

Postnatal Mothers' Knowledge of Domestic Violence Against Women During Pregnancy

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ABSTRACT

Introduction: Domestic violence against women poses a significant global public health challenge, particularly jeopardizing the well-being of mothers and their children, when occurring during pregnancy. In Nepal, women and girls frequently experience physical, psychological, economic, and sexual abuse within families, communities, and society at large. Such acts are criminal offenses under Nepalese law, with stringent penalties. The Constitution of Nepal explicitly prohibits justification of violence based on religious, social, cultural, or any other grounds. Victims are encouraged to seek support from government health services, women's organizations, and shelters, where they can receive counseling and assistance. This study aimed to identify the postnatal mothers' knowledge of domestic violence against women during pregnancy.

Methods and materials: Cross-sectional descriptive research was conducted among 302 purposively selected postnatal mothers who attended Patan Hospital. The data were collected through a face-to-face interview schedule after obtaining ethical approval from the Institutional Review Committee of Patan Academy of Health Sciences IRC-PAHS, Lagankhel, Lalitpur. Data were analyzed IBM SPSS Statistics version 20.0 using descriptive statistics.

Results: Out of the 302 respondents surveyed, the highest level of knowledge was found regarding physical violence (96.7%), followed by sexual violence (94.7%) and emotional violence (78.1%). Nearly two-thirds of the respondents (64.3%) indicated knowledge of legal provisions in Nepal to address domestic violence. Almost all respondents (94%) identified mothers-in-law as the primary perpetrators, followed by husbands (46.7%), sisters-in-law (22.2%), and fathers-in-law (17.9%). Only 28.8% of the respondents considered the maternal home a suitable place to report incidents of violence if they occur. Actions such as slapping, twisting arms, pulling hair, punching with fists, kicking, dragging, or beating were commonly mentioned as domestic violence by the mothers surveyed.

Conclusion: This study concludes that postnatal mothers had a high knowledge of physical, sexual, and emotional violence, with significant recognition of mothers-in-law as primary perpetrators. Thus, it is necessary to educate mothers-in-law about respectful behavior and the consequences of domestic violence, aiming to reduce perpetration rates and enhance familial harmony in Nepalese households.

Key Words: Domestic Violence, Knowledge, Postnatal mother

INTRODUCTION

There are various terms used globally to define domestic violence (DV), including Intimate Partner Violence (IPV) and Violence Against Women (VAW).^{1,2} According to the World Health Organization (WHO), DV encompasses violence against women and is widely recognized as one of the most prevalent forms of violence experienced by women worldwide. According to Nepal's Domestic Violence Act, "Domestic Violence" refers to any physical, mental, sexual, or economic harm inflicted by a person upon a family member, which also encompasses acts of reprimand or emotional harm.³ For this study, domestic violence against women is defined as any form of violence (including physical, sexual, emotional, and others) inflicted upon them by their husbands or any member of their household.

Violence against women poses a significant public health challenge and violates their fundamental human rights. It has adverse effects on women's physical, mental, sexual, and reproductive health,⁴ and also impacts their lives, as well as those of their children, while imposing economic and social burdens on their families, communities, and nations.⁵ Among various forms of violence, intimate partner violence is the most prevalent. During pregnancy, intimate partner violence increases the risks of miscarriage, stillbirth, preterm delivery, and low birth weight, and is associated with conditions such as depression, post-traumatic stress disorder, sleep disturbances, and suicidal attempts. Women experience violence due to factors such as lower educational attainment, cultural norms, unemployment, gender inequality, challenges in interpersonal communication, and controlling behaviors by male partners.⁶ Violence against women varies in type and severity, impacting women differently based on individual circumstances, yet it can affect any woman worldwide, regardless of cultural, religious, or economic background.⁵

Approximately 30% of women globally have experienced physical and/or sexual violence at some point in their lives.⁴ Across studies, the prevalence rates differ: physical violence was found in 9.3% of cases (126 studies, 220,462 participants), psychological violence in 18.7% (113 studies, 189,630 participants), sexual violence in 5.5% (98 studies, 155,324 participants), and any form of intimate partner violence (IPV) in 25.2% (118 studies, 124,838 participants). IPV rates vary significantly across continents, with Africa showing the highest rates and Europe the lowest ($p < 0.001$).⁷

The WHO multi-country study showed the prevalence of physical intimate partner violence in pregnancy to range between 1% in Japan city to 28% in Peru province, likewise 10% in Bangladesh city, 8% in Brazil, and 4% in Thailand city⁸ and in eastern India the prevalence of physical, psychological and sexual domestic violence during a recent pregnancy was 7.1%, 30.6%, and 10.4% respectively.⁹ The lifetime prevalence during all pregnancies was 8.3%, 33.4%, and 12.6% respectively.⁹ The previous studies revealed the different prevalence among countries such as Australia, Denmark, Cambodia, and the Philippines (2%), and Uganda among ever-pregnant (13.5%).¹⁰ However, the prevalence was higher in African and Latin American countries than European and Asian countries.¹⁰ In Nepal, domestic violence affects 21%-24.5% of pregnant women.^{11,12} The local community is aware of the various forms of violence among pregnant women.¹³ A high percentage of youth students (98.3%) are familiar with domestic violence during pregnancy, particularly physical abuse.¹⁴ Additionally, 90% of women possess a high level of knowledge of domestic violence.¹⁵ There is a lack of evidence concerning the level of knowledge about domestic violence among Nepalese postnatal mothers. This gap hinders the ability to understand and address their awareness of domestic violence issues

and their access to appropriate support services during the postnatal period. Thus, assessing knowledge of domestic violence among postnatal mothers is essential to ensure they are informed about signs, risks, and available support services. It helps empower mothers to recognize and seek help for domestic violence, promoting their health and well-being during a vulnerable period. Thus, this study aimed to identify the knowledge of domestic violence against women during pregnancy.

METHODS AND MATERIALS

A descriptive cross-sectional study was conducted in Patan Hospital, Lalitpur, Nepal. Non-probability purposive sampling technique was used to select the sample (N = 302 postnatal mothers). The sample size was 302 calculated using the following formula: Sample size (with replacement or infinite population) = $z^2 * pq / e^2$, where p = 27.2% (Prevalence of domestic violence during pregnancy 27.2% based on prior literature)¹⁶ q = 1-p (i.e., 72.8%), margin of error (e) = 5%, and z-value = 1.96. All the postnatal mothers admitted to the Postnatal ward of Patan Hospital after delivering a baby through any mode of delivery were included in the study. However, postnatal mothers who were health personnel such as Female Community Health Volunteers, Auxiliary Nurse Midwives, Auxiliary Health workers, Health assistants, Nurses, and Doctors, and who had a stillbirth and neonatal death, were exclusion criteria. The questionnaire was developed based on the structure of the NDHS 2011 survey questionnaire and underwent validation for content adequacy and relevance by two experts affiliated with Kathmandu University and Dhulikhel Hospital in Nepal, both experienced in this field. Following feedback from these experts, the questionnaire on domestic violence was refined and finalized. Permission

to utilize the Nepali version of the questionnaire was granted by New Era. Data were collected through a face-to-face interview separately with each respondent using structured questions after obtaining informed consent from September 2018 to February 2019. Before data collection, the respondents were explained about the study and its purpose. Privacy was maintained by interviewing the respondents separately and confidentiality was assured by not disclosing the information to others, giving a separate code number to each respondent, and using information only for study purposes. The ethical approval was obtained from the Institutional Review Committee of Patan Academy of Health Sciences (IRC-PAHS) (Ref. no. 1808031210) Lagankhel, Lalitpur. Data were analyzed by using IBM SPSS Statistics version 20.0 and descriptive, frequency, percentage, and mean were used. This study is one part of the study on the title mothers' knowledge and experience of domestic violence against women during pregnancy.

RESULTS

Among 302 respondents more than half of respondents (63.2%) fall within the age group 20-30 years, few number of respondents (2%, 2.6%) were within the 41- 43 years and less than 20 years of age respectively and mean age of respondents was 27.9 years (SD:5.39). One-third of respondents (37.4%) have completed a higher secondary level education and 52% of respondents have been living with a joint family. Details of the sociodemographic information can be found in a previously published article.¹⁷

Among 302 respondents, the majority of respondents have knowledge of physical violence (96.7%) followed by sexual (94.7%) and emotional (78.1%) (Table 1).

Table 1: Overall knowledge of violence during pregnancy (N=302)

Knowledge of type of violence	Yes		No	
	n	(%)	n	(%)
Physical Violence	292	(96.7)	10	(3.3)
Sexual Violence	286	(94.7)	16	(5.3)
Emotional Violence	236	(78.1)	66	(21.9)

The respondents demonstrated knowledge levels of 96.7% for physical violence, 94.7% for sexual violence, and 78.1% for emotional violence (Table 1).

Approximately three-fourths of the respondents knew that threatening to hurt or harm (77.4%) and insulting or making someone feel bad (72.9%) constituted forms of emotional violence. The majority of respondents (95.4%) knew slapping as physical violence, and an equal percentage (94.7%) identified actions such as twisting arms or pulling hair, punching with a fist, kicking, dragging, or beating as forms of physical violence. The respondents were knowledgeable about other forms of physical violence: 94.1% recognized actions like pushing, shaking, or throwing something at someone; 93.4% acknowledged attempts to choke or burn someone; and 92.8% understood threats or attacks involving knives, guns, or other weapons. Almost all respondents knew that physically forcing someone to have sexual intercourse (92.7%) and coercing someone to perform sexual acts against their will (92.1%) constitute forms of sexual violence (Table 2).

The respondents demonstrated knowledge of various forms of violence during pregnancy as highlighted by the study. A significant majority, 94.0%, acknowledged instances

where women were asked to undergo forced divorce while pregnant. Nearly as many, 93.3%, recognized threats of divorce made by husbands or in-laws during pregnancy as a form of abuse. Additionally, 92.7% were aware of cases where women were pressured to undergo forced abortions, and the same percentage understood that being abused for not bearing a son constituted violence.

Furthermore, the respondents were aware that during pregnancy, women not receiving adequate care when too ill (90.0%), facing increased workloads (89.4%), and being compelled to deliver at home without medical assistance (89.1%) were considered forms of violence. Moreover, 88.4% were aware of instances where women were prevented from attending antenatal care visits, and 58.3% knew that women were not given nutritious food during pregnancy. Additionally, 81.5% of respondents recognized that denying adequate food during pregnancy also constituted a form of violence against women. These findings underscore the breadth of awareness among respondents regarding various forms of violence experienced by pregnant women, highlighting critical areas where support and intervention are needed to address these issues effectively (Table 2).

Table: 2 Response on type of violence (N=302)

Statements	Yes		No		Don't know	
	n	(%)	n	(%)	n	(%)
Emotional violence						
Threaten to hurt or harm	234	(77.4)	34	(11.3)	34	(11.3)
Insult or make feel bad	220	(72.9)	46	(15.2)	36	(11.9)
Say or do something to humiliate in front of others	204	(67.5)	64	(21.2)	34	(11.3)
Physical violence						
Slap	288	(95.4)	4	(1.3)	10	(3.3)
Twist arm or pull hair	286	(94.7)	4	(1.3)	12	(4.0)
Punch with a fist or with something that could hurt	286	(94.7)	4	(1.3)	12	(4.0)

Kick, drag, or beat up	286 (94.7)	4 (1.3)	12 (4.0)
Push, shake or throw something at you	284 (94.1)	8 (2.6)	10 (3.3)
Try to choke or burn	282 (93.4)	4 (1.3)	16 (5.3)
Threaten or attack with a knife, gun, or any other weapon	280 (92.8)	8 (2.6)	14 (4.6)
Sexual violence			
Physically forced to have sexual intercourse even when women did not want to.	280 (92.7)	4 (1.3)	18 (6.0)
Forced to perform any sexual acts when women did not want to.	278 (92.1)	8 (2.6)	6 (5.3)
Other forms of violence			
Asked to go for forced divorce during pregnancy	284 (94.0)	2 (0.7)	16 (5.3)
Threatened with divorce by husband or in-laws during pregnancy	282 (93.3)	2 (0.7)	18 (6.0)
Asked to go for forced abortion	280(92.7)	2 (0.7)	20 (6.6)
Abused for not bearing a son	280 (92.7)	4 (1.3)	18 (6.0)
Not given nutritious food during pregnancy	176 (58.3)	114 (37.7)	12 (4.0)
Not cared for when women were too ill during pregnancy	272 (90.0)	18 (6.0)	12 (4.0)
Increased workload during pregnancy	270 (89.4)	16 (5.3)	16 (5.3)
Forced to deliver at home	269 (89.1)	17 (5.6)	16 (5.3)
Not allowing antenatal care visits	267 (88.4)	17 (5.6)	18 (6.0)
Not given enough food to eat during pregnancy	246 (81.5)	32 (10.6)	24 (7.9)

The respondents identified various reasons for domestic violence against women in the study. These included lack of education among women themselves (67.2%), cultural and traditional practices (62.6%), societal acceptance of violence (62.3%), alcoholism

among husbands (56%), low economic status of the family (51.7%), and gender inequality (30.4%) as contributing factors (Table 3). These findings highlight a range of underlying factors perceived by respondents as influencing domestic violence against women.

Table 3. Response on reason of domestic violence against women during pregnancy (N = 302)

Statement	Yes n (%)	No n (%)	Don't know n (%)
Lack of education of women herself	203 (67.2)	23 (7.6)	76 (25.2)
Cultural and traditional practices	189 (62.6)	20 (6.6)	93 (30.8)
Acceptance/ adjusting of violence by women	188 (62.3)	29 (9.6)	85 (28.1)
Alcoholic husband	169 (56.0)	46 (15.2)	87 (28.8)
The low economic status of the family	156 (51.7)	49 (16.2)	97 (32.1)
Gender inequality	92 (30.4)	44 (14.6)	166 (55.0)

The respondents in this study identified several consequences of domestic violence. These included psychological problems (89.4%), physical injuries and disabilities for women

(55.3%), intrauterine fetal death (50.3%), low birth weight (46.4%), and self-injurious behaviors such as smoking, alcoholism, and drug abuse (45%) (Table 4).

Table 4. Response on health consequences of domestic violence against women during pregnancy (N=302)

Statement	Yes n (%)	No n (%)	Don't know n (%)
Psychological problem	270 (89.4)	2 (0.7)	30 (9.9)
Physical injuries and disability for women	167 (55.3)	20 (6.6)	115 (38.1)
Intrauterine fetal death	152 (50.3)	10 (3.3)	140 (46.4)
Low birth weight baby	140 (46.4)	14 (4.6)	148 (49.0)
Self-injurious behaviors (smoking, Alcoholism, drug abuse)	136 (45.0)	32 (10.6)	134 (44.4)
Abortion	135 (44.7)	16 (5.3)	151 (50.0)
Premature delivery/labor	125 (41.4)	18 (6.0)	159 (52.6)

Suicide and death	124 (41.1)	54 (17.9)	124 (41.1)
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The majority of respondents (94%) knew that the mother-in-law was a perpetrator of violence. In contrast, fewer respondents mentioned the husband (46.7%), with smaller

percentages identifying the sister-in-law (22.2%) and father-in-law (17.9%) as perpetrators of violence (Table 5).

Table 5. Response on the perpetrator of domestic violence against women during pregnancy (N=302)

Statement	Yes	No
	n (%)	n (%)
Mother-in-law	284 (94.0)	18 (6.0)
Husband	141 (46.7)	161 (53.3)
Sister-in-law	67 (22.2)	235 (77.8)
Father-in-law	54 (17.9)	248 (82.1)

Among the 302 respondents, 28.8% indicated that the maternal side is a suitable place for reporting incidents of violence, while 23.2% mentioned the police as the best place to report

such events. Additionally, approximately two-thirds of the respondents (64.3%) stated that Nepal has legal provisions against domestic violence (Table 6).

Table 6. Response on places to report incidents and existing legal provisions in Nepal against domestic violence (N = 302)

Statements	n (%)
A place to report incident of violence	
Maternal side	87 (28.8)
Police	70 (23.2)
Friends	42 (13.9)
Neighbourhood	30 (9.9)
Others	73 (24.2)
An existing legal provision in Nepal	
Yes	194 (64.3)
No	24 (7.9)
Don't know	84 (27.8)

DISCUSSION

Domestic violence during pregnancy poses a significant global issue affecting individuals, including mothers, unborn children, children, families, and entire communities. According to the Nepal Demographic and Health Survey (NDHS), approximately 6% of pregnant women in Nepal experience domestic violence, with husbands identified as the primary perpetrators.¹⁸ Factors contributing to this violence include low levels of maternal and husband's education, alcoholism among husbands, societal norms, and the patriarchal structure of Nepalese society.^{18,19} Interestingly, the study highlights those

mothers in Bagmati Province experience less violence compared to mothers in other provinces of Nepal.¹⁸ The majority of mothers in this study had completed secondary-level education and were from urban areas, suggesting a higher level of awareness regarding violence among these respondents. Raising awareness about domestic violence is crucial for promoting understanding, garnering support, and taking action to mitigate these issues. By increasing awareness, communities can work towards preventing and addressing domestic violence, thereby creating safer environments for women and families.^{6,20}

Among 302 respondents surveyed, the majority demonstrated awareness of physical violence (96.7%), followed by sexual (94.7%) and emotional (78.1%) violence. These findings align closely with a previous study in India, where knowledge of physical violence was reported at 89.9% among respondents of tertiary hospitals. However, there is a notable contrast in awareness levels regarding sexual violence (17.4%) and emotional violence (68.4%), as indicated by another study of India.²¹ The differences in knowledge levels between studies regarding sexual and emotional violence could be influenced by various factors such as regional or cultural differences in reporting practices and societal attitudes towards these types of violence. Additionally, variations in study methodologies, including sample demographics and survey administration techniques, may also contribute to discrepancies in reported awareness levels across different studies.

The present study's findings indicate that a significant number of respondents identified various forms of emotional violence, such as threats to hurt or harm (77.4%), insults or making someone feel bad (72.9%), and humiliating someone in front of others (67.5%). These results closely resemble those of a study conducted among pregnant women in Northwest Nigeria, where 88.5% recognized humiliation in front of others²² and 79.6% acknowledged threats as forms of emotional violence.²³ The differences in reported rates of knowledge on emotional violence between the present and prior studies could be influenced by cultural norms and societal perceptions regarding acceptable behavior and emotional abuse. Regional variations in how emotional violence is perceived, understood, and reported may also contribute to discrepancies in findings. Additionally, differences in study methodologies, including sample characteristics and data collection techniques and instruments used for data collection, could

impact the observed rates of knowledge on emotional violence across these studies.

Regarding physical violence, the present study shows that the majority of respondents identified slaps (95.4%) as a form of physical violence, while an equal percentage of respondents (94.7%) recognized twisting an arm or pulling hair, punching with a fist, kicking, dragging, or beating as forms of physical violence. A small percentage (1.3%) of respondents did not consider these activities as physical violence. These findings closely resemble those of studies conducted in Nigeria²³ and Nawalparasi, Nepal,²⁴ where a significant number of women identified similar acts, such as slapping, pushing, choking, kicking, and beating as physical violence. The similarities in the identification of physical violence across studies could be due to the universal nature of certain aggressive acts recognized as physically abusive across different cultural contexts. Additionally, standardized methodologies and definitions used in these studies likely contribute to consistent findings regarding what constitutes physical violence.

Similarly, in terms of sexual violence by their husbands, a majority of respondents in the present study identified physically forcing sexual intercourse against the woman's will (92.7%) and coerced into unwanted sexual acts (92.1%) as forms of sexual violence. These findings align closely with studies conducted in Nigeria²³ and Nawalparasi, Nepal,²⁴ where high percentages of women similarly recognized forced sexual relations without consent as forms of sexual violence. The similarities in findings across studies regarding sexual violence may be due to universal norms recognizing physically coercive and non-consensual sexual acts as forms of violence against women. These behaviors are widely understood across different cultural contexts as violating personal autonomy and rights. Additionally, standardized methodologies in defining and measuring sexual violence in

research studies contribute to consistent identification of these forms of abuse across diverse populations.

Furthermore, the study from Sokoto, Nigeria, highlighted that denial of food or nutrition (88.8%) and isolation from family and friends (93.5%) are also commonly reported forms of violence.²² This corresponds with the findings of the present study, where a majority of respondents reported inadequate food provision (81.5%) and lack of nutritious food (58.3%) during pregnancy by their family members. The similarities between studies regarding denial of food or nutrition and isolation from family and friends may stem from shared socio-economic conditions and cultural norms affecting women's access to resources and social support. These forms of control and deprivation are recognized globally as tactics used to exert power and control within intimate relationships, reflecting broader patterns of gender-based violence and inequality. Additionally, these findings underscore the universal challenges faced by women in various settings regarding their basic needs and social connections during vulnerable periods like pregnancy.

In the recent study, 94% of respondents identified their mother-in-law as the primary perpetrators of violence, followed by their husbands (46.7%), sisters-in-law (22.2%), and fathers-in-law (17.9%). Additionally, 64.3% mentioned the existence of legal provisions in Nepal related to domestic violence, which contrasts with findings from Rana et al., where 75% of women identified their mother-in-law as the main perpetrators, followed by their husbands (74%), with 91% mentioning the presence of legal protections against domestic violence in Nepal.²⁴ Regarding where incidents of violence were reported, 28.8% mentioned their maternal home and 23.2% mentioned the police. These findings differ from those in India, where 81% reported incidents to the police.²¹ The differences in perpetrator identification and reporting

locations between studies may be influenced by varying cultural norms and societal dynamics in Nepal and India regarding domestic violence. Factors such as the roles and dynamics within extended family structures, including relationships with in-laws, could lead to differing perceptions of who perpetrates violence. Additionally, differences in legal awareness and accessibility of support services, such as reporting to the police, may reflect varying levels of trust in legal institutions and support systems across these regions.

Limitation of the Study

The results of the study do not represent the whole population because it is a small scale and study limited to the population of only one hospital in Lalitpur, Nepal. Hence, the results may not be generalized.

CONCLUSIONS

This study underscores the significant level of knowledge among postnatal mothers regarding various forms of violence (physical, sexual, and emotional) and the consequences of domestic violence against women, especially during pregnancy. Additionally, more than half of the mothers were aware of legal provisions against violence in the country. Thus, this study recommends focusing on enhancing support services and implementing comprehensive education programs to further empower women and address domestic violence effectively.

Declaration by Authors

Ethical Approval: Approved

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