

Some teen girls coerced into pregnancy: study

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(HealthDay)—Girls as young as 14 have boyfriends who've pressured them to become pregnant, sabotaged their birth control, or otherwise tried to control their reproductive health, a new study finds.

The study was small, surveying 77 sexually experienced high school girls in New York City. But researchers said the results show that "reproductive coercion" affects not only [adult women](#), but girls, too.

And that means it's a type of abuse that doctors, schools and parents need to be aware of, said lead researcher Dr. Jennifer Northridge, a postdoctoral fellow in adolescent medicine at the Children's Hospital at Montefiore, in New York City.

Reproductive coercion refers to a partner's attempts to control a woman's reproductive choices: He might pressure her to become pregnant or continue with an unintended pregnancy, for instance, or interfere with her birth

control so she becomes pregnant against her will.

In studies, 10 percent to 20 percent of adult women say they've been victims of reproductive coercion.

But the scope of the problem among [teenage girls](#) is unknown, according to Northridge.

As a first step, she said, she and her colleagues surveyed girls who were likely to be at increased risk: 14- to 17-year-olds seen at health clinics in the Bronx, a borough of New York City with high rates of teen pregnancy and [sexually transmitted diseases](#) (STDs).

And it turned out that reproductive coercion was surprisingly common—on par with what's been seen among young adult women, Northridge said.

Of the 77 girls surveyed, 16 percent said they'd ever had a boyfriend try to control their [reproductive health](#)—usually by telling them not to use [birth control](#) or by removing his condom during sex. In some cases, the girls said a partner had forced them to have sex without a condom.

"This type of abuse definitely happens in the context of a controlling relationship," said Northridge, who presented the findings May 3 at the Pediatric Academic Societies' annual meeting, in Baltimore.

Often, she said, reproductive coercion seems to go hand-in-hand with physical abuse: Half of the girls in her study who reported reproductive coercion said they'd been hit, slapped or otherwise physically abused by a boyfriend. That compared with 16 percent of other girls.

They were also more likely to have had chlamydia, an STD that can cause infertility if left untreated.

According to Northridge, the findings suggest that doctors who care for teenage girls should be

screening for reproductive coercion.

reviewed journal.

Dr. Elizabeth Miller, chief of adolescent and young adult medicine at Children's Hospital of Pittsburgh, agreed.

More information: The American College of Obstetricians and Gynecologists has more on [reproductive coercion](#).

"Health care providers need to be considering the possibility of reproductive coercion with adolescent and young adult patients—especially when they have patients coming in for STD or pregnancy testing, STD treatment, or emergency contraception," said Miller, who was not involved in the study.

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It's not clear how often that is happening, however.

The American College of Obstetricians and Gynecologists does recommend that ob-gyns screen women and teenage girls for reproductive coercion and other types of intimate partner violence.

"So it is certainly on some [health care providers'](#) radar," Miller said. But, she added, reproductive coercion is a relatively new term, and no one knows how often pediatricians, for example, ask teenage patients about it.

Because the study focused on girls from one urban area, the prevalence of [reproductive coercion](#) may not reflect what's going on among teenage girls in general, according to Northridge.

Still, she said, the findings underscore the importance of teaching all kids how to have healthy relationships.

Many teenagers do not even recognize "controlling behavior" as a form of abuse, Northridge pointed out. "We need to focus on education, for both [girls](#) and boys," she said.

Miller agreed. "Parents, teachers, school staff, after-school programs, other adults—we all have an obligation to talk to young people often and consistently about healthy and unhealthy relationships."

Findings presented at meetings are generally viewed as preliminary until published in a peer-

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