



IMPACT OF DOMESTIC VIOLENCE AND ABUSE ON PREGNANCY OUTCOMES IN LOW AND MIDDLE INCOME COUNTRIES: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Article History	Abstract
Received: 12 May 2026 Accepted: 29 Jun 2026 Published: 03 Aug 2026	Domestic violence and abuse during pregnancy are significant global public health concerns affecting maternal and neonatal outcomes. However, evidence on its relationship with low birth weight and preterm birth remains inconsistent, necessitating systematic synthesis. This study adopted a systematic review and meta-analysis design. A structured search string was developed using keywords and synonyms related to domestic violence, pregnancy, low birth weight, and preterm birth. The search strategy was implemented across PubMed (MEDLINE), ScienceDirect (Scopus), ProQuest (Clarivate). Study screening followed PRISMA guidelines with independent reviewers and consensus resolution of disagreements. Methodological quality was assessed using the Critical Appraisal Skills Programme tool for cohort studies. Publication bias was evaluated using funnel plot inspection and Egger's regression test. Data collection was conducted using a data extraction form, while analysis employed a random-effects model with inverse variance weighting. A total of 4,855 records were retrieved, and 7 studies were eligible for meta-analysis. Domestic violence increased the risk of preterm birth by 63% (Pooled risk ratio was 1.63; 95% CI: 1.07–2.47, $p = 0.02$). However, low birth weight showed no significant association with a pooled risk ratio of 1.34 (95% CI: 0.82–2.19; $p = 0.24$). Substantial heterogeneity was observed across studies in both outcomes. In conclusion, domestic violence is significantly associated with preterm birth but not conclusively with low birth weight. These findings support the need for routine screening of domestic violence and abuse during antenatal care to reduce adverse birth outcomes.
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How to cite this paper: Stanley et al., (2026). Impact of Domestic Violence and Abuse on Pregnancy Outcomes in Low and Middle Income Countries: A Systematic Review and Meta-Analysis. *Journal of Public Health and Toxicological Research*. 3(3): 331-339 (2026).

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Introduction

Domestic violence and abuse (DVA) amount to a public health concern with profound maternal and child health implications (Sabri et al., 2025). Globally, about thirty percent of women experience physical, sexual, or psychological harm from intimate partners during pregnancy (Chen et al., 2025). Consequently, adverse maternal and neonatal outcomes may emerge. Among these, low birth weight and preterm birth warrant critical attention because they seem to contribute substantially to neonatal morbidity and long-term developmental compromise (Gette et al., 2025). Therefore, understanding the impact of domestic violence and abuse on pregnancy outcomes is a critical research and policy priority.

Domestic violence and abuse encompass physical, sexual, emotional, and psychological harm inflicted within intimate relationships (Khan & Akram, 2025). Sarac and Odabas (2025) noted that DVA affects individuals across all social and economic groups; however, women are disproportionately impacted. During pregnancy, its consequences often intensify, compromising maternal wellbeing and foetal development (Sabri et al., 2025). Victims may experience fear, isolation, and limited autonomy in seeking care (Puente-Martínez et al., 2025). Moreover, Khan and Akram (2025) highlighted that DVA frequently coexists with controlling behaviours and economic deprivation, thereby creating sustained vulnerability and undermining pregnancy outcomes.

Pregnancy outcomes refer to the health status of the mother and infant following gestation and delivery (Malaza et al., 2022). These outcomes may be favourable or adverse, depending on various biological, behavioural, and environmental factors. Common indicators include birth weight, gestational age, and neonatal survival (Zhang et al., 2025). However, Fox et al. (2026) affirmed that complications such as preterm birth and low birth weight remain palpable reproductive health concerns.

Low birth weight is the weight of a new born that is less than 2500 grams at the point of birth (Geberu et al., 2025). It reflects a compromised intrauterine growth. The condition may be caused by maternal stress, infection, and inadequate antenatal care (Ullah et al., 2025). However, the role of DVA introduces complex biopsychosocial pathways. For instance, chronic stress responses may dysregulate cortisol levels, thereby affecting placental function (Miranda et al., 2025).

Preterm birth is described as birth before 37 completed weeks of gestation (Pauwlik & Fedor, 2025). It may signal disrupted gestational processes. The pregnancy complication could be triggered directly by physical and

psychological traumatic experiences (Sarfo & Segalo, 2025). Thus, DVA during pregnancy may operate through multiple, intersecting mechanisms to result in preterm birth. For example, Suwardewa et al. (2022) acknowledged that high maternal cortisol arising as a response to physical and psychological traumatic experiences could trigger premature uterine contractions, hence preterm birth.

Emerging evidence suggests that pregnant women experience DVA often had reduced healthcare utilisation (Medeiros et al., 2025). They may delay or avoid antenatal services due to fear, stigma, or partner control. Consequently, opportunities for early risk detection and intervention diminish. Additionally, nutritional deprivation and substance misuse may co-occur within intimate partner abusive contexts (Martin et al., 2026). These factors further compound risks for foetal growth restriction and premature labour. Nevertheless, findings across studies remain heterogeneous and occasionally contradictory. Therefore, synthesis of existing evidence is necessary to clarify these associations.

Several primary studies like Afkhamzadeh et al. (2021) and Garg et al. (2020) have examined links between domestic violence and adverse pregnancy outcomes. Some report strong associations with preterm birth and low birth weight (Afkhamzadeh et al., 2021; Yaya et al., 2021). Others studies like Pun et al. (2019) and Sigalla et al., (2017) indicate non-significant relationships after adjusting for confounders. Variations in study design, measurement tools, and population characteristics partly explain these discrepancies. Furthermore, underreporting of abuse may also bias observed estimates. Hence, systematic aggregation and quantitative pooling of findings are required. A rigorous meta-analytic approach can enhance precision and inferential validity.

Low- and middle-income settings bear a disproportionate burden of both violence and poor birth outcomes (Tran et al., 2022). Structural inequalities, limited resources, and sociocultural norms may exacerbate risks. In such contexts, healthcare systems often face capacity constraints. Consequently, screening for domestic violence may be inconsistent or absent (Lewis et al., 2022). As a result, affected women remain unidentified and unsupported. However, contextualised evidence from these settings remains limited. This gap underscores the need for comprehensive synthesis incorporating diverse populations.

The present study addressed the research question articulated using the Population, Exposure, Outcome (PEO; van-der-Waltdt, 2025) approach as follows: "Among parturient women, what is the impact of

exposure to domestic violence and abuse on pregnancy outcomes (low birth weight and preterm birth)?"

Methodology

This study adopted a systematic review and meta-analysis design. It followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Dickson & Yeung, 2022) guidelines for evidence synthesis in observational research. The approach enabled structured identification, appraisal, and quantitative integration of relevant studies. Furthermore, it enhanced transparency and reproducibility across all procedural stages.

The search string development process was iterative and concept-driven. Initially, key concepts were identified from the research question (Women, Domestic violence and abuse, Low birth weight, and Pre-term birth). Subsequently, synonyms were added and joined using Boolean operators (AND, OR). Consequently, a sensitive search string was constructed as thus: *(domestic violence OR intimate partner violence OR spousal abuse) AND (pregnancy OR antenatal women) AND (low birth weight OR preterm birth OR premature birth OR preterm delivery)*.

The search strategy was systematically implemented across the electronic databases of PubMed (MEDLINE), ScienceDirect (Scopus), and ProQuest (Clarivate). Limiters were applied to enhance relevance and feasibility. Only studies published in English were included. Furthermore, publication dates were restricted to the past 10 years (that is, 2016 - 2026). No geographical restrictions were imposed. This approach preserved contextual diversity while maintaining methodological clarity.

The eligibility criteria were explicitly defined prior to screening. Only cohort and case-control studies were included in the analysis. Studies had to examine domestic violence or abuse during pregnancy. Additionally, outcomes of interest included low birth weight and preterm birth. Conversely, cross-sectional studies, reviews, and qualitative designs were excluded. This restriction strengthened causal inference and comparability.

The screening process aligned with the PRISMA framework. Initially, duplicates were removed. Then, titles and abstracts were screened against predefined

criteria. Thereafter, full-text articles were retrieved and assessed for eligibility. Additionally, reference lists of included studies were manually screened. This supplementary step aimed to identify potentially missed studies. Therefore, both electronic and manual strategies ensured comprehensive coverage. Each stage was conducted independently by the lead reviewer and the second reviewer. Consequently, selection bias was minimised. Moreover, discrepancies between reviewers were resolved through discussion. Where disagreements persisted, the third reviewer verified and adjudicated for consensus. This process ensured a balanced judgement and methodological rigour.

Study appraisal for methodological rigour was conducted using the Critical Appraisal Skill Programme (CASP) tool for cohort studies (Quigley et al., 2019). Each study was assessed for selection bias, exposure measurement, and outcome validity. On the CASP tool any criterion satisfied was scored "1", while "0" was scored if otherwise. Consequently, only studies that scored above 7 out of 14 were retained for review and meta-analysis.

Assessment for publication bias was performed using both visual and statistical methods. Funnel plots were generated to evaluate symmetry across included studies. Additionally, the Egger's regression test was applied to detect small-study effects. Furthermore, data collection was done using a structured data extraction form. Key study variables were extracted including: Author, Year of publication, Country of study, study design, sample size, exposure definition, and outcome measures, results in cases, and results in controls. This process was conducted independently by the lead reviewer and the second reviewer, but was cross-checked by the third reviewer to ensure accuracy and completeness.

Data analysis involved quantitative meta-analysis. Pooled effect sizes were calculated using random-effects models. Heterogeneity was assessed using the I^2 statistic. This statistic quantified the proportion of total variation across studies attributable to true heterogeneity rather than chance. I^2 values of 25%, 50%, and 75% typically indicated low, moderate, and high heterogeneity, respectively (Borenstein et al., 2017).

Results

Figure 1 presents the study selection process which followed a structured and sequential approach. Initially,

4,855 records were identified from multiple electronic databases. These included PubMed, ScienceDirect, and ProQuest. Subsequently, 1,490 duplicate records were removed. Thereafter, 3,266 records were excluded due to non-relevant titles. Another 91 records were excluded because they employed descriptive study designs. Then, one (1) record was excluded due to an unavailable full-text version. Consequently, seven (7) studies remained eligible after full-text eligibility checks and were included in the review and meta-analyses.

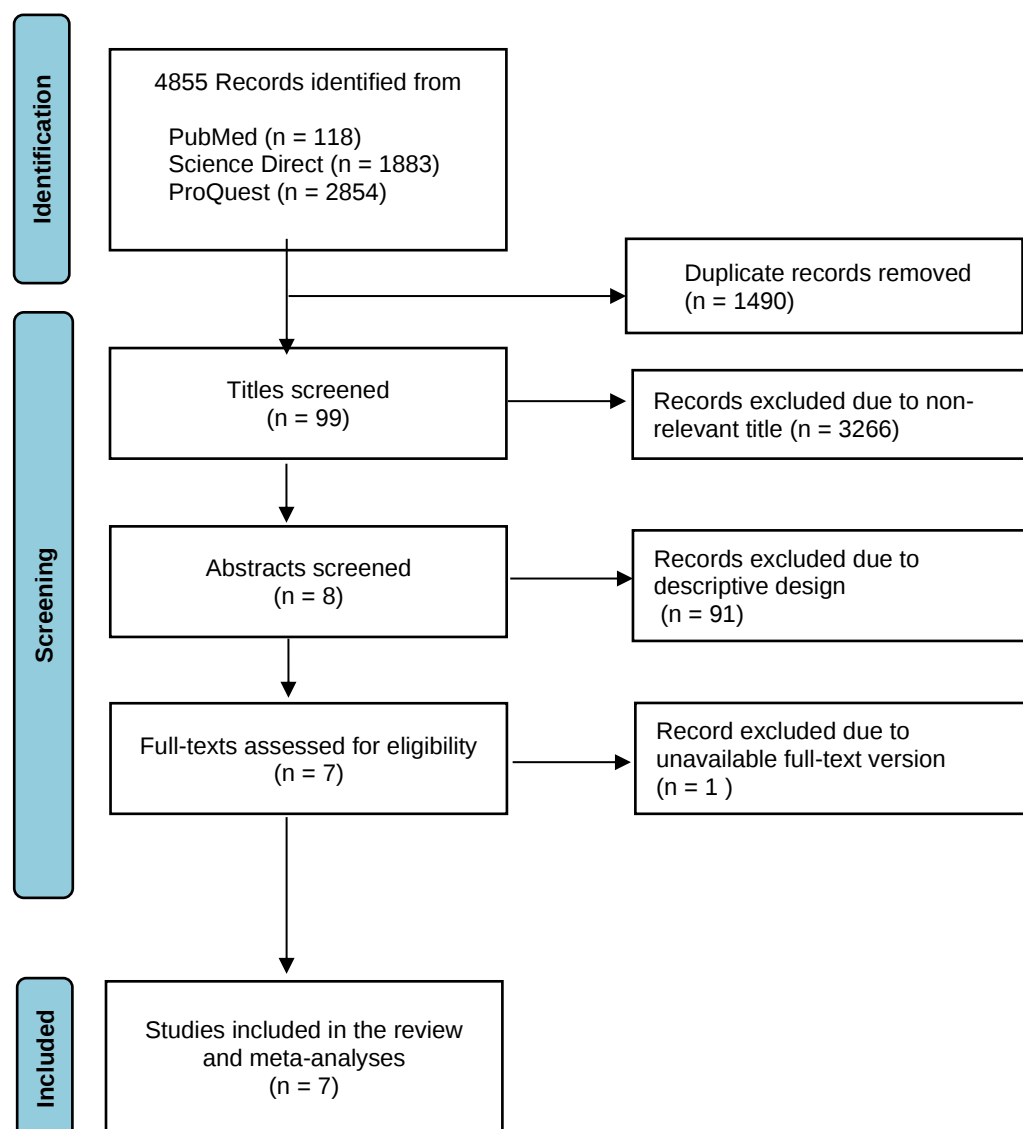


Figure 1: Study identification and selection process

Figure 2 assessed methodological quality of the eligible studies using the Critical Appraisal Skills Programme checklist for cohort studies. Seven studies were evaluated, addressing validity, confounding, and applicability. The studies scored between eight and nine, exceeding the acceptable threshold of seven. Therefore, all studies demonstrated adequate methodological rigour and were included in the final synthesis and meta-analysis.

Figure 3 presents the funnel plots that assessed the publication bias among the included studies. The funnel plots did not indicate a potential publication bias and was

supported by the Egger's tests that found no presence of funnel plot asymmetry for studies on Preterm birth ($p = 0.740$) and Low birth weight ($p = 0.48$).

Table 1 presents the characteristics of the included studies and showed that seven studies were included, spanning diverse geographical settings and populations. The studies were conducted in Iran, India, Taiwan, Nepal, Tanzania, and Zimbabwe. All the studies adopted cohort designs. Sample sizes varied considerably, ranging from 361 to 49,920 participants. In all, the studies involved 2963 cases and 490170 controls. Exposure primarily involved intimate partner violence or

CASP item	A	B	C	D	E	F	G
1. Did the study address a clearly focused issue?							
2. Was the cohort recruited in an acceptable way?							
3. Was the exposure accurately measured to minimise bias?							
4. Was the outcome accurately measured to minimise bias?							
5a. Have the authors identified all important confounding factors?							
5b. Have they taken account of the confounding factors in the design or analysis?							
6a. Was the follow-up of subjects complete enough?							
6b. Was the follow-up of subjects long enough?							
7. What are the results of this study?							
8. How precise are the results?							
9. Do you believe the results?							
10. Can the results be applied to the local population?							
11. Do the results of this study fit with other available evidence?							
12. What are the implications of this study for practice?							
CASP score	9	8	9	8	9	9	8
= Adequate = Undecided = Inadequate CASP score > 7 is acceptable							

A = Afkhamzadeh et al. (2021), B = Garg et al. (2020), C = Jain et al. (2017), D = Lin et al. (2022), E = Pun et al. (2019), F = Sigalla et al. (2017), G = Yaya et al. (2021)

Figure 2: Study appraisal for methodological rigour

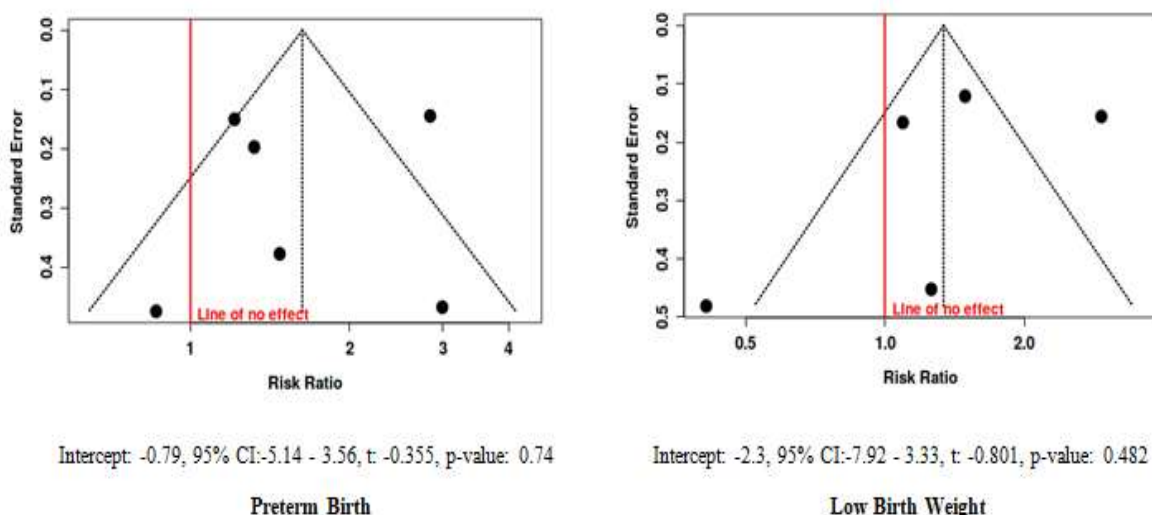


Figure 3: Funnel plots assessing publication bias

domestic violence and abuse during pregnancy. Outcomes assessed included preterm birth and low birth weight.

Figure 4 involved six studies in the forest plot. The case cohort comprised 1,641 participants. The control cohort included 4,189 participants. A random-effects model with inverse variance weighting was applied to estimate the pooled risk ratio across studies and revealed that Domestic violence and abuse increased the risk of preterm birth by 63% (RR = 1.63; 95% confidence interval: 1.07 to 2.47; p = 0.02).

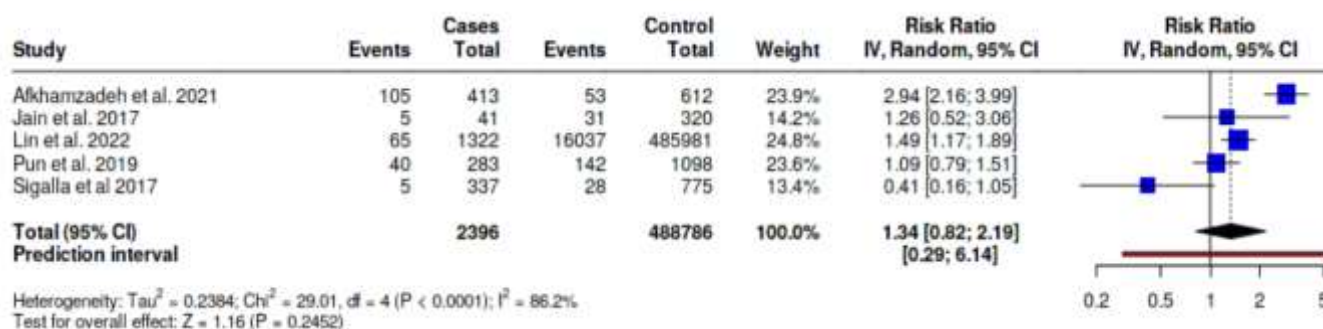
Figure 5 involved five studies in the forest plot. The case cohort comprised 2,396 participants. The control cohort included 488,786 participants. A random-effects model with inverse variance weighting was applied to estimate the pooled risk ratio across studies and demonstrated no significant impact of Domestic violence and abuse on Low birth weight (RR = 1.34; 95% CI: 0.82 to 2.19; p = 0.24).

Discussion

The pooled analysis showed a significant association between domestic violence and preterm birth. The

Table 1: Characteristics of the included studies (n = 7)

Author	Year	Country	Design	Sample Size	Exposure	Outcome measures	Cases	Control s	Database
Afkhamzadeh et al.	2021	Iran	Cohort	1025	Intimate partner violence	Preterm birth, Low birth weight	413	612	ScienceDirect
Garg et al.	2020	India	Cohort	1500	Intimate partner violence	Preterm birth	488	1012	PubMed
Jain et al.	2017	India	Cohort	361	Intimate partner violence	Preterm birth, Low birth weight	41	320	PubMed
Lin et al.	2022	Taiwan	Retrospective cohort	49920	Domestic Violence	Low birth weight	1322	485981	ProQuest
Pun et al.	2019	Nepal	Prospective cohort	1381	Domestic Violence	Preterm birth, Low birth weight	283	1098	ProQuest
Sigalla et al.	2017	Tanzania	Prospective cohort	1112	Intimate partner violence	Preterm birth, Low birth weight	337	775	ProQuest
Yaya et al.	2021	Zimbabwe	Retrospective cohort	451	Intimate partner violence	Preterm birth	79	372	ProQuest

**Figure 4:** Forest plot showing the impact of Domestic violence and abuse on Preterm birth events**Figure 5:** Forest plot showing the impact of Domestic violence and abuse on Low birth weight events

overall risk ratio indicated increased risk among exposed women. This finding suggested that violence during pregnancy elevated the likelihood of early delivery. This result suggests that abused women experienced disrupted gestational processes more frequently. Such disruption may reflect cumulative physiological and psychosocial stressors. Consequently, pregnancy duration may be shortened among exposed populations. A plausible mechanism involved stress-induced neuroendocrine dysregulation. Chronic stress may elevate cortisol and catecholamine levels. These changes can trigger uterine activity and premature cervical changes. Additionally, trauma and reduced antenatal care may exacerbate risks. This finding aligned with recent evidence from Guo et al. (2023). That study reported increased odds of preterm birth among intimate partner abused women. Similarly, Gebreslasie et al. (2024) confirmed elevated risks of preterm birth following exposure. Thus, the present result corroborated contemporary literature. The finding implies that routine screening for violence should be integrated into antenatal care. Early detection may reduce preterm birth risk through targeted interventions.

The analysis examining low birth weight showed no statistically significant association. Although the pooled risk ratio exceeded unity, confidence intervals crossed the null. This finding indicated insufficient evidence of a definitive relationship. This result suggested that the association between domestic violence and foetal growth may be inconsistent. Variability across studies may have obscured true effects. In other words, contextual and methodological differences likely influenced observed outcomes. A plausible mechanism affecting foetal growth may still involve nutritional deprivation, stress, and poor healthcare utilisation, and these may impair placental function. However, these pathways could vary in strength across populations. Consequently, inconsistent exposure measurement may dilute observed associations. This finding contrasted with recent studies reporting significant associations. For instance, Kpordoxah et al., (2024) found increased low birth weight risk among exposed women. Similarly, Lin et al. (2022) reported higher odds of low birth weight following domestic violence. Furthermore, Guo et al. (2023) identified a strong association. Hence, the present findings diverged from several recent analyses. This finding implies that future studies should standardise exposure and outcome measurements. Improved

methodological consistency may clarify the true relationship.

Substantial heterogeneity was observed across both analyses. The variability exceeded thresholds for moderate heterogeneity. This finding indicated inconsistency in effect sizes and directions. This result suggested that the included studies differed in key methodological and contextual factors. Consequently, pooled estimates should be interpreted cautiously. A plausible mechanism involved variation in violence types and severity. Physical, emotional, and sexual violence may exert different biological effects. Additionally, healthcare access and cultural norms may modify outcomes. These contextual factors likely contributed to the observed variability. This finding was consistent with recent meta-analytic evidence. For instance, Guo et al. (2023) reported high heterogeneity across studies, and subgroup analyses failed to fully explain the variability. Therefore, the present findings reflected broader patterns in the literature. The implication of the finding is that future research should explore moderators through meta-regression. Identifying sources of heterogeneity may improve interpretability and policy relevance.

Conclusion

This review demonstrated that domestic violence significantly increased the risk of preterm birth. However, no statistically significant association was found with low birth weight. Substantial heterogeneity highlighted variability across studies. Overall, the findings emphasised the complex relationship between violence and pregnancy outcomes, necessitating cautious interpretation and further investigation. This review recommends the integration of domestic violence and abuse screening into antenatal care to improve maternal and neonatal outcomes.

Authors Contribution

All authors were involved in Data Curation, Formal Analysis, Funding Acquisition, Investigation, Methodology, Project Administration, Resources, Supervision, Validation, Visualization, Original Draft, as well as Review & Editing.

Acknowledgements

The authors thank the ACE-PUTOR library staff for their support.

Conflict of Interest

None to declare

Financial Support

This review did not attract external funding

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