, especially mothers, plays a pivotal role in the process of pregnancy, labor, and childbearing.²⁰ A mother's role in this context extends to providing protection and resolving domestic problems, particularly those associated with violence in adolescent marriages.²¹ This involvement includes mediation, seeking solutions, effective communication, and even reporting violence when necessary.²² Adolescents place complete trust in their mothers for all the challenges they encounter.² The reason is the relationship between mothers and adolescent is stronger and more special.²³ This trust is rooted in the

stronger and more special relationship between mothers and adolescents.²⁴ The robust bond between mothers and their daughters provides insight into how a mother's opinion can influence their daughter's issues with domestic violence. This study aims to explore the opinions in addressing problems faced by pregnant adolescents' domestic violence.

Materials and Methods

Qualitative research generally explains and provides understanding and interpretation of various forms of human behavior and experiences. Meanwhile, the approach falls into the interpretative descriptive category if the researcher tries to find an explanation of a social or cultural event based on the point of view and experience of the person being studied, then tells the opinions or views of the research object in detail and in detail.

Furthermore, an interpretive descriptive qualitative design in this research was used to explore in depth and accurately the phenomenon of teenage pregnancy through the perceptions and experiences of parents in dealing with the psychological problems of pregnant teenage children who experience domestic violence in detail using clear words.

The study employed qualitative methods with a descriptive interpretation approach. Data were collected through in-depth interviews with seven mothers whose pregnant adolescents had given birth, were married, and had experienced domestic violence by their husbands. Researchers utilized a Sony NWZ E463 tape recorder (MP4) and field notes as tools for data collection. The purpose of using these tools was to streamline the transcription process by cross-verifying it with participants. The tape recorder captured participants' verbal responses, while field notes documented their physical reactions. Data analysis was conducted using a thematic content analysis process. This study design incorporates qualitative methods with a descriptive interpretation approach.

Participant selection was carried out purposefully, with the specific aim of exploring the responses and experiences of parents who have had teenage children facing domestic violence during pregnancy. Participants were sourced from data provided by the Service Center Integrated Empowerment of Women and Children (P2TP2A) in Bogor City. This center comprises a team of psychologists and medical professionals collaborating with Community Health Centers, the City Government, Police, and non-governmental organizations (NGOs). The team manages reports of domestic violence involving pregnant teenagers and assists in identifying participants based on inclusion criteria. The total number of participants in this research was seven. Data collection ceased as no additional participants were added, reaching data saturation with the seventh participant.

Results

Participants in this research were mothers who had teenage children who had been or were currently pregnant, had given birth, were married, and had experienced domestic violence by their husbands. Participants were in the age range of 36-60 years, with the youngest 36 years old and the oldest 60 years old. Most of the participants, namely five people, had completed junior high school education, one person had completed elementary school and one person had not completed elementary school. Three participants had five children, and one in four participants each had six, three,

two, and one children. The age of the participants’ teenage children at the time of marriage and/or pregnancy ranged from 12-16 years, with the youngest being 12 years and the oldest being 16 years. The background of the participants is presented in Table 1.

There were seven themes derived from 16 categories that reflected the opinions of mothers on addressing the challenges faced by pregnant adolescents dealing with domestic violence. Based on the results of the analysis, seven themes were identified.

Allowing girls to marry young due to school dropout, unemployment, or downsizing, leading to economic burden and shifting responsibilities

Six participants chose early marriage for their adolescent daughters due to unemployment and school dropout.

“My 15-year-old child is no longer going to school, hasn’t found a job...” (Participant 3)

“My daughter was in junior high school; she did not want to continue studying anymore, she dropped out of school...” (Participant 4)

Participants allowed their adolescents to marry to reduce the financial burden and shift responsibilities

Four participants explicitly mentioned this. All participants belonged to low-middle income families, and four of the seven participants were single parents. Thus, the inclination to permit their adolescent daughters to marry stemmed from their desire to alleviate financial burdens and transfer parental responsibilities.

“My 15-year-old child is no longer going to school, hasn’t found a job...” (Participant 3)

“My daughter was in junior high school; she did not want to continue studying anymore, and she dropped out of school...” (Participant 4)

Feeling happy about the pregnancy but concerned because the son-in-law does not have a permanent job

Five participants expressed joy and gratitude for their adolescent daughters’ pregnancies after marriage. The participants’ positive views on adolescent pregnancy stemmed from the anticipation of having grandchildren. During the interviews, the participants conveyed happiness and satisfaction, emphasizing that the pregnancy was expected after marriage to avoid societal judgment on the mother.

Table 1. Demographic characteristic of respondent.

Variable	n	%
Age (Years)		
30-40	3	42.9
41-50	3	42.9
>50	1	14.2
Education		
Elementary school	2	28.57
Junior high school	5	71.43
Number of children		
1-5	6	85.7
6-10	1	14.3
Age of teenage children when married/pregnant		
12	1	14.3
13	2	28.5
14	1	14.3
15	1	14.3
16	2	28.5

“...She is about three months pregnant, and I am happy because if my daughter hadn’t become pregnant, people would think she is infertile” (Participant 1).

“Especially since I received the news that my child is pregnant, I am happy. I will have grandchildren, so I often remind her to take care of her health” (Participant 2).

However, concerns were voiced by six participants regarding their pregnant adolescents, primarily centered around economic issues. Four participants expressed worries about their son-in-law’s freelance work, with six of the participants’ sons-in-law being temporary workers. This situation significantly impacted the family’s economic conditions, especially for daily needs. The economic strain was further exacerbated by the pregnancy of their adolescent daughters, necessitating additional expenses for labor and childcare.

“...Her husband only gives 50 thousand a week, the husband just sells snacks for a living, and sometimes my daughter goes without eating...” (Participant 2). “My daughter and her husband said they do not have money...” (Participant 7).

Economic problems serve as the root cause of turmoil within the household, escalating into domestic violence

Five participants explicitly mentioned this connection. Economic challenges trigger disturbances leading to domestic violence, particularly when the son-in-law works freelance, grappling with the responsibility to meet the daily needs of the household and cover expenses for childbirth preparation.

“Due to economic problems, my son-in-law takes on odd jobs, eventually causing disputes over money” (Participant 4).

“... Common household problems revolve around finances...” (Participant 5).

Domestic violence from the son-in-law typically manifests in the form of harsh speech and physical beatings

All participants disclosed that their pregnant adolescents faced severe domestic speeches and physical abuse from their son-in-laws. Harsh speech included derogatory language, yelling, shouting, and insults, treating daughters like animals. Physical abuse encompassed slapping, dragging, hitting with objects, kicking the stomach, burning the hand with a cigarette flame, rubbing the face against the wall, and dragging. Such violence resulted in harm to the child and even miscarriage.

“When my daughter was five months pregnant, she was beaten by her husband, slapped on the face until her cheek swelled because of that” (Participant 2).

“When my daughter speaks, she eventually faces abuse. She said she was called a dog, an animal. And even hit with a guitar by her husband...” (Participant 3).

Pregnant adolescents become psychologically disturbed due to domestic violence

Pregnant adolescents faced domestic violence by their husbands

“...My child turns out to be concerned about her condition, her pregnancy...” (Participant 2)

“...My daughters said they often quarrel.” (Participant 5)

Pregnant adolescents suffer psychological distress due to domestic violence.

All participants revealed that, following exposure to domestic violence, adolescents encountered psychological problems. This is evidenced by the frequency of daydreaming, expressions of sadness and crying, and even substantial weight loss.

“My daughter is sad, crying all the time, hurt because of a miscarriage, because she was beaten.” (Participant 1)

“Sad, for sure, she was disappointed about it, and she did not think that her husband had the heart to beat her.” (Participant 6)

Feeling sad, angry, and disappointed with the son-in-law for his disrespectful attitude and actions leading to domestic violence

Participants expressed feelings of sadness, anger, and disappointment regarding their son-in-law’s disrespectful behavior, which resulted in domestic violence against their adolescent.

All participants conveyed a sense of sadness towards their adolescents who endured domestic violence and anger directed at the son-in-law responsible for the violence.

“I am unfortunate to see my daughter (while wiping the tears)...” (Participant 3)

“I became emotional after hearing that news. I was very angry with her husband...” (Participant 5)

Disappointed in the son-in-law for being rude

Six participants cited instances of disrespectful attitudes, including harsh speech towards the mothers, such as preventing parental interference in household matters and blaming their parents for domestic problems.

“He (son-in-law) said, please don’t interfere when going out of the house” (Participant 1)

“He (son-in-law) did not accept it. He said he did not want to be regulated” (Participant 2)

Solving problems through inquiry, advice, emotional support, seeking medical assistance, mediation, communication, and reporting

Looking for information about their daughter’s domestic problem care

After learning about the problems in their daughters’ households, these mothers endeavored to understand the causes by directly asking their daughters and their husbands. Six participants revealed engaging in this process.

“I once asked my daughter what kind of fuss and what the problem was...” (Participant 1) “I asked my daughter the reason for their fight...” (Participant 3)

Resolving their daughters’ domestic problems involved mediation, finding solutions, communication, and reporting

All participants expressed efforts to address the household problems their daughters faced. Actions taken included two participants inviting their son-in-law to their homes, three participants contacting the parents-in-law, four participants visiting the parents-in-law’s house, two participants arranging for their families to visit the parents-in-law, two participants reporting to the neighborhood leader, and one participant reporting to institutions dealing with domestic violence issues.

One participant ultimately resolved the marriage problem through an official divorce, while four participants opted for a religious divorce due to the lack of marriage registration. Two partic-

ipants reported domestic violence incidents to the neighborhood, and one reported to the women’s protection agency.

“Tell the son-in-law to come and solve the problem. If you do not want to do it anymore, it is better to divorce, but if you want to solve this, we could make an agreement letter...” (Participant 1)

“My husband called our in-laws, asked about the issues; they said they did not know, and their children never came home (Participant 3)

Addressing the psychological issues of daughters experiencing domestic violence involved providing advice, comfort, entertainment, and seeking health services

All participants revealed their efforts to address their daughters’ psychological issues related to domestic violence by advising them to be patient and sincere in facing household problems, increasing worship and prayer to alleviate stress. Two participants sought help from midwives, and one participant asked her daughter’s friends to provide emotional support.

“I advise you to be patient, sincere. It is destiny; just accept it” (Participant 2)

“I took her to the midwife and checked her health. I bought pregnancy milk...” (Participant 5)

Hoping the adolescent overcomes stress, remains resilient in facing household issues, can resume schooling and employment, attain a clear divorce status, and find happiness in remarriage

Hope for their daughter to overcome stress and confront the problems

Six participants shared optimistic expectations for the future psychological well-being of their daughters who have experienced domestic violence. These hopes encompass the desire for their daughters to no longer experience stress, exhibit strength in facing problems, and regain the cheerful disposition they had before. The following statements are excerpts from participant interviews:

“I want my daughter to be healthy and cheerful like before, able to play with friends...” (Participant 3)

“I hope that my daughter will be healthy, no longer stressed, and ready to give birth with full energy.” (Participant 5)

Discussion

Allowing girls to marry young because they have dropped out of school and are not working can alleviate the economic burden on the family and shift responsibilities

Mothers have cited various reasons to permit their daughters to marry early, including school dropout and unemployment. Adolescents who discontinue their education tend to cause anxiety and mental burden for their parents. Concerns voiced by these mothers encompass issues of promiscuity, such as engaging in free sex, drug abuse, alcohol consumption, fights, and conflicts with other teenagers. These concerns arise from the perception that their children freely associate with other school dropouts, leading them to often go out at night. The findings of this study align with research indicating that children who drop out of school tend to engage freely, resulting in negative impacts such as unwanted pregnancies and illicit drug abuse.²⁵

Mothers mentioned that their adolescents dropped out of school, with one contributing factor being the economic constraints of parents who couldn't afford their children's education. A similar study conducted by Gunawan (2019) identified that the economic conditions of parents who couldn't afford tuition fees were an external factor leading school-age children to quit school. Family financial challenges also influenced mothers' decisions to permit their children to marry. All participants in the study belonged to lower-middle-class families, and some were single parents. Thus, the economy has emerged as a significant issue, prompting mothers to opt for early marriage for their daughters to ease the financial burden and responsibilities, shifting them to their daughters' husbands. Similar research results from studies conducted by Hanum (2015) and Stephen, Olusegun, Kayoed, Oluwagbemi, & Adenike (2017) also concluded that poor and low-income parents marry off their adolescents to alleviate their responsibilities towards their daughters and hope for their children to have a better life after marriage.²⁶

Happy about the child's pregnancy but concerned because the daughter-in-law does not have a permanent job

Mothers express joy at their adolescent's pregnancy, as it was anticipated, and it shields their daughters from societal criticism as infertile women. This indicates that socio-cultural factors, such as pride in having their child married and pregnant, still influence mothers' decisions to support teen marriage and pregnancy. This is supported by research conducted by Agege, Nwose, & Odjimogho (2018) on the perceptions of parents in Nigeria regarding the pregnancy of their adolescent children and research conducted by Rafidah & Yulastuti (2015) in South Kalimantan. Both studies concluded that parents feel proud if their children marry and become pregnant in adolescence.²⁷ However, ironically, this teenage pregnancy contrasts with the reproductive health risks adolescents may experience if they marry young. Parents are the primary source of information for young women about adolescent reproductive knowledge. The results of research conducted by Vonyca, Setyowati & Kurniawati (2017) on how young women in Lampung maintain reproductive health revealed that support for information about reproductive health was obtained by adolescents, especially from mothers. If the mother has less information, then the knowledge of adolescents is also limited.²⁸

On the other hand, the mother also feels concerned about the condition of the adolescent's pregnancy. However, this concern is not about the health condition of the adolescent but rather about financial issues. Several questions regarding the presence or absence of a mother's anxiety about the pregnancy of a young daughter were answered with a sense of calm and the belief that the adolescent was fit to get pregnant because she had a period, which was believed to be a sign that the adolescent was ready to get pregnant. The results of this study contradict other studies conducted by Shaikh, Shaikh, Shaikh, & Isran (2013), Brosens, Muter, Gargett, Puttemans, Benagiano, & Brosens (2017), and Ergen, Yayla, Ozkaya, Kilicci, Sanverdi, & Kocakusak (2017) who concluded that adolescence is not an adequate period for being pregnant because it will have a negative physiological impact. For instance, they are more vulnerable to pregnancy risks such as bleeding and birth complications than adult women.²⁹

The mother's concern about the economic problems of her daughter's household is caused by the son-in-law's working status as a freelancer, affecting the family's economic condition, especially in inadequate daily needs fulfillment and additional expenses

for labor preparation and newborn needs. This is in line with the results of research on the impact of parental interference on children's households by Cahyanti (2017), concluding that parents have a greater desire to interfere with their daughter's household conditions, especially economic problems. This can be interpreted that if the daughter's household economic status is problematic, then the parents are the most worried and the most likely to assist. The mother's concern about the economic condition of the daughter's household is the opposite of the mother's reason for allowing her adolescent daughter to marry, which is a desire to transfer economic responsibility to her son-in-law. Similar results of research by Hanum (2015) and Stephen, Olusegun, Kayoed, Oluwagbemi, & Adenike (2017) stated that the reason for mothers with low economic levels and low-income families to marry off their children is to let go of responsibility and in the hope that their children will get a better life after marriage.²⁶

The form of violence committed follows what is stated in the research of Jahromi, Jamali, Koshkaki, & Shohreh Javadpour (2016), namely domestic violence that often occurs begins with an argument which can be in the form of physical, sexual, and mental violence, and includes threats. This is also following the category of forms of violence, which include domestic violence as regulated in the law covering open violence, including physical violence such as fights, hitting, pushing, pulling, and even killing, while psychological violence is related to emotional violence, including using harsh words, threats, intimidation, manipulation, using insulting sentences, or giving excessive criticism.³⁰

The psychology of pregnant girls is disturbed due to domestic violence carried out by their in-laws

After experiencing domestic violence, adolescents face psychological issues. The adverse effects of domestic violence can be seen in the frequent daydreaming of adolescents, sadness and crying, and dramatic weight loss. The results of this study are supported by another study conducted by Gonzalez, Calvete, Orue & Mauri (2018), indicating that violence in pregnant adolescents harms the psychology of these adolescents, leading to psychotic and personality disorders, traumatic and stress-related disorders, eating disorders, sleep disorders, and behavior problems. The mother is saddened by the incidence of domestic violence experienced by her daughter and feels angry at the son-in-law. The attitude of the son-in-law is different from the expectations of the parent when they married their daughter, adding an additional burden to the parent's sadness. The results of this study are supported by previous research conducted by Maisya & Susilowati (2017), which showed that the mother has a significant role in the psychological state of adolescents. If the mother cannot fully carry out this role, the child will feel deprived. Teenagers need emotional support from their parents³⁰. This means that if the mother finds out about problems affecting her adolescent, such as domestic violence, after the incident, she will be very sorry, sad, and angry.

Economic problems were the main factor that triggered the commotion resulting in domestic violence carried out by the in-laws

Mothers try to gather information about the causes of problems in their children's households by asking the daughter and her husband directly. The attitude of the mother, who is responsive in solving the daughter's problems, shows the role of the mother in providing moral support to the child. This is supported by the results of research conducted by Sekiwunga & Whyte (2015), which concluded that the support of parents, especially mothers, is needed by

adolescents dealing with problems that occur in their household because adolescents think that mothers should protect them from family problems.²¹ After the mother digs up information about the causes of the problems that befall her daughter's household, the answer is that economic problems are the main factor that triggers the commotion, which ends up being domestic violence. These economic problems are caused because the son-in-law does not have a permanent job, so he is pressured by the obligation to meet his daily needs and expenses for childbirth preparation. This result is similar to another study conducted on pregnant adolescents who experience domestic violence in Nigeria by Akpor, Thusahagale-Tshweneagae, & Mmusi-Phetoe (2017), showing that economic factors are the main factor that causes commotion and problems in household violence. Mothers have tried solving the problems through mediation, solutions, communication, and reporting. Actions taken by the mother include asking the son-in-law to come to the house, contacting the parents-in-law, visiting the parents-in-law's house, sending the family to come to see the parents-in-law, reporting to the neighborhood, and reporting to the institution that deals with domestic violence issues.³¹

Sad, angry, and disappointed with the son-in-law for his disrespectful attitude and actions that have committed domestic violence against children

The results of this study are supported by research conducted by Samano et al. (2017), which concluded that mothers must pay attention to their pregnant teenagers who experience stress due to problems of violence perpetrated by their husbands.²² This is due to teenagers mostly relying on their mothers and expecting their mothers to solve their household problems. The results of a similar study conducted by Vonyca, Setyowati & Kurniawati (2017) revealed that emotional support from parents is needed by children, especially adolescents.²⁸ The results of research conducted on adolescents in Spain by Lapierre, Cote, Lambert, Buetti, Lavergne, Dominique, & Couturier (2018) stated that children generally consider their mothers as individuals who are very important in their lives, and have very close relationships, so that the mother will protect the child from the problems that occur.³²

How to overcome problems by advising, comforting, taking the child to health services then mediating, communicating, and finally reporting

Another way done by mothers in overcoming adolescent problems is by bringing them to health services. The mother's lack of knowledge about adolescents' health and psychological issues has led mothers to bring their children to health services. This follows the results of research conducted by Djuwitaningsih & Setyowati (2017), showing that with the common knowledge of adolescents and mothers about reproductive organs, there is a need for reliable sources of information, one of which is from health services.³³

Hoping that her daughter will no longer be stressed, will be strong enough to face household tests, will be able to continue school, work, get clarity on her divorce status, and remarry

Mothers put their hopes for their adolescents who faced domestic violence, which is related to psychological conditions, and the continuation of the daughter's marital status so that their daughters do not need to be stressed about facing domestic problems and can immediately take care of a divorce. The mother is the first person to feel inner sadness over the domestic violence prob-

lem that befell her daughter, so the mother will do various ways to overcome these problems in the hope that the daughter's psychological condition will recover. The results of research conducted by Fernandez, Junior, & Gualda (2015) in Sao Paulo, Brazil, on mothers who have pregnant adolescents show that most mothers see a psychiatrist to recover their daughter's psychological state and hope to arrange a divorce so that violence does not occur again.³⁴ Another hope from mothers for their daughters who faced domestic violence is the continuation of their daughter's education. This is supported by the results of research conducted by Koerner, Wallace, Lehman, Lee, & Escalante, 2016; one of the ways for mothers helps their daughter psychologically recover from the experience of domestic violence is by supporting children to continue their education interrupted by marriage. The continuation of this education is in the hope that children will forget their household problems by being busy with educational activities so that children have a better future.³⁵

Conclusions

The problem of domestic violence still causes stigma, so researchers need the ability to find cases, invite potential participants to participate, and gather information from participants. This research has not explored much about the cultural and religious aspects of the participants regarding the problems of marriage and domestic violence experienced by their children. The results of this research can also increase knowledge about the causes and negative impacts of pregnancy on teenagers, as well as mothers' perceptions and experiences in dealing with the psychological problems of pregnant teenage children experiencing domestic violence. For further research, the results of this study recommend that other research be conducted on cultural and religious aspects related to the problems of marriage, pregnancy, and domestic violence experienced by teenagers.

References

1. Organization WH. Adolescent pregnancy fact sheet. Adolescent Pregnancy Fact Sheet. Published online 2018. doi:<https://doi.org/http://www.who.int/mediacentre/factsheets/fs364/en>
2. Fernández-González L, Calvete E, Orue I, Mauri A. Victims of Domestic Violence in Shelters: Impacts on Women and Children. *Span J Psychol* 2018;21:E18.
3. Liabsuetrakul T. Trends of Teenage Pregnancy and Pregnancy Outcomes. *Thai J Obstet Gynaecol* 2012;20:162-5.
4. W.H.O. Adolescent Pregnancy Fact Sheet. 2014.
5. Devi YP, Ekoriano M, Sari DP, Muthmainnah M. Factors associated with adolescent birth in Indonesia; a national survey. *Rural Remote Health* 2022;22:7219.
6. Badan Pusat Statistik Indonesia. Child Marriage in Indonesia 2013 and 2015. Badan Pusat Statistik, Jakarta - Indonesia; 2015.
7. Calon P, Negeri P, Bkkbn S. Badan kependudukan dan keluarga berencana nasional. Published online 2013:1-14.
8. Fatimah YU, Sriwenda D, Kusyanti T. Pengaruh multimedia film terhadap peningkatan pengetahuan dan sika remaja tentang risiko kehamilan remaja di SMUN 1 Lembang Kabupaten Bandung Barat. *Jurnal Kebidanan Malahayat* 2019;4:992.

9. Dinkes Kota Bogor. Profil Kesehatan Kota Bogor 2020. Dinas Kesehatan Kota Bogor. Published online 2020:10-27.
10. Anjani C, Suryanto. Pola penyesuaian perkawinan pada periode awal pada periode awal. *Insa J Psikol dan Kesehat Ment* 2018;8:2006.
11. Nasution J. Oukup, Ramuan Tradisional Suku Karo Untuk Kesehatan Pasca Melahirkan: Suatu Analisis Bioprospeksi Tumbuh-Tumbuhan Tropika Indonesia. 2009:<http://repository.ipb.ac.id/handle/123456789/4620>
12. da Costa Fernandes A, Supriyanto S, Wahjuni CU, Notobroto HB, Wild K. Factors associated with disrespect and abuse of women during labour and birth in health facilities in low-and middle-income countries: A systematic review and meta-analysis. *Pharm Educ* 2023;23:53-59.
13. Chotimah K, Suza DE, Efendi F, Hadisyatmana S, Astutik E, Susanti IA. Determinants of adolescent first births in Indonesia. *Syst Rev Pharm* 2020;11:241-5.
14. Rayi P, Hutahuruk P, Asep ALS. Kekerasan dalam Rumah Tangga pada Kasus Pernikahan Dini. *J Medula* 2016;6:143-8.
15. Setyawan J, Marita R, Kharin I, Jannah M. Dampak Psikologis Pada Perkawinan Remaja Di Jawa Timur. *J Penelit Psikol* 2016;7:15-39.
16. Putra IGNE, Pradnyani PE, Parwangsa NWPL. Vulnerability to domestic physical violence among married women in Indonesia. *J Heal Res* 2019;33:90-105.
17. Mas'udah S. Power Relations of Husbands and Wives Experiencing Domestic Violence in Dual-Career Families in Indonesia. *Millenn Asia* 2021;14:5-27.
18. Mas'udah S. Resistance of women victims of domestic violence in dual-career family: a case from Indonesian society. *J Fam Stud* 2022;28:1580-97.
19. Sekharan VS, Kim THM, Oulman E, Tamim H. Prevalence and characteristics of intended adolescent pregnancy: an analysis of the Canadian maternity experiences survey. *Reprod Health* 2015;12:101.
20. Maisya I, Susilowati A. Peran keluarga dan lingkungan terhadap psikososial ibu usia remaja. *J Kesehat Reproduksi* 2017: <https://doi.org/10.22435/kespro.v8i2.8013.163-173>
21. Sekiwunga R, Whyte SR. Adolescent Pregnancies in Uganda. *Afr J Reprod Health* 2009;13:113-28.
22. Sámano R, Martínez-Rojano H, Robichaux D, et al. Family context and individual situation of teens before, during and after pregnancy in Mexico City. *BMC Pregnancy Childbirth* 2017;17:382.
23. Yuliantanti T. Keberhasilan Bounding Attachment. *J Kebidanan* 2013;5:8-12.
24. Silva L, Tonete VLP. Adolescent pregnancy from a family perspective: Sharing projects of life and care. *Rev Lat Am Enfermagem* 2006;14:199-206.
25. Siti S. Pergaulan Bebas Di Kalangan Pelajar. *Bitkom Res* 2018;63:1-3.
26. Mulyaningsih S, A. Hiola F. Dampak Pernikahan Dini Terhadap Kesehatan Reproduksi. *Harkat* 2008;15:89-95.
27. Rafidah. Hubungan Persepsi Orang Tua tentang Pernikahan Dini dengan Nikah Dini di Kecamatan Kertak Hanyar. *Jurnal Publikasi Kesehatan Masyarakat Indonesia* 2015;2:20-25.
28. Dovis V, Setyowati, Kurniawati W. The Experience of Young Women Living in a Prostitution Area in Maintaining Their Reproductive Health. *Compr Child Adolesc Nurs* 2017;40:137-44.
29. Shaikh S, Shaikh A, Shaikh S, Isran B. Frequency of Obstructed Labor in Teenage Pregnancy. *Nepal J Obstet Gynaecol* 2013;7:37-40.
30. UU RI Nomor 23. PENGHAPUSAN KEKERASAN DALAM RUMAH TANGGA UUD. Republik Indonesia.
31. Akpor O, Thupayagale-Tshweneagae G, Mmusi-Phetoe R. Parents and community leaders' perceptions of teenage pregnancy: A qualitative study. *Afr J Nurs Midwifery* 2017;19: 2810
32. Lapierre S, Côté I, Lambert A, et al. Difficult but Close Relationships: Children's Perspectives on Relationships With Their Mothers in the Context of Domestic Violence. *Violence Against Women* 2018;24:1023-38.
33. Djuwitaningsih S, Setyowati. The Development of an Interactive Health Education Model Based on the Djuwita Application for Adolescent Girls. *Compr Child Adolesc Nurs* 2017;40:169-182.
34. Fernandes A de O, Santos Júnior HP de O, Gualda DMR. Gravidez na adolescência: percepções das mães de gestantes jovens TT - Embarazo en la adolescencia: percepciones de las madres de gestantes jóvenes TT - Adolescent pregnancy: perceptions of mothers of young pregnant women. *Acta Paul Enferm* 2012;25:55-60.
35. Deborah S, Muthmainnah A, Herlinda L, Tanawi SS. Trauma dan Resiliensi pada Wanita Penyintas Kekerasan dalam Rumah Tangga. *J Ilm Psikol MANASA* 2018;7:121-130.