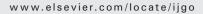


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## SPECIAL ARTICLE

## Abuse during pregnancy in Mexico City

C. Díaz-Olavarrieta <sup>a,\*</sup>, F. Paz <sup>b</sup>, K. Abuabara <sup>c</sup>, H.B. Martínez Ayala <sup>d</sup>, K. Kolstad <sup>e</sup>, T. Palermo <sup>f</sup>

- <sup>a</sup> The Population Council, Mexico City, Mexico
- <sup>b</sup> National Institute of Neurology and Neurosurgery of Mexico, Mexico City, Mexico
- <sup>c</sup> Harvard Medical School, Boston, MA, USA
- <sup>d</sup> General Hospital "Manuel Gea González," Mexico City, Mexico
- <sup>e</sup> Department of Molecular and Cell Biology, University of California Berkeley, Berkeley, CA, USA

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### **KEYWORDS**

Mexico; Pregnancy; Violence; Physical abuse; Sexual abuse

#### Abstract

Objective: Measure the prevalence of physical and sexual abuse during pregnancy, determine the nature and severity of abuse, and assess correlates with abuse. Method: A total of 1314 women seeking prenatal care between July 2000 and January 2003 were approached at three public hospitals in Mexico City. An original composite case record form was created to measure physical and sexual abuse before and during pregnancy. Result: Forty-one percent of respondents had a history of physical or sexual abuse, with current abuse reported by 11.1%, and abuse during pregnancy by 7.6%. Among abused women, 71% reported an increase in the severity of abuse since becoming pregnant. Logistic regression revealed physically fighting with a partner and a history of abuse best predict violence during pregnancy. Conclusion: The severity of abuse among abused women appears to increase during pregnancy. Prenatal care visits in Mexico are an important opportunity for violence screening and intervention.

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## 1. Introduction

Abuse during pregnancy is common among the populations in which it has been measured. A review of studies on developing countries published before 2001 found preva-

E-mail address: cdiaz@popcouncil.org.mx (C. Díaz-Olavarrieta).

lence ranging from 4% to 29% [1]. The few studies that have looked specifically at abuse during pregnancy in Mexico have found prevalence between 9% and 34% [2–4].

Abuse during pregnancy is linked to adverse maternal and fetal outcomes [5–7]. One study found that Mexican women who suffered violence during pregnancy had three times more complications during delivery and four times greater risk for having low birth weight babies [3].

Since many women attend one or more prenatal care visits, pregnancy presents a good opportunity for violence detection and intervention. This study aimed to measure the

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f Department of Public Policy, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

<sup>\*</sup> Corresponding author. The Population Council, Escondida #110, Colonia Villa Coyacan, 04000, Mexico, D.F., Mexico. Tel.: +52 55 5999 8662; fax: +52 55 5999 8673.

prevalence of physical and sexual abuse during pregnancy, determine the nature and severity of abuse, and assess correlates with abuse.

#### 2. Materials and methods

#### 2.1. Study sample and protocol

Pregnant women seeking prenatal care between July 2000 and January 2003 were approached at three public hospitals serving primarily middle- and low-income patients in Mexico City. The investigators intended to survey participants three times, once during a regularly scheduled prenatal visit in each trimester (<20 weeks, 20.1–36 weeks, >36.1 weeks). Face-to-face interviews were conducted with new female patients admitted for prenatal care, and a summary of the woman's medical record was collected at the time of the interview. Follow-up interviews were scheduled by phone or telegram.

#### 2.2. Instrument and analysis

Utilizing a number of published source instruments, a composite case record form was created. To measure the prevalence of physical and/or sexual abuse, the investigators included questions from the *Abuse Assessment Screen* such as "since you have been pregnant, were you hit, slapped, kicked, or otherwise physically hurt by someone," and, "since you've been pregnant, has anyone forced you to have sexual activities?" [8]. During the second and third interviews, the stem question was changed to "since the last time I asked you about abuse". All interviews included questions about a history of abuse and about the frequency, severity, and nature of abuse during pregnancy. For those women who reported current abuse or abuse during

pregnancy, the investigators also employed the *Hudson Partner Abuse Scale*, a 25-item self-report scale designed to measure the magnitude of physical abuse by an intimate partner during the previous year [9]. Finally, a short form of the World Health Organization Composite International Diagnostic Interview, *CIDI-SF*, was employed to evaluate the presence of symptoms compatible with depression during the previous 2 weeks [10,11].

Questions were also included on demographic characteristics of women and their partners, contraceptive use, pregnancy intentionality, and psychosocial stressors in the year prior to the pregnancy. The questionnaire was translated into Spanish and piloted with 50 women. The sample size of 1314 gave a 95% confidence interval of  $\pm 3\%$  around a prevalence estimate of 10%. Data was analyzed using SPSS 10.0 (Chicago, IL). The study was approved by the Population Council IRB and the local hospital ethics committees.

#### 3. Results

#### 3.1. Study population

This study had a 99.8% initial response rate. Attrition occurred at each follow-up interview. Only half of the 1311 participants (691, 52.7%) were surveyed twice, and less than one quarter (313, 23.8%) were surveyed three times (Fig. 1). A description of the study population, compared to the general population in Mexico, appears in Table 1.

## 3.2. Correlates with age

Women under the age of 20 made up 26% of the overall sample, and were less likely to be married (74.6% vs. 87.0%, Pearson's chi-square P < 0.000), less likely to live in a nuclear

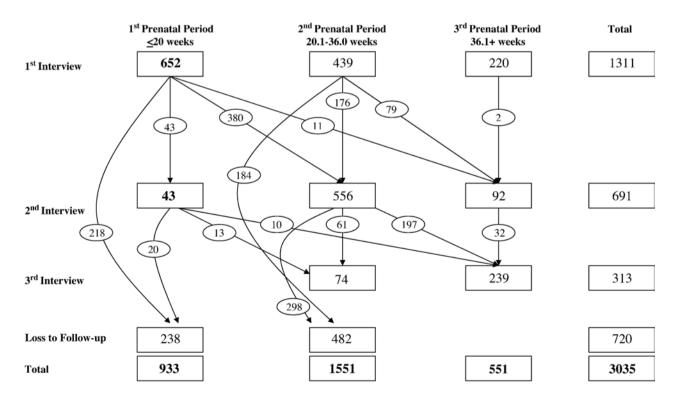


Figure 1 Loss to follow-up among participants.

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