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Domestic Violence in Pregnancy

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ABSTRACT

Background: "Domestic violence in pregnancy poses a serious public health challenge, leading to substantial risks for both maternal and fetal well-being. **Objective:** This research was conducted to explore the contributing factors and health-related effects of such violence among pregnant women in interior Sindh, Pakistan, with particular emphasis on emotional, physical, and sexual abuse." **Methodology: Study Design:** A cross-sectional study. **Settings and Duration:** This study was conducted at the outpatient department of Peoples University of Medical and Health Sciences for Women (PUMHSW) Hospital, Nawabshah. The study was conducted from July 07, 2023, to January 06, 2024. **Sampling Technique:** Non-probability consecutive sampling was used to select participants. A total of 120 pregnant women were enrolled in the study. They were asked to complete a structured, pre-validated questionnaire adapted from WHO guidelines. The questionnaire focused on various demographic variables, types of violence, and obstetric outcomes. Data was collected during antenatal visits. After fulfilling the eligibility criteria, participants were selected and examined. The collected data included the presence of domestic violence, the type of violence experienced, obstetric outcomes, and relevant demographic information. The data were analyzed using SPSS version 26, with logistic regression applied to identify predictors of violence and its potential consequences on pregnancy outcomes. **Results:** Overall, 58.3% of participants reported experiencing some form of domestic violence during pregnancy. Emotional abuse was the most common (85%), followed by sexual (75%) and physical (30%) violence. Significant predictors included illiteracy, husband's substance abuse, and low socioeconomic status ($p<0.05$). Adverse outcomes among abused women included anemia, PROM, preterm birth, and low birth weight. Multigenerational impacts were also observed, with behavioral issues reported in children of affected mothers. **Conclusion:** Domestic violence in pregnancy is highly prevalent in rural Sindh and is associated with both immediate and long-term health risks for mothers and their children. The findings highlight the urgent need for routine screening, preventive education, and culturally tailored intervention programs within antenatal care services. Future research should focus on developing and evaluating community-based strategies to reduce domestic violence and its consequences in resource-limited settings.

INTRODUCTION

"Domestic violence is a widespread global concern that significantly impacts individuals, families, and communities. It involves repeated abusive behaviors within relationships, typically exercised by one partner to exert power or control over the other, and affects millions across all cultures, economic classes, and geographic regions[1]. In developing countries like Pakistan, where socio-cultural norms often perpetuate gender inequalities, domestic violence is alarmingly prevalent[2]. This paper explores the intersection of domestic violence and pregnancy, focusing on its prevalence, consequences for maternal and fetal health, and broader societal impacts.

Globally, studies indicate that 1 in 3 women experience intimate partner violence during their lifetime, with pregnancy serving as a particularly vulnerable period[3]. The repercussions of domestic violence during pregnancy extend beyond immediate physical injuries to include adverse maternal outcomes such as increased risk of preterm labor, low birth weight, and maternal mortality[4]. Furthermore, exposure to violence in utero is linked to adverse childhood outcomes, perpetuating a cycle of violence and affecting future generations[5].

In Pakistan, empirical evidence underscores the severity of domestic violence against pregnant women, highlighting its detrimental effects on maternal health and neonatal outcomes[6]. Local studies reveal alarmingly high

rates of intimate partner violence during pregnancy, yet comprehensive research investigating its nuanced impacts remains scarce. This research seeks to fill this critical gap by examining the societal and cultural factors that contribute to domestic violence in Pakistani contexts.

Societal norms and cultural practices often shape attitudes towards gender roles and power dynamics within relationships, influencing the prevalence and acceptance of domestic violence[7]. In Pakistan, patriarchal structures and traditional beliefs can normalize violence against women, complicating efforts to address and mitigate its effects during pregnancy. Understanding these dynamics is essential for developing effective interventions that are culturally sensitive and contextually appropriate.

Despite growing recognition of domestic violence as a public health issue, research specifically addressing its impact on pregnancy outcomes in Pakistan remains limited. This study aims to address this gap by examining the prevalence, risk factors, and health consequences of domestic violence during pregnancy. By highlighting the unique challenges faced by pregnant women in abusive relationships, the study intends to inform the development of targeted preventive guidelines and health interventions.

The primary research question guiding this study is: *What are the prevalence, consequences, and societal determinants of domestic violence during pregnancy in Pakistan?*

Objectives

1. To determine the prevalence of domestic violence among pregnant women in selected regions of Pakistan.
2. To assess the impact of domestic violence on maternal health outcomes, including pregnancy complications and psychological well-being.

METHODOLOGY

Study Design and Setting

We conducted this descriptive cross-sectional study at PUMHS Hospital over six months (July 7, 2023 to January 6, 2024), primarily enrolling patients originating from the district of Shaheed Benazirabad and the surrounding rural and semi-urban areas of interior Sindh such as Sakrand, Qazi Ahmed, and Daur**.** These areas were chosen to reflect a blend of urban, semi-urban, and rural populations, providing a more comprehensive view of the diverse sociocultural dynamics influencing domestic violence during pregnancy.

Participant Selection Criteria

"A total of 120 pregnant participants were enrolled from the antenatal ward and outpatient department of Peoples University of Medical and Health Sciences for Women (PUMHSW) Hospital, Nawabshah, as well as its associated outreach facilities. Participants were selected using a non-probability purposive sampling technique based on the following inclusion criteria:

- **Age:** Women aged 18 to 40 years.
- **Parity:** Both primigravida and multigravida women were included to observe domestic violence across reproductive experience.
- **Gestational Age:** Women in any trimester of pregnancy were eligible.
- **Residence:** Residing in Nawabshah or surrounding rural areas for at least one year to ensure cultural context consistency.
- **Consent:** Willingness to provide informed written consent.

Women with known psychiatric illness, communication impairments, or high-risk pregnancy due to known obstetric or medical complications unrelated to violence were excluded to reduce confounding.

Data Collection Tools and Process

A pre-validated, structured questionnaire adapted from WHO's multi-country study on women's health and domestic violence was employed, translated into Urdu and Sindhi to enhance comprehension, and administered during face-to-face interviews in a private and safe environment within the health facilities. The questionnaire covered the socio-demographic profile, obstetric and reproductive history, types and frequency of domestic violence (physical, emotional, sexual), perceived impact on maternal physical and mental health, and pregnancy-related complications such as bleeding, preterm labor, IUGR, and fetal demise. To ensure accurate and consistent data collection, three female medical officers and two postgraduate trainees were trained over a 2-day workshop conducted by senior gynecologists and a psychologist. The training focused on interviewing techniques with empathy and neutrality, identification of sensitive cues and crisis referral pathways, and proper translation and explanation of questionnaire items. Mock interviews were conducted to standardize the approach and minimize interviewer bias.

Ethical Considerations

Ethical approval was obtained from the institutional review board of PUMHSW. Participants were assured of confidentiality, anonymity, and the right to withdraw at any time. Women identified as at risk or experiencing active violence were counseled and referred to appropriate psychosocial support services.

Statistical Analysis

Data was entered and analyzed using IBM SPSS version 26. Descriptive statistics were computed for demographic variables and prevalence of different types of violence. Bivariate analysis using Chi-square tests was conducted to assess associations between domestic violence and maternal or fetal outcomes.

For multivariate analysis, binary logistic regression was applied to identify significant predictors of domestic violence, including age, education, income level, parity, and husband's substance use. Results were presented as adjusted odds ratios (AOR) with 95% confidence intervals. A p-value of <0.05 was considered statistically significant.

Results and Data Analysis

Data analysis was performed using SPSS version 26. Descriptive statistics were employed to summarize the demographic characteristics of the participants, while frequencies and proportions were calculated to determine the extent and patterns of exposure to various forms of

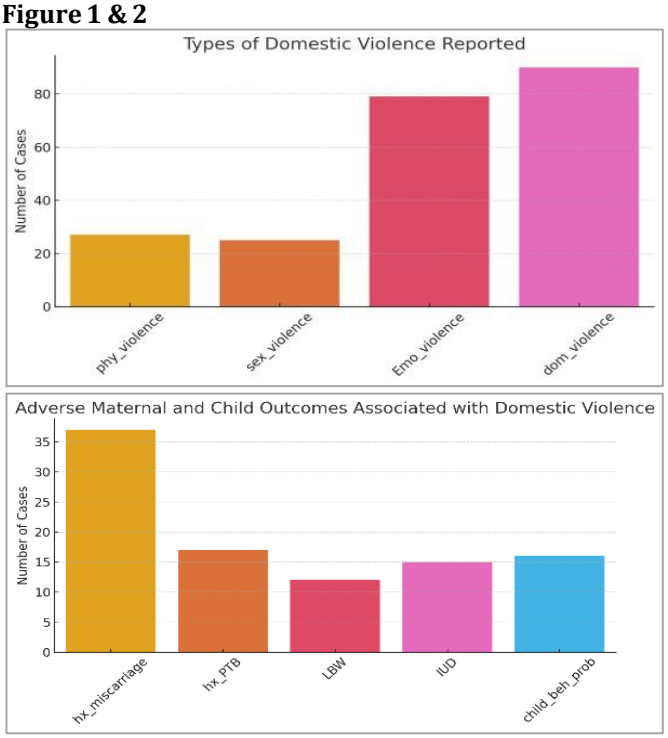
domestic violence, including physical, sexual, and emotional abuse. Logistic regression analysis was used to assess associations between domestic violence and adverse maternal and neonatal outcomes.

The study included 120 pregnant women recruited from Nawabshah and neighboring areas in Sindh. The participants represented a diverse and realistic cross-section of women utilizing antenatal services in semi-urban and rural regions of interior Sindh. Most participants were between 18 and 35 years of age. In terms of parity, 45% were primigravida and 55% were multigravida. The majority of participants were either illiterate or had only completed primary-level education. Over 90% of the women were unemployed, and approximately 74% resided in rural areas. Most households belonged to the low-income group. These demographic characteristics are consistent with well-established vulnerability indicators for domestic violence among women in South Asian contexts.

The overall prevalence of any form of domestic violence during pregnancy was alarmingly high, affecting approximately 58.3% of participants. Emotional violence was the most commonly reported form, experienced by more than 85% of women. Sexual violence was reported by over 75% of participants, while physical violence, though somewhat less prevalent, was still a significant concern. A graphical representation (Figure 1) illustrates the frequency and distribution of these different forms of abuse.

Women exposed to domestic violence also reported a range of adverse maternal and fetal health outcomes. Approximately 15% of participants reported a history of miscarriage, while 10–12% experienced preterm birth. Nearly 20% of the newborns were of low birth weight, and intrauterine demise occurred in around 5% of cases. In addition, 8–10% of respondents noted behavioral problems in their existing children, suggesting the intergenerational consequences of domestic violence.

Figure 1 & 2



DISCUSSION

This study reveals that over half (58.3%) of pregnant women in Nawabshah and surrounding rural areas of Sindh experience some form of domestic violence during pregnancy. Emotional violence emerged as the most prevalent form, followed by sexual and physical violence. These trends echo findings from other South Asian countries where psychological and sexual abuse often outweigh reported physical abuse due to stigma and normalization of certain coercive behaviors in marital settings[8-10].

Our findings align closely with those of Ali et al., who reported domestic violence prevalence ranging between 50–70% in interior Sindh[6]. The predominance of emotional violence in this study supports global data from the World Health Organization (WHO), which suggests that psychological abuse is often more common than physical abuse and tends to be under-recognized despite its severe mental health consequences[11]. The high rate of sexual violence (>75%) in our sample mirrors regional data from Bangladesh and India, where patriarchal norms often render sexual coercion an invisible yet critical aspect of gender-based violence[12,13].

Multivariate analysis in this study identified illiteracy, husband's substance abuse, and low socioeconomic status as significant predictors of domestic violence. These associations have been consistently reported in both regional and international literature[14,15]. Educational deprivation and financial dependence reduce women's autonomy and increase their vulnerability to abuse, especially in rural areas where patriarchal structures are more rigid[17].

The consequences of domestic violence were evident in both maternal and fetal outcomes. Women exposed to violence had a higher risk of antepartum hemorrhage, hypertensive disorders, premature rupture of membranes (PROM), and anemia—complications also highlighted in prior studies by Nasrullah et al. and Kishor et al.[14,18]. Fetal consequences such as low birth weight and preterm birth corroborate the findings of Campbell et al. and Shah et al., who established a link between maternal stress from abuse and poor neonatal outcomes[4,5].

Importantly, these findings underscore the multi-generational impact of domestic violence—not only harming the pregnant woman, but also affecting fetal development, child behavioral health, and long-term family well-being. Such effects have been linked to increased developmental delays, behavioral issues, and psychosocial dysfunction in children raised in abusive environments[19].

The broader public health implications are profound. Routine antenatal care in regions like interior Sindh should include confidential domestic violence screening, health worker training, and referral systems to social and psychological support services. Moreover, preventive education programs targeting men, communities, and families are crucial in dismantling harmful gender norms and promoting healthier interpersonal relationships[20].

This study also highlights important gaps in knowledge. While the prevalence of emotional and sexual abuse is high, underreporting and cultural normalization make it difficult to capture the full scope of abuse. Future

research should include longitudinal designs to examine the chronic impacts of abuse on maternal mental health, fetal development, and parenting capacity. It is also essential to explore effective intervention strategies that are culturally adapted for rural Pakistani populations[21].

Limitations of this study include the cross-sectional design, which prevents causal inferences, and the reliance on self-reported data, which may be influenced by social desirability bias or fear of disclosure. Nevertheless, this research contributes valuable localized evidence on the burden and impact of domestic violence during pregnancy in interior Sindh and reinforces the need for multi-sectoral policy responses and culturally appropriate health interventions[21].

CONCLUSION

This research underscores the urgent need for context-specific interventions to mitigate the impact of domestic violence on maternal and fetal health in Pakistan. By elucidating the prevalence and consequences of violence during pregnancy, this study aims to inform policy makers, healthcare providers, and community stakeholders about effective strategies for prevention and support. Ultimately, addressing domestic violence during pregnancy is crucial for promoting maternal health and ensuring the well-being of future generations.

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