REPRODUCTIVE COERCION: A SYSTEMATIC LITERATURE REVIEW

by

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Abstract

The purpose of this honors project is to provide a systematic review of reproductive coercion research published through 2021. A search will be done using PubMed, Scopus and Proquest Search. The results will then be imported into Covidence, a systematic review management program. Throughout the screening process, a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow chart will be used to visualize the narrowing of the literature to the final number of reviewed publications. The PRISMA flow chart will be included in the final systematic review. The studies will be organized using a matrix with five sections. The five sections will consist of authors, sample, methods/instruments, major findings, and a final column to detail the outcome variables used in each individual study (e.g., birth control sabotage, pregnancy pressure, pregnancy outcome pressure, or all three, or one, etc.). The studies will be separated between those that are descriptive of the concept and those that tested an intervention. This tool will be used to synthesize the most up-to-date reproductive coercion literature and find any gaps within the literature. The main goal of this research is to add to the body of knowledge and literature so that future researchers have access to the all published primary research on reproductive coercion and their findings.

Introduction

Women are a vulnerable population specifically when it comes to control over their own reproductive health. They face a multitude of challenges and one of these challenges is "reproductive coercion". This phenomenon was first recognized by Dr. Elizabeth Miller in 2010. It can be defined as, "Behavior that interferes with the individual's unique ability to make decisions about their reproductive health" (Kovar, 2018). Examples of reproductive coercion include altering birth control, coercing pregnancy against one's wishes and restricting access to

needed reproductive healthcare resources. Forms of reproductive coercion are commonly divided into three categories; contraceptive sabotage, pregnancy pressure and pregnancy outcome pressure.

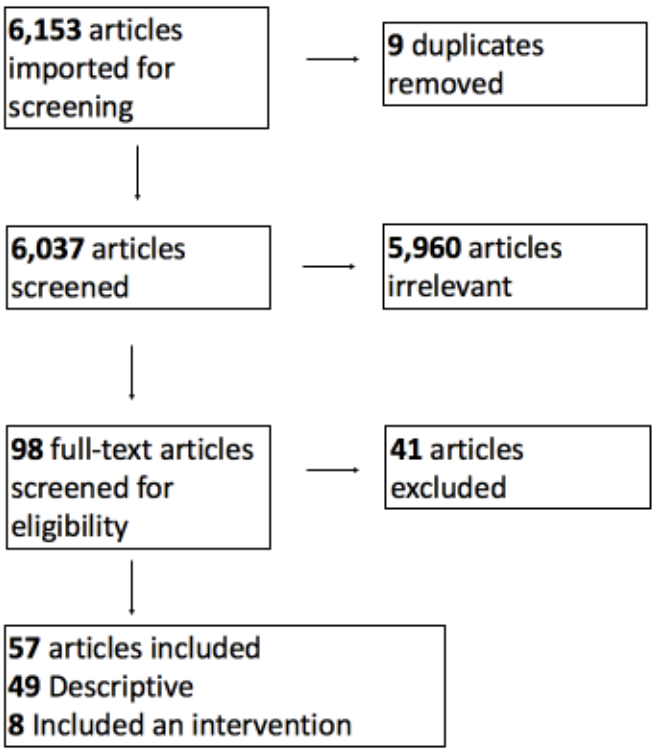
The prevalence of reproductive coercion is still undergoing research to be fully understood. A 2019 study concluded that 8.4% of women in the United States had reported experiencing reproductive coercion (Basile et. al., 2019). It is important to acknowledge that issues such as this may go underreported due to their sensitivity. Reproductive coercion can affect women of all demographics but seems to affect vulnerable populations more frequently. One study found that "Reproductive coercion as a phenomenon that disproportionately affects women experiencing concurrent IPV, women of lower socioeconomic status, single women, and African American, Latina and multiracial women" (Grace & Anderson, 2018).

There are few systematic literature reviews on reproductive coercion. Although these publications were valuable, studies have been published in the recent years and an updated version could benefit the research. The aim of this article is to provide a comprehensive review of reproductive coercion research published between 2015-2020 thus revealing any gaps in the literature. Part of this aim is to create an article that can quickly be referenced so those looking into the topic can understand the most recent findings in a quick and efficient manner.

Methods

A search was done for primary research studies involving descriptive statistics of the concept (Reproductive Coercion) as well as intervention studies of the same concept. Three databases were included; PubMed, CINAHL, Psych Info. The following key words were used: Reproductive coercion (outcome/dependent variable), descriptive/interventional methodologies (?), United States, Females, Adolescents, Young Adults, English Speaking. The inclusion criteria

were as follows: U.S. studies, females, peer reviewed journals, primary research involving descriptive and interventional methodologies, reproductive coercion was specifically addressed in the study. The initial search, using all three databases, returned 12,812 articles before deduplication. After deduplication, 6,153 articles remained. Nine duplicate articles were manually removed. The remaining studies were imported into Covidence, a systematic review management program. After the manual title and abstract screening, 5,960 articles were found to be irrelevant by the two authors and 123 studies were processed by the librarian who did the initial search. Studies were removed for various reasons. Some of those reasons included wrong patient population, wrong study design, and no direct mention of reproductive coercion. After the full-text studies were screened for eligibility, 57 remained. Of the 57, 49 were descriptive of reproductive coercion and 8 studied interventions. The screening process was carried out by the two authors and verified by the assisting librarian. A Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram was used to visualize the process.



Results

The results were organized into the following table:

Author	Sample
Descriptive Articles	
[1] Alexander et. al.	N=149 Female, low-income, black, aged 18-24, 6 sites
[2] Alexander et. al.	N= 67 Females, at least 18 years old, able to understand English, HIV specialty clinic in Baltimore, MD, have been attending the clinic for at least one year prior to enrolling, have been in a relationship during the one year prior to enrollment
[3] Alhusen et. al.	N = 9 Women living with diverse disabilities across the United States
[4] Anderson et. al.	N = 67

	Women receiving HIV specialty care in Baltimore, Maryland, USA
[5] Barber et. al.	N = 867 Young women in a Michigan county including 40 pregnant women
[6] Basile et. al.	N = 41,174 Non-institutionalized English- or Spanish-speaking U.S. adult population (aged ≥18 years)
[7] Basile et. al.	N = 41,174 Non-institutionalized English- or Spanish-speaking U.S. adult population (aged ≥18 years)
[8] Brandi et. al.	N = 31 English-speaking women seeking abortion services at a hospital-based clinic
[9] Burton and Carlyle	N = 47 providers
[10] Burton and Carlyle	N = 47 providers
[11] Capasso et. al.	N = 560 African-American women aged 17-24
[12] Chibber et. al.	N = 954 Women (n 1⁄4 954) seeking abortion at 30 U.S. facilities between 2008 and 2010
[13] Clark et. al.	N = 641 Women aged 18-44 years
[14] Fay and Yee	N = 202 English- or Spanish-speaking women with at least one prior pregnancy
[15] Fleury-Steiner and Miller	N = 72 Women 18 years of age or older, (b) identify as female, and (c) be seeking an order of protection against a male current or former intimate partner
[16] Grace et. al.	N = 13 Latina women recruited from a Federally Qualified Health Center in the Washington, DC, area
[17] Grace et. al.	N = 482 Women attending a community health center, between the ages of 15 and 45, who self-identified as Latina and who had a dating or sexual partner in the past year
[18] Hill et. al.	N = 550

	Sexually active female students (aged 14–19 years) who sought care from school health centers
[21] Holliday et. al.	N = 1,234 English- or Spanish-speaking women aged 16–29 years seeking services at five freestanding family planning clinics located in low- income neighborhoods in the San Francisco, California area
[22] Holliday et. al.	N = 44 10 non-Hispanic Black women and 34 non-Hispanic White women
[23] Jones et. al.	N = 2,228 Women recruited from 24 family planning clinics in western Pennsylvania in 2011–2012
[24] Trister et. al.	N = 13 Latina women recruited from a Federally Qualified Health Center in the Washington, DC, area.
[25] Katz et. al.	N = 223 Sexually active undergraduate women
[26] Katz and Sutherland	N = 146 Sexually active female undergraduates (*N* = 146) who had ended a (hetero) sexual relationship lasting at least 1 month
[28] Kraft et. al.	N = 735 Self-identified African American young women 14–19 years of age (n = 735) who accessed services at a publicly funded clinic
[29] Kusunoki and Barber	N = 648 Women ages 18–20 in the Relationship Dynamics and Social Life (RDSL) study, which interviewed a random, population-based sample in a Michigan county
[30] McCauley et. al.	N = 564 Sexually active girls ages 14-19 years seeking care at eight California school-based health centers
[31] McCauley et. al.	N = 4,674 Women aged 16–29 years seeking services in 24 Pennsylvania and 5 California family planning clinics
[32] Miller et. al.	N = 1,278 Females ages 16–29 years seeking care in five family planning clinics in Northern California
[35] Miller et. al.	N = 3,539

	Females aged 16–29 years seeking care in 24 rural and urban family planning clinics in Pennsylvania
[36] Miller et. al.	N = 3,539 Females aged 16–29 years seeking care in 24 rural and urban family planning clinics in Pennsylvania
[38] Moore et. al.	N = 71 Aged 18-49 with a history of IPV recruited from a family planning clinic, an abortion clinic and a domestic violence shelter in the United States
[39] Nikolajski et. al.	N = 66 Low-income, AA and White women aged 18 to 45 years recruited from reproductive health clinics in Western Pennsylvania
[40] Northridge et. al.	N = 149 Sexually active girls aged 14-17 years.
[41] Paterno et. al.	N = 130 Young adult, primarily African American women recruited from three women's health clinics
[42] Perry et. al.	N = 96 Reproductive-aged women attending an SEP in Santa Ana, California
[43] Petty et. al.	N = 136 Adolescent women, ages 16–24 years old, seeking services from youth-serving agencies affiliated with a child welfare system in Pennsylvania, United States
[44] Phillips et. al.	N = 97 Women accessing care at a family medicine clinic in the Bronx, NY
[45] Rosenbaum and DiClemente	N = 560 African-American women ages 18–24 recruited from community settings in Atlanta, Georgia
[46] Rosenbaum et. al.	N = 607 Sexually active African-American female adolescents, ages 15–21
[47] Rosenfeld et. al.	N = 1,241 Women veterans aged 18-44 years, with no history of sterilization or hysterectomy, who had received care within the Veterans Affairs system in the previous 12 months.

[48] Samankasikorn et. al.	N = 20, 252 Women who gave birth between 2012 and 2015 and completed the PRAMS survey within 9 months of giving birth
[49] Stumbar et. al.	N = 118 Medical students during the 2016 academic year
[50] Sutherland et. al.	N = 972 Women age 18 to 25, enrolled either full- or part-time, English speaking, and screened positive for relationship
[51] Swan et. al.	N = 431 Cisgender college students endorsing at least one sexual partner in the past year
[53] Thaller and Messing	N = 2,102 Women seeking reproductive health services in a southwestern state
[54] Thiel de Bocanegra et. al.	N = 53 Women at four domestic violence shelters
[55] Willie et. al.	N = 675 Women who attended Connecticut Planned Parenthood centers
[56] Willie et. al.	N =592 Pregnant adolescent females and their male partners
Intervention Articles	
[19] Hill et. al.	N = 240 English-speaking females, ages 16–29 years) from four FP clinics
[20] Hill et. al.	N = 240 English-speaking females, ages 16–29 years) from four FP clinics
[27] Kazmerski et. al.	N = 1,262 16–29-year-old women seeking care in five family planning clinics
[33] Miller et. al.	N = 4 clinics Free-standing urban family planning clinics
[34] Miller et. al.	N = 11 clinics Pennsylvania family planning clinics
[37] Miller et. al.	N = 4,009 Ages 16 to 29 years seeking care
[52] Tancredi et. al.	N = 4,009 Women at 25 family planning clinics

[57] Zachor et. al.	N = 653 Women at 4 family planning clinics

Discussion

The purpose of this research project was to concisely organize all studies that focus on reproductive coercion, thus revealing any gaps in the literature. The results returned 57 studies, 48 that were descriptive of reproductive coercion and 8 that included interventions. The results indicate that reproductive coercion is a growing topic within research but there is still much to be learned.

The study samples show that this recent literature was inclusive of diverse populations. Many of the studies included groups of women that are sometimes underrepresented in research such as Latina, black or African-American, and women living with HIV. This is encouraging and possibly shows a change within the research community specifically in the area of sexual health.

There were some gaps in the literature that were obvious through this research project. The most noticeable one was the lack of studies that included interventions. This could possibly be due to the resources needed to conduct a study with an intervention such as time, money and technology. Further research is needed to establish effective interventions that can be implemented in healthcare.

Although this study focused on individuals who identify as women, it was clear during the research process that there are few studies that examine men experiencing reproductive coercion. This is an area that researchers could focus on in the future. While the prevalence of reproductive coercion experienced by women has been established in multiple studies, there are few that state the prevalence of reproductive coercion in the male population.

There is still much to be done to educate healthcare providers on reproductive coercion and to decrease its prevalence. In the future research needs to be focused on educating providers on reproductive coercion, learning how to screen for those experiencing it and providing resources to promote safe and healthy intimate relationships.

Conclusions

Reproductive coercion is a newly identified and developing issue where new research is needed. Of the 57 studies, 48 were descriptive of reproductive coercion and 8 included interventions. The limitations of this research were time constraints and the ongoing COVID-19 pandemic. This research is significant as it compiles all the literature on reproductive coercion and the characteristics of their samples. Future research should focus on developing and implementing interventions that can be used in healthcare facilities to address and prevent reproductive coercion.

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