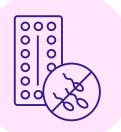
Risk factors and health consequences of experiencing reproductive coercion: a scoping review

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Background

 Reproductive coercion refers to a range of behaviours that interfere with individual reproductive autonomy and decision-making¹



Contraceptive interference



Pregnancy coercion

Coerced abortion

Forced sterilisation

- Can be imposed by intimate partners, family members, health providers, coercive structures, and social systems
- Currently, there is no consensus on the risk factors that influence reproductive coercion and its impact on individual health, limiting efforts to inform future

Methods

- Guided by Joanna Briggs Institute Methodology for Scoping Reviews²
- Five databases searched: Ovid MEDLINE, Embase, Scopus, CINAHL, PsycINFO

Inclusion criteria	Exclusion criteria	
Publication dates 01/01/2010 - 23/01/2023	Reviews, grey literature, protocols, commentaries, dissertations, abstracts	
Written in English	Animal studies	
Original peer-reviewed qualitative/quantitative	Scientific/biological control of reproduction	
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prevention and intervention.

Aim

To explore the scope of evidence on the risk factors and health consequences of experiencing reproductive coercion

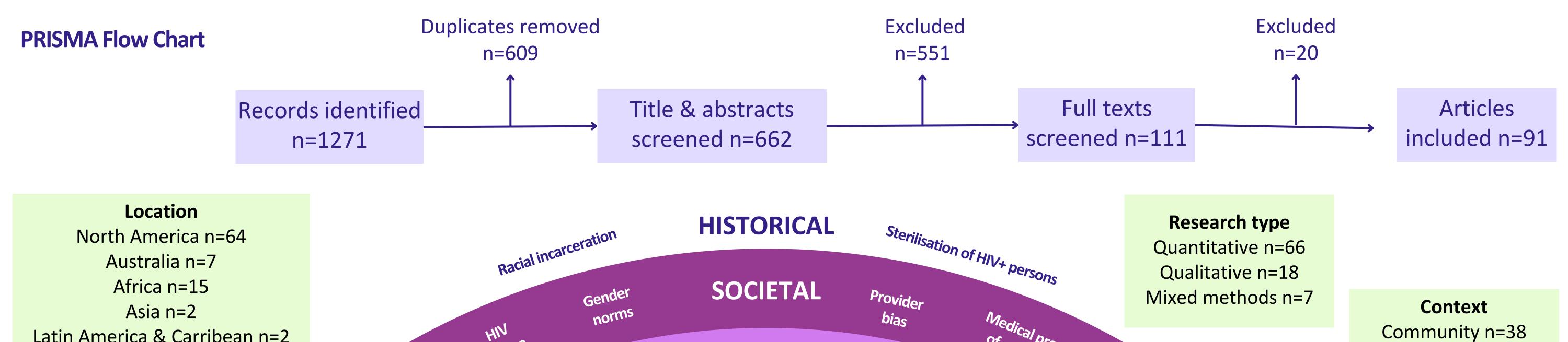
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No restriction on age, gender, country, or context

Sexual coercion (without mention of influence on reproduction)

- Independent screening and extraction completed by two reviewers on COVIDENCE, conflict resolution completed by a third reviewer
- Results synthesised according to Coleman's ecological model for reproductive coercion³

Results



Medical promotion of contraception Latin America & Carribean n=2 stigma Sexual/Reproductive Limited contraceptive Europe n=1 COMMUNITY geographical/financial Religious beliefs constraints to healthcare access health n=19 options available Limited sexual Education n=13 health education Provider knowledge and experience in LARC provision Violence n=4 son ence preference Tertiary care n=5 INTERPERSONAL **Multiple sexual** Transactional/ failuretouse Primary care n=2 partners exchange sex interpreters Miths misconceptions No. of lifetime Mixed n=10 **Domestic**/ sexual partners inited accession family violence **INDIVIDUAL** Coercive Age discrepancy Lower Younger **Unemployed/student** control with partner education age **Cohabitation** Living with a disability Immigration/ **Being female** Cyber dating Religion Being with partner citizenship abuse **bisexual** HEALTH **Rural/remote** Partner Low gravidity/parity **CONSEQUENCES** residence Stalking education **Public insurance** Increased no. of healthcare visits Partner Racially/ Rape Low birth weight neonates employment ethnically diverse **Pregnancy testing requests** Postpartum Intimate **STI presentation/testing requests** status Partner partner Substance use **PTSD** violence Anxiety incarceration Being Substance abuse Depression **Unintended pregnancy** pregnant **History of abortion** Relationship Partner **Emergency contraception use** or miscarriage **Compromised sexual health decision making** instability **Having an STI** infidelity Abortion **Risky sexual health behaviour** Partner Polygamy/ **Prior unintended** Younger age at Inconsistent/unsuccessful contraceptive use Miscarriage substance use polygyny first intercourse pregnancy

Implications



Evidence base for the development of interventions tailored to the specific needs of different populations



Knowledge translation into health provider training and guidelines for improved reproductive coercion identification and support

Intersection of reproductive coercion with various aspects of life demands enhanced multidisplinary collaboration across sectors



Future research exploring the nuanced relationships between different levels of influence on reproductive coercion, and broadening the generalisability of findings





Do you have any professional or clinical insight into reproductive coercion?

We invite you to participate in an interview!



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