INDIAN JOURNAL OF POPULATION AND DEVELOPMENT
ISSN: 2583-4827; Volume 2(1), January 2022: 113-136

# Violence Against Women During Pregnancy in India: A Literature Review

Suresh Jungari
Ashish Pardhi
Priyanka Bomble

## Abstract

Violence against women is prevalent worldwide. Nearly 33 per cent of women have experienced any form of violence. This literature review aims to understand the magnitude of the problem through the review of existing literature. The paper is based on sixteen studies that satisfied the inclusion criteria. The PRISMA protocol has been followed to review the studies. We found that the prevalence of violence against women during pregnancy ranges from 7 per cent to 53 per cent in India. The prevalence of physical violence was found to be higher than that of other types of violence. Major risk factors for violence include alcohol use by the husband, illiteracy or low educational status of woman and husband, son preference, low or no social support, and history of miscarriage or abortion. Indian women who experience violence during their pregnancy are at higher risk of several negative health consequences for both the mother and the child. Effective interventions at both local and national level are needed.

## Introduction

Violence against women is a pervasive social issue and a challenging public health problem (García-Moreno et al, 2015; Ellsberg et al, 2015). It is a violation of fundamental human rights of women (Miller, 2004). Worldwide, 10 to 40 per cent women have experience of violence during their lifetime (Devries et al, 2013; Michau et al, 2015). It has serious consequences to the mental and social well-being of women (Coker et al, 2004; Ludermir et al, 2010; Hossieni et al, 2017). A systematic review suggests that women in South-East Asia are at a higher risk of experiencing partner violence during their lifetime than their counterparts from Europe and the Americas (García-Moreno et al, 2013). In India, 15-55 per cent women experience any form of violence by their partner (Derakhshanpour et al, 2014; Hillis et al, 2016).

Violence against women during pregnancy has drawn scholarly attention only recently (Tavoli et al, 2016; Almeida et al, 2014). A few Indian studies have reported its prevalence and risk factors (Mahapatro et al, 2011; Das et al, 2013; Sarkar, 2013;

Jungari, 2021). The fourth round (2015-2016) of the National Family Health Survey (NFHS-4) collected, for the first time, information on violence against women during pregnancy. Evidence from the survey indicates that the prevalence of violence against women during pregnancy in the country was around 3.3 per cent. This evidence provides the impetus for the present discourse.

Factors associated with violence against women in general and during pregnancy in particular have been analysed through a multi-disciplinary perspective and studies have reported a diverse range of risk factors. These include gender bias (Ritter, 2021), lower social status of women (Go et al, 2003), alcohol use by the partner (Jeyaseelan et al, 2007; Wagman et al, 2018), place of residence (George, et al, 2016; Jungari, 2021), and patriarchal mindsets (Michalski, 2004; Das et al, 2012). Community-level factors such as cultural norms (Kalra and Bhugra, 2013; Chaudhuri et al, 2014) and dowry-related issues (Jeyaseelan et al, 2015) have also been identified. Other risk factors, which are particularly significant during pregnancy, include son preference (Dasgupta and Fletcher, 2018; Weitzman, 2019), history of previous violence (Finnbogadóttir et al, 2014; Jungari and Chinchore, 2022), justification of violence (Begum et al, 2015), and couple having more than 3 children (Jungari and Chinchore, 2022). There is, however, dearth of scholarly work that uses qualitative data. Moreover, the dynamic nature of the phenomenon requires continuous study to understand both risk factors and their consequences.

Some studies have also provided evidence of dangerous consequences of intimate partner violence during pregnancy for both the mother and the child. Women who experience violence during pregnancy are less likely to utilise basic maternal health care services (Koski et al, 2011; Sakkar, 2013; Gebrezgi et al, 2017). They are less likely to be birth-prepared and more likely to breastfeed their newborn (Shroff et al, 2011; Laura et al, 2018). They experience antenatal and postpartum depression (Nayak et al, 2010; Halim et al, 2017). Women experiencing violence during their pregnancy are more likely to have poor mother-child bonding than women who do not experience violence during pregnancy (Muzik et al, 2013). Chances of neonatal and perinatal mortality are also high in these women (Ahmed et al, 2006; Alhusen et al, 2014).

Most of the studies have reported a significant association of violence during pregnancy with negative maternal and child health outcomes such as premature labour, miscarriage, and low birth weight (Muthal-Rathoreetel et al, 2002; Ludermir et al, 2010; Mahapatro et al, 2011; Sarkar 2013; Silverman et al, 2016; Dhar et al, 2018). Women who have experienced violence have reported more symptoms of gynaecological morbidities and mental health problems than those who did not (Jejeebhoy et al, 2010; Kumar, et al, 2013). Victims of violence during pregnancy have also reported injuries (Spiwak et al, 2015). Violence against women not only affects individual health and well-being but also the economic status of individuals, families, and communities. Studies have also shown evidence related to lost wages due to violence (Cadilhac et al, 2015), higher cost of medical care of violence injuries and trauma and hence greater economic burden on both the individual and the system. In many cases, violence against women

has even led to separation and divorce with adverse consequences for children (Fleury et al, 2000).

The help seeking behaviour of South Asian women has also been found to be poor because of the pervasive gender inequalities, lack of formal support systems and social stigma (Leonardsson and San Sebastian, 2017). Women tend to tolerate the violence for longer duration, which have significant psychological consequences. Although, a few studies from India have reported help seeking by women, yet help is mostly sought by the victim from a family member or friend instead of those in authority, specifically a healthcare provider (Jejeebhoy et al, 2013). The dangerous consequences of violence during pregnancy call for immediate attention of government programmes to promote interventions for reducing violence and minimising its consequences. To our knowledge, till date, there is no systematic review of India-specific studies on the issue of violence during pregnancy. To address this gap, this review attempts to present the perspective of violence during pregnancy in pregnancy in India during the last fifteen years as revealed through various studies that have been carried out within the country.

## Methods

### Inclusion Criteria

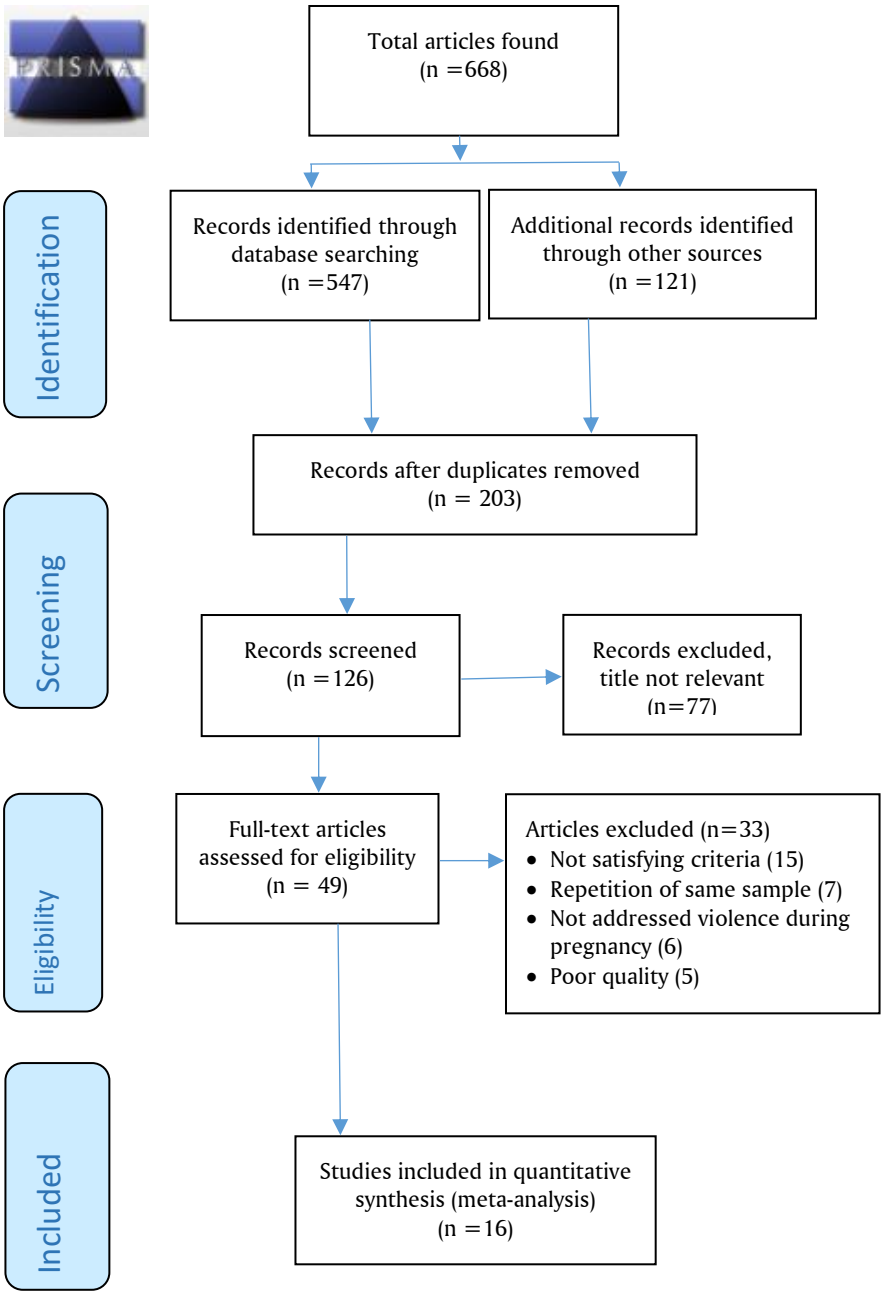
The present paper has used a systematic review design to identify, estimate, assess, and synthesise primary research on violence against women during pregnancy and during the postpartum period. The selection of the studies for inclusion in the systematic review was based on the following inclusion criteria:

- Primary studies that have estimated the prevalence of violence during pregnancy in India.
- Studies that have been published in English only. Studies published in other languages have been excluded.
- The studies that have been published between the years 2004 and 2020.

### Data Sources and Literature Search

For the selection of the studies for the review, different electronic databases were first searched for all studies, published during 2004 through 2020. These included PubMed, MedLine, PsycINFO, Scopus, Web of Science and Google Scholar. Various terms were used to identify more relevant studies based on the inclusion criteria. The following free text terms and MeSH terms were used in the search: violence during pregnancy; intimate partner violence; spousal violence; wife beating; spousal beating; domestic violence; types of violence; violence and pregnancy outcomes; gender preference and violence; violence during and after pregnancy; and factors triggering violence in pregnancy. In addition, some regional journals which are not included in the electronic databases were also searched.

Figure 1: PRISMA flow chart process of studies included in the review



### Screening Strategy and Quality Appraisal

Two of the authors extracted data from selected research papers independently following two-stage screening process. The first stage involved screening of the titles and the abstract to see if the study met the inclusion criteria. Selected studies were then appraised for their methodological quality using "Guidelines for Evaluating Prevalence Studies" (Boyle, 1998). The lead author rated the methodological quality of each study based on total quality score (Table 1).

### Data extraction

Data from all included studies were extracted using Microsoft excel spreadsheet. Data included measures used, authors of the study, year of publication, study design and sampling method, sample characteristics, study tool, estimated prevalence of violence, risk factors, and reported perpetrators. If there was disagreement among authors, the same was resolved through discussion. If there was more than one publication of similar nature, the more accurate and recent was retained.

### Data synthesis

Given the heterogeneity of the data, results of the review have been synthesised using narrative analysis. Narrative analysis is useful for understanding the findings of diverse studies on the same topic.

### Methodological issues and challenges

The review found that the prevalence of violence against women during pregnancy in the studies reviewed ranged from 1 to 60 per cent. Different forms of violence were reported in different studies. These variations may be attributed to different definitions of violence adopted by different studies and different methodologies used to collect data.

Each study used a different reference period. Some studies reported violence during the last pregnancy or during one month prior to the study. Others referred to any kind of violence that woman experienced during pregnancy. These differences posed significant challenges in comparing prevalence. In addition, high probability of underreporting of violence, particularly sexual violence, has influenced the accuracy of the prevalence estimates. Lastly, different studies used different study designs and sampling methods to collect the data which made meta-analysis more difficult.

## Results

The literature search identified total 668 studies, around 547 from search engines and 121 from other sources (Figure 1). After removing duplicate records, 203 studies were retained for further analysis, out of which 126 studies were retained initially as the title and the abstract of 77 studies did not satisfy the inclusion criteria

and so were excluded. The remaining 49 studies were assessed for the eligibility and 33 studies were excluded because they either did not satisfy the selection criteria or were repletion of the same sample or they did not address violence during pregnancy or were or poor quality. Finally, 16 studies were retained for the review. Figure 1 describes the complete review process.

All the studies included in this review examined the violence perpetrated against pregnant women during their latest (or the last) pregnancy. A few studies also reported violence experienced by women in all pregnancies that they had. Twelve studies used cross-sectional design (Peedicayil et al, 2004; Mahapatro et al, 2011; Raj, et al, 2011; Bontha and Kar, 2012; Das et al. 2013; Salvi et al, 2014; Supraja et al 2016; Silverman et al, 2016; Ramalingappa et al, 2018; Garg et al, 2019; Priya Aditya et al, 2019; Jungari and Chinchore, 2022); three adopted prospective study design (Koski et al, 2011; Khosla et al, 2005, Jain et al, 2016); and one used an experimental design with a pre- and post-test components (Arora et al, 2019). The duration of studies ranged between 3 months (Salvi et al, 2014) to one year or more (Ramlingappa et al, 2018; Khosla et al., 2005; Supraja et al, 2016).

The studies included in this review used different data sources and different analytical tools to analyse the violence against women during pregnancy. Some studies used data from the National Family Health Survey (Junjari, 2021; Koski et al, 2011; Mahapatra et al, 2011). Other studies were based on primary data collected specifically for the purpose (Peedicayil et al, 2004; Kosala et al, 2005; Raj et al, 2011; Babu & kar 2012; Salvi et al, 2014; Jain et al, Silverman et al, 2016; Suparja et al, 2016; 2017; Ramalingappa et al, 2018; Arora et al, 2019; Garg & Rustagi, 2019; Priya Aditya et al, 2019). Some studies used the Violence Assessment Screen Box (Arora et al, 2019; Kosala et al, 2005; Jain et al, 2016; Ramlingappa et al, 2016) to analyse the violence against women during pregnancy. Others used a questionnaire developed by the Demographic and Health Survey Program in which IPV is defined according to the World Health Organization multi-country study norms (Das et al, 2013; Jungari and Chinchore, 2022). One study included Prospective Assessment and Maternal Mental Health Study (Supraja et al, 2016). Another study included four different tools for collecting responses about different violent behaviours faced by pregnant women in the third trimester of their pregnancy. The study carried out by Supraja et al (2016) also included Gender Preoccupation Questionnaire, Daily Hassles and Stress Scale, Perinatal Anxiety Stress Scale and Violence Assessment Questionnaire developed by the Indian Council of Medical Research.

In studies which are based on primary data, the sample size ranged from 165 (Priya Aditya et al, 2019) to 14507 (Mahapatro et al, 2011). Some of the studies used probability proportional to size sampling method to select the sample (Mahapatra et al, 2011; Peedicayil et al, 2004). Among the five studies that reported different sampling methods, two employed simple random sampling (Peedicayil et al, 2004; Salvi et al, 2014; Jungari and Chinchore, 2022); two employed multistage sampling procedure to select the sample (Mahapatra et al, 2011; Babu and Kar, 2012).

Table 2: Quality appraisal checklist for including studies in the review

| Authors and Year | Clearly defined target population | Use of probability sampling | Characteristics of respondents match those of the target population | Standardization of data collection method | Survey instruments are | | Features of sampling design are accounted for in the analysis | Results include CI for statistical sstimates | Score |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Reliable | Valid | | | |
| Peedicayil et al, 2004 | Y | Y | Y | Y | Y | Y | Y | Y | 8 |
| Khosla et al, 2005 | N | N | N | Y | Y | Y | N | Y | 4 |
| Mahapatro, 2011 | Y | Y | Y | Y | Y | Y | Y | N | 7 |
| Koski et al, 2011 | Y | Y | Y | N | Y | N | Y | Y | 6 |
| Raj et al, 2011 | Y | Y | Y | Y | Y | Y | Y | N | 7 |
| Bontha and Kar, 2012 | Y | Y | Y | Y | Y | Y | Y | Y | 8 |
| Das et al, 2013 | Y | Y | Y | Y | Y | Y | Y | Y | 8 |
| Salvi et al, 2014 | Y | Y | N | Y | Y | Y | N | Y | 6 |
| Supraja et al, 2016 | N | N | Y | Y | N | N | N | Y | 3 |
| Silverman et al, 2016 | Y | Y | Y | Y | Y | Y | Y | Y | 8 |
| Jain et al, 2017 | N | N | Y | N | Y | Y | N | Y | 4 |
| Ramalingappa et al, 2018 | N | N | N | Y | Y | Y | Y | Y | 5 |
| Garg et al, 2019 | Y | N | N | N | N | N | Y | Y | 3 |
| Arora et al, 2019 | Y | Y | N | Y | N | N | Y | N | 4 |
| Priya Aditya et al, 2019 | Y | Y | Y | Y | Y | Y | Y | Y | 8 |
| Jungari and Chinchore, 2022 | Y | Y | Y | Y | Y | Y | Y | Y | 8 |

Note: Y = yes (indicates that the selection criteria were met); N = no (indicates that the criteria were not met)

Table 3: Summary of the studies included in the review

| Author(s) and Year | Study aims and objectives | Study design and sampling technique | Sample characteristics | Measurement tools used | Prevalence of violence during pregnancy | Risk factors of violence during pregnancy | Perpetrators of violence during pregnancy |
|---|---|---|---|---|---|---|---|
| Peedicayil et al, 2004 | To determine the prevalence of physical violence during pregnancy and the factors associated with it | Cross sectional probability sampling | Total 9938 married women of 15-49 years of age and having child less than 18 years old were interviewed at their residence | Study-specific tool with sections on six physical abuse behaviours | 13 per cent during pregnancy and 13 per cent lifetime prevalence | Husband drunk, low education of women, 3 or more children, no social support, crowded household | Intimate partner |
| Khosla et al, 2005 | To study incidence of domestic violence in pregnant north Indian women and factors which put women at higher risk | Prospective study | A total of 991 women were interviewed in the antenatal and labour ward of the Government college, Delhi | Study-specific tool derived from the abuse assessment screen | 28.4 per cent | Low education of husband, alcoholism, addiction, lack of social support, | Intimate partner, husband's mother, and sister |
| Mahapatro et al, 2011 | To study prevalence of different forms of domestic violence during pregnancy, its impact on women's health. | Cross section population-based multi-centre study | 14,507 married women and 14,108 married men from 18 states of India were selected as sample for study | Interview schedule and semi-structured questionnaire | Psychological violence 63 per cent, physical violence, 26 per cent sexual violence, 22 per cent | Son preference | Husband, in-laws |

| Author(s) and Year | Study aims and objectives | Study design and sampling technique | Sample characteristics | Measurement tools used | Prevalence of violence during pregnancy | Risk factors of violence during pregnancy | Perpetrators of violence during pregnancy |
|---|---|---|---|---|---|---|---|
| Koski et al, 2011 | To measure estimates of physical violence during pregnancy and its association with uptake of prenatal care in rural India. | Prospective study using two-stage sampling procedure | The women (15-39 years) in NFHS 1998-99 having at least one birth and 2002-2003 follow-up survey. | Survey instrument of NFHS-2 and follow-up survey tool with section on domestic violence. | 22.8 per cent physical violence | No specific factors were mentioned | Intimate partner |
| Raj et al, 2011 | Association between domestic violence and poor maternal and infant health concerns. | Cross sectional study | Primary data from 1,038 mothers seeking immunisation of infants | Study specific tool | 44.7 per cent experienced violence during their last pregnancy | No specific factors highlighted | Husband, mother-in-law, father-in-law |
| Bontha and Kar, 2012 | To examine experiences of physical, psychological and sexual domestic violence on pregnant women. | Cross-sectional study multistage sampling technique | 1525 married women up to 50 years age. Samples were drawn from selected households in three eastern states of India. | Study-specific tool with sections on demography data and experience of violence during recent pregnancy. | Physical violence 7.1 per cent, psychological violence 30.6 per cent, sexual violence 10.4 per cent. Any Violence 34.7 per cent. | Urban living, higher maternal age, husband alcoholism, pressure for male child, salaried job | Intimate partner |

| Author(s) and Year | Study aims and objectives | Study design and sampling technique | Sample characteristics | Measurement tools used | Prevalence of violence during pregnancy | Risk factors of violence during pregnancy | Perpetrators of violence during pregnancy |
|---|---|---|---|---|---|---|---|
| Das et al, 2013 | To explore prevalence of different forms of violence and their experience opinion on justifiability of wife beating. | Cross sectional study | 2139 respondents were interviewed from 48 slum clusters of Mumbai. After confirming birth of the child, postnatal interview after 6 weeks of delivery. | Study-specific tool | Any violence 15 per cent, physical violence 12 per cent, sexual violence 2 per cent. psychological violence 8 per cent | husband consumed alcohol, women belonged to poor families, history of miscarriage, Muslim families | Intimate partner |
| Salvi, et al., 2014 | To study the magnitude of physical domestic violence during pregnancy and risk factors in women who delivered at hospital, | Cross sectional study using simple random sampling method. | 404 women who delivered at a general hospital. | Study specific tool with the section on history of domestic violence during the current pregnancy | Physical violence 9.15 per cent | Alcoholic husbands, urban residents, poverty, women with married life of less than 1 year | Husband, in-laws, neighbours |
| Supraja, et al, 2016 | To study factors related to gender preference and pressure to have a male child and to examine prevalence of violence pregnancy | Cross sectional, sample selection method not specified | 436 women in the second trimester of pregnancy, interviewed at the antenatal clinic of a government hospital. | Study specific tool and ICMR violence assessment questionnaire | 6.9 per cent | No specific factors highlighted | Intimate partner, in-laws |

| Author(s) and Year | Study aims and objectives | Study design and sampling technique | Sample characteristics | Measurement tools used | Prevalence of violence during pregnancy | Risk factors of violence during pregnancy | Perpetrators of violence during pregnancy |
|---|---|---|---|---|---|---|---|
| Silverman et al, 2016 | To determine prevalence of non-violent, gender-based forms of maltreatment of women by husband and in-laws during pregnancy and post-partum period | Cross sectional study | 1061 women aged 15-35 years seeking immunisation for their infants less than six months of age | | 10.9 per cent | No specific factors were highlighted | GBHM; Intimate partner, in-laws |
| Jain et al, 2017 | To determine the prevalence and types of intimate partner violence during pregnancy, factors -linked with intimate partner violence and effects of intimate partner violence on maternal-foetal outcomes | Prospective observational study | 400 women at 20-28 weeks of pregnancy attending the outpatient clinic | Violence assessment screen box, and study specific tool | Any violence 12.3 per cent, physical 10 per cent, sexual 1.8 per cent, psychological 10.7 per cent | desire for a son, low socioeconomic status, low education level of intimate partner, partner addiction | Intimate partner |

| Author(s) and Year | Study aims and objectives | Study design and sampling technique | Sample characteristics | Measurement tools used | Prevalence of violence during pregnancy | Risk factors of violence during pregnancy | Perpetrators of violence during pregnancy |
|---|---|---|---|---|---|---|---|
| Ramalingappa et al, 2018 | To determine the prevalence of violence during pregnancy and adverse maternal and perinatal outcomes | Cross-sectional | 800 pregnant women above 34 weeks of gestation (third trimester) interviewed in labour ward of hospital | Abuse assessment screen including types of physical, sexual, and emotional violence | Any violence 52.8 per cent, physical 30.8 per cent, Sexual 23.8 per cent, psychological 46 per cent | Presence of medical and obstetric complications, presence of risk factors | Intimate partner, marital/cohabiting partner, parents, siblings, acquaintances |
| Garg et al, 2019 | Magnitude of domestic violence and its various subtypes, experienced by pregnant women in Delhi and associated socio-demographic factors. | Cross-sectional, hospital-based study | A consecutive sampling method was used in a sample of 1500 | Pre-tested semi-structured interview schedule, administered by trained staff | Any violence 29.7 per cent, physical 26.9 per cent sexual violence, 33.2 per cent, psychological violence 79.1 per cent | Caste, Hindu religion, no education of women, husband unemployment | Husband |
| Arora et al, 2019 | To assess the effectiveness of a counselling intervention in antenatal care settings for pregnant women who report domestic violence. | Pre-experimental study with pre-test, post-test design. Hospital based study | 2778 pregnant women accessing antenatal care were approached; 2515 women consented | | Any violence during pregnancy 16.2 per cent | No specific factors highlighted | Husband |

| Author(s) and Year | Study aims and objectives | Study design and sampling technique | Sample characteristics | Measurement tools used | Prevalence of violence during pregnancy | Risk factors of violence during pregnancy | Perpetrators of violence during pregnancy |
|---|---|---|---|---|---|---|---|
| Priya Aditya et al, 2019 | To explore association with socio-demographic and pregnancy related attributes among antenatal females of an urbanized village of Delhi. | Cross-sectional | 165 pregnant women | HITS scale | 23 per cent of women had experienced violence during pregnancy | Educational status of head of the family and husband, substance abuse by husband, history of previous abortions. | Husband |
| Jungari and Chinchore, 2022 | To examine the perception, prevalence and factors affecting violence during pregnancy in Pune Slums | Cross sectional community-based study, Simple random sampling | 500 recently delivered women from slum communities of Pune city has been recruited for this study. | WHO multi-country questionnaire | Any violence 15.6 per cent, physical 9.2 per cent, sexual 1.8 per cent, psychological 11.2 per cent | Husband alcohol use, justification of violence, history of violence, education women, husband education, 3 or more children | Intimate partner |

Source: Authors

Table 4: Different types of violence against women during pregnancy and their prevalence as reported by different studies

| Author(s) and year | Type of abuse reported | | | |
|---|---|---|---|---|
| | Physical | Sexual | Psychological | Any violence |
| Peedicayil et al, 2004 | - | - | - | 13.0 |
| Khosla et al, 2005 | - | - | - | 28.4 |
| Mahapatro etal, 2011 | 26.0 | 22.0 | 63.0 | - |
| Koski et al, 2011 | 22.8 | - | - | 22.8 |
| Raj et al, 2011 | - | - | - | 44.7 |
| Babu and Kar, 2012 | 7.1 | 10.4 | 30.6 | 34.7 |
| Das et al, 2013 | 12.0 | 2.0 | 8.0 | 15.0 |
| Salvi et al, 2014 | - | - | - | 9.15 |
| Supraja et al, 2016 | - | - | - | 6.9 |
| Silverman et al, 2016 | - | - | - | 10.9 |
| Jain et al, 2016 | 10.0 | 1.8 | 10.7 | 12.3 |
| Ramlingappa et al, 2018 | 30.8 | 23.8 | 46.0 | 52. 8 |
| Garg, et al, 2019 | 26.9 | 33.2 | 79.1 | 29.7 |
| Arora et al, 2019 | - | - | - | 16.2 |
| Priya Aditya et al, 2019 | - | - | - | 23.0 |
| Jungari and Chinchore, 2022 | 9.2 | 1.8 | 11.2 | 15.6 |

Source: Authors

Out of the 16 studies, nine were conducted in hospital settings with sample size ranging from 400 to 836 (Khosla et al, 2005; Raj et al, 2011; Das et al, 2013; Salvi et al, 2014; Supraja et al, 2016; Silverman et al, 2016; Jain et al, 2017; Ramalingappa et al, 2018; Arora et al, 2019) while seven used household survey with sample size ranging from 1525 to 83397. Most of the studies were conducted in urban settings. They do not provide useful insights into the prevalence of violence against women during pregnancy in the rural areas. The summary results of the 16 studies are presented in Table 2.

## Prevalence of violence during pregnancy

The prevalence of any type of violence against women during pregnancy is found to range from 6.9 per cent (Supraja et al, 2016) to 52.8 per cent (Ramlingappa et al, 2018). Seven studies have reported that the prevalence of violence against women during pregnancy is less than 15 per cent. The prevalence of physical violence ranges from 7.1 per cent (Babu and Kar, 2012) to 30.2 per cent (Ramalingappa et al, 2018). Most of the studies have reported the prevalence of physical violence is more than 10 per cent. Prevalence of sexual violence ranged from 1.8 per cent (Jungari and Chinchore, 2022) to 33.2 per cent (Garg et al, 2019) with four studies reporting prevalence of more than 10 per cent. Psychological violence ranged from 8.0 per cent (Das et al, 2013) to 79.1 per cent (Garg et al, 2019) but majority of the studies reported prevalence of more than 20 per cent. All studies except one (Mahapatro et al, 2011) reported violence against women during pregnancy. Seven studies reported three specific types of violence against women during pregnancy (Mahapatro et al, 2011; Babu and Kar, 2012;

Das et al, 2013; Jain et al 2016; Ramlingappa et al, 2018; Garg, et al, 2019; Jungari and Chinchore, 2022). Details about different types of violence against women during pregnancy reported by different studies are provided in table 3.

### Risk factors of violence during pregnancy

The low educational status of women has been found to be a significant risk factor in the violence against women during pregnancy (Peedicayil et al, 2004; Khosla et al, 2005; Jain et al, 2017; Priya Aditya et al, 2019; Jungari and Chinchore, 2022). Women from the lower social class – Scheduled Castes and Scheduled Tribes and women not earning an income faced higher odds of violence against them during pregnancy as compared to other women (Garg, et al, 2019). Most of the studies have reported that use of alcohol by their husband (or partner) was the major risk factor in violence against them during pregnancy (Peedicayil et al, 2004; Khosla et al, 2005; Bontha and Kar, 2012; Das et al, 2013; Salvi et al, 2014; Jain et al, 2017; Priya Aditya et al, 2019; Jungari and Chinchore, 2022). Two studies have reported that women having three or more children faced higher risk of violence during pregnancy compared to women having less than three children (Peedicayil et al, 2004; Jungari and Chinchore, 2022). On the other hand, two others have reported that son preference was the main reason (Mahapatro et al, 2011; Jain et al, 2017). Women with a history of miscarriage or abortion (Das et al, 2013; Priya Aditya et al, 2019), pregnancy complications (Ramalingappa et al, 2018); and those married for a short period (Salvi et al, 2014) were also at higher risk of violence during pregnancy. Other risk factors that have been reported in the studies reviewed include higher maternal age (Bontha and Kar, 2012) and low social support (Peedicayil et al, 2004; Khosla et al, 2005). On the other hand, five studies did not report any specific risk factor attributed to violence against women during pregnancy.

## Discussion

This literature review is, to our knowledge, the first to focus upon the violence against women during pregnancy in India. There are many literature reviews that have focused on the broad topic of violence against women (Kalokhe et al, 2017; Halim et al, 2018; Jungari et al, 2022). Studies that have focused on the violence against women during pregnancy have indicated that violence against women during pregnancy in India is a reality and a challenging reproductive health issue. The presented study has attempted to compile and collate the evidence on the prevalence of violence against women during pregnancy and factors that contribute to the reported violence.

Estimates of the prevalence of violence against women during pregnancy, as revealed from different studies reviewed, has been found to wary widely presumably because of the differences in the definition of the violence against women during pregnancy and variation in the study design. Physical abuse has been reported to be the most frequently reported form of violence against women during pregnancy. The findings of this review are in consonance with reviews of violence in the developing

countries (Hill et al, 2016; Orpin et al, 2017; Jamieson, 2020). This review provides the compelling evidence that violence against women during pregnancy is a reality in India and there is a need of immediate action by the Government and all stakeholders to prevent this form of violence against women.

The key risk factor of the violence against women during pregnancy appears to be the use of alcohol by the husband. Other studies conducted in other parts of the world have also reported similar findings (Jeyaseelan et al, 2007; Wagman et al, 2018; Jungari and Chinchore, 2022). Lack of education or low education levels of either woman or her husband or both, irregular or no income, and son preference are also risk factors that increase the risk of violence against women during pregnancy.

The role of healthcare personnel in helping the victims of violence, particularly during pregnancy, has been the subject of debate (García-Moreno et al, 2015). Healthcare providers have first-hand opportunity to attend the victims of violence to provide treatment and to prevent further violence. However, many healthcare providers are not aware of how to deal with the victims of violence. The studies included in this review also highlight the lack of focus on the role of healthcare providers in responding to the needs of the victims of violence.

Most studies included in this review—nine out of sixteen—were conducted in a hospital setting. Their findings, though significant, may not necessarily be representative of the larger population and hence there is a need for more studies in non-hospital settings to fully understand the extent and nature of violence experienced by women during their pregnancy. There is an urgent need to conduct community-based studies in varied social, economic, and cultural settings - rural, urban, peri-urban, tribal and remote – to understand the context of violence against women during pregnancy. This is necessary because the behaviour of the people is very likely to be different in different settings which may significantly affect the nature and extent of violence inflicted on women during pregnancy.

The present review calls for innovative programmes and interventions for preventing violence against women during their pregnancy. Good practices to prevent violence against women during pregnancy that are being followed in other countries may be assessed for adaptation to the Indian context. It is also suggested that such interventions should be first implemented on a pilot basis to test their operational feasibility in the Indian context and only then should be scaled up to cover the entire country. There is also a need to institutionalise programmes and activities with children as targets to instil gender egalitarian attitudes at an early age. Such programmes and activities can ride on different community mobilisation schemes that are being implemented in the country. Educating partners about the importance of proper care and support during pregnancy and raising awareness about pregnancy-related complications are also some of the actions that have been found to have the potential to reduce episodes of violence against women during pregnancy if not eliminate them completely. Continuous monitoring of the condition of the victims of violence and creating a data base of women who experience violence during pregnancy

may help in designing and refining prevention strategies. Real-time data will be of immense value for policy makers, law enforcement officials, programme managers and service providers.

Research is also needed to understand factors that contribute to violence against women during pregnancy. Studies, in this direction should adopt diverse methodologies, including mixed-method approaches. Community-based studies may help in gaining valuable insights into the underlying causes of violence against women during pregnancy. Longitudinal studies may also be required to understand how violence against women during pregnancy begins and how it progresses with the progress of pregnancy. It is also important to analyse the consequences of the violence during pregnancy after delivery, during post-partum. The focus of these studies should be on the rural areas as most of the existing studies on the violence against women during pregnancy are confined to urban areas.

## Conclusion

The present review provides ample evidence to conclude that violence against women during pregnancy is a compelling issue in India that requires appropriate attention to address. The review also identifies different types of violence and their predictors. The review suggests that physical, and psychological violence is more common as compared to the sexual violence. Main risk factors of violence against women during pregnancy are alcohol use by the husband, lack or low level of education, son preference, and lack of social support for women. History of abortion has also been found to be an important factor. Continuous monitoring of the condition of the victims of the violence and creating a data base of women who have suffered from violence during pregnancy will help in the designing and refining prevention sand mitigation strategies. The present review calls for an innovative approach of planning and programming for preventing and mitigating the violence against women during pregnancy. Good practices being followed in other countries may be assessed for adaptation to the Indian context. It is also suggested that such interventions should first be implemented on a pilot basis to test their operational feasibility in the prevailing social, economic, and cultural context and only then they should be scaled up to cover the entire country. Real-time data on the violence against women during pregnancy would be of immense value for policy makers, law enforcement officials, programme managers and service providers. Immediate efforts are required from the government and the non-government organisations in this direction.

## Limitations

This review does not cover studies that have been published in languages other than English. It is possible that some important studies, which are not published in English are, therefore, missed. Another notable limitation is that only quantitative

studies have been considered and, therefore, qualitative studies highlighting underlying causes of violence against women during pregnancy are excluded.

Studies reviewed here have adopted different definitions, measurement methods and reference periods leading to lack of uniformity in reporting results and associated discussions. Studies reviewed here cover selected areas only and have adopted cross-sectional study design because of which it is not possible to understand in which trimester of the pregnancy, the woman is at the highest risk of violence.

## References

Ahmed S, Koenig MA, Stephenson R (2006) Effects of domestic violence on perinatal and early-childhood mortality: evidence from north India. *American Journal of Public Health* 96(8): 1423-1428.

Almeida FSJ, Coutinho EC, Duarte JC, Chaves CMB, Nelas PAB, Amaral OP, Parreira VC (2017) Domestic violence in pregnancy: prevalence and characteristics of the pregnant woman. *Journal of Clinical Nursing* 26(15-16): 2417-2425.

Arora S, Deosthali PB, Rege S (2019) Effectiveness of a counselling intervention implemented in antenatal setting for pregnant women facing domestic violence: a pre-experimental study. *British Journal of Obstetrics & Gynaecology* 126: 50-57.

Babua BV, Kar SK (2012) Abuse against women in pregnancy: a population-based study from Eastern India. *WHO South-East Asia Journal of Public Health* 1(2): 133-143.

Begum S, Donta B, Nair S, Prakasam CP (2015) Socio-demographic factors associated with domestic violence in urban slums, Mumbai, Maharashtra, India. *The Indian Journal of Medical Research* 141(6): 783-788.

Boyle MH (1998) Guidelines for evaluating prevalence studies. *Evidence-based Mental Health* 1(2): 37-39.

Chaudhuri S, Morash M, Yingling J (2014) Marriage migration, patriarchal bargains, and wife abuse: A study of South Asian women. *Violence Against Women* 20(2): 141-161.

Coker AL, Sanderson M, Dong B (2004) Partner violence during pregnancy and risk of adverse pregnancy outcomes. *Paediatric and Perinatal Epidemiology* 18(4): 260-269.

Das A, Mogford E, Singh SK, Barbhuiya RA, Chandra S, Wahl R (2012) Reviewing responsibilities and renewing relationships: an intervention with men on violence against women in India. *Culture, Health & Sexuality* 14(6): 659-675.

Das S, Bapat U, Shah MN, Alcock G, Joshi W, Pantvaidya S, Osrin D (2013) Intimate partner violence against women during and after pregnancy: a cross-sectional study in Mumbai slums. *BMC Public Health* 13(1): 1-12.

Dasgupta S, Fletcher EK (2018) Paying for violence? Spousal abuse and son preference in India. *The Journal of Development Studies* 54(7): 1217-1231.

Derakhshanpour F, Mahboobi HR, Keshavarzi S (2014) Prevalence of domestic violence against women. *Journal of Gorgan University of Medical Sciences* 16(1): 126-131.

Devries KM, Mak JY, Garcia-Moreno C, Petzold M, Child JC, Falder G, Watts CH (2013) The global prevalence of intimate partner violence against women. *Science* 340(6140): 1527-1528.

Dhar D, McDougal L, Hay K, Atmavilas Y, Silverman J, Triplett D, Raj A (2018) Associations between intimate partner violence and reproductive and maternal health outcomes in Bihar, India: a cross-sectional study. *Reproductive Health* 15(1): 1-14.

Ellsberg M, Arango DJ, Morton M, Gennari F, Kiplesund S, Contreras M, Watts C (2015) Prevention of violence against women and girls: what does the evidence say? *The Lancet* 385(9977): 1555-1566.

Finnbogadóttir H, Dykes AK, Wann-Hansson C (2014) Prevalence of domestic violence during pregnancy and related risk factors: a cross-sectional study in southern Sweden. *BMC Women's Health* 14(1): 1-13.

Fleury RE, Sullivan CM, Bybee DI (2000) When ending the relationship does not end the violence: Women's experiences of violence by former partners. *Violence Against Women* 6(12): 1363-1383.

García-Moreno C, Hegarty K, d'Oliveira AFL, Koziol-McLain J, Colombini M, Feder G (2015) The health-systems response to violence against women. *The Lancet* 385(9977): 1567-1579.

García-Moreno C, Pallitto C, Devries K, Stöckl H, Watts C, Abrahams N (2013) *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-partner Sexual Violence*. Geneva, World Health Organization.

García-Moreno C, Zimmerman C, Morris-Gehring A, Heise L, Amin A, Abrahams N, Montoya O, Bhate-Deosthali P, Kilonzo N, Watts C (2015) Addressing violence against women: a call to action. *The Lancet* 385(9978): 1685-1695.

Garg S, Singh MM, Rustagi R, Engtipi K, Bala I (2019) Magnitude of domestic violence and its socio-demographic correlates among pregnant women in Delhi. *Journal of Family Medicine and Primary Care* 8(11): 3634-3639.

Gebrezgi BH, Badi MB, Cherkose EA, Weldehaweria NB (2017) Factors associated with intimate partner physical violence among women attending antenatal care in Shire Endaselassie town, Tigray, northern Ethiopia: a cross-sectional study, July 2015. *Reproductive Health* 14(1): 1-10.

Halim N, Beard J, Mesic A, Patel A, Henderson D, Hibberd P (2018) Intimate partner violence during pregnancy and perinatal mental disorders in low and lower middle income countries: A systematic review of literature, 1990–2017. *Clinical Psychology Review* 66: 117-135.

Hill A, Pallitto C, McCleary-Sills J, Garcia-Moreno C (2016) A systematic review and meta-analysis of intimate partner violence during pregnancy and selected birth outcomes. *International Journal of Gynecology & Obstetrics* 133(3), 269-276.

Hillis S, Mercy J, Amobi A, Kress H (2016) Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics* 137(3): e20154079.

Hossieni VM, Toohill J, Akaberi A, HashemiAsl B (2017) Influence of intimate partner violence during pregnancy on fear of childbirth. *Sexual & Reproductive Healthcare* 14: 17-23.

Jain S, Varshney K, Vaid NB, Guleria K, Vaid K, Sharma N (2017) A hospital-based study of intimate partner violence during pregnancy. *International Journal of Gynecology & Obstetrics* 137(1): 8-13.

Jamieson B (2020) Exposure to interpersonal violence during pregnancy and its association with women's prenatal care utilization: A meta-analytic review. *Trauma, Violence, & Abuse* 21(5): 904-921.

Jejeebhoy SJ, Santhya KG, Acharya R (2010) Health and social consequences of marital violence: A synthesis of evidence from India. New Delhi, Population Council.

Jejeebhoy SJ, Santhya KG, Sabarwal S (2013) Gender-based violence: A qualitative exploration of norms, experiences and positive deviance. New Delhi, Population Council.

Jungari S (2021) Violent motherhood: prevalence and factors affecting violence against pregnant women in India. *Journal of Interpersonal Violence* 36(11-12): NP6323-NP6342.

Jungari S, Chauhan BG, Bomble P, Pardhi A (2022) Violence against women in urban slums of India: A review of two decades of research. *Global Public Health* 17(1): 115-133.

Jungari S, Chinchore S (2022) Perception, prevalence, and determinants of intimate partner violence during pregnancy in urban slums of Pune, Maharashtra, India. *Journal of Interpersonal Violence* 37(1-2): NP239-NP263.

Kalokhe A, Del Rio C, Dunkle K, Stephenson R, Metheny N, Paranjape A, Sahay S (2017) Domestic violence against women in India: A systematic review of a decade of quantitative studies. *Global Public Health* 12(4): 498-513.

Kalra G, Bhugra D (2013) Sexual violence against women: Understanding cross-cultural intersections. *Indian Journal of Psychiatry* 55(3): 244-249.

Koski AD, Stephenson R, Koenig MR (2011) Physical violence by partner during pregnancy and use of prenatal care in rural India. *Journal of Health, Population, and Nutrition* 29(3): 245-254.

Kumar A, Nizamie SH, Srivastava NK (2013) Violence against women and mental health. *Mental Health & Prevention* 1(1): 4-10.

Ludermir AB, Lewis G, Valongueiro SA, de Araújo TVB, Araya R (2010) Violence against women by their intimate partner during pregnancy and postnatal depression: a prospective cohort study. *The Lancet* 376(9744): 903-910.

Mahapatro M, Gupta RN, Gupta V, Kundu AS (2011) Domestic violence during pregnancy in India. *Journal of Interpersonal Violence* 26(15): 2973-2990.

Michalski JH (2004) Making sociological sense out of trends in intimate partner violence: the social structure of violence against women. *Violence Against Women* 10(6): 652-675.

Michau L, Horn J, Bank A, Dutt M, Zimmerman C (2015) Prevention of violence against women and girls: lessons from practice. *The Lancet*, 385(9978): 1672-1684.

Miller AM (2004) Sexuality, violence against women, and human rights: women make demands and ladies get protection. *Health and Human Rights* 7(2): 16-47.

Miller-Graff LE, Ahmed AH, Paulson JL (2018) Intimate partner violence and breastfeeding outcomes in a sample of low-income women. *Journal of Human Lactation* 34(3): 494-502.

Muthal-Rathore A, Tripathi R, Arora R (2002) Domestic violence against pregnant women interviewed at a hospital in New Delhi. *International Journal of Gynaecology & Obstetrics* 76(1): 83-85.

Muzik M, Bocknek EL, Broderick A, Richardson P, Rosenblum KL, Thelen K, Seng JS (2013) Mother–infant bonding impairment across the first 6 months postpartum: the primacy of psychopathology in women with childhood abuse and neglect histories. *Archives of Women's Mental Health* 16(1): 29-38.

Nayak MB, Patel V, Bond JC, Greenfield TK (2010) Partner alcohol use, violence and women's mental health: population-based survey in India. *The British Journal of Psychiatry* 196(3): 192-199.

Orpin J, Papadopoulos C, Puthussery S (2020) The prevalence of domestic violence among pregnant women in Nigeria: a systematic review. *Trauma, Violence, & Abuse* 21(1): 3-15.

Peedicayil A, Sadowski LS, Jeyaseelan L, Shankar V, Jain D, Suresh S, IndiaSAFE Group. (2004) Spousal physical violence against women during pregnancy. *British Journal of Obstetrics & Gynaecology* 111(7): 682-687.

Priya A, Chaturvedi S, Bhasin SK, Bhatia MS, Radhakrishnan G (2019). Are pregnant women also vulnerable to domestic violence? A community based enquiry for

prevalence and predictors of domestic violence among pregnant women. *Journal of Family Medicine and Primary Care* 8(5): 1575-1579.

Raj A, Sabarwal S, Decker MR, Nair S, Jethva M, Krishnan S, Silverman JG (2011) Abuse from in-laws during pregnancy and post-partum: qualitative and quantitative findings from low-income mothers of infants in Mumbai, India. *Maternal and Child Health Journal* 15(6): 700-712.

Ramalingappa PA, Anjali R, Sowmya KP (2018) Domestic violence in pregnancy and its adverse maternal and perinatal outcome: A prospective cohort study. *Religion* 401: 94-99.

Ritter J, Dasgupta A, Raj A, Decker MR, Nair S, Trivedi A, Silverman JG (2021) Measuring gender-based household maltreatment in urban slums of Mumbai, India. *Journal of Interpersonal Violence* 36(19-20): 9232-9254.

Salvi P, Pardeshi G, Bhosale R, Chandanwale A (2014) Magnitude and risk factors for physical domestic violence during pregnancy. *International Journal of Scientific Study* 2(9): 69-73.

Sarkar NN (2013) The cause and consequence of domestic violence on pregnant women in India. *Journal of Obstetrics and Gynaecology* 33(3): 250-253.

Shroff MR, Griffiths PL, Suchindran C, Nagalla B, Vazir S, Bentley ME (2011) Does maternal autonomy influence feeding practices and infant growth in rural India? *Social Science & Medicine* 73(3): 447-455.

Silverman JG, Balaiah D, Decker MR, Boyce SC, Ritter J, Naik DD, Raj A (2016) Family violence and maltreatment of women during the perinatal period: associations with infant morbidity in Indian slum communities. *Maternal and Child Health Journal* 20(1): 149-157.

Silverman JG, Balaiah D, Ritter J, Dasgupta A, Boyce SC, Decker MR, Raj A (2016) Maternal morbidity associated with violence and maltreatment from husbands and in-laws: findings from Indian slum communities. *Reproductive Health* 13(1): 1-11.

Spiwak R, Logsetty S, Afifi T O, Sareen J (2015) Severe partner perpetrated burn: Examining a nationally representative sample of women in India. *Burns* 41(8): 1847-1854.

Supraja TA, Varghese M, Desai G, Chandra PS (2016) The relationship of gender preference to anxiety, stress and family violence among pregnant women in urban India. *International Journal of Culture and Mental Health* 9(4): 356-363.

Tavoli Z, Tavoli A, Amirpour R, Hosseini R, Montazeri A (2016) Quality of life in women who were exposed to domestic violence during pregnancy. *BMC Pregnancy and Childbirth* 16(1): 1-7.

Wagman JA, Donta B, Ritter J, Naik DD, Nair S, Saggurti N, Raj A, Silverman JG (2018) Husband's alcohol use, intimate partner violence, and family maltreatment of low-income postpartum women in Mumbai, India. *Journal of Interpersonal Violence* 33(14): 2241-2267.

Weitzman A (2020) The sex of firstborn children and intimate partner violence in India. *Violence Against Women* 26(6-7): 590-613.