

Prevalence of Intimate Partner Violence and Associated Factors Among Antenatal Women: A Cross-Sectional Study

¹Himanshu Vyas, ²Pratibha Singh, ³Arti, ⁴Hem Lata, ⁵Inbarasi A, ⁶Jyoti, ⁷Ekta, ⁸Geeta Choudhary, ⁹Guddi Choudhary

¹Associate Professor, College of Nursing, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India, ²Professor and Head, Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India, ^{3,4}Tutor, College of Nursing, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India, ⁵Nursing Officer, All India Institute of Medical Sciences, Mangalagiri, India, ⁶Nursing Officer, All India Institute of Medical Sciences, Rishikesh, India, ^{7,8,9}B.Sc. Nursing Student, College of Nursing, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India

How to cite this article: Himanshu Vyas, Pratibha Singh, Arti, Hem Lata, Inbarasi A, Jyoti, Ekta, Geeta Choudhary, Guddi Choudhary. "Prevalence of Intimate Partner Violence and Associated Factors Among Antenatal Women: A Cross-Sectional Study". Indian Journal of Forensic Medicine & Toxicology / Vol 20 No. 1, January - March 2026

Abstract

Intimate Partner Violence (IPV) is defined as any behaviour pattern observed in an intimate relationship that causes physical, mental, emotional, or sexual harm to one's partner. This study aimed to determine the prevalence of IPV among pregnant women attending antenatal services. A non-experimental, descriptive survey was conducted involving pregnant women attending the OPD services at AIIMS Jodhpur. Data was collected through a self-administered questionnaire, comprising 200 pregnant women, of whom about 5.5% reported experiencing IPV. The majority (81%) reported physical violence and sexual abuse, 72.72% experienced a sense of threat and controlling behaviour from their partner, and 81% reported restricted access to antenatal care services. Further research should focus on identifying key factors affecting women and associated with IPV.

Keywords: Prevalence, Intimate Partner Violence, Gender Based Violence, Antenatal women

Introduction or Background

Antenatal women need support during pregnancy and become physically and psychologically dependent. It gives a whole new meaning to life of her, if her intimate partner provides support and emotional strength during this time. However, current reports have shown that every 1 in 3, that is

to say roughly 30% of women worldwide, according to the World Health Organisation, 2024, have been subjected to physical or sexual Intimate Partner Violence and nearly 18% of women aged 15-49 reported Intimate Partner Violence (IPV) in the previous 12 months.^{1,2}

IPV is the most prevalent form of Gender-Based Violence. The World Health Organisation addressed

Corresponding Author: Hem Lata, Tutor, College of Nursing, All India Institute of Medical Sciences, Jodhpur India

E-mail: hemlata19.sadhanu@gmail.com

Submission: Aug 26, 2025

Revision: October 3, 2025

Published date: January 29, 2026

Intimate Partner Violence (IPV) as behaviour by an intimate partner that causes physical, sexual, psychological harm, including physical aggression, sexual coercion, psychological abuse and control behaviour.

A Systematic review revealed that the prevalence of IPV among the global population is 1-20% & in the Asian population is 4-48%, but in India, it is 21-28%.³ NFHS V highlighted, 29.3% of women after marriage and 3.1% of pregnant women in India simultaneously 24.3% of women and 2.1% of pregnant women in Rajasthan have been subjected to violence⁴ causing a multifaceted impact on physical and mental health of the mother and new born health.

A recent study has shown that certain risk factors increase the prevalence of IPV during pregnancy. These risk factors include a history of violence, low socioeconomic status, poor social support, substance abuse, low level of education, being young age, early age at marriage, being a full-time housewife, and living in a rural area.⁵

Pregnancy-related variables like male dominance in economic and decision-making autonomy in the family are a precursor of IPV. IPV can have serious consequences for the mother and unborn child, & Family. IPV leads to both acute injuries and profound longer term challenges to health and well-being.

In India, women are still socially limited within the bounds of society and essential norms of marriage, as they hesitate to disclose information. A study undertaken in Lok Nayak hospital, Delhi, with 1500 Antenatal participants, prevalence of IPV was noticed to be 29.7% and victims were recognised with 47.2% of poor weight gain during pregnancy, 12.7% had preterm delivery and significantly low birth weight of new-borns (32.1% v/s 22.3%).⁶

Health care providers play a critical role in identifying and interpreting IPV among pregnant women, along with providing support and communicating resources to help them stay safe. There are manoeuvres available for victims of IPV (Intimate Partner Violence), for instance, women's

helpline, shelter, and counselling services. We must strive to raise awareness about this issue and join forces to prevent and address intimate partner violence in all.⁷

To encourage the reporting of such events, our study will try to screen the pregnant women visiting our tertiary care hospital for regular antenatal care services to determine the prevalence of Intimate Partner Violence (IPV). It is necessary to educate society, increase awareness, and provide women with the necessary resources to prevent and address intimate partner violence to ensure healthy pregnancies and safe environments for women and their unborn children.

Material and Methods

Design and Participants

A non-experimental descriptive survey study design was used to meet the objectives of the study. The target population was Antenatal women attending antenatal OPD services at the All India Institute of Medical Sciences, Jodhpur, Rajasthan, India. The convenient sample technique was used, and a total 200 sample size was estimated by power analysis using formula $n = (Z^2 \times p \times (1-p)) / d^2$, with $Z = 1.96$, $p = 0.5$ and $d = 0.07$. The calculated sample size was 192 which was approximated to 200). The inclusion criteria consisted of all antenatal women attending the antenatal OPD of the hospital, while those women who were currently not residing with their spouse / Intimate Partner were excluded.

Instruments

Data was collected by a self-structured questionnaire of Sociodemographic data and Intimate Partner Assessment Scale. Sociodemographic includes the participants' information such as age, education and occupation of antenatal women and her husband/partner, religion, duration of marriage, parity, gravidity, period of gestation, and socioeconomic status. The validity and reliability are checked, and the instruments are found to be reliable. Approximately 10-15 minutes were taken to complete the questionnaire. The pilot study was conducted on 20 antenatal women at the Antenatal

OPD in AIIMS Jodhpur, and was found to be feasible to conduct the study.

Results and Discussion

Demographic Characteristics of the Participants

The frequency and percentage distribution of the demographic characteristics of participants in the study and the mean age & period of gestation of participants are presented in Table 1.

Table 1. Socio-demographic variables of participants N=200

Sociodemographic variables	F	(%)
Age (in years)		
≤25	115	57.5
>25	85	42.5
Mean ± Standard Deviation	25.13 ± 2.99	
Educational qualification (respondent)		
No formal education	31	15.5
Primary	50	25.0
Secondary/senior secondary	73	36.5
Graduation and above	46	23.0
Educational qualification of partner		
No formal education	27	13.5
Primary	42	21.0
Secondary/senior secondary	72	36.0
Graduation and above	59	29.5
Occupation of respondent		
Homemaker	145	72.5
Govt/private job	55	27.5
Occupation of partner		
Daily wage worker	140	70.0
Govt/private job	60	30.0

Duration of marriage		
<1 yr	60	30.0
1-5yr	109	54.5
>5yr	31	15.5
Religion		
Hindu	184	92.0
Muslim	16	8.0
Monthly family income (in rupees)		
Less than 25000	54	27.0
Between 25000-50000	84	42.0
More than 50000	62	31.0
Gravida		
1	89	44.5
2	77	38.5
3	26	13.0
4	5	2.5
5	3	1.5
Parity		
Nullipara	96	48.0
1	74	37.0
2	25	12.5
3	3	1.5
4	2	1.0
Substance abuse by partner		
Present	50	25.0
Absent	150	75.0
Period of gestation (in trimester)		
First trimester	30	15.0
Second trimester	134	67.0
Third trimester	36	18.0
Mean ± Standard Deviation	22.65 ± 7.16	

The mean age of participants was 25.13 ± 2.99 years. Regarding education, about 36.5% of respondents and their partners (36%) had completed secondary or senior secondary education. In terms of occupation, the majority of respondents (72.5%) were homemakers, while partners (70.0%) were daily wage workers. More than half (54.5%) of the respondents were married for one to five years. Nearly all (92.0%) of participants were Hindus, and about 42.0% family income was in between ₹ 25,000–₹ 50,000

Looking at the gravidity distribution showed 44.5% were primigravida (Gravida 1), 38.5% gravida 2, 13.0% gravida 3, with smaller percentages for higher gravidity. Parity data indicated 48.0% were nulliparous, 37.0% had one child, and the rest had two or more children. The mean period of gestation was 22.65 ± 7.16 weeks. Substance abuse among partners was reported by 25.0% of respondents, while 75.0% reported its absence.

Prevalence of Intimate Partner Violence

In our study findings regarding prevalence of Intimate Partner Violence was 5.5% (11) in the study population. The majority of respondents, 81% confirmed with physical hurt in the form of slapping, hitting and also sexual abuse from their intimate partner. 72.72% reported with sense of threat and a controlling attitude shown by their partner. The majority (81%) of women reporting IPV were restricted from access to antenatal care services by their intimate partners. (Fig. 1) Among

antenatal women confirming IPV majority, 72.72%⁸ them tried to acquire help to cease violence towards them. However, negligence of care by the partner was notably seen at 8% of the total participants of the 200 sample.

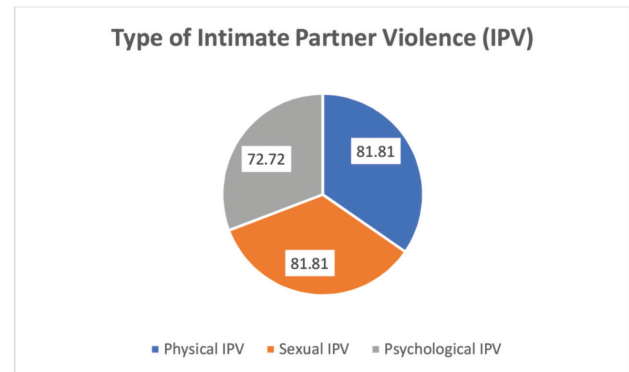


Figure 1: Type of Intimate Partner Violence

Association between Victims and Non-victims of Intimate Partner Violence with selected Socio-demographic variables: Chi-Square Analysis Findings

Table 2 represents the association between Victims and Non-victims of Intimate Partner Violence with selected socio-demographic variables by executing a chi-square test, which is robust as per the categorical distribution. The analysis revealed that age was significantly associated with IPV ($\chi^2 = 11.162$, $p = 0.001$), with a higher proportion of victims (90.90%) being over the age of 25, compared to only 39.68% among non-victims. The correlation strength of 23.6% indicates a moderate relationship.

Table 2. Findings of Chi-Square Analysis containing Intimate Partner Violence association with Victims and Non victims of IPV with socio-demographic variables.

Socio- Demographic Variables	Intimate Partner Violence		χ^2	p	Correlation Value (%)
	Victims (N=11), F(%)	Nonvictims (N=189), F(%)			
AGE (in years)					
≤25	1(9.0)	114(60.3)	11.162	0.001*	23.6
>25	10(90.9)	75(39.6)			

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DURATION OF MARRIAGE					
Less than 1 yr	0(0)	60(31.7)	10.230	0.006*	15.9
1-5 yr	6(54.5)	103(54.4)			
More than 5 yr	5(45.4)	26(13.7)			
GRAVIDA					
1	0(0)	89(47.0)	65.250	0.000*	57.2
2	3(27.2)	74(39.1)			
3	3(27.2)	23(12.1)			
4	4(36.3)	1(0.5)			
>4	1(9.0)	2(1.0)			
PARITY					
nullipara	0(0)	96(50.7)	45.213	0.000*	27.4
1	3(27.2)	71(37.5)			
2	5(45.4)	20(10.5)			
3	2(18.1)	1(0.5)			
4	1(9.0)	1(0.5)			
SUBSTANCE ABUSE BY PARTNER					
Present	6(54.5)	44(23.2)	5.419	0.020*	16.4
absent	5(45.4)	145(76.7)			

Note: The correlation is significant at 0.05 level.
 $\chi^2 = \text{Chi-square value}$, $p = \text{Significance level}$.

The duration of marriage also showed a significant association with IPV ($\chi^2 = 10.230$, $p = 0.006$), with a correlation value of 15.9%, suggesting a low to moderate association; notably, women married for more than five years experienced elevated rates of IPV. A strong alliance was found linking gravida (number of pregnancies) and IPV ($\chi^2 = 65.250$, $p = 0.000$), with a high correlation of 57.2%, indicating that IPV was more prevalent among women with higher gravidity. This trend was mirrored in parity ($\chi^2 = 45.213$, $p < 0.001$), where all IPV victims had at least one child, and most had two or more. It has a moderate correlation of 27.4%, suggesting that having more children increases the risk of experiencing IPV.

Furthermore, a statistically significant association was observed between substance abuse by the partner and IPV ($\chi^2 = 5.419$, $p = 0.020$) with a correlation of 16.4%, indicating a small but meaningful association.. More than half of the victims (54.54%) reported substance abuse by their partners, compared to only 23.28% among non-victims.

These findings highlight that factors such as older age, longer marriage duration, higher pregnancy and birth rates, and substance abuse by the partner are important correlates of intimate partner violence among women.

Discussion

Intimate Partner Violence remains a persistent and deeply rooted issue, often normalised within the

socio-cultural fabric of Indian society, especially in patriarchal regions. Our study findings suggest the prevalence rate of Intimate Partner Violence among antenatal women was 5.5%. These findings are similar to the descriptive as well as systematic review analysis, where prevalence ranges from 1- 28%.^{8,9}

Further, among the IPV Victim participants, about 81% reported experiencing physical violence—including slapping and hitting—as well as sexual abuse (72.72%) from their intimate partners. Their findings were partially consistent with a study where participants had 7.7 to 27.9% had physical violence and 18.1 to 79.8% had psychological violence.¹⁰⁻¹² This high percentage indicates that physical and sexual abuse remains a pervasive issue in intimate relationships and highlights the urgent need for targeted interventions and support systems.

The present study findings showed that age emerged as a significant predictor of IPV, with a higher prevalence among women over the age of 25 ($\chi^2 = 11.162$, $p = 0.001$), and a moderate correlation strength of 23.6% suggests that as women age, they may face increased exposure to IPV. The variables of pregnancy, like gravida and parity, are significantly associated with the occurrence of IPV. They are the strong predictors of IPV, suggesting that women who have experienced multiple pregnancies are more likely to be victims of IPV.

Another significant result showed that women married for more than five years report higher rates of violence. It may be due to repeated exposure to conflict, unmet expectations, or economic stressors may contribute to the development or persistence of violent behaviour in intimate relationships.

Lastly, but important findings present that participants' partners who were abusing substances were abusing their partners. These findings were consistent with many systematic reviews and meta-analyses.¹³ It may be because substance abuse impairs judgment, increases impulsivity, lowers inhibition, and leads to aggression.

Strengths and Limitation of The Study

This study is among the first of its kind to explore the prevalence and correlates of intimate partner violence (IPV) among antenatal women in North India, specifically in Rajasthan. By focusing on this vulnerable population, the study fills a critical gap in regional public health and maternal care research.

The study was conducted in a single hospital setting, which may limit the generalizability of the findings to the broader population of antenatal women across North India. Also, Sample size was relatively limited, and the study relied on self-reported data, which may be subject to underreporting due to stigma, fear, or social desirability bias.

Implications

The findings of this study have several inferences for public health practice, maternal healthcare, and policy formulation in India, particularly in Rajasthan.

Primarily initiating early Screening and identification of IPV among antenatal women for prompt implementation, assisting and counselling the antenatal women as well as the community. Enhancing the horizon of Maternal Health Services, considering the psychosocial support through aided guidance from social workers, legal assets, and protective care within the hospital, ensuring holistic needs are met.

Tailored policies, rules and regulations on state and national levels addressing the areas of concern, promoting gender equality, empowering women's education and presenting uniform opportunities to express opinions to women to be furnished.

Collaboration with the community and their active engagement towards maternal needs, besides educational campaigns be beneficial in rural and semi-urban areas to elude men and community leaders confronting their harmful and injurious behaviour.

Considering the study a novice, delving further into larger cohort, multicentric and longitudinal

studies would ensure a better understanding and be effective for locating favourable interventions.

Conclusion

This study explored the prevalence of intimate partner violence (IPV) among pregnant women attending antenatal care services and found notably in antenatal women of Jodhpur, Rajasthan. Crucial factors associated with the cause were marriage duration, parity, and partner's substance abuse appeared highlighting the vulnerability of pregnant women to maternal and fetal health and welfare to bargain. Considering the study to be prime on such a delicate topic, it provides notable insight into identifying exposed women and improving clinical screening for early identification, along with prompt interventions. Emphasising overall community awareness and featuring supportive policies at the root level are necessary to apprise the responsiveness towards antenatal women.

- **Funding Sources:** Nil
- **Ethical Clearance/Statement of Ethics:** Ethical approval to conduct the study was obtained from the Institutional Ethics Committee of AIIMS, Jodhpur, with IEC No. - AIIMS/IEC/2023/5543. Informed consent was obtained from Antenatal Women attending the antenatal OPD before data collection, after explaining the procedure. Participants were allowed to leave the study at any moment if they wished to discontinue their participation in the study. Confidentiality regarding the data was assured to get cooperation throughout the procedure of data collection.
- **Conflicts of interest statement:** None Declared

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