Reproductive Coercion, Partner Violence, and Family Planning Use

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Reproductive Coercion

- **Reproductive coercion (RC)** is a form of gender-based violence (GBV) comprised of specific behaviors by a male partner or family member(s) that reduce women's and girl's control over their FP and pregnancy decisions, including interfering with access to or use of FP or abortion services. [1,2]
  - 10%-40% prevalence across LMIC settings [3,4]
  - Associated with physical and sexual intimate partner violence (IPV). [1,2]
  - Associated with negative reproductive health outcomes, e.g., unintended pregnancy. [1,2]

Pregnancy and Abortion Coercion

Behaviors that pressure or force a woman to comply with demands that she become pregnant, terminate a pregnancy, or continue a pregnancy against her will, including blocking access to FP or abortion services. [1, 2, 5-6]

Contraceptive Sabotage

Hiding, withholding, destroying, or removing female-controlled contraceptives (e.g., pills, implants, IUD) or breaking or removing a condom to promote pregnancy [2, 5,-6]

Reproductive Coercion Scale[9,10]

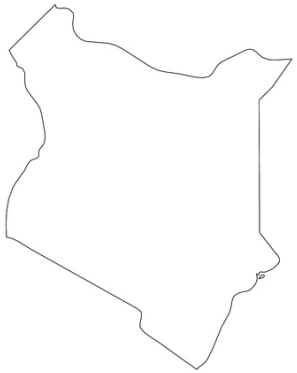
- **Pregnancy and Abortion Coercion:**
  - Prevented from going to a have clinic or community health event for FP
  - Told she could not use FP because she did not have enough sons
  - Treated her badly for using or wanting to use FP
  - Told she would be abandoned if she prevented or delayed pregnancy
  - Told her would have a baby with someone else if didn't become pregnant
  - Pressured to end a pregnancy she did not want to end
  - Pressured to keep a pregnancy she wanted to end

- **Contraceptive Sabotage:**
  - Destroyed, hidden or taken away a FP method
  - Intentionally breaking or removing a condom

Photo from ARCHES Kenya materials

RC, IPV, and modern FP Use in India, Kenya, and Niger

- **India**[11]
  - Population-based sample married women (15-29 years) in Uttar Pradesh (N=1,170)
- **Kenya**[12,13]
  - Women/girls (15-49 years) seeking FP in Nairobi clinics (N=659)
- **Niger**[14]
  - Married adolescent girls (13–19 years) in Dosso region (N=1,072)



India

- Data were collected from currently married women of reproductive age (15–49 years) who were not currently pregnant (N = 1424) across 49 districts of Uttar Pradesh
- 1 in 4 reported use of modern contraceptives (23%) during the past 12 months
- More than 1 in 3 women reported ever experiencing physical IPV (36%), and 8% reported ever experiencing sexual IPV
- Approximately 1 in 8 (12%) women reported ever experiencing RC
- Women who experienced RC were 80% less likely (aOR, 0.2; 95% CI, 0.1–0.4) to have recently used modern contraception

Photo from PMSMA, HT

India (cont.)

- Neither physical nor sexual IPV were associated with recent family planning
- 6.7% reporting use of contraceptive pills, 1.4% reporting use of an IUD, and 13.3% reporting use of male condoms
- Women who experienced RC were less likely to use pills as compared to using no method (aRRR 0.02; 95% CI, 0.00–0.07)
- Women who experienced RC were less likely to use a condom as compared to no use (aRRR 0.24; 95% CI, 0.12–0.49)
- RC was not associated with likelihood of IUD use, but was associated with greater likelihood of use of IUDs than pills (aRRR 63.74; 95% CI, 7.42–547.20)
- RC may influence contraceptive use differently based on type of contraceptive, with less detectable, female-controlled contraceptives such as IUD preferred in the context of women facing RC

Kenya

Photo from Reuters Baz Ratner

- Data were collected from 659 women and girls (15-49 years) seeking FP in Nairobi Clinics
- 12-month prevalence of RC: 37%
- Prevalence of modern FP use – 93%
- RC not associated with overall modern FP use
- RC associated with greater likelihood of covert FP (AOR 5.1) and reduced odds of overt use (AOR 0.5)
- RC associated with use of specific FP methods
  - More likely to have used injectable ($p<.001$)
  - More likely to have used implant ($p<.0001$)

Niger

- 1072 married adolescent girls between the ages of 13-19 years from 48 randomly selected villages in the Dosso region
- RC = 10.2%; physical IPV = 8.2%; sexual IPV = 5.3%
- Use of modern FP = 12.1%
- Covert use: Among modern FP users, 24.6% reported use of an FP method without their husband's knowledge

Photo from UNOCHA/Eve Sabbagh

Niger (cont.)

- RC and IPV as predictors of FP use – all, covert and overt
    - Physical IPV associated with increased likelihood of overall modern FP use (AOR 2.1, 95% CI 1.1-3.7)
- Overt Use vs No Use, Covert Use vs. No Use
    - No form of violence was found to be predictive of overt use
    - Physical IPV associated with increased covert use of modern FP (vs no use, AOR 5.6; vs. overt use, AOR 4.5)
    - RC was also found to be associated with covert use (vs. no use, AOR 3.4; vs. overt use, AOR 4.1)

Key Findings

- Results from all samples indicate that RC is a common experience among women and girls in LMIC settings
- **Women facing RC are more likely to employ strategies to use FP without others knowing** (i.e., covert use), and use of FP methods that are female-controlled, thus easier to use without interference
- **Women's and girls' ability to use FP in the face of male partner opposition (RC) may be dependent on the availability of methods** that are more **difficult for a male partner to detect** (i.e. female controlled methods that can be used covertly) and **social norms around FP** use in that particular context
- In contexts where methods that are easy to use without detection are readily available, contraceptive use may increase in the face of RC while in areas where these methods are not available RC may decrease contraceptive use overall

Key Findings (cont.)

- Increase in FP use among those experiencing RC in some contexts is likely related to an increased covert use of contraceptives rather than overt use
- **Promoting male partner involvement decisions regarding FP use may hinder the agency and autonomy of women or girls who have made the choice to use FP without the knowledge of their male partners**
- Involvement of male partners in such programming should only take place after a woman or girl has indicated her interest in having her male partner involved in her FP decisions

Thank You!

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