

Recent reproductive coercion associated with unintended pregnancy

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Birth control sabotage and pressure to become pregnant by male partners, also called "reproductive coercion," in the past three months is associated with recent unintended pregnancy among adolescent and young adult females utilizing reproductive health services, according to a Children's Hospital of Pittsburgh of UPMC study that will appear today in the online version of *Contraception*.

The study adds to the growing body of research on how abusive relationships increase young women's risk for pregnancies that are unwanted and unplanned, said lead investigator Elizabeth Miller, M.D., Ph.D., chief, Division of Adolescent Medicine at Children's.

"More than half of the pregnancies in the United States are unintended and can result in poor health for mothers and their infants," said Dr. Miller, also an associate professor of pediatrics, University of Pittsburgh School of Medicine. "We need to pay attention to ways in which [male partners](#) may influence women's reproductive decisions. Clinicians providing [reproductive health](#) care should discuss reproductive coercion in addition to physical and sexual violence in relationships to help women reduce their risk for pregnancies that are mistimed, unwanted, or unplanned."

More than 3,600 English and Spanish-speaking women ages 16 to 29 at 24 family planning clinics in western Pennsylvania from October 2011 to November 2012 agreed to respond to a computerized survey about their experiences with relationships and pregnancy. They were asked

questions about [birth control](#) sabotage, pregnancy coercion, and intimate partner violence, including the questions: "Has someone you were dating or going out with ever taken off the condom while you were having sex so that you would get pregnant?" and "Has someone you were dating or going out with ever told you not to use any birth control?"

Five percent of respondents reported reproductive coercion in the past three months and 12 percent reported an unintended pregnancy in the past year. Among those who reported recent reproductive coercion, 21 percent reported an unintended pregnancy in the past year. The association occurred independently of any history of reported physical or sexual violence in the relationship.

"The finding that reproductive coercion occurring around the time of a clinical encounter is associated with increased risk for [unintended pregnancy](#), independent of physical or sexual violence, provides critical evidence in support of reproductive health providers assessing for reproductive coercion in addition to physical and [sexual violence](#) during routine reproductive health visits," said Jay Silverman, Ph.D., professor of medicine and global health at the University of California, San Diego, a co-principal investigator and senior author of this study.

"Health professionals should ask about both reproductive coercion and violence in relationships during clinical encounters with their female patients and offer women longer-acting, reversible contraceptives, as well as referrals to domestic violence services, to help decrease their risk for pregnancies that are unwanted and increase their options for safety," said Dr. Miller. "At the same time, we need to redouble our efforts to educate adolescents and young adults that behaviors like interfering with someone's birth control or refusing to use condoms are not aspects of a healthy, respectful relationship."

The findings also highlight the importance of clinics that provide

reproductive health services as sites for identification, assessment and interventions for young women to reduce harm related to [intimate partner violence](#) and [reproductive coercion](#). These clinical settings can serve as a connection to support services and prevention education to increase women's safety and reduce pregnancy risk.

Provided by University of Pittsburgh

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