

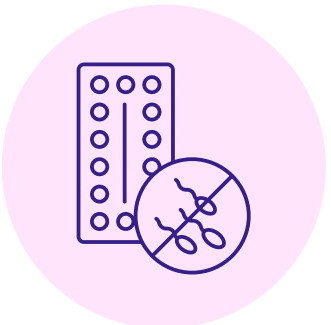
# Risk factors and health consequences of experiencing reproductive coercion: a scoping review

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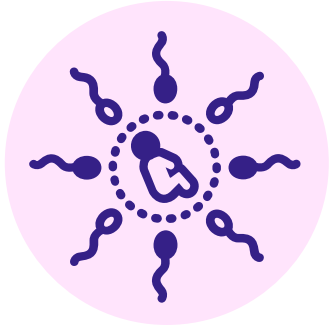
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## Background

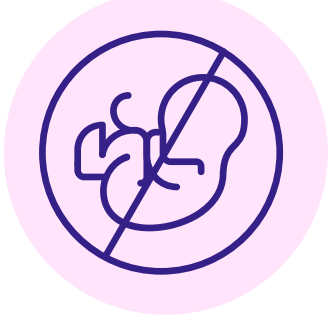
- Reproductive coercion refers to a range of behaviours that interfere with individual reproductive autonomy and decision-making<sup>1</sup>



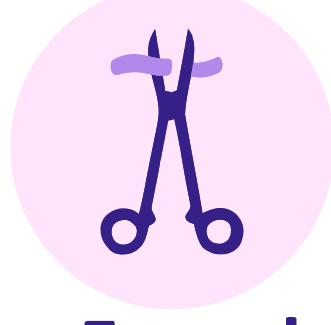
Contraceptive interference



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 prevention and intervention.

## Aim

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



## Methods

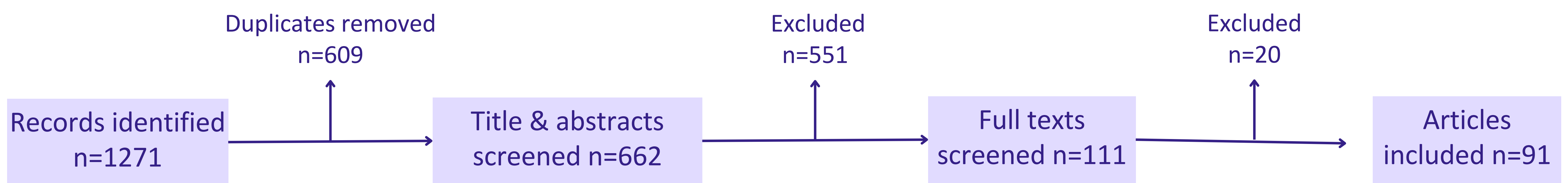
- Guided by Joanna Briggs Institute Methodology for Scoping Reviews<sup>2</sup>
- Five databases searched: Ovid MEDLINE, Embase, Scopus, CINAHL, PsycINFO

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
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 coercion<sup>3</sup>

## Results

### PRISMA Flow Chart



**Location**

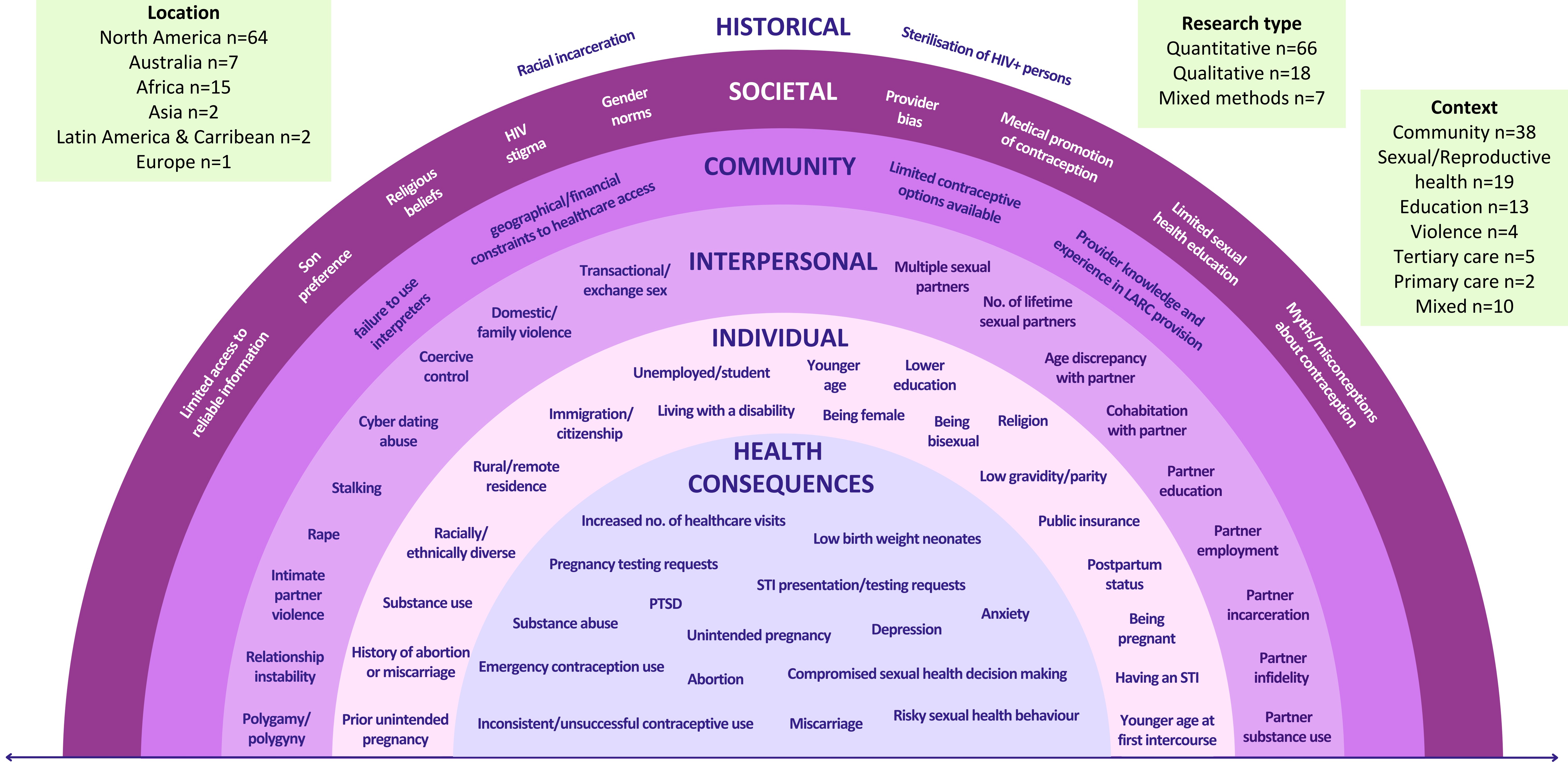
- North America n=64
- Australia n=7
- Africa n=15
- Asia n=2
- Latin America & Caribbean n=2
- Europe n=1

**Research type**

- Quantitative n=66
- Qualitative n=18
- Mixed methods n=7

**Context**

- Community n=38
- Sexual/Reproductive health n=19
- Education n=13
- Violence n=4
- Tertiary care n=5
- Primary care n=2
- Mixed n=10



## Implications

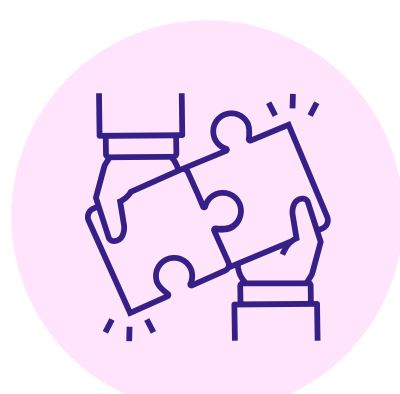


Evidence base for the development of interventions tailored to the specific needs of different populations

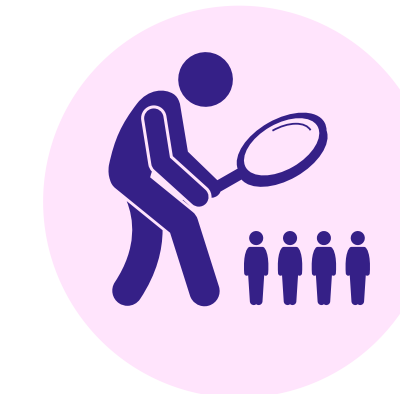


Knowledge translation into health provider training and guidelines for improved reproductive coercion identification and support

Intersection of reproductive coercion with various aspects of life demands enhanced multidisciplinary 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!



### REFERENCES

- Tarzia L, Hegarty K. *Reprod Health*. 2021;18(1):1-0
- Peters MD, et al. *JBI evidence synthesis*. 2020;18(10):2119-26
- Coleman JN, et al. *Journal of Trauma & Dissociation*. 2023;1-9

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