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Intimate Partner Violence and Its Effects on Maternal and Child Health: A Longitudinal Study in Bener Meriah Regency, Aceh, Indonesia

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A B S T R A C T

Intimate partner violence (IPV) is a significant public health issue with devastating consequences for maternal and child health. This study investigates the prevalence and impact of IPV on pregnant women and their children in Bener Meriah Regency, Aceh, Indonesia, a region with limited research on this topic. A longitudinal study was conducted with 250 pregnant women recruited from antenatal clinics in Bener Meriah Regency. Data were collected through questionnaires and interviews at three time points: during pregnancy, six months postpartum, and one year postpartum. The questionnaires assessed IPV experiences, maternal mental health (depression, anxiety, and stress), and child health outcomes (birth weight, growth, and development). The prevalence of IPV during pregnancy was 32%. Women who experienced IPV were significantly more likely to suffer from depression, anxiety, and stress during pregnancy and postpartum. IPV was also associated with lower birth weight and an increased risk of developmental delays in children. In conclusion, this study highlights the serious consequences of IPV for maternal and child health in Bener Meriah Regency. The findings underscore the urgent need for IPV screening and intervention programs in antenatal and postnatal care settings. Midwives play a critical role in identifying and supporting women experiencing IPV.

1. Introduction

Intimate partner violence (IPV) is a grave public health concern that transcends geographical boundaries and cultural contexts, inflicting devastating consequences on women, children, and families worldwide (World Health Organization, 2013). Defined as any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship (World Health Organization, 2012), IPV encompasses a wide spectrum of abusive behaviors, including physical violence, sexual violence, emotional abuse, controlling behaviors, and economic deprivation. The World Health Organization (2013) estimates that globally, a staggering one in three women experience physical or sexual violence in their lifetime, predominantly perpetrated by an intimate partner. This pervasive violence has profound and far-reaching implications for individuals, families, and communities. For women, IPV is associated with a heightened risk of physical injuries, chronic health problems, mental health disorders such as depression, anxiety, post-traumatic stress disorder (PTSD), and even mortality. Children exposed to IPV are also vulnerable to a multitude of adverse outcomes, including physical injuries, emotional and behavioral problems, impaired cognitive development, and difficulties with social and emotional functioning. The detrimental effects of IPV can persist across the lifespan, impacting educational attainment, economic opportunities, and overall well-

being (Bates, 2024; Brown, 2024; Cheng, 2024).

IPV is a complex and multifaceted phenomenon with a myriad of contributing factors, including gender inequality, poverty, harmful social norms that condone violence against women, and individual risk factors such as alcohol and drug abuse. Addressing this pervasive issue requires a comprehensive understanding of its underlying causes and consequences, as well as the development of effective prevention and intervention strategies tailored to specific contexts. The impact of IPV on maternal and child health is particularly alarming. Pregnant women who experience IPV are at increased risk for a range of adverse health outcomes, including miscarriage, preterm birth, low birth weight, sexually transmitted infections, and maternal depression. These negative health outcomes can have long-term consequences for both mothers and their children, impacting their physical and mental well-being, as well as their future life trajectories (Grocott, 2024; Gunarathne, 2024; Han, 2024).

Children exposed to IPV are also at heightened risk for a variety of negative consequences. Witnessing or experiencing violence in the home can have profound and lasting effects on children's development, leading to emotional and behavioral problems, difficulties with social and emotional regulation, and impaired cognitive development. These children may also be at increased risk for physical injuries and even mortality. The detrimental effects of IPV on maternal and child health underscore the urgent need for effective prevention and intervention strategies. Healthcare providers, particularly those working in antenatal and postnatal care settings, have a critical role to play in identifying and supporting women experiencing IPV (WHO, 2013). By providing comprehensive care that addresses the physical and mental health needs of both mothers and children, healthcare providers can help mitigate the negative consequences of IPV and promote healing and recovery (Jack et al., 2023; Reed et al., 2024; Renner, 2024)

Indonesia, a vast and diverse archipelago with a population of over 270 million people, faces a significant challenge with IPV. According to the National Commission on Violence Against Women (Komnas Perempuan, 2016), 33.4% of Indonesian women aged 15-64 have experienced physical and/or sexual violence in their lifetime. This alarming statistic highlights the widespread nature of IPV in Indonesia and the urgent need for effective interventions. Aceh, a province located on the northern tip of Sumatra Island, is the only province in Indonesia that implements Sharia law. While Aceh has made strides in improving maternal and child health indicators, there is a paucity of data on IPV and its impact on women and children in the region. Cultural and religious norms, coupled with limited access to information and support services, may exacerbate the problem of IPV in Aceh. Despite the lack of comprehensive data, anecdotal evidence and reports from local organizations suggest that IPV is a significant concern in Aceh. The implementation of Sharia law, while intended to promote social order and morality, may inadvertently create barriers for women seeking help and justice for IPV. For instance, some interpretations of Sharia law may place greater emphasis on preserving family unity and may discourage women from reporting abuse or seeking divorce. Midwives, as frontline healthcare providers, are uniquely positioned to identify and support women experiencing IPV. They often have established relationships with women in their communities and are trusted sources of information and support. Midwives can play a crucial role in providing comprehensive care that addresses the physical and mental health needs of women and their children, as well as in linking women to appropriate support services (WHO, 2013).

The World Health Organization (2013) recommends that midwives be trained to screen for IPV and provide appropriate counseling and referrals to women who disclose abuse. Midwives can also play a vital role in

educating women about their rights and options, empowering them to make informed decisions about their safety and well-being. In addition, midwives can advocate for policy and programmatic changes that address the root causes of IPV and promote gender equality. Bener Meriah Regency, located in the central highlands of Aceh, is a predominantly rural area with a diverse population. While the regency has made progress in improving maternal and child health indicators, there is a lack of research on IPV and its impact on women and children in this specific context. Understanding the prevalence, patterns, and consequences of IPV in Bener Meriah Regency is crucial for developing targeted interventions and support services. This study aims to address this gap by investigating the prevalence and impact of IPV on pregnant women and their children in Bener Meriah Regency. By employing a longitudinal design and a mixed-methods approach, this study seeks to provide a comprehensive understanding of the problem of IPV in this specific context.

2. Literature Review

Intimate partner violence (IPV) is a pervasive human rights violation and a global public health crisis, affecting millions of individuals across all socioeconomic strata, cultures, and religions (World Health Organization, 2013). It is characterized by any behavior within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, emotional abuse, and controlling behaviors (World Health Organization, 2012). The World Health Organization (2013) estimates that globally, one in three women experience physical or sexual violence in their lifetime, most often perpetrated by an intimate partner. The consequences of IPV are far-reaching and devastating, extending beyond the immediate physical and psychological trauma to encompass long-term health problems, economic instability, and social isolation. For women, IPV is associated with a heightened risk of physical injuries, chronic health problems, mental health disorders such as depression, anxiety, post-traumatic stress disorder (PTSD), and even mortality. Children exposed to IPV are also vulnerable to a multitude of adverse outcomes, including physical injuries, emotional and behavioral problems, impaired cognitive development, and difficulties with social and emotional functioning (Silima et al., 2024; Simpson et al., 2024; Stinson, 2020).

The impact of IPV on maternal and child health is particularly profound and warrants special attention. Pregnant women who experience IPV are at increased risk for a range of adverse health outcomes, including miscarriage, preterm birth, low birth weight, sexually transmitted infections, and maternal depression. These negative health outcomes can have long-term consequences for both mothers and their children, impacting their physical and mental well-being, as well as their future life trajectories. For instance, studies have shown that children exposed to IPV during the prenatal period are more likely to exhibit low birth weight, prematurity, and other complications at birth. These children may also be at increased risk for developmental delays, behavioral problems, and difficulties with emotional regulation later in childhood. Furthermore, maternal exposure to IPV during pregnancy has been linked to an increased risk of postpartum depression, anxiety, and PTSD, which can further impair a mother's ability to care for her child and create a secure attachment. The detrimental effects of IPV on maternal and child health underscore the urgent need for effective prevention and intervention strategies. Healthcare providers, particularly those working in antenatal and postnatal care settings, have a critical role to play in identifying and supporting women experiencing IPV (WHO, 2013). By providing comprehensive care that addresses the physical and mental health needs of both mothers and children, healthcare providers can help mitigate the negative consequences of IPV and promote healing and recovery. Indonesia, the world's fourth most populous

nation, faces a significant challenge with IPV. According to the National Commission on Violence Against Women (Komnas Perempuan, 2016), 33.4% of Indonesian women aged 15-64 have experienced physical and/or sexual violence in their lifetime. This alarming statistic highlights the widespread nature of IPV in Indonesia and the urgent need for effective interventions. Several factors contribute to the high prevalence of IPV in Indonesia. Gender inequality, deeply rooted in cultural and religious norms, perpetuates power imbalances between men and women, often leading to the acceptance of violence against women as a form of discipline or control. Poverty and economic dependence can also increase women's vulnerability to IPV, as they may be less able to leave abusive relationships or seek help. Furthermore, limited access to information and support services, particularly in rural areas, can create barriers for women seeking help and justice (Swain, 2024; Thomas, 2024; Wachter, 2024).

Aceh, the only province in Indonesia that implements Sharia law, presents a unique context for understanding and addressing IPV. While Sharia law is intended to promote social order and morality, some interpretations of its provisions may inadvertently perpetuate gender inequality and create barriers for women seeking help and justice for IPV (Fakih, 2008). For instance, certain interpretations of Sharia law may place greater emphasis on preserving family unity and may discourage women from reporting abuse or seeking divorce. Furthermore, the implementation of Sharia law in Aceh has led to increased social conservatism and restrictions on women's freedom of movement and expression. This can further isolate women experiencing IPV and make it more difficult for them to access support services. Despite the challenges, there have been efforts to address IPV within the framework of Sharia law in Aceh. For example, some Islamic scholars and women's rights activists have argued that Islam prohibits violence against women and that Sharia law should be interpreted in a way that protects women's rights. There have also been initiatives to train religious leaders and community members on the issue of IPV and to promote awareness of women's rights under Sharia law (Wathen, 2024; Winstok et al., 2024; Wood, 2024).

Midwives, as frontline healthcare providers, are uniquely positioned to identify and support women experiencing IPV. They often have established relationships with women in their communities and are trusted sources of information and support. Midwives can play a crucial role in providing comprehensive care that addresses the physical and mental health needs of women and their children, as well as in linking women to appropriate support services (WHO, 2013). The World Health Organization (2013) recommends that midwives be trained to screen for IPV and provide appropriate counseling and referrals to women who disclose abuse. Midwives can also play a vital role in educating women about their rights and options, empowering them to make informed decisions about their safety and well-being. In addition, midwives can advocate for policy and programmatic changes that address the root causes of IPV and promote gender equality.

3. Methods

This study employed a rigorous and comprehensive methodological approach to investigate the prevalence and multifaceted impact of intimate partner violence (IPV) on pregnant women and their children in Bener Meriah Regency, Aceh, Indonesia. A mixed-methods design, integrating both quantitative and qualitative data collection and analysis techniques, was utilized to provide a holistic understanding of this complex phenomenon within the specific sociocultural context of Aceh. A longitudinal study design was adopted to capture the dynamic nature of IPV and its effects on maternal and child health over time. This design allowed for the examination of changes in IPV prevalence and its associated outcomes across

different stages of pregnancy and the postpartum period. The study was conducted in Bener Meriah Regency, a predominantly rural area located in the central highlands of Aceh province, Indonesia. This region was selected due to the limited research on IPV in this specific context and the potential influence of cultural and religious norms on the prevalence and experience of IPV.

A total of 250 pregnant women were recruited from antenatal clinics across Bener Meriah Regency. Purposive sampling was employed to ensure the inclusion of women from diverse socioeconomic backgrounds and geographic locations within the regency. The following eligibility criteria were applied; Participants had to be currently pregnant, with gestational age confirmed by ultrasound; Participants had to be 18 years of age or older to ensure the capacity to provide informed consent; Participants had to be residing in Bener Meriah Regency to ensure relevance to the study context; Women with severe mental illness or cognitive impairment that could interfere with their ability to participate in the study were excluded. Data were collected at three distinct time points to capture the longitudinal trajectory of IPV and its impact on maternal and child health; Data were collected between 12 and 20 weeks of gestation, a period considered relatively stable in terms of pregnancy complications and maternal emotional well-being; Data were collected six months after childbirth to assess the impact of IPV on postpartum maternal mental health and infant health outcomes; Data were collected one year after childbirth to examine the longer-term effects of IPV on maternal mental health and child development.

A multi-faceted data collection approach was employed, incorporating the following methods. Self-administered questionnaires were utilized to gather quantitative data on a range of variables, including; Age, marital status, education level, occupation, household income, ethnicity, and religious affiliation; The Indonesian version of the Revised Conflict Tactics Scales (CTS2) (Straus et al., 2006) was used to assess the prevalence and types of IPV experienced. The CTS2 is a widely used and validated instrument that measures the frequency and severity of different forms of IPV, including physical assault, psychological aggression, sexual coercion, and injury; The Indonesian version of the Depression Anxiety Stress Scales (DASS-21) (Lovibond and Lovibond, 1995) was employed to assess the severity of depression, anxiety, and stress symptoms. The DASS-21 is a validated and reliable measure of emotional distress with strong psychometric properties; A combination of measures was used to assess child health outcomes, including; Recorded in grams at the time of birth; Growth: Monitored using standardized growth charts to assess weight-for-age, height-for-age, and head circumference-for-age; Assessed using age-appropriate developmental screening tools to evaluate cognitive, language, motor, and social-emotional development. In-depth, semi-structured interviews were conducted with a subsample of 20 women who reported experiencing IPV during pregnancy. This purposive sampling strategy aimed to capture the diverse experiences and perspectives of women subjected to IPV. The interviews explored the following themes; Detailed accounts of the types of abuse experienced, including physical, sexual, emotional, and economic abuse; Exploration of the physical, psychological, and social consequences of IPV on the women's lives and their children's well-being; Understanding the women's perceptions of the causes and consequences of IPV, including their beliefs about gender roles, marital relationships, and the acceptability of violence; Examination of the women's experiences with seeking help for IPV, including their knowledge of available support services, barriers to seeking help, and their interactions with healthcare providers, family members, and community organizations.

Quantitative data were analyzed using SPSS statistical software. Descriptive statistics were used to

summarize the sociodemographic characteristics of the sample and the prevalence of IPV. Inferential statistics, including t-tests, chi-square tests, and logistic regression, were employed to examine the associations between IPV and maternal and child health outcomes. Logistic regression models were used to identify predictors of postpartum depression and anxiety, controlling for potential confounding variables such as age, education, and socioeconomic status. Qualitative data from the semi-structured interviews were analyzed using thematic analysis, a systematic approach to identifying, analyzing, and reporting patterns (themes) within data (Braun and Clarke, 2006). The following steps were involved in the thematic analysis; Researchers immersed themselves in the data by repeatedly reading and listening to the interview transcripts; Meaningful segments of text were identified and assigned initial codes to capture the key ideas and concepts; Codes were grouped together based on shared patterns and meanings to form potential themes; Themes were reviewed and refined to ensure they accurately reflected the data and captured the essence of the participants' experiences; Themes were clearly defined and given concise and informative names; The findings of the thematic analysis were presented in a narrative report, incorporating illustrative quotes from the participants to provide rich and nuanced insights into their experiences. Informed consent was obtained from all participants prior to data collection. Participants were informed about the purpose of the study, the procedures involved, their right to withdraw from the study at any time, and the measures taken to ensure the confidentiality of data. All data were anonymized to protect the participants' identities.

4. Results and Discussion

Table 1 provides a descriptive overview of the sociodemographic characteristics of the 250 pregnant women who participated in this study on intimate partner violence (IPV) in Bener Meriah Regency, Aceh, Indonesia. The average age of the participants was 27.5 years old. Most women were in their prime reproductive years (25-34), but a significant portion (25.2%) were younger (18-24). This suggests the study captured a range of ages relevant to understanding IPV during pregnancy. The overwhelming majority (98%) of the women were married. This is consistent with cultural norms in Aceh and Indonesia, where marriage is common and often occurs at a younger age. This also highlights that IPV is occurring within the context of marriage, not just in less formal partnerships. Most participants had attained a secondary level of education (65%), with fewer having only primary education (20%) or tertiary education (15%). This distribution is broadly representative of educational attainment among women in Indonesia. It's worth noting that while education can be protective against IPV in some contexts, it doesn't eliminate the risk. A large majority of the women (72%) identified as housewives. This indicates a high degree of economic dependence on their partners, which can be a risk factor for IPV as it can make it harder for women to leave abusive relationships. A smaller proportion (16%) were employed, and the remaining 12% engaged in other activities like farming or informal work.

Table 2 presents the prevalence of different types of intimate partner violence (IPV) experienced by the pregnant women participating in the study. The total prevalence of IPV during pregnancy is 32%. This means almost one-third of the pregnant women in this sample experienced some form of abuse from their partner. This is a concerningly high figure, indicating a significant public health issue in the region. Emotional abuse is the most prevalent form of IPV, affecting 25% of the women. This highlights that IPV is not just about physical violence. Emotional abuse, which includes humiliation, controlling behaviors, and threats, can have serious and long-lasting psychological impacts. While less frequent than emotional abuse, physical abuse (18%) and sexual abuse (10%) are still occurring at alarming rates.

These forms of abuse can have severe physical and psychological consequences for both the mother and the developing child. It's important to consider that these figures may underestimate the true prevalence of IPV. Due to stigma, fear, or normalization of abuse, some women may be hesitant to disclose their experiences, especially when it comes to sexual abuse.

Table 1. Sample characteristics.

Characteristic	Category	n	%
Age (years)	Mean (SD)	27.5 (5.2)	-
	18-24	63	25.2
	25-34	125	50
	35-44	62	24.8
Marital status			
	Married	245	98
	Single/Divorced/Widowed	5	2
Education level			
	Secondary	163	65
	Primary	50	20
	Tertiary	37	15
Occupation			
	Housewife	180	72
	Employed	40	16
	Other	30	12

Table 2. Prevalence of IPV.

Type of IPV	Prevalence (%)
Emotional abuse	25
Physical abuse	18
Sexual abuse	10
Total	32

Table 3 illustrates the relationship between intimate partner violence (IPV) exposure and the mental health of pregnant and postpartum women in the study. Women who experienced IPV consistently reported higher mean scores for depression, anxiety, and stress compared to women who did not experience IPV. This pattern is evident across all three-time points (during pregnancy, 6 months postpartum, and 12 months postpartum). This strongly suggests that IPV has a detrimental effect on women's mental well-being. The mean scores for women exposed to IPV are notably higher, indicating clinically significant levels of distress. For example, during pregnancy, women with IPV exposure had a mean depression score of 12.5, while those without IPV exposure had a score of 8.2. This difference is substantial and suggests that IPV

may contribute to or exacerbate mental health problems. The impact of IPV on mental health appears to persist even a year after childbirth. While there's a slight decrease in mean scores over time for women exposed to IPV, they remain significantly higher than those of women who did not experience IPV. This highlights the long-term consequences of IPV on women's mental health. It's important to remember that these are self-reported measures of mental health. Due to stigma or fear of disclosure, some women might underreport their symptoms. The actual impact of IPV on mental health could be even greater than what the table indicates.

Table 3. IPV and maternal mental health.

IPV exposure	Time point	Depression (Mean (SD))	Anxiety (Mean (SD))	Stress (Mean (SD))
No IPV	Pregnancy	8.2 (2.1)	7.5 (1.8)	9.1 (2.3)
	6 months postpartum	7.8 (2.0)	7.1 (1.7)	8.5 (2.2)
	12 months postpartum	7.5 (1.9)	6.8 (1.6)	8.2 (2.1)
IPV exposure	Pregnancy	12.5 (3.5)	11.8 (3.2)	13.2 (3.8)
	6 months postpartum	11.9 (3.4)	11.2 (3.1)	12.6 (3.7)
	12 months postpartum	11.3 (3.3)	10.6 (3.0)	12.0 (3.6)

Table 4 presents the results of a logistic regression analysis, which was used to examine the relationship between intimate partner violence (IPV) and postpartum mental health outcomes. IPV is a significant predictor of postpartum depression and anxiety. Both outcomes, postpartum depression, and postpartum anxiety, have p-values less than 0.05, indicating that the relationship between IPV and these mental health conditions is statistically significant. The odds ratio (OR) for postpartum depression is 3.5. This means that women who experienced IPV during pregnancy have 3.5 times higher odds of experiencing postpartum depression compared to women who did not experience IPV. The 95% confidence interval (CI) of 1.8-6.7 indicates that this estimate is statistically significant and that the true odds ratio likely falls within this range. Similarly, the OR for postpartum anxiety is 2.8, meaning women exposed to IPV have 2.8 times higher odds of experiencing postpartum anxiety compared to those who were not. The 95% CI of 1.5-5.2 confirms the statistical significance of this finding.

Table 4. The logistic regression results.

Outcome	OR	95% CI	p-value
Postpartum depression	3.5	1.8-6.7	<0.05
Postpartum anxiety	2.8	1.5-5.2	<0.05

Table 5 shows the impact of intimate partner violence (IPV) on key child health indicators. Infants born to mothers who experienced IPV had a lower average birth weight (2950 grams) compared to infants born to mothers without IPV exposure (3200 grams). This difference is concerning, as lower birth weight can increase the risk of health problems for newborns and have implications for long-term development. Children

exposed to IPV had a significantly higher rate of developmental delays (28%) compared to children not exposed to IPV (12%). This suggests that experiencing or witnessing violence in the home can negatively affect a child's development in areas such as language, motor skills, and cognitive abilities.

Table 5. IPV and child health.

IPV exposure	Birth weight (grams) (Mean (SD))	Developmental delay (%)
No IPV	3200 (450)	12
IPV exposure	2950 (500)	28

Table 6 presents the statistical analysis results examining the association between IPV exposure and child health outcomes. The p-value of less than 0.05 indicates a statistically significant difference in birth weight between infants born to mothers with and without IPV exposure. While the table doesn't provide the specific test used (likely a t-test or similar), the significant p-value suggests that IPV exposure is associated with lower birth weight in infants. A p-value of less than 0.01 indicates a statistically significant association between IPV exposure and developmental delay in children. The odds ratio (OR) of 3.12 suggests that children exposed to IPV have 3.12 times higher odds of experiencing developmental delays compared to children not exposed to IPV. The 95% confidence interval (CI) of 1.25-7.81 indicates that this estimate is statistically significant and that the true odds ratio likely falls within this range.

Table 6. The statistical analysis of IPV exposure and birth weight and developmental delay.

Outcome	p-value	OR	95% CI
Birth weight	<0.05	-	-
Developmental delay	<0.01	3.12	1.25-7.81

Table 7 presents the qualitative findings from interviews with women who experienced intimate partner violence (IPV). This theme highlights a concerning trend where many women perceive IPV as a normal or acceptable aspect of marriage. This belief can be deeply ingrained due to cultural norms, societal expectations, or personal experiences. It can prevent women from recognizing the abuse as problematic and seeking help. Women experiencing IPV often live in a climate of fear, feeling isolated from potential support systems like family and friends. This isolation can be due to the abuser's controlling behavior, fear of judgment, or shame. It further traps women in the abusive situation, making it difficult to escape or seek help. Mothers expressed significant concern about the impact of IPV on their children's emotional and behavioral well-being. Witnessing violence can have detrimental effects on children's development, leading to emotional distress, behavioral problems, and difficulties in forming healthy relationships. Several barriers prevent women from seeking help, including shame, stigma, and fear of reprisal from the abuser. These barriers are often compounded by a lack of awareness about available support services or a lack of trust in authorities.

Table 7. The qualitative findings from the interviews with women who experienced IPV.

Theme	Description
Normalization of violence	Many women described IPV as a normal part of marriage and believed they deserved the abuse.
Fear and isolation	Women reported feeling afraid of their partners and isolated from their families and communities.
Impact on children	Mothers expressed concern about the impact of IPV on their children's emotional and behavioral well-being.
Barriers to seeking help	Shame, stigma, and fear of reprisal prevented many women from seeking help.

This study provides compelling evidence of the pervasive and detrimental impact of intimate partner violence (IPV) on maternal and child health in Bener Meriah Regency, Aceh, Indonesia. The findings underscore the urgent need for comprehensive interventions that address the root causes of IPV, challenge harmful social norms, empower women, and provide accessible and culturally sensitive support services. The prevalence of IPV during pregnancy in this study (32%) is alarmingly high and consistent with national prevalence rates in Indonesia (Komnas Perempuan, 2016). This finding indicates that IPV is a significant public health problem in Aceh, as it is in other parts of Indonesia and globally (World Health Organization, 2013). The high prevalence of IPV during pregnancy is particularly concerning, as it can have serious consequences for both the mother and the developing child (Wynter et al., 2024).

The detrimental effects of IPV on maternal mental health are well-documented in the literature. This study confirms these findings, showing that women who experienced IPV during pregnancy had significantly higher levels of depression, anxiety, and stress at all three-time points compared to women who did not experience IPV. These findings are consistent with previous research, which has shown that IPV is a major risk factor for mental health problems in women. The impact of IPV on child health is equally concerning. This study found that infants born to mothers who experienced IPV during pregnancy had significantly lower birth weights compared to infants born to mothers who did not experience IPV. This finding is consistent with previous research, which has shown that maternal exposure to IPV during pregnancy can increase the risk of low birth weight and other adverse birth outcomes. Furthermore, children exposed to IPV were more likely to exhibit developmental delays at one year of age, particularly in the areas of communication and problem-solving skills. These delays may reflect the impact of IPV on the child's early development, potentially through mechanisms such as maternal stress, disrupted parent-child interactions, and exposure to violence (Ying et al., 2024).

The qualitative findings of this study provide valuable insights into the experiences of women who have experienced IPV. The normalization of violence emerged as a significant concern, with many women describing IPV as a normal part of marriage and believing they deserved the abuse. This disturbing finding underscores the deeply ingrained cultural and societal norms that perpetuate the acceptance of violence against women. The normalization of violence can have serious consequences for women, as it can prevent them from recognizing the abuse as problematic and seeking help. It is crucial to challenge these harmful norms and empower women to recognize their right to live free from violence (Gunarathne, 2024; Reed et al., 2024).

Fear and isolation were also prominent themes in the qualitative data. Women who experienced IPV reported feeling afraid of their partners and isolated

from their families and communities. This fear and isolation can create significant barriers to seeking help or leaving abusive relationships. Shame, stigma, and fear of reprisal were identified as major barriers to seeking help for IPV. Women also reported a lack of awareness of available support services and a lack of trust in the authorities. These barriers are often compounded by a lack of financial resources and social support. Midwives play a crucial role in identifying and supporting women experiencing IPV. They are often the first point of contact for pregnant women and have the opportunity to build trusting relationships with them (WHO, 2013). Midwives can provide information about IPV, screen for IPV, and refer women to appropriate support services (Renner, 2024; Thomas, 2024).

The World Health Organization (2013) recommends that midwives be trained to screen for IPV and provide appropriate counseling and referrals to women who disclose abuse. Midwives can also play a vital role in educating women about their rights and options, empowering them to make informed decisions about their safety and well-being. Addressing the complex problem of IPV requires comprehensive interventions that address the root causes of violence, challenge harmful social norms, empower women, and provide accessible and effective support services. These interventions should be culturally sensitive and tailored to the specific needs of the community. Community-based interventions that engage men and boys in challenging harmful gender norms and promoting healthy relationships are also essential. These interventions should aim to change attitudes and behaviors that condone violence against women (Winstok et al., 20224; Wood, 2024).

5. Conclusion

This study unequivocally demonstrates the devastating impact of intimate partner violence (IPV) on maternal and child health in Bener Meriah Regency, Aceh, Indonesia. The high prevalence of IPV, coupled with its association with adverse mental health outcomes for mothers and negative physical and developmental consequences for children, underscores the urgent need for comprehensive interventions. These interventions must prioritize challenging harmful social norms that perpetuate violence against women, empowering women, and ensuring accessible and culturally sensitive support services. Midwives, as trusted healthcare providers, play a pivotal role in identifying and supporting women experiencing IPV and should be equipped with the necessary training and resources to effectively address this pervasive issue. This study contributes valuable insights to inform the development of effective strategies to prevent and address IPV, ultimately promoting the health and well-being of families in Aceh and beyond.

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