SHORT COMMUNICATION

Domestic violence in pregnancy

Saher Riaz[1], Hafiza Iqra Iqbal[2], Anam Riaz[3], Saman Agha[4], Shysta Shaukat[5], Saba Rasool[6]

Abstract

A descriptive cross-sectional study was conducted at the Department of Gynaecology and Obstetrics, Services Hospital, Lahore, from January 15, 2023, to July 14, 2023, with the aim to evaluate the prevalence of domestic violence among pregnant women attending the antenatal clinic at a tertiary care hospital in Lahore, Pakistan. A total of 150 pregnant women aged 18–40 years, with gestational ages of 8–37 weeks, were included using non-probability consecutive sampling. Data was collected through structured interviews and analysed using the Statistical Package for the Social Sciences (SPSS) version 25. The prevalence of domestic violence was in 40(26.67%), with a significant association with the husband's occupation (p=0.028). No significant associations were observed with maternal age, gestational age, body mass index (BMI), education level, or socioeconomic status. Regular screening for domestic violence during antenatal visits is essential to identify and support the affected women and improving maternal and foetal health outcomes.

Keywords: Domestic violence, Pregnancy, Antenatal care, Maternal health, Intimate partner violence.

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Introduction

Domestic violence (DV), defined as physical, psychological, or sexual abuse by an intimate partner or family member, is a significant public health issue, particularly during pregnancy due to increased physical and emotional vulnerabilities. In Pakistan, cultural norms and gender imbalances exacerbate DV[1] yet local data on its prevalence among pregnant women is limited. Global studies report prevalence of DV during pregnancy varying from 2.0% in Sweden to 64.6%.[2] This study aims to determine the frequency of DV among pregnant women attending the antenatal clinic at Services Hospital Lahore and explore the associated factors to inform targetted interventions.[3]

[1]Department of Gynaecology, Services Hospital, Lahore, Pakistan;
[2-6]Department of Obstetrics and Gynaecology, Services Hospital, Lahore, Pakistan.
Correspondence: Saman Asghar. e-mail: drsamanasghar@gmail.com
ORCID ID: 0009-0004-9049-8320

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Methods, Results, and Discussion

A descriptive cross-sectional study was conducted from January 15, 2023, to July 14, 2023, at the Department of Gynaecology and Obstetrics, Services Hospital, Lahore. The sample size of 150 pregnant women was calculated using a 95% confidence level, 6% margin of error, and an expected DV prevalence of 16.8%.[1] Pregnant women aged 18–40 years, with gestational ages of 8–37 weeks, of any parity, attending antenatal check-ups, were included. Written informed consent was obtained from all participants. Women with diagnosed psychological disorders, inability to understand the local language, or those from remote areas with no formal education were excluded to ensure reliable self-reporting.[4] Data on demographic and socioeconomic factors, including age, gestational age, BMI, education level, occupation, family structure, and income, were collected via structured interviews. DV, encompassing physical, mental, or sexual abuse by a spouse or in-laws, was assessed using a structured proforma based on operational definitions.[5] Data was analysed using the Statistical Package for the Social Sciences (SPSS) version 25. Quantitative variables (e.g., age, gestational age, BMI) were expressed as means and standard deviations, and qualitative variables (e.g., education, occupation, DV) as frequencies and percentages. Chi-square test was used to compare DV rates across stratified groups, with significance set at $p \leq 0.05$.

The prevalence of DV among the 150 participants was in 40(26.67%) women. This is illustrated in Figure. A significant association was observed with the husband's occupation (p=0.028), particularly among those in domestic roles. No significant correlations were observed with maternal age (mean 26.81±5.65 years), gestational age (mean 22.14±5.82 weeks), BMI (mean 25.79±3.08 kg/m^2), education level, or

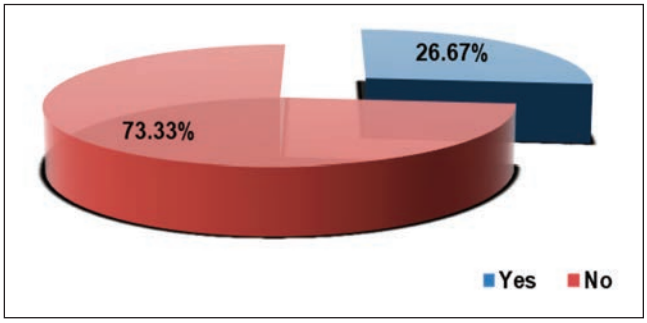

Figure: Prevalence of Domestic Violence (26.67%, n=40).

Table: Demographic and Socioeconomic Factors.

Variable	Mean±SD, [n (%)]
Mean Age (years)	26.81±5.65
Mean Gestational Age (weeks)	22.14±5.82
Mean BMI (kg/m^2)	25.79±3.08
Husband's Occupation (Domestic Roles)	40 (26.67)
Education Level (Secondary or Higher)	85 (56.67)
Socioeconomic Status (Low)	60 (40)

socioeconomic status These characteristics are summarized in Table. These findings align with global studies reporting varied DV prevalence during pregnancy.[3] Significant association with the husband's occupation suggests that economic dependency or role-specific stressors may contribute to DV in Pakistan, differing from studies emphasising alcohol abuse or unemployment as primary risk factors.

The 26.67% prevalence rate underscores DV as a critical public health issue in Pakistan, with potential adverse effects on maternal and foetal health, including physical injuries, pre-term labour, and psychological distress.[4,6] The study's reliance on self-reported data may lead to under-reporting due to stigma or fear, a limitation noted in similar research. The sample size, while adequate for initial analysis, may not fully represent broader populations. Healthcare providers should integrate routine DV screening, such as the Abuse Assessment Screen, into antenatal care to identify and support affected women sensitively.[7,8] Culturally tailored interventions, including counselling and community support, are crucial to mitigate DV's impact. Future longitudinal studies could explore DV prevalence across pregnancy stages and evaluate intervention efficacy.[2,5,9]

Conclusion

The study identified a 26.67% prevalence of domestic violence among pregnant women at a tertiary care hospital in Lahore, highlighting a significant public health concern. Routine screening during antenatal visits, coupled with targetted interventions, is essential to address DV and improve maternal and foetal health outcomes.

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Conflict of Interest: None.

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Author Contribution:
SR: Concept, design and guided overall research.
HII: Literature review and writing the background.
AR: Performed data analysis and prepared the results.
SA: Assisted in data interpretation and discussion section.
SS: Drafting and ensured adherence to journal guidelines.
SR: Reviewed, editing and final approval.