Midwives Role in Sexual Violence Management: A Legal Perspective on TKPS Law No.12/2022 and Health Law No.17/2023

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Abstract: Sexual violence against women is a serious issue requiring focused attention, where midwives play a strategic role in prevention and management. However, implementing TPKS Law No. 12 of 2022 and Health Law No. 17 of 2023 in first-level health facilities faces challenges, particularly regarding the understanding and preparedness of medical personnel. This study evaluates the role of midwives in managing sexual violence cases under the TPKS Law No. 12/2022 and Health Law No. 17/2023 in first-level health facilities. The research employed a quantitative, cross-sectional survey design involving 100 midwives. Data were collected using questionnaires to assess midwives' understanding of the laws and their effectiveness in handling sexual violence cases. Pearson correlation and linear regression were used for analysis, considering age, work experience, and recent education. Results showed a significant positive correlation between understanding and management effectiveness ($r = 0.55$, $p = 0.001$). A one-unit increase in understanding improved effectiveness by 0.45 units. Age and work experience significantly influenced the outcomes, while recent education had no significant effect. The regression model explained 56.2% of the variance in effectiveness. The study recommends enhancing midwives' understanding of the laws through targeted training and ongoing support to improve sexual violence management.

Keywords: Health law; Midwives; Sexsual violence; TPKS law

Introduction

Sexual violence is a serious global issue, experienced by one in three women worldwide (WHO, 2021). In Indonesia, throughout 2023, 401,975 cases of violence against women were recorded, with 24.69% of them being sexual violence (R. B. Lubis, 2024). This situation continues to be an increasing problem in Indonesia, and victims often first interact with health workers, especially midwives, at the first health care facility. Midwives not only act as providers of health services, but also as main supporters in the physical and mental recovery of victims and providers of information about rights protected by law. To deal with this problem, the government has issued Law on Crime of Sexual Violence (UU TPKS) Number 12 of 2022 and Law Number 17 of 2023 concerning Health, which provide a legal basis for protecting victims and regulate the procedures that must be carried out by health workers, including midwives. With the enactment of the TPKS Law No. 12 of 2022 and Health Law No. 17 of 2023, new standards and protocols are expected to ensure victims receive better protection and access to appropriate health services (KomnasPerempuan, 2023).

However, the implementation of this regulation in health facilities still faces challenges, particularly at the level of independent practicing midwives in primary health facilities (Mayra et al., 2021). These challenges include a lack of special rooms, insufficient trained personnel, and limited policy support. Moreover, despite the growing need for victim care, there is still a gap in the knowledge and preparedness of midwives to effectively manage cases of sexual violence within the applicable legal framework (Agustini, 2025).

Research shows that social media, such as Instagram, is effectively used as a medium for communication, information, and education (KIE) in efforts to prevent sexual violence. However, the implementation of the Integrated Health for Women and Children (KtP/A) program at community health centers has not been optimal due to weak policy support, limited facilities, funds, and support networks (Rajak et al., 2024). This highlights the need for strategic steps to strengthen the system for handling sexual violence at the health facility level (Wahyuni, 2023).

A significant gap in research exists regarding the effectiveness of sexual violence management by midwives in primary health facilities, particularly in terms of their understanding and application of the TPKS Law and Health Law. This lack of research underscores the importance of exploring how education and training for midwives could improve the effectiveness of handling sexual violence victims in primary health facilities (A. Lubis et al., 2023).

In response to this gap, this research aims to evaluate how midwives' understanding of the TPKS Law No. 12 of 2022 and Health Law No. 17 of 2023 contributes to the effectiveness of sexual violence management in primary health facilities. By evaluating midwives' involvement in the service delivery to victims, this study will provide strategic recommendations aimed at enhancing the quality of services, particularly through strengthening educational programs and specialized training. These recommendations will focus on improving midwives' competencies in managing sexual violence cases, with an emphasis on both the health and psychosocial recovery of victims. Ultimately, this step is expected to foster a more comprehensive and responsive service system to meet the needs of sexual violence victims in Indonesia (A. Lubis et al., 2023).

Method

This study uses a quantitative design with a cross-sectional survey method. A total of 100 midwives working in primary healthcare facilities in the Natar area, South Lampung, participated as respondents. The research was conducted in November 2024. The sample was selected using a purposive sampling method to ensure that the midwives involved had experience in handling, or at least an understanding of, sexual violence procedures.

Data was collected through an online questionnaire to measure two main variables: midwives' understanding of sexual violence handling (independent variable) and effectiveness of midwives' management of sexual violence (dependent variable), with control variables in the form of midwife characteristics, namely age, work experience, and recent education. The objective criteria for the understanding variable are measured through questionnaire scores covering legal aspects, procedural technicalities, and related regulations. The effectiveness of management was assessed through the completeness of medical procedures, psychological support, provision of legal information, and accuracy of referrals.

Data Analysis

Data analysis was performed using the Pearson correlation test and linear regression to assess the relationship between independent and dependent variables, considering the control variables. Data presentation includes frequency distribution tables, statistical descriptions, and regression models to provide a comprehensive overview of the research findings. The study adhered to the principles of research ethics, including informed consent, data confidentiality and privacy, secure data use, and upholding non-maleficence, fairness, and researcher accountability at every stage of the research.

Result and Discussion

The characteristics of the respondents

Table 1 shows that based on the data in the table above, respondents have an average age profile of productive adults of 32 years, and a standard deviation of 4.5. Most respondents had 2-4 years of work experience (38.2%). 76.6% of respondents had a D3 Midwifery educational background, which is the basic education for midwifery practitioners. Community health centers were the main workplace of respondents (56.1%), followed by independent practice 20.6%.

Table 1. The Characteristics of the Respondents

The characteristics	frequency (f)	Percent (%)
a. Age		
20-25	4	3.7
26-30	40	37.4
31-35	28	28.0
36-40	28	24.3
Total	100	100.0
b. work experience		

The characteristics	frequency (f)	Percent (%)
2-4 years	41	38.3
5-7 years	35	32.7
8-10 years	24	22.4
Total	100	100.0
c.　Last degree obtained		
D3 kebidanan	82	76.6
D4 kebidanan	10	9.3
S1-Profesi bidan	8	7.5
Total	100	100.0
d.　Workplace		
Puskesmas	60	56.1
Klinik	5	4.7
Rumah Sakit	13	12.1
Praktek Mandiri	22	20.6
Total	100	100.0

Midwives' Understanding of Handling Sexual Violence

Based on descriptive analysis of 100 respondents, the level of midwives' understanding of the case detection and identification aspect showed the highest average result of 4.32 (very good category). Meanwhile, the reporting and documentation aspect has an average of 4.05 (good category) and the midwife's authority aspect has the lowest average of 3.72 (fairly good category). These results indicate that the midwife's authority aspect requires further attention because it has a lower average and greater variation in understanding (Std. Deviation = 0.65).

Table 2. Descriptive Statistics of Midwives' Understanding of Sexual Violence Management

Variable	N	Mean	SD	Min	Max
Case detection and identification	100	4.32	0.48	3.20	5.00
Reporting and documentation	100	4.05	0.55	2.80	5.00
Midwife's authority	100	3.72	0.65	2.50	5.00

The Relationship between Midwives' Understanding and the Effectiveness of Sexual Violence Management

To assess the relationship between midwives' understanding and the effectiveness of the management carried out, it is shown in the table 3. Midwife Understanding (X) has a positive and moderate relationship with Management Effectiveness (Y). Since p=0.001 (< 0.05), this relationship is statistically significant. The r value = 0.55, indicating a moderate correlation between the midwife's understanding and the effectiveness of management. This illustrates that the better the midwife's understanding of the procedure, the higher the effectiveness of the treatment carried out.

Table 3. The Relationship between Midwives' Understanding and the Effectiveness of Sexual Violence Management

Correlation		X	Y
Midwives' Understanding (X)	Correlation coefficient	1000	0.550
	Sig. (2-tailed)	.	.000
	N	100	100
Effectiveness of Management (Y)	Correlation coefficient	0.550	1000
	Sig. (2-tailed)	.000	.
	N	100	100

The Relationship between Midwives' Understanding and the Effectiveness of Management with Respondent Characteristics as Control Variables

To see the relationship between the midwife's understanding (main independent variable) and the effectiveness of management (dependent variable), a multivariate analysis was carried out by considering control variables such as age, work experience or recent education which are presented in the following table. From the table below, the effect of midwife understanding (X1) with the regression coefficient ($\beta=0.450$) shows that every 1 unit increase in the midwife's understanding score increases the management effectiveness score by 0.450 units. Significant ($p<0.05$). The control variables age ($\beta=0.120$) and work experience ($\beta=0.150$) are significant, meaning that both also contribute to the effectiveness of treatment. Last education was not significant ($p>0.05$). The power of the model value $R^2 = 0.562$ shows that 56.2% of the variability in management effectiveness can be explained by the midwife's understanding and control variables. Adjusted R^2 takes into account the number of variables in the model, with a value of 0.550 indicating the model is quite good.

Table 4. Multivariate Analysis Results: the Relationship between Midwives' Understanding and the Effectiveness of Management with Respondent Characteristics as Control Variables

Model	Un-standardized Coef (B)	Std. Error	Standardized Coef (Beta)	t	Sig. (p-value)
(Constant)	2.500	0.400	-	6.250	0.000
Midwives' Understanding (X1)	0.450	0.080	0.550	5.625	0.000
Age (Z1)	0.120	0.050	0.220	2.400	0.018
Work experience (Z2)	0.150	0.040	0.320	3.750	0.001
Last degree obtained (Z3)	0.050	0.030	0.110	1.667	0.098

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Discussion
Respondent Characteristics

Age: The average age of the respondents was 32 years, which falls within the productive adult category. This age group is generally characterized by emotional maturity and sound decision-making abilities, supporting effective management of sexual violence cases. This finding aligns with Qomariyah et al. (2025), Santrock (2019), and Fiqroh et al. (2023) who noted that individuals in this age group typically exhibit optimal physical and mental balance. Razzaq et al. (2024) also found that midwives of productive age perform better in standard operational procedures.

Work Experience: 41% of respondents had 2-4 years of experience, which corresponds to the "advanced beginner" stage in Benner's (1984) model. This stage indicates competence in routine tasks but a need for further supervision in complex cases. Dewi et al. (2021) support this finding, indicating that midwives with 2-5 years of experience perform well in routine tasks but lack confidence in critical cases like sexual violence. Further training and supervision are recommended to improve their handling of such cases.

Education: The majority (82%) of respondents held a D3 Midwifery degree, which is the basic requirement for midwifery practice in Indonesia. However, Kartini et al. (2022) found that D3 graduates may struggle with understanding complex aspects of sexual violence cases. This underscores the need for continued education, such as D4 or Bachelor's degree programs, to enhance midwives' ability to manage such cases.

Workplace: 60% of respondents worked in community health centers, where resources such as medical referrals and legal support are more readily available. Lestari et al. (2020) found that midwives at these centers are better trained to handle sexual violence cases compared to those in independent practice. These findings emphasize the importance of strengthening services at community health centers and integrating independent practitioners into a more cohesive referral system.

Midwives' Level of Understanding

Most respondents had a moderate level of understanding in the categories of midwife authority, reporting and documentation, but only 1% achieved in-depth understanding, especially in midwife authority. The lack of ongoing training and access to relevant legal learning resources is the main cause, affecting midwives' confidence in handling sexual violence cases. Low levels of understanding of reporting and documentation, experienced by 31% of respondents, also result in procedural errors that can hinder legal processes and victim referrals. Therefore, systematic intervention is needed through intensive training and integration of legal and technical material into formal education programs and routine training.

Midwives' Understanding and the Effectiveness of Management

Midwives' understanding shows a positive correlation with the effectiveness of sexual violence management ($r = 0.55$; $p = 0.001$), which indicates that the better the midwives' understanding of legal, technical and reporting procedures, the more effective the services provided. Although this relationship is significant, moderate correlation values suggest that other factors, such as work experience, institutional support, and access to training, also influence effectiveness. Good understanding needs to be complemented by strengthening support systems, such as operational guidelines, supervision and routine training. A real case-based approach can help midwives integrate theory into practice to improve service quality.

The Importance of Understanding in Reporting and Documentation Procedures

Low understanding of reporting and documentation categories, as found in research, can lead to barriers to legal accountability and referral of victims to follow-up services. The effectiveness of management is not only measured by technical capabilities, but also by accuracy and completeness in fulfilling administrative aspects. Midwives who have good understanding tend to be more confident and able to provide comprehensive services, from medical management to legal and psychological support for victims of sexual violence.

This supports Rublee (1989) theory, which states that the quality of health services depends on input (knowledge of midwives), process (implementation of management), and output (service results). This research provides a basis for further studies to explore other

factors that influence the effectiveness of management, such as the influence of work experience, workload, and work environment. Longitudinal studies can be conducted to see the impact of increasing midwives' understanding of changes in service quality in the long term. This research supports the achievement of the Sustainable Development Goals (SDGs), especially goal 5 (gender equality) and goal 3 (good health and well-being), by highlighting the important role of midwives in overcoming gender-based violence at the primary health care level.

These results indicate that increasing midwives' understanding has a significant impact on service effectiveness, both technically and administratively. Therefore, efforts to increase the competency of midwives in dealing with sexual violence is a strategic step in improving the quality of health services in Indonesia.

The Primary Influence of Midwives' Understanding on the Effectiveness of Management

Multivariate analysis shows that the midwife's understanding (X1) has a significant influence on the effectiveness of management with a regression coefficient $\beta = 0.450$ ($p < 0.05$). This means that every 1 unit increase in the midwife's understanding score can increase the management effectiveness score by 0.450 units. Midwives' understanding acts as the main independent variable that directly influences the effectiveness of management. Good understanding enables midwives to carry out procedures according to standards, both in medical aspects, reporting and psychological assistance. Study by Widyawati et al. (2022) found that health workers who had an in-depth understanding of procedures for handling sexual violence showed more effective service quality, especially in the aspects of referral and documentation. Bloom et al. (1956) stated that understanding is a critical stage in the learning process, which is the basis for applying skills in work practice. Donabedian (1988) emphasized that the quality of health services is very dependent on the knowledge and understanding of health workers as the main input in the service system.

The Influence of Control Variables on the Effectiveness of Management

Apart from the midwife's understanding, control variables such as age and work experience also make a significant contribution to the effectiveness of management, Age ($\beta = 0.120$, $p < 0.05$). A more mature age often correlates with a level of maturity in decision making and life experiences that support the ability to handle complex cases. Research by Nugroho et al. (2020) show that the age of health workers influences their level of empathy and communication skills, which are

important in providing services to victims of sexual violence.

Work Experience ($\beta = 0.150$, $p < 0.05$) gives midwives better practical knowledge in handling difficult situations. Experience helps midwives recognize case patterns, speed up the decision-making process, and increase confidence in handling sexual violence cases. A study by Setiawati et al. (2021) shows that midwives with more than five years of work experience have a higher level of management effectiveness compared to those who have just started working.

Recent education ($p > 0.05$) does not have a significant influence on the effectiveness of management. This may be because the majority of respondents have a uniform educational background (D3 Midwifery - 82%), which is the standard educational level to become a midwifery practitioner in Indonesia. With the dominance of the same level of education, educational variability in the model is limited, so it does not have a significant impact on the effectiveness of management. The D3 Midwifery Program in Indonesia focuses on mastering practical competencies to provide basic health services, including handling cases of sexual violence. This allows D3 graduate midwives to have fairly even competency in carrying out case management, even without a higher educational background such as a Bachelor's degree or a profession.

Research by Sulistyaningsih et al. (2020) also found that the educational background of health workers is not always a significant predictor of service quality, especially if health workers work in an environment with good standards of training and supervision. Even though it is not significant in this model, the development of competency-based education at higher education levels (S1 and the midwife profession) is still important to equip midwives with analytical skills, better decision making, and a deeper understanding of law and ethics.

Variations in the effectiveness of management can be explained by the midwife's understanding and control variables (age, work experience and recent education). Adjusted $R^2 = 0.550$: this value indicates that the model is quite good, although it does not fully explain the variability in treatment effectiveness. This indicates that there are other factors outside the variables in the model that may influence the effectiveness of management, such as the work environment, institutional policies, or the midwife's workload.

Increasing midwives' understanding of procedures for handling sexual violence should be a priority in ongoing training programs. The focus on reporting and documentation aspects needs to be increased, considering the importance of administration in legal

accountability. Midwives with greater age and work experience can be involved as mentors for younger midwives to share practical knowledge in handling complex cases. Although recent education is not significant in this model, the development of competency-based education programs for D3 graduates can be a strategic step in increasing the effectiveness of management.

Midwives' understanding is the main factor influencing the effectiveness of sexual violence management, supported by the variables of age and work experience as supporting factors. These results indicate the need for a holistic approach in developing midwife competency through training, mentoring, and policies that support gender-based services. Multivariate analysis via multiple linear regression was used to assess the influence of midwives' understanding of the effectiveness of management by taking into account control variables such as age, work experience and highest level of education. The results of this analysis provide a more comprehensive picture of the contribution of the main independent variables, while evaluating the possibility of bias due to respondent characteristic factors. This model also makes it possible to identify which variables have the most significant influence on the effectiveness of management.

Conclusion

The study found that most midwives have a moderate understanding of the TPKS Law and the Health Law, with a limited understanding in certain areas, especially regarding the reporting and documentation of sexual violence cases. The effectiveness of the treatment provided to victims of sexual violence showed positive results, particularly in the aspects of psychological support, medical procedure completeness, and timely referrals. However, challenges persist in the areas of understanding administrative obligations and cross-sector coordination, indicating a significant need for enhanced education and training. This research highlights the importance of integrating legal and health literacy into midwifery training. It is crucial that midwives not only understand the medical procedures involved in sexual violence management but also the legal requirements related to reporting, documentation, and victim referrals. To improve service quality, it is recommended that ongoing training programs be implemented, focusing on legal literacy and strengthening interdisciplinary collaboration. These efforts should be a part of policy development aimed at enhancing midwives' competencies and ensuring that they are equipped to provide comprehensive and effective care to victims of sexual violence. Additionally, strengthening the system of support within healthcare

facilities, through clearer standard operating procedures and better coordination with legal and psychological services, will ensure that victims receive timely and well-rounded care. The integration of legal knowledge into midwifery curricula and the creation of continuous professional development programs should be prioritized as part of a national strategy to address sexual violence more effectively in Indonesia.

Author Contributions
A.I., contributed to study conception and design, data collection, analysis and interpretation of results, draft manuscript preparation, reviewed the results and approved the final version of the manuscript. L.A., contributed to data collection, analysis and interpretation of results, draft manuscript preparation, reviewed the results and approved the final version of the manuscript.

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