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PREVALENCE, TYPES AND PATTERNS OF INTIMATE PARTNER VIOLENCE AMONG PREGNANT WOMEN IN LIMA, PERU. *M T Perales, S M Cripe, N Lam, S E Sanchez, E Sanchez and M A Williams (Health Direction V Lima City and Materno Perinatal Institute, Lima, PERU)

Intimate partner violence (IPV) is a serious global public health problem with 15–71% of women reporting some form of physical and/or sexual violence during their lifetime. We assessed the prevalence of IPV prior to and during pregnancy. We also describe the types and patterns of violence experienced by women before and during pregnancy. Participants were 2,394 women who delivered at the Materno Perinatal Institute in Lima, Peru; and were interviewed during the post-partum recovery period. The reported lifetime prevalence of any IPV (physical, sexual or emotional) was 45.1%. The prevalence of lifetime physical, emotional, and sexual IPV were 34.1%, 28.5% and 8.7%, respectively. Of the women who reported experiencing any lifetime physical or sexual IPV, 76.0% experienced physical abuse only, 5.9% experienced sexual abuse only, and 18.1% experienced both physical and sexual abuse only. The prevalence of any IPV during pregnancy was 21.4% with the majority of affected patients reported experiencing emotional violence (15.6%). The prevalence of physical and sexual violence during pregnancy were 11.9% and 3.9%, respectively. Among women who reported experiencing any physical or sexual IPV during pregnancy, 70.5% experienced physical abuse only, 11.0% experienced sexual abuse only, and 18.5% experienced both physical and sexual abuse only. Older, unmarried women, those who were employed, had little education and difficulty accessing medical services and basic foods were more likely to experience lifetime and pregnancy IPV. Efforts for universal IPV screening, and appropriate interventions are needed to reduce the burden of violence experienced by pregnant women.

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SOCIOECONOMIC STATUS AND TIME TO NATURAL MENOPAUSE. *C H Kroenke, R Thurston, L D Kubzansky, J Rich-Edwards, N Adler, I Kawachi, M D Holmes (UCSF, San Francisco, CA 94118)

We hypothesized that lower socioeconomic status (SES) would be related to earlier time to natural menopause in 62,053 premenopausal women from the Nurses' Health Study II, 6,658 of whom underwent menopause from 1989 to 2003. Childhood SES measures included parental education, parental occupation, and home ownership at time of woman's birth. Adult SES measures included household income, occupational status, and husband's education. We used Cox proportional hazards regression to evaluate associations of childhood SES, adult SES, violence (emotional, physical, sexual), and several demographic, reproductive and lifestyle factors associated with SES, with time to natural menopause. To estimate "cumulative disadvantage" associated with lower SES, we summed risk factors related to lower SES and time to menopause in the sample (adult income <\$50,000, ever rape, nulliparity, age at menarche <12 years, no oral contraceptive use, caffeine consumption >100 mg/d, and current smoking), and evaluated this sum against the outcome. We included mechanisms through which SES might speed time to menopause and SES-specific factors that may capture alternate mechanisms. In multivariate-adjusted analyses, low adult income, experience of violence in adulthood, and several reproductive and lifestyle factors were associated with earlier menopause; other SES-specific measures and race were not related. An increasing number of risk factors related to SES predicted earlier time to menopause, zero (ref), one, relative risk (RR) = 0.94; two, RR = 1.09; three, RR = 1.21; four, RR = 1.43; five, RR = 1.71; six, RR = 2.36; and seven risk factors, RR = 6.63, *p*-trend < 0.001. In conclusion, lower SES and cumulative disadvantage associated with lower SES in this sample were associated with earlier menopause.

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REPRODUCTIVE OUTCOMES AMONG COSMETOLOGISTS IN MARYLAND. *L Gallicchio, S Miller, T Greene, H A Zacur, and J A Flaws (Mercy Medical Center, Johns Hopkins University, Baltimore, MD; University of Illinois, Champaign, IL)

Cosmetologists constitute a major occupational group of female workers who sustain chemical exposures during their reproductive lifespan. Despite evidence that many of these chemical exposures adversely affect reproduction in animal models, little is known about reproductive function among cosmetologists. We report preliminary findings from a cross-sectional survey-based study comparing reproductive outcomes among cosmetologists (*n* = 183) to women of the same age (21 to 55 years) working in other occupations (*n* = 383). The results showed that the cosmetologists were not at increased risk for infertility, miscarriage, or stillbirth compared to women in other occupations. Further, among women with at least one live birth, cosmetologists were not at increased risk for having a child with an adverse health outcome (e.g. heart defects, learning disorders) compared to their counterparts. However, cosmetologists were significantly more likely to report premature ovarian failure (odds ratio (OR) 4.14; 95% confidence interval (CI) 1.36, 12.65), hot flashes (OR 2.11; 95% CI 1.41, 3.16), and depression (OR 1.55; 95% CI 1.02, 2.34) than women in other occupations after adjustment for age, race, marital status, and household income. These results suggest that while cosmetologists may not be at higher risk for pregnancy-related adverse outcomes, they may be at higher risk for depression and other reproductive health problems. Enrollment of participants into the study is currently ongoing and future analyses will be conducted to determine the role of specific chemical exposures in the development of adverse reproductive outcomes among cosmetologists. Supported by NIOSH R01 OH008579.

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THE INFLUENCE OF LIFE-STYLE FACTORS ON MORTALITY IN THE BLACK WOMEN'S HEALTH STUDY. *L Rosenberg, D Boggs, J Palmer, L L Adams-Campbell (Slone Epidemiology Center at Boston University, Boston, MA)

Mortality rates from most causes are higher in African American women than white women. We prospectively assessed the influence of alcohol consumption, cigarette smoking, body mass index (BMI) (weight (kg) divided by height² (m)), and exercise on mortality in the Black Women's Health Study. 59,000 black women from across the U.S. who enrolled in 1995 were followed through biennial questionnaires. Deaths were ascertained through the postal service, friends, relatives, and National Death Index Plus. After exclusion of women who reported a cancer, myocardial infarction, or stroke at baseline, 56,266 women were followed from 1995 to 2003. Among 1011 deaths, 188 were due to cardiovascular disease and 336 to cancer. We used Cox regression to ascertain hazard ratios (HR) for categories of the life style factors at baseline in relation to mortality, with control for age and education. All-cause mortality was positively associated with past drinking (HR = 1.52, 95% confidence interval (CI) 1.29–1.79) and current drinking of 14+ drinks per week (HR = 1.48, 95% CI 1.06–2.06) relative to never drinking; with current smoking (HR = 2.98, 95% CI 2.09–4.25) of 25+ cigarettes per day relative to never smoking; and with BMI (HR = 1.22, 95% CI 1.01–1.47) of 35+ relative to <25. Mortality was inversely associated with vigorous exercise (HR = 0.61, 95% CI 0.48–0.78 for 5+hours/week relative to none). Findings were similar after excluding deaths occurring in the first four years of follow-up. Cigarette smoking was the strongest risk factor for both cardiovascular and cancer mortality. The implication of these findings is that improvements in life style factors would lead to reduced mortality in U.S. black women.