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Effects of Intimate Partner Violence and Machismo on Pregnant Women in Mexico: A
Systematic Review

by

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An undergraduate honors thesis submitted in partial fulfillment of the requirements for the

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Abstract

This thesis aims to understand the effects of machismo and its link to intimate partner violence against pregnant women in Mexico. Machismo is a common underlying social norm in Latin America with Mexico being my target of interest. The term is defined as extreme masculinity that often contributes to gender inequalities and can have violent characteristics. Intimate partner violence is categorized as violent threats or acts against a partner and affects nearly 44% of women in Mexico (Carney et al., 2022). Barriers to help stem from shame, family expectations, and the overall violence against women in Mexico. Sadly, abuse persists throughout pregnancy. Pregnant women are much more vulnerable to stressors and violence as it can affect children prenatally and cause maternal complications. Some of the psychological consequences resulting from IPV involve depression, anxiety, trouble sleeping, poor eating habits, and drug use (Lara et al., 2014; Ortega Ceballos et al., 2023). The goal of this thesis is to propel additional research into the effects of intimate partner violence against pregnant women and implement governmental resources to aid women and children facing IPV.

Keywords: machismo, intimate partner violence, effects of IPV, pregnant women, Mexico

Introduction

Machismo has been cemented into the culture of many Latin American countries. Since the Spanish colonization, Catholicism has strongly influenced how women and men are viewed. For example, the depiction of the Virgin Mary being pure and a mother has led to the term *marianismo*, which is the expectation of how women should model themselves (Heep, 2014). Within this collectivist culture, men are expected to be providers and heads of the family which propels the idea of women being submissive and men being dominant in relationships. Machismo has a variation of definitions, however, newer research seems to reveal a more comprehensive description. Traditional machismo consists of negative characteristics such as aggression, controlling behaviors, and sexism which are common factors of intimate partner violence. For women experiencing intimate partner violence, pregnancy does not guarantee a stop to this abuse.

Violence against women is a taboo topic of conversation in Mexico ranging from female-targeted homicides to public harassment. Intimate partner violence (IPV) is understood as psychological, physical, sexual, and economic abuse and threats perpetuated by a partner (Miller-Graff et al., 2019). Mexico had one of the highest global IPV reports in 2017 with 26% of women reporting IPV and 44% reporting lifetime exposure (Carney et al., 2022). While more research is needed to understand the severity of long-term intimate partner violence, studies show that the occurrence of IPV before pregnancy is a good indicator of abuse throughout pregnancy (Martin et al., 2001). Pregnancy also marks the beginning of a family, creating a difficult barrier for women to leave abusive partners. It makes them especially vulnerable to stressors for them and their children. Other barriers I will be analyzing are interpersonal, intrapersonal, and societal barriers that hinder the well-being of these women.

The consequences of intimate partner violence can affect more than the victims involved. Mothers can experience complications during pregnancy and experience a lower quality of life (Romero-Gutiérrez et al., 2011). Psychological trauma and consumption of harmful substances can also accompany IPV (Ortega Ceballos et al., 2023; Sosa Bermúdez & Paz Bautista, 2014). As for children, neurological development and quality of life are also at risk (Udo et al., 2016). In comparison, perpetrators of IPV tend to be frequent users of alcohol and are often unemployed, with alcohol abuse being associated with increased partner control (Aguerrebera et al., 2021; Valdez-Santiago et al., 2013).

Interestingly, some of the perpetrators and victims of IPV have usually experienced IPV during childhood which could have created a sense of normality due to many ending up in similar situations later in life (Castro, Peek-Asa, & Ruiz, 2003). The purpose of this thesis is to analyze machismo, intimate partner violence, and barriers to understand how these factors affect pregnant women in Mexico. What is the state of research on pregnant women in Mexico experiencing IPV?

Methods

My thesis will consist of four parts: understanding machismo, intimate partner violence, barriers of IPV, and effects of IPV. I will be conducting a systematic review of the literature to get a comprehensive understanding of machismo culture in Mexico and how its relation to IPV affects pregnant women. I will be utilizing Psych INFO and Google Scholar databases. Then I will look at data surrounding search terms including ‘intimate partner violence’, ‘pregnant women’, ‘psychological effects’, and ‘machismo’ while looking for important statistics and similarities. I will also be looking for barriers and interviews with affected women to understand their experiences. Finally, I will analyze the effects on women and children resulting from IPV.

To combat source limitation, I will be gathering results from non-pregnant women as well as encompassing all of Mexico to provide comprehensive data. Ultimately, I hope this thesis sheds light on the importance of further research and potential support efforts.

Understanding Machismo

Machismo is a social term mostly used throughout Latin American countries to describe behaviors exhibited by men who portray extreme masculinity and dominance toward women (Arciniega et al., 2008). The term “machismo” was first used in the 1940s by social scientists to describe gender-related problems within Latin America, encompassing issues such as poverty, politics, and radicalism (Cowan, 2017). Over time, machismo was largely associated with men who were seen as violent, hypermasculine, and largely tied to defending one's honor, becoming aggressive and defensive. Cultural factors are the main contributors to the enforcement of social norms, as well as biological and religious factors. Cultural factors begin with the unspoken gendered rules about how men and women should act, stemming from the collectivist culture in Mexico. Collectivist cultures usually are heavily focused on larger ingroups and conformity which makes concepts such as machismo an important trait to adopt due to its association with “real men” (Segrest et al., 2003). With a country ranked high in the Masculinity Index and Power Distance Index, its gender inequalities seem favorable towards men as they are seen as dominant (Castro, Peek-Asa, & Ruiz, 2003). Religion emphasizes the characteristics of the Virgin Mary while biological factors pressure men to uphold these inherited evolutionary traits such as protector and provider (Segrest et al., 2003).

A recent study by Arciniega et al. (2008) sought to create a more comprehensive definition for the term “machismo” which consists of two concepts: traditional machismo and caballerismo. Traditional machismo is defined as hypermasculine, aggressive, and sexist while

caballerismo is defined as family-oriented, nurturing, and chivalrous (Arciniega et al., 2008). Both traits are independent of each other, however, one can be higher in caballerismo yet still possess qualities related to traditional machismo. While this research has greatly given machismo a less negative view, when discussing the sole concept of machismo, it's still seen negatively. For this analysis, I will be referring to machismo in the context of traditional machismo without its association with caballerismo.

Machismo has also been normalized due to the concept of marianismo which symbolizes submissiveness and familial roles that limit women to being household caretakers (Mosher & Tomkins, 1988, as cited in Segrest et al., 2003). The concepts of machismo and marianismo can be seen through media portrayal as well. In a study observing Mexico's broadest national channel, two portrayals of women shown on Mexican television are independent and dependent women. Independent women were more often sexualized while dependent women were given stereotypical family roles with men having more professional roles (Villegas et al., 2006). It's interesting to note that the dependent women were not sexualized because of their supposed purity while independent women were often seen as wilder. The concept of dominance and submissiveness hints at the correlation between IPV and machismo. This idea portrayed through the media also normalizes the issue of the dynamic. According to the World Health Organization, one of the factors associated with IPV is controlling behaviors toward women (WHO, 2021). Marianismo can also contribute to the normalization of machismo through the idea of women's compliance with their partner's behaviors and decisions (Hietanen & Pick, 2015).

While there is very little research on sociocultural norm's effects on emotions, a study conducted by Nuñez et al. (2016) showed its impact on the Hispanic community. They

researched if negative cognitive emotions were associated with Hispanic social norms such as machismo and marianismo. Results showed that traditional machismo was associated with negative cognitive emotions such as cynical hostility and anxiety. At the same time, marianismo was also associated with negative cognitive emotions due to its restrictive implications and expectations. Interestingly, a study by Ojeda & Piña-Watson (2014) observes how caballerismo positively influences self-esteem alongside machismo due to its association with courage and greater work ethic. While both studies were quite limited in participants and literature, they demonstrate how caballerismo and machismo are somewhat linked to each other and can serve as a protective factor against self-esteem, yet, can negatively affect women.

Intimate Partner Violence

Intimate partner violence (IPV) is categorized as threats or acts of physical, sexual, psychological, or economic abuse against a current or past partner (Miller-Graff et al., 2019). It is usually the result of early childhood violence within families, with male perpetrators having experienced childhood violence more than nonviolent men (Castro, Peek-Asa & Ruiz, 2003). Violence against women has increased since 2016 from 66.1% to 70.1% in 2021, but IPV has decreased during this time according to the INEGI (National Institute of Statistics and Geography). As of 2021, about 39.9% of women in Mexico have experienced partner violence with 20.7% experiencing partner violence within the last 12 months of 2020-2021 (INEGI, 2022). Measures of violence were categorized as psychological, sexual, physical, and economic. Economic abuse is defined as having control over someone's income. Comparing 2016 and 2021 statistics of IPV show an overall decrease with an increase of 0.4% in sexual violence against women in relationships, as seen in Figure 1. The bar graph is an important reminder of the different types of violence that are associated with IPV. Additionally, it shows what violent acts

are committed more than others in Mexico with sexual violence being committed the least. When seeking help, 85.7% of women did not file a report and 27.7% of women did not believe it was important enough to report (INEGI, 2022).

National Survey on the Dynamics of Household Relationships (Violence within Relationships)

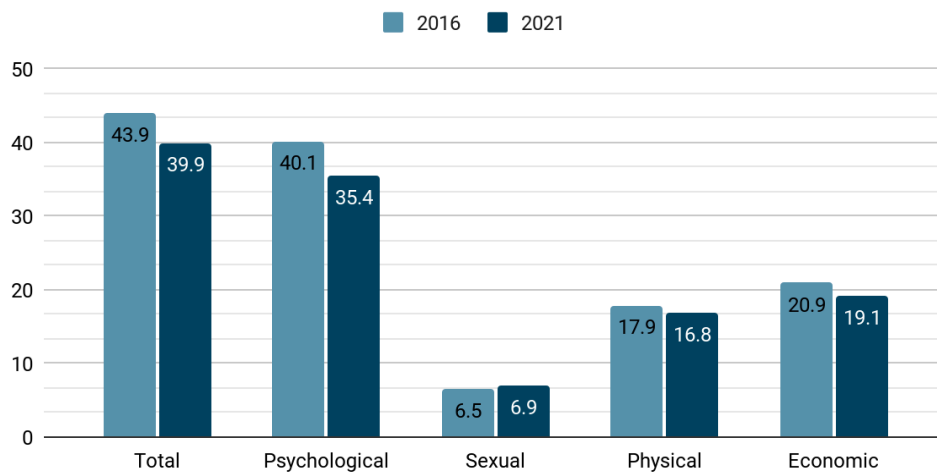


Figure 1: Source: [INEGI](#)

It's important to note that the statistics from INEGI are from a sample of 140,784 housing units with ages ranging from 15 years and older. The results are not limited exclusively to pregnant women experiencing IPV which is a focal point of this thesis. The majority of the studies I have researched focusing on IPV are from non-pregnant women. However, one study by Doubova et al. (2007) focused on IPV among pregnant women in Mexico City. They found that 31.1% of women reported experiencing IPV (psychological, physical, and sexual) during pregnancy. Additionally, 28% of women suffering from IPV during pregnancy blamed themselves, which they attributed to low self-esteem. The most frequent type of IPV in pregnant women was psychological with 93.3% of women affected, while 10% experienced more than one type of violence (Doubova et al., 2007). The study by Doubova et al. (2007) was one of the few

studies I found that focused on pregnant women but can be considered outdated and not representative of today. Due to fluctuations in IPV from 2007 as well as other variables, newer research could help validate and update the relevance of the study.

Mexican culture also embraces familiaismo—known as familism—which emphasizes family loyalty and nuclear family concepts such as providing emotional and economic support, being dependable, and being united as a family (Sabogal et al., 1987, as cited in Frías & Agoff, 2015). However, this association of traditional female roles and characteristics such as self-sacrifice and family prioritization may lead women to neglect their mental health (Lara, Navarrete, & Nieto, 2016). This concept is observed in a study conducted by Frías & Agoff (2015) which surveyed women in Mexico and their help-seeking behavior, revealing that 41% of women reported IPV to the authorities but avoided mentioning it to families. While 11.4 % of women did not report anything for fear of their families finding out and 2% did not report the abuse because their family convinced them not to. Interviews with women also discussed the stigma surrounding divorce, lack of childcare help within families, and submitting to violence from pressure.

Indigenous populations in Mexico are also more prone to IPV than urban populations due to fewer resources being available (Aguerreberre et al., 2021). Interviews with women conducted by Peña et al. (2014) have revealed barriers to help including issues of poverty, gender roles, and childhood violence. Rural communities also lack educational freedom and opportunities for women, predisposing them to adopt family-oriented positions.

Barriers of IPV

In a study understanding the barriers that female victims of IPV face, Carney et al. (2022) discovered they fell into three distinct categories: intrapersonal, interpersonal, and structural

barriers. The data was compiled based on interviews with 43 women in Nuevo León, Mexico. Intrapersonal barriers consisted of the unawareness of IPV, feelings of shame, and feeling pressured to stay quiet about one's experience. Some of the women interviewed didn't recognize economic or psychological violence due to the normalization (Carney et al., 2022). The same study also found that women who experienced childhood IPV within their families believed that it was a normal and inevitable dynamic within relationships. One study found that pregnancy does not seem to initiate IPV as many studies show the prevalence even before pregnancy (Castro, Peek-Asa, & Ruiz, 2003). Considering many perpetrators of IPV have experienced some sort of violence during childhood, it's not surprising that they don't identify any wrongdoings with their actions.

Interpersonal barriers are described as familial expectations and widespread violence. Collectivism is significant in Mexico, leading people to value group importance rather than individual. Interviews by Carney et al. (2022) shed light on how women recall families imposing religious beliefs and believing children will fix broken relationships. These expectations make it difficult for women experiencing IPV to leave relationships as it affects not only them but the entire family. Maternal mortality is a common practice in indigenous regions in Mexico due to men's obligation to have total control their partners over bodies, making women less likely to receive prenatal care which has been normalized within these families (Freyermuth, 2003; Sesia, 2016, as cited in Frias, 2022).

Widespread violence within Mexico has been largely targeted against women from femicides to public harassment. Femicides are defined as gendered motivated killing with indigenous groups being more vulnerable (Frias, 2022). Overall, violence against women has increased by roughly 4% since 2016 (INEGI, 2022). A study by Frias (2022) showed that

between 2000-2017, 35% of female homicides were femicides. Public harassment is a common occurrence for women when taking public transit. A survey conducted by Infante-Vargas & Boyer (2022) revealed that 52% of surveyed women (n=611) reported being groped in Saltillo, Mexico. Additionally, 7 out of 10 women reported feeling unsafe within public centers and 6 out of 10 reported being touched unwantedly. Since these encounters, women have avoided eye contact with strangers and have adopted “dead-pan” facial expressions (Dhillion & Bakaya, 2014; Infante-Vargas and Boyer, 2022). Another study by Almanza Avendaño et al. (2022) documented that feelings of insecurity in public spaces due to sexual harassment resulted in hypervigilance, fear, and victimization. Global fear following the Covid-19 pandemic also resulted in a spike in IPV. A study by Rivera Rivera et al. (2023) also found that 11.5% of violence was associated with the Covid-19 pandemic with violence increasing drastically during mid-2020. Young women were most likely victims of factors such as unemployment, isolation, caregiving, and alcohol use, which were associated with an increased risk of household violence.

Obstetric violence is another taboo topic that pregnant women face aside from IPV. Obstetrics and gynecology were ranked number one in reports filed according to the Mexican Commission for Medical Arbitration (Fajardo-Dolci et al., 2008). Within the last 5 years, the issue of obstetric abuse is still relevant as 31.4% of women reported experiencing mistreatment during labor and delivery (INEGI, 2022). Women were also not properly educated on the labor process and not given adequate information on maternal and perinatal health (Carney et al., 2022). Previous studies reported between 11% and 33% of women had negative experiences with healthcare providers during delivery care in Mexico. Additionally, negative experiences during childbirth are known to have negative effects such as psychological and emotional distress such as PTSD (Ayers et al., 2006; Elmir et al., 2010, as cited in Brenes Monge et al., 2020). A study

done by Brenes Monge et al. (2020) noted 493 separate events where obstetric disrespect and abuse were exhibited using direct observations and interviews in four hospitals over 21 days. Any incident of obstetric abuse worsens the labor experience for women also experiencing IPV. Women recalled experiencing pressure, verbal abuse, being unaware of non-consensual procedures, and being disregarded (Brenes Monge et al., 2020)

Structural barriers women might face include unawareness of resources, child support, and economic situations. Child support in situations of IPV can be stressful considering the lack of resources and lack of support from families (Carney et al., 2022). As mentioned by Frías & Agoff (2015), interviews with women discuss the stigma of divorcing and the lack of childcare help within families. In a study done by Scolese et al. (2020), they researched the relationship between IPV and the impact it has on children's attendance at school within high to moderate-poverty communities in Mexico. 23.3% of the women reported that IPV has interfered with their child's attendance at school. High physical and sexual violence affected 9.6% of the 659 participants and increased the risk of disturbing child attendance.

Economic situations also contribute to barriers female victims face in rural-indigenous communities that face poverty. A study done by Valdez-Santiago et al. (2013) shows the severity of IPV within indigenous communities in Mexico. Most of the women experiencing IPV had children, minimal education, and were from middle to very low-income families living in rural communities. IPV was most prevalent in men who were unemployed and frequent alcohol users and most prevalent in women who had experienced abuse as a child (Valdez-Santiago et al., 2013). Economic violence justified men's behavior as viewing the husband's role as a financial provider and leaving tasks of helping with children, cooking, or housework to women (Peña et al., 2014). The study by Aguerrebere et al. (2021) supports the notion that IPV is much more

prevalent in poverty due to minimal resources. Similarly, indigenous communities within Mexico are also known to have fewer resources than urban communities. A study by Frías (2023) supports the case of indigenous-populated cities being much more prone to violence with femicides increasing in indigenous communities than in non-indigenous communities.

In the context of resources, it was only recently in 2007 that Mexico decided to pass the General Law for Women's Access to a Life Free of Violence (GLWALFV) to protect women against violence. Before then, Mexico did not have any laws that required reporting violence which left women to be referred to social services instead (Castro, Peek-Asa, & Ruiz, 2003).

Effects of IPV

With the significance of intimate partner violence on pregnant women, it is known that IPV is associated with psychological distress (Ortega Ceballos et al., 2023). In a study by Sosa Bermúdez & Paz Bautista (2014), out of 200 pregnant participants, 52.6% experienced psychological violence, 16.5% experienced physical, and 5.1% experienced sexual violence. Depression was significantly associated with IPV as it was more likely to occur alongside suicide. Psychological violence was associated with threatened abortion while physical violence was associated with depression and anxiety. Trouble sleeping, anxiety, and suicidal thoughts were associated with sexual and physical violence (Sosa Bermúdez & Paz Bautista, 2014). Another study by Lara et al. (2014) analyzed IPV and its link to depressive symptoms in pregnant women. They found that pregnant women are 6.2 times more likely to display depressive symptoms when experiencing IPV. Interestingly, one of the predictors of depressive symptoms was linked with having less than 9 years of education. Depressive symptoms during pregnancy often lead to poor eating habits in women of lower socioeconomic status and can increase the risk of postpartum depression (Lara et al., 2014). Experiencing IPV has also been

associated with the consumption of alcohol and tobacco (Ortega Ceballos et al., 2023). A study by Pico-Alfonso et al. (2006) found that psychological IPV had similar mental health outcomes as physical IPV such as increasing depressive, PTSD, and anxiety symptoms in women.

Mexico also has many rural communities that lack governmental services and access to health services. The study by Aguerrebere et al. (2021) researched the characteristics of IPV and its association with depression and anxiety symptoms in rural Chiapas, Mexico which is Mexico's poorest state. They found that 40% of women reported experiencing physical and sexual IPV and rated their partner as having high control. In comparison, 25.8% reported experiencing physical and sexual IPV, rating their partner as having moderate or low control. Additionally, amongst the women with moderate to severe anxiety and depressive symptoms, 73% of them have experienced IPV. Lifetime exposure to high-controlling IPV was significantly correlated with moderate depressive symptoms, while depression and anxiety were both associated with high-controlling IPV (Aguerebere et al., 2021).

IPV can also affect the maternal health of babies as maternal complications are more likely to occur in women experiencing violence such as IPV (Romero-Gutiérrez et al., 2011). The study by Romero-Gutiérrez et al. (2011) found neonatal complications occurred more often in women experiencing psychological violence while maternal complications occurred more often in women experiencing sexual violence. Additionally, there is an association between toddlers whose mothers experienced moderate IPV having a higher chance of language delay compared to those who have experienced low maternal IPV. Another study by Udo et al. (2016) found toddlers who experienced moderate to high levels of maternal IPV have a higher risk of experiencing neurological delay than those who have experienced low maternal IPV. In other words, maternal stress increases the risk of language delay and neurological delay. Similar

research has shown that gender differences from maternal stress are more likely to affect male infants than female infants.

In addition to maternal stress, parenting stress has been associated with IPV in mothers, increasing the risk of aggression, neglect, and use of physical punishment toward children (Taylor et al., 2009). A study conducted by Jones-Harden et al. (2021) sought to understand how IPV related to parenting stress due to its influence on child outcomes. Mothers who had low parenting stress developed a sensitive and engaging parenting style while high parenting stress was associated with harsh and intrusive parenting styles. Harsh parenting was categorized as having negative regard toward their child and being intrusive in their child's efforts. Harsh parenting also predicted behavioral problems in toddlers (Jones-Harden et al., 2021). As previously discussed, other microsystems such as school attendance and quality of life can also be affected by IPV.

As mentioned previously, there are many barriers that women face when seeking help due to IPV. Policy recommendations should consider the protective risk factor of resilience and emphasize well-being. Researchers found that some victims of IPV develop resilience, which has been shown to stem from children, self-perseverance, and support systems (Schaefer et al., 2021). Many mothers who experience IPV have discussed their children making them stronger and wanting to pursue a better quality of life which is a catalyst for leaving abusive relationships (Carney et al., 2022; Schaefer et al., 2021). Some also reported receiving support from family members and other women in their community who have also experienced IPV (Carney et al., 2022). With this information, I would like to emphasize the importance of offering protective resources, which have been shown through resilience that help assist the well-being of mothers.

Discussion

Implications

This field of study should be important to researchers because of the governmental implications that could help thousands of women and fight against female violence in Mexico. Researching how to promote pregnant women's well-being when faced with IPV can lead to resources that the government can implement for both women and children such as childcare. Additionally, it would help the government understand what other barriers are causing women not to receive the support they need such as financial help, unawareness of programs, or lack of familial support. It's important to note that IPV affects not only the victim but also the families, which is why implementation is crucial for family well-being as ignorance can lead to the cycle continuing.

Future Directions

Researchers should consider future directions when understanding intimate partner violence in Mexico. The main purpose of this thesis is to understand IPV in pregnant women which I found to be much more challenging due to the limited amount of research provided. It is from this limitation that researchers should further conduct studies on pregnant women as they are underrepresented and are much more vulnerable. Most of the literature I've reviewed comes from non-pregnant women which makes generalizing results to pregnant women difficult. Moreover, to implement successful programs and resources, additional research needs to be done for existing programs to understand the successes and the areas of improvement. Lastly, additional cross-cultural research should be considered to help provide comprehensive data and similar implications. Research should focus on countries with high Masculinity Index (MI), meaning higher gender inequalities. Overall, more research needs to be done regarding pregnant women experiencing IPV due to the implications, useful information, and general well-being.

Conclusion

Throughout this thesis, I sought to understand the state of research on pregnant women in Mexico experiencing IPV. I first looked at the association of IPV and machismo due to its familiarity in many Latin American countries relating to controlling, overly masculine, and sometimes violent behaviors toward women. Collectivist cultures such as Mexico make it difficult for women to report IPV due to its barriers as previously discussed such as stigma, gender roles, and family values. IPV in women is associated with, but not limited to, developing depression, anxiety, suicidal thoughts, trouble sleeping, poor eating habits, and drug use (Lara et al., 2014; Ortega Ceballos et al., 2023). However, many of these results were generalized from non-pregnant women. Children can also be negatively affected by IPV prenatally and through the environment which can have developmental consequences. The importance of this topic relates to the mental health and safety of mothers experiencing IPV in Mexico as violence towards women is a major issue. As mentioned before, the state of research on IPV in pregnant women is limited and this thesis serves as a reminder of the stressors, obstacles, and consequences that can be prevented with government assistance and further research. I hope this thesis has served its purpose to the continuation of research in underrepresented communities and helps with the implementation of protective measures.

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