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Original article

Racial/Ethnic Differences in Pregnancy Intention, Reproductive Coercion, and Partner Violence among Family Planning Clients: A Qualitative Exploration

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A B S T R A C T

Background: Unintended pregnancy (UIP) is a persistent public health concern in the United States disproportionately experienced by racial/ethnic minorities and women of low socioeconomic status. UIP often occurs with experiences of reproductive coercion (RC) and intimate partner violence (IPV). The purpose of the study was to qualitatively describe and compare contexts for UIP risk between low-income Black and White women with histories of IPV/RC.
Study Design: Semistructured interviews were conducted with low-income Black and White women with histories of IPV or RC, ages 18 to 29 years, recruited from family planning clinics in Pittsburgh, Pennsylvania.
Results: Interviews with 10 Black women and 34 White women ($N = 44$) were included in the analysis. Differences between White and Black women emerged regarding IPV/RC experiences, gender roles in intimate relationships, and trauma histories, including childhood adversity. Fatal threats and IPV related to childbearing were most influential among White women. Among Black women, pregnancy was greatly influenced by RC related to impending incarceration, subfertility, and condom nonuse, and decisions about contraception were often dependent on the male. Sexual abuse, including childhood sexual assault, in the context of sexual/reproductive health was more prominent among White women. Childhood experiences of neglect impacted pregnancy intention and love-seeking behaviors among Black women.
Conclusions: Racial/ethnic differences exist in experiences of IPV/RC with regard to UIP even among women with similar economic resources and health care access. These findings provide much-needed context to the persistent racial/ethnic disparities in UIP and illustrate influences beyond differential access to care and socioeconomic status.

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Unintended pregnancy (UIP) rates have recently declined, but racial/ethnic differences persist (Finer & Zolna, 2016). In 2011, 64% of pregnancies among non-Hispanic Black women and 50% among Hispanic women were unintended—a greater proportion than the 45% national UIP incidence (Finer & Zolna, 2016). In addition to UIP-related health adversities that mothers and their children experience (maternal anxiety and depression, poor child development; Finer & Zolna, 2016; Gipson, Koenig, & Hindin, 2008; U.S. Department of Health and Human Services, 2013), UIP can be an indicator of unhealthy intimate relationships (Miller et al., 2010).

Racial/ethnic differences in UIP are intertwined with complex sociostructural risk factors that span all levels of the ecological model (Figure 1). In considering racial/ethnic differences in UIP risk among Black and White women, associated risk factors include young age at sexual debut among Black women, often compounded by nonuse of contraception (Grady et al., 2015; Kendall et al., 2005); contraceptive preferences that are less effective and male controlled (i.e., male condom; Jackson, Karasek, Dehlendorf, & Greene Foster, 2016); and misperceived subfertility (i.e., perception that one cannot get pregnant; Borrero et al., 2015). Further, among Black women, gaps in educational achievement (Musu-Gillette et al., 2016), low sex ratios resulting in competing partnerships (Adimora et al., 2013), and disproportionate male incarceration (Lynch, 2012) are additional factors associated with UIP risk. Nikolajski, Steinberg, Ibrahim, and Borrero (2015) explored racial/ethnic differences in reproductive coercion (RC) experiences, where partners actively try to impregnate their partner against their wishes, interfere with contraceptive use, and manipulate condoms. They found that Black women attributed men's pregnancy intentions and behaviors (specifically in the context of RC) to fear of impending incarceration and/or street-related death (Nikolajski et al., 2015). RC is a specific form of violence within an intimate relationship that is focused on reproductive outcomes. RC and intimate partner violence (IPV—e.g., physical, psychological, sexual, or economic abuse within an intimate relationship) can cooccur or exist as separate forms of violence. Further explication of how such partner behaviors (including RC and IPV) influence women's risk for UIP and how these experiences may vary by race/ethnicity are needed.

Racial/ethnic differences in UIP and correlates of these differences have been discussed extensively in the literature with an emphasis on sociostructural influences such as differential access to family planning services (Besculides & Laraque, 2004; Kim, Dagher, & Chen, 2016; Masho, Rozario, Walker, & Cha, 2016; Musick, 2002; Naimi, Lipscomb, Brewer, & Gilbert, 2003). Clinic-based and policy initiatives have focused on the provision of contraception (Fox & Barfield, 2016). However, a more nuanced understanding of the drivers of racial/ethnic differences in pregnancy, contraception, and overall reproductive decision making is necessary (Garbers, Meserve, Kottke, Hatcher, & Chiasson, 2013), including attention to the impact male partners have on women's reproductive health and decision making.

Quantitative findings from our team suggest that male-enacted RC is more common among Black women compared with White women and is a UIP risk factor (Holliday et al., 2017). Although RC and IPV are independently associated with UIP, the odds of UIP are greatest when IPV and RC are experienced simultaneously (Miller et al., 2014). Forced condom nonuse, forced intercourse, and interference with contraceptive use have been associated with UIP in adolescents (Coles, Makino, & Stanwood, 2011; Miller et al., 2010; Roberts, Auinger, & Klein, 2005) and contribute to rapid repeat pregnancy (Raneri & Wiemann, 2007). In fact, the pregnancy intentions of Black couples in the National Survey of Family Growth were most likely to be discordant and male-partner preferred, resulting in greater odds of rapid repeat pregnancy (Cha, Chapman, Wan, Burton, & Masho, 2016). What remains unclear are the mechanisms and contexts for IPV and RC among Black women compared with White women and how these experiences in turn impact pregnancy risk.

This study, an extension of previous studies, explores and compares narratives of low-income Black and White women, ages 18 to 29, from family planning clinics in Western Pennsylvania, all with histories of IPV, regarding contraceptive use, reproductive decision making, and other relevant factors surrounding pregnancy and sexual health. By focusing on women already seeking reproductive health care, we shift this analysis of racial/ethnic disparities away from differential access to care (an important structural factor) and toward an analysis of intrapersonal and interpersonal levels of the ecological model (McLeroy, Bibeau, Steckler, & Glanz, 1988). Conceptually, all levels of the ecological model impact UIP. However, for this analysis, we focus on the intrapersoanl and interpersonal influences (Figure 1). By examining and comparing contraceptive use and reproductive decision making between White and Black women with histories of IPV, the current analysis explores the research question,

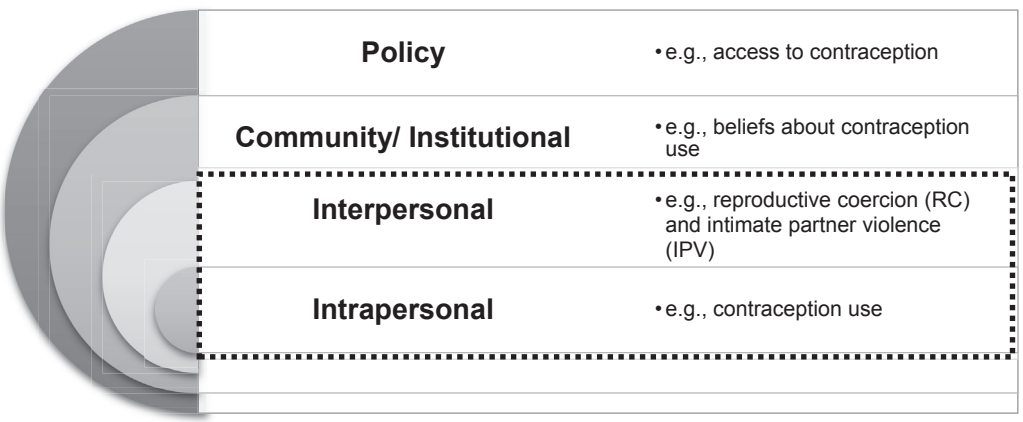

Figure 1. Ecological risk factors of unintended pregnancy risk using a model adapted from McLeroy et al. (1988).