

Study gives doctors guidance on reproductive coercion

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"This study helps clinicians provide better care for their patients, particularly their adolescent patients," said Heather McCauley of Michigan State University. Credit: Michigan State University

New research finds that men purposely are breaking their own condoms

and pressuring female partners in their teens and 20s to go without birth control in order to get them pregnant.

The study, led by a Michigan State University scholar and published online in the journal *Contraception*, provides doctors and nurse practitioners a streamlined set of questions to discuss with their female patients about this troubling issue, known as "[reproductive coercion](#)."

Half of all pregnancies in the United States are unintended. Further, women of reproductive age are at highest risk of intimate partner violence and often experience unintended pregnancies, miscarriages and preterm labor as a result of the victimization. With reproductive coercion, similar to other forms of controlling behavior in [abusive relationships](#), male partners interfere with women's [birth control](#) use as a means to control them.

"This study provides guidance for clinicians to augment interventions that have already been proposed for reproductive coercion - specifically which questions they should be asking to guide their clinical decision-making with their patients, including whether a partner has ever prevented them from using birth control and whether a partner has ever interfered with condom use while having sex," said Heather McCauley, a social epidemiologist and assistant professor in MSU's Department of Human Development and Family Studies.

McCauley was part of the medical research team - led by physician and researcher Elizabeth Miller - that in 2010 identified reproductive coercion as a phenomenon in abusive relationships. Their work has influenced clinical practice guidelines; in 2013, for example, the American Congress of Obstetricians and Gynecologists recommended doctors incorporate intimate partner violence and reproductive coercion assessment into routine sexual and reproductive [health care](#).

But clinicians were still unsure how to talk to their patients about the issue, so the current study dug further into the issue for answers, said McCauley, who has trained various groups of doctors, health care administrators and policymakers in Michigan and across the United States on reproductive coercion.

The study involved a survey of 4,674 women seeking care at reproductive health clinics in California and Pennsylvania. McCauley and colleagues found that reproductive coercion included two distinct characteristics: [pregnancy coercion](#) and condom manipulation.

Pregnancy coercion includes threats or pressure to promote a pregnancy, while condom manipulation includes active sabotage of condoms. From those findings, the study recommends the following questions that health care providers can ask their patients:

In the past three months, has someone you were dating or going out with:

Pregnancy coercion:

- Told you not to use birth control (like the pill, shot, ring, etc.)?
- Taken your birth control away from you or kept you from going to the clinic to get birth control?
- Made you have sex without a condom so you would get pregnant?

Condom manipulation:

- Taken off the condom while you were having sex, so you would get pregnant?
- Put holes in the condom or broken the condom on purpose so you would get pregnant?

It's not that doctors don't want to talk to their patients about reproductive coercion and [intimate partner violence](#), McCauley said, but that they don't know how to talk to them about these complex issues and, until recently, didn't recognize that violence and coercion in women's relationships could be driving why they were seeking reproductive health care.

"This study helps clinicians provide better care for their patients, particularly their adolescent patients," she said.

Provided by Michigan State University

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