



Salud Pública de México

ISSN: 0036-3634

spm@insp.mx

Instituto Nacional de Salud Pública
México

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Salud Pública de México, vol. 59, núm. 1, enero-febrero, 2017, pp. 102-105

Instituto Nacional de Salud Pública
Cuernavaca, México

Available in: <http://www.redalyc.org/articulo.oa?id=10650518019>

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Experiences of street harassment and associations with perceptions of social cohesion among women in Mexico City

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Salud Publica Mex 2017;59:102-105.
<http://dx.doi.org/10.21149/7961>

Abstract

Objective. To document the frequency and forms of street harassment and examine the association between street harassment experiences and perceptions of social cohesion. **Materials and methods.** Baseline survey data collected among women seeking care in public health clinics in Mexico City were used for analysis. **Results.** Nearly two-thirds (62.8%) of women reported experiencing some form of street harassment in the prior month; women with street harassment experiences reported significantly lower perceived social cohesion ($b = -0.46$; 95%CI: $-0.69, -0.22$). **Conclusions.** Findings indicate reducing street harassment may have important implications for improving women's perceived social cohesion and their safety in Mexico City.

Keywords: street harassment; urban area; gender violence; Latin America

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Resumen

Objetivo. Documentar frecuencia y tipos de acoso en la calle (AC) y la asociación entre experiencias de AC y percepción de cohesión social (CS). **Material y métodos.** Análisis de encuesta a mujeres que solicitan servicios en clínicas de la Secretaría Salud del Gobierno de la Ciudad de México. **Resultados.** 62.8% reportó algún tipo de AC el mes previo a la encuesta; aquellas con experiencias de AC reportaron índices significativamente menores de CS ($b = -0.46$; IC95%: $-0.69, -0.22$). **Conclusiones.** Reducir el AC puede tener implicaciones importantes para mejorar la percepción de CS y la seguridad de las mujeres en la Ciudad de México.

Palabras clave: acoso en la calle; zona urbana; violencia de género; América Latina

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Received on: May 10, 2016 • Accepted on: September 6, 2016

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In March 2013, the United Nations Commission on the Status of Women declared, for the first time, the importance of addressing sexual harassment against women and girls in public places.¹ Considered a form of gender-based violence (GBV) against women,² street harassment can include any act or comment perpetrated in a public space that is unwanted and threatening, and motivated by gender; it may include sexually suggestive comments, unwanted touching, invasion of space, and rape.³

Though epidemiologic research on the public health implications of street harassment is scarce, reports from non-governmental organizations suggest that street harassment can negatively affect women and girls' health through limiting physical mobility, which can in turn reduce their ability to sustain employment or seek healthcare.^{1,2} Street harassment may also impact women's perceptions of community safety⁴ and their perceptions of connectedness to their community (*i.e.*, social cohesion).^{5,6} Extensive research has documented that poor perception of social cohesion is linked to an array of negative health outcomes and behaviors (*i.e.*, chronic diseases, poor mental health).⁶⁻⁸ Additionally, poor social cohesion has been linked to increased crime and violence,⁹ including intimate partner abuse.¹⁰ To date, however, little research has examined street harassment, limiting public health's ability to quantify the extent of the problem and understand its relationship with other important social determinants of health.

Thus, the aims of this study were to: 1) document the frequency and forms of street harassment, 2) document actions women take to avoid street harassment, and 3) explore the association between street harassment experiences and perceptions of social cohesion among women seeking care in public health clinics in Mexico City. Investigation of street harassment is warranted given Mexico City's recent investment in women-only transportation efforts to improve safety in public spaces.¹¹

Materials and methods

Data were drawn from a baseline survey among women currently participating in a randomized controlled trial (N=952). The overarching study's objective was to assess the efficacy of a comprehensive screening and counseling program on reductions of intimate partner violence (IPV).¹² Adult women presenting at study clinics were eligible to participate if they reported past-year experiences with physical and/or sexual IPV. After providing informed consent, participants were invited to take a 45 minute spanish survey administered by trained research assistants. The overarching study was approved by human subjects committees at Yale University, George

Mason University, National Institute of Public Health (Mexico). Baseline data were collected from April to November 2013 across 42 health clinics in Mexico City.

Exposure to past-month street harassment was assessed via eight items¹³ categorized into binary (yes/no) measures of non-physical and physical street harassment (table I). All women were asked about actions taken to avoid street harassment. The outcome, social cohesion, was assessed through five binary items.¹⁴ Responses were summed; a higher score indicated higher social cohesion (Cronbach's $\alpha=0.71$). Demographics included in the analyses were: age, occupation, and health clinic location.

Using complete case analysis, unadjusted and adjusted regression models were developed to assess the relationships of interest in Stata 12.1.*

Results and discussion

The mean age of study participants was 29.88 (SD 7.17). Over 6 in 10 (66.7%) reported completing less than a high school education. Over half (66.9%) reported being a homemaker, while 1 in 5 (19.8%) reported some form of employment.

Over 60% (n=598) of women reported experiencing at least one form of street harassment in the past month; the most common being looked at in an uncomfortable way (table I). Over one-quarter (26.8%) reported experiencing physical street harassment. Among all women, 75% reported taking some action to avoid street harassment.

Mean social cohesion was 2.69 (SD: 1.6). Experience of non-physical street harassment was associated with a -0.47 reduction in perceived social cohesion (95%CI: -0.66-0.29) compared to women who did not report such harassment in the unadjusted model. Women reporting physical street harassment had a similar reduction in social cohesion (b=-0.46; 95%CI: -0.69-0.22). The associations between experiences of street harassment and reduced perceptions of social cohesion remained statistically significant after accounting for age, occupation, district and health center (table II).

Street harassment was found to be highly prevalent among this sample of women. The analysis found that experiencing street harassment negatively impacts a woman's perception of social cohesion, and that women often reported limiting their mobility to reduce street harassment. Study limitations include reliance on a

* StataCorp. 2011. Stata Statistical Software: Release 12.1 College Station, TX: StataCorp LP:1

Table I
FREQUENCY OF AND ACTIONS TO AVOID STREET HARASSMENT REPORTED BY WOMEN PRESENTING AT HEALTH CLINICS IN MEXICO CITY, MEXICO, FROM APRIL TO NOVEMBER 2013 (N=952)

	N	%
Experiences of street harassment (past month)		
Any street harassment experience	598	62.8
Any non-physical street harassment	566	59.5
Made you feel uncomfortable with a whistling sound	458	80.9
Shouted or said obscene words to you	339	59.9
Looked at you in an uncomfortable way	487	86.0
Showed you some part of their body	75	13.3
Any physical street harassment	255	26.8
Touched you with the hand without your consent	109	42.7
Touched you with some other part of the body without your consent	45	17.6
Pinched you	11	4.3
Was too close to you	227	89.0
Actions take to avoid street harassment *		
Disrupted mobility	662	69.5
Avoided going out alone or at night	543	82.0
Arrived late or missed work or school	51	7.7
Modified your daily route	437	66.0
Moved to another neighborhood	22	3.3
Changed job or school	20	3.0
Sought protection	110	11.6
Pretended to have a boyfriend/partner/husband	101	91.8
Taken a gun	17	15.5
Tried to detract attention	715	75.1
Worn inconspicuous/not flashy clothes	557	77.9
Worn headphones	201	28.1
Pretended to be talking on the phone	232	32.4
Avoided visual contact	551	77.1

* Denominator is all women participating in the survey, regardless of reported street harassment experiences

Table II
UNADJUSTED AND ADJUSTED ASSOCIATIONS BETWEEN PAST-WEEK STREET HARASSMENT AND SOCIAL COHESION SCORE (N=952)

	Overall % (N)	Social Cohesion Score* Mean (SD)	Unadjusted (95%CI)	Adjusted (95%CI) ‡
Social cohesion score overall		2.69 (1.61)		
Street harassment				
Non-physical street harassment	59.5 (566)	2.50 (1.60)	-0.47 (-0.66, -0.29) p<0.0001	-0.44 (-0.63, -0.25) p<0.001
Physical street harassment	26.8 (255)	2.36 (1.54)	-0.46 (-0.69, -0.22) p<0.001	-0.33 (-0.57, -0.09) p<0.009
Any type of street harassment	62.8 (598)	2.51 (1.60)	-0.49 (-0.67, -0.32) p<0.001	-0.47 (-.66, -0.28) p<0.001

* Note that the social cohesion score was computed as the sum of the five cohesion items (people in this neighborhood generally don't get along with each other; people in this neighborhood do not share the same values; people around here are willing to help their neighbors; this is a close-knit neighborhood; people in this neighborhood can be trusted). There were 80 missing values generated due to incomplete responses to all five social cohesion items (and thus if we aggregate, we will have a truncated sum). Thus the cohesion score index is defined overall for a total of 873 subjects (for whom information on the five social cohesion items was complete)

‡ Adjusted for age, women's occupation, region, health center and clustering at the health center level

non-random, clinic-based sample of women with recent IPV experiences. It is currently unclear how, if at all, IPV may impact street harassment experiences. Due to the cross-sectional nature of the survey, causality cannot be inferred nor can the temporal ordering of the relationship between perceived social cohesion and street harassment. Future research may also seek to examine how social cohesion at the area-level may impact street harassment. Lastly, study measures of social cohesion have not been validated in this sample.

Though preliminary, study findings indicate that street harassment is pervasive, and reducing it may have important implications for improving women's perceptions of neighborhood social cohesion within Mexico City.^{9,15} Future research on street harassment is needed for this burgeoning urban public health concern.

Acknowledgments

To Lauren Gurfein for her careful review of the manuscript and editorial suggestions.

Declaration of conflict of interests. The authors declare that they have no conflict of interests.

References

1. UN Women. Safe Cities Global Initiative brief [online monograph]. New York: UN Women, 2014 [accessed February 25, 2015]. Available at: <http://www.unwomen.org/~media/headquarters/attachments/sections/library/publications/2014/un%20women%20safe%20cities%20brief-us-web.pdf>
2. Stop Street Harassment. Unsafe and harassed in public spaces: A national street harassment report [online monograph]. Reston, Virginia: Stop Street Harassment; 2014 [accessed February 25, 2015]. Available at: <http://www.stopstreetharassment.org/wp-content/uploads/2012/08/2014-National-street-harassment-Street-Harassment-Report.pdf>
3. Stopstreetharassment.org [Internet site]. Reston Virginia, USA. Stop Street Harassment 2016 [accessed January 9, 2015]. Available in: <http://www.stopstreetharassment.org>
4. U.S. Department of Housing and Urban Development. Moving to Opportunity for Fair Housing Demonstration Program final impacts evaluation. Washington, DC: U.S. HUD, 2011.
5. Kawachi I, Berkman L. Social cohesion, social capital, and health. In: Berkman L, Kawachi I, eds. *Social Epidemiology*. New York: Oxford University Press, 2000:174-90.
6. Kawachi I, Kennedy BP. Socioeconomic determinants of health: Health and social cohesion: why care about income inequality? *BMJ* 1997;314(7086):1037. <http://doi.org/c29mrb>
7. Fone D, White J, Farewell D, Kelly M, John G, Lloyd K, et al. Effect of neighborhood deprivation and social cohesion on mental health inequality: a multilevel population-based longitudinal study. *Psychol Med* 2014;44(11):2449-2460. <http://doi.org/brx9>
8. Kim ES, Park N, Peterson C. Perceived neighborhood social cohesion and stroke. *Soc Sci Med* 2013;97:49-55. <http://doi.org/brzb>
9. Sampson RJ, Raudenbush SV, Earls F. Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science* 1997;277(5328):918-924. <http://doi.org/bg5rs9>
10. VanderEnde KE, Yount KM, Dynes MM, Sibley LM. Community-level correlates of intimate partner violence against women globally: A systematic review. *Soc Sci Med* 2012;75(7):1143-1155. <http://doi.org/brzc>
11. Dunckel-Graglia A. Pink transportation' in Mexico City: reclaiming urban space through collective action against gender-based violence. *Gend Dev* 2013;21(2):265-276. <http://doi.org/brzf>
12. Falb KL, Diaz C, Campos PA, Valades J, Cardenas R, Carino G, Gupta J. Evaluating a health care provider delivered intervention to reduce intimate partner violence and mitigate associated health risks: study protocol for a randomized controlled trial in Mexico City. *BMC Public Health* 2014;14(1):772-782. <http://doi.org/brzf>
13. Hollaback. Street harassment survey. Hollaback Croatia. 2012 [consulted August 24, 2016]. Available from: http://www.ihollaback.org/wp-content/uploads/2012/06/Hollaback-Croatia_Online-street-harassment-survey.pdf
14. Sapag JC, Aracena M, Villarroel L, Poblete F, Berrocal C, Hoyos R, et al. Social capital and self-rated health in urban low income neighborhoods in Chile. *J Epidemiol Community Health* 2008;62(9):790-792. <http://doi.org/dsg9fh>
15. Popkin SJ, Leventhal T, Weismann G. Girls in the 'Hood: The Importance of Feeling Safe. Washington, DC: The Urban Institute, 2008.