

Original research article

Recent reproductive coercion and unintended pregnancy among female family planning clients^{☆,☆☆,★}

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Abstract

Objective: Reproductive coercion (RC) — birth control sabotage and coercion by male partners to become pregnant and to control the outcome of a pregnancy — has been associated with a history of both intimate partner physical and sexual violence (IPV) and unintended pregnancy among females utilizing reproductive health services. The temporal nature of associations of RC and unintended pregnancy (distinct from the impact of IPV), however, has remained less clear.

Study Design: A survey was administered to females aged 16–29 years seeking care in 24 rural and urban family planning clinics in Pennsylvania ($n=3539$).

Results: Five percent of respondents reported RC in the past 3 months, and 12% reported an unintended pregnancy in the past year. Among those who reported recent RC, 21% reported past-year unintended pregnancy. Compared to women exposed to neither condition, exposure to recent RC increased the odds of past-year unintended pregnancy, both in the absence of a history of IPV [adjusted odds ratio (AOR) 1.79, 1.06–2.03] and in combination with a history of IPV (AOR 2.00, 1.15–3.48); history of IPV without recent RC was also associated with unintended pregnancy (AOR 1.80, 1.42–2.26).

Conclusions: Findings indicate the temporal proximity of the association of RC and unintended pregnancy, with recent RC related to past-year unintended pregnancy, both independently and in combination with a history of IPV. Recent RC is relatively prevalent among young women using family planning clinics and is associated with increased risk for past-year unintended pregnancy even in the absence of IPV.

Implications: Recent RC and a history of IPV are prevalent among female family planning clients, particularly younger women, and these experiences are each associated with unintended pregnancy. Pregnancy prevention counseling should include not only assessment for physical and sexual partner violence but also specific inquiry about RC.

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1. Introduction

Unintended pregnancy is common in the United States [1], disproportionately affects younger women [2] and is

associated with intimate partner physical and sexual violence (IPV) [3–8]. One in three women experience IPV, and similar to unintended pregnancy, younger women aged 15 to 24 years experience the highest rates [9,10]. In reproductive health clinics, the prevalence of IPV among female clients ranges from 40% to 53% [11–16].

Mechanisms linking IPV with unintended pregnancy include women's compromised sexual decision making [17,18], limited ability to enact contraceptive use [8,17,19,20], inconsistent condom use [18,19,21,22] and fear of condom negotiation [19,21]. *Reproductive coercion* (RC) by male partners also contributes to increased risk for

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unintended pregnancy through contraceptive sabotage (active interference with contraceptive methods) and pregnancy pressure (threats to promote a pregnancy) [13,23–26]. National data demonstrate that approximately 9% of (or 10.3 million) US women report ever-experiencing RC [9]. Estimates are higher among family planning clients, with recent evidence documenting a lifetime RC prevalence of 25% [13].

As noted in recent clinical guidelines, health professionals caring for women who are experiencing RC are able to offer contraceptive methods less vulnerable to partner influence (such as intrauterine contraception and implant) while providing women with information about IPV and strategies to increase their safety [27]. Thus, knowing if RC occurring around the time of a clinical encounter increases risk for unintended pregnancy is critical to guide reproductive health providers on whether to assess for RC in addition to physical and sexual violence during routine reproductive health visits [27].

This study hypothesized that RC occurring in the past 3 months (pregnancy-promoting behaviors specifically) would be associated with recent unintended pregnancy, independent of the influence of IPV. Knowing whether physical and sexual partner violence (given its consistent and robust associations with unintended pregnancy in past literature) and RC (an aspect of control within relationships distinct from physical and sexual IPV) separately confer significant, independent risk for unintended pregnancy is needed to guide screening recommendations.

As pregnancy intention is complex and not easily characterized by a single dichotomous category (intended vs. unintended) [28], pregnancy intention was assessed using a set of items that asked about planning and timing in addition to desire for a pregnancy. This allowed for a more precise discrimination of unintended pregnancy risk among those experiencing recent RC and lifetime IPV (separately and in combination).

2. Materials and methods

The current study was conducted via a survey of English and Spanish-speaking females aged 16–29 years at 24 family planning clinics in Western Pennsylvania from October 2011 to November 2012 (baseline data for a randomized controlled trial testing a brief RC intervention). Upon arrival to a clinic, females seeking care at these family planning clinics were approached by research staff about the study. Interested, age-eligible women were escorted to a private area in the clinic for consent and survey administration. As participants were receiving confidential services, parental consent for participation was waived for minors.

Data were collected via a laptop computer with survey questions read aloud through headphones (ACASI; audio computer-assisted survey instrument). Each participant received a county-specific social service information sheet

(including IPV services) and a \$15 gift card. All study procedures were approved by the Human Subjects Research Committee at the University of Pittsburgh. Data were protected with a federal Certificate of Confidentiality.

2.1. Measures

Single items assessed demographic characteristics including age, ethnicity, education level and relationship status. Intimate relationships were defined as someone they were “dating or going out with.”

Lifetime physical and sexual violence by an intimate partner (IPV) was measured via three items modified from the Conflict Tactics Scale-2 [29] and the Sexual Experiences Survey [30] — one item for any physical violence and two items for sexual violence (with and without the use of force or threats).

Past 3 month RC — pregnancy-promoting behaviors specifically — was assessed using 10 items [14]: 5 items assessed for pregnancy pressure and 5 items for birth control sabotage experienced in the past 3 months (Table 2). Recent RC was defined as a positive answer to any of these internally consistent items (Cronbach alpha .76).

Unintended pregnancy in the past 12 months — the primary outcome of interest — was measured via seven items from the National Survey for Family Growth, as recommended by Santelli and colleagues [28] to assess pregnancy intention (i.e., desire and timing). Women who reported any pregnancy in the past 12 months were asked, for their most recent pregnancy, three dichotomous items about the timing (mistimed), planning (unplanned) and desire to have a baby with their current partner (not desired). Four scaled items asked about how much they wanted to be pregnant (“did not want” to “wanted”), how much they were trying to get pregnant (“not trying” to “trying”), trying to avoid getting pregnant (“trying to avoid” to “not trying to avoid”) and how happy they were when they found out they were pregnant (“unhappy” to “happy”). For each of these four items, the scale was from 0 to 4, with responses of 0 and 1 coded as unintended. In multivariate analyses, these seven items were unidimensional [31]. Thus, a summary score from responses to all seven items was created to measure unintendedness of the pregnancy, ranging from 1 to 7 (Cronbach alpha .94). Women with no pregnancy in the past year and women who had been pregnant but had no “unintended” responses to the above seven items were coded as zero (i.e., no unintended pregnancy).

2.2. Analysis

Demographic characteristics and frequencies of RC and each of seven unintended pregnancy items were calculated for the total sample. Associations of each of these items with recent RC and with lifetime IPV were assessed via Wald chi-square tests for clustered data, using survey data analysis procedures in SAS® (SAS Institute v. 9.3, 2009). Significance was set at $p < .05$. Parallel analysis [31,32] of the principal components of the Pearson correlation matrix

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