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Original article

Childhood Abuse and Early Menarche Among Peruvian Women

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A B S T R A C T

Purpose: Childhood abuse has been associated with age of menarche in some studies, but not all, and few have assessed the independent associations of sexual and physical abuse with early menarche. We examined the association between childhood abuse and early menarche among pregnant women in Lima, Peru.
Methods: Multinomial logistic regression procedures were used to estimate odds ratios (OR) and 95% confidence intervals (CIs) for early menarche (≤11 years) in relation to any physical or sexual childhood abuse, physical abuse only, sexual abuse only, and both physical and sexual abuse in a cohort of 1,499 pregnant (first trimester) women.
Results: Approximately 69% of participants reported experiencing physical or sexual abuse in childhood. The frequencies of physical abuse only, sexual abuse only, and both physical and sexual abuse were 37.4%, 7.7%, and 24.5%, respectively. Compared with women who reported no childhood abuse, those who reported any childhood abuse had a 1.38-fold increased odds of early menarche (95% CI, 1.01–1.87). Compared with no abuse, the odds of early menarche was 1.60-fold among women with childhood sexual abuse only (OR, 1.60; 95% CI, .93–2.74) and 1.56-fold for those with both physical and sexual abuse (OR, 1.56; 95% CI, 1.07–2.25) during childhood. Isolated physical abuse was weakly associated with early menarche (OR, 1.23; 95% CI, .87–1.74). There was no clear evidence of association of childhood abuse with late menarche (≥15 years).
Conclusions: Childhood abuse, particularly joint physical and sexual abuse, is associated with early menarche. Our findings add to an expanding body of studies documenting the enduring adverse health consequences of childhood abuse.
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IMPLICATIONS AND CONTRIBUTION

Childhood abuse is prevalent among pregnant women in Peru, a population known to have a high burden of gender-based violence across the life course. This study documents the association of childhood abuse with early menarche among low-income Peruvian women. Health care providers should screen women for the past and current abuse.

Menarche is an important milestone of sexual development for a woman. Age at menarche signals the end of puberty and the beginning of her reproductive life [1,2]. According to Belsky, Steinberg, and Draper's evolutionary theory of socialization and development, children in highly stressful family context where resources are limited, parents are harsh, rejecting, insensitive, or inconsistent (possibly physiologically or physically abusive)

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develop psychological and behavioral issues and experience early maturation and puberty. They also engage in earlier sexual activity and have short unstable pair bonds with little parental investment in their own offspring [3,4].

Reaching menarche at an early age has been associated with a broad spectrum of behavioral, reproductive, and health outcomes including early age at initiation of sexual activity [5–7] and first pregnancy [6,8], diminished ovarian function [9], increased risks of obesity [10], autoimmune disorders [11], psychiatric disorders [12], metabolic syndrome, type 2 diabetes, cardiovascular disorders [1,13,14], medical complications of pregnancy including preeclampsia [15,16], and gestational diabetes [10].

Consistent with Belsky, Steinberg, and Draper's theory, an emerging literature implicates childhood physical and sexual abuse, a specific type of early life stressor, as a risk factor for reaching menarche early [17–19]. For instance, Romans et al. [18] using the Otago Women's Health Child Sexual Abuse Survey noted that a number of adverse childhood experiences including childhood physical and sexual abuse preceded early menarche. In concurrence, Henrichs et al. [20] in a nationally representative sample found increased odds of early menarche associated with childhood sexual abuse. Similar results were reported by other investigators [8]. However, few investigators have assessed the relationship between child sexual abuse and age at menarche among Latin American women. Using information from a large pregnancy cohort, we conducted the present cross-sectional analysis to assess the extent to which, if at all, women's early experience with physical and/or sexual abuse is associated with early age at menarche. We sought to explore the independent and joint association of physical and sexual abuse with risk of early age at menarche among low-income Peruvian women, a population known to be exposed to a high prevalence of gender-based violence across the life course, with up to 40% intimate partner violence and 67% childhood physical punishment [21–24]. Documentation of associations of childhood abuse with early age at menarche in this population may have important clinical implication insofar as alerting health care providers to the need to evaluate and screen women for the past and current abuse.

Methods

The Pregnancy Outcomes, Maternal and Infant Study study

The population for the present study was drawn from participants of the ongoing Pregnancy Outcomes, Maternal and Infant Study (PrOMIS) cohort, designed to examine maternal social and behavioral risk factors of preterm birth and other adverse pregnancy outcomes. The study population consists of women attending prenatal care clinics at the Instituto Nacional Materno Perinatal (INMP) in Lima, Peru. The INMP is the primary reference establishment for maternal and perinatal care operated by the Ministry of Health of the Peruvian government. Recruitment began in February 2012. Women eligible for inclusion were those who initiated prenatal care prior to 16 weeks gestation. Women were ineligible if they were aged younger than 18 years, did not speak and read Spanish, or had completed more than 16 weeks of gestation.

Enrolled participants were invited to take part in an interview in which trained research personnel used a structured questionnaire to elicit information regarding maternal sociodemographics, lifestyle characteristics, medical and reproductive histories, and early life experiences of abuse. All participants provided written informed consent. The institutional review boards of the INMP, Lima, Peru, and the Harvard School of Public Health Office of Human Research Administration, Boston, MA, approved all procedures used in this study.

Analytical population

The study population for this report is derived from information collected from those participants who enrolled in the PrOMIS cohort between February 2012 and March 2013. During this period, 1,810 eligible women were approached, and 1,556 (86%) agreed to participate. Fifty-seven were excluded from the present analysis because of missing information concerning their experience with abuse in childhood and/or missing information for age at menarche. Women excluded from this analysis did not differ in regards to sociodemographic and lifestyle characteristics as compared with those included. As shown in Table 1, a total of 1,499 women remained for analysis. Participants' age was categorized as follows: 18–20, 21–29, 30–34, and ≥35 years. Other sociodemographic variables were categorized as follows: maternal ethnicity (Mestizo vs. others); educational attainment (≤6, 7–12, and >12 completed years of schooling); marital status (married and living with partner vs. others); employment status (employed vs. not employed); access to basic foods (very hard/hard, somewhat hard, and not very hard); parity (nulliparous vs. multiparous); planned pregnancy (yes vs. no); self-reported health in the past year (good vs. poor); and gestational age at

Table 1
Sociodemographic and reproductive characteristics of the study population by types of childhood abuse in Lima, Peru (N = 1,499)

Characteristic	No abuse (N = 456)		Physical abuse only (N = 561)		Sexual abuse only (N = 116)		Physical and sexual abuse (N = 366)	
	n	%	n	%	n	%	n	%
Age (years)[a]	27.4 ± 6.2		28.0 ± 6.2		27.9 ± 6.3		28.7 ± 6.2	
Age (years)								
18–20	28	6.1	30	5.4	9	7.8	19	5.2
21–29	285	62.5	318	56.7	66	56.9	188	51.4
30–34	76	16.7	116	20.7	18	15.5	87	23.8
≥35	67	14.7	97	17.3	23	19.8	72	19.7
Education (years)								
≤6	19	4.2	24	4.3	2	1.7	19	5.2
7–12	260	57.0	308	54.9	62	53.5	211	57.7
>12	176	38.6	228	40.6	50	43.1	135	36.9
Mestizo	351	77.0	425	75.8	90	77.6	266	72.7
Married/living with a partner	375	82.2	458	81.6	90	77.6	297	81.2
Nulliparous	256	56.1	274	48.8	62	53.5	161	44.0
Employed	195	42.8	243	43.3	53	45.7	157	42.9
Access to basic foods								
Very hard/hard	65	14.3	109	19.4	25	21.6	80	21.9
Somewhat hard	132	29.0	169	30.1	42	36.2	143	39.1
Not very hard	259	56.8	282	50.3	49	42.2	143	39.1
Planned pregnancy	202	44.3	249	44.4	44	37.9	137	37.4
Self-reported health status in the past year								
Good	346	75.9	392	69.9	75	64.7	214	58.5
Poor	102	22.4	162	28.9	39	33.6	144	39.3
Gestational age at interview[a]	9.6 ± 3.4		9.9 ± 3.4		9.5 ± 3.1		9.9 ± 3.4	

Because of missing data, percentages may not add up to 100%.
[a] Mean ± standard deviation.

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