Exploring Reproductive Coercion and Intimate Partner Violence in Humanitarian Context in Bangladesh

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Humanitarian Crisis in Bangladesh’s Rohingya Camps

• More than 0.7 million Forcibly Displaced Myanmar Nationals (FDMN) have arrived in Bangladesh from Myanmar since late August 2017.

• Women and adolescent girls are affected disproportionately by emergencies and face multiple sexual and reproductive health risks such as unintended pregnancies and unsafe abortions.

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Global Scenario of IPV and RC among Refugee Women

- One in five refugee women have experienced sexual violence in these settings\(^1\)

- Intimate Partner Violence (IPV) and reproductive coercion (RC) are strongly associated with poor reproductive health and unintended pregnancy

- A qualitative study assessing violence among FDMN found that IPV was an accepted social norm and violence increased after arriving in humanitarian camps\(^2\)
ARCHES - Addressing Reproductive Coercion in Health Settings

Empowerment Counseling on RC + FP

Universal empowerment counseling; RC and FP methods with reduced risk of detection

Supported GBV Screening + Referral

Opportunity to disclose RC and IPV; supportive, validating response; supported linkage to local IPV services if disclose IPV

Opportunity to Educate

Booklet on right to use FP, RC, FP methods that have reduced risk of detection, IPV and local IPV services; encouraged to share

Increased Reproductive Autonomy + Decreased GBV
Supporting Reproductive Autonomy in Humanitarian Settings through ARCHES

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<th>Goal:</th>
<th>To address IPV and RC among women and girls in humanitarian settings by adapting the ARCHES model through user-centered design (UCD)</th>
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| Objective: | • To conduct formative work to understand how IPV and RC are addressed and identify how the ARCHES model could bridge gaps in humanitarian context  
• To assess changes in:  
  1) self-efficacy to use contraception  
  2) self-efficacy to access IPV services if needed  
  3) attitudes about RC after the ARCHES intervention |
| Funding: | Elrha’s Humanitarian Innovation Fund (HIF) Grant |
Methodology

In-depth Interviews

- 15 Rohingya women and girls seeking FP, abortion, or PAC services
- 4 Members of Community Advisory Group (CAG)
- 6 Key stakeholders includes health care provider, Camp-In-Charge, service providers from Women Friendly Spaces (WFS), Gender Based Violence (GBV) service providers, female leaders

Ethical approval by BMRC:
Ukhiya and Teknaf Upazilas of Cox’s Bazar district, Bangladesh

- Balukhali MM Health Post, Camp 10, Ukhiya
- Modhuchora IOM-PHC, Camp 3, Ukhiya
- Leda Health Clinic, Camp 24, Teknaf
- Chakmarkul Health Post, Camp 21, Teknaf
Key Findings
Reproductive Coercion in Humanitarian Setting

Pressure toward pregnancy

• To conceive or keep pregnancy against her wishes
  • Desire for more children
  • Desire for more sons
• Obstruct FP use
  • Tells not to use
  • Threats/violence
• Contraceptive sabotage

• Pressure against pregnancy
  • Not to conceive or abort against her wishes
Reproductive Coercion: Who

- Husband
- In-laws
- Other family members
- Neighbors
Reproductive Coercion: Reasons

Method-related reasons
- Misconceptions and myths around different FP methods

Religious reasons
- Contraceptive methods, especially LARC, are frowned upon
- God decides the number of children women must have
Reproductive Coercion: Reasons

Power Dynamics

- Men want control over women’s autonomy
- Pregnancy prevention/promotion
- Concerns about infidelity
- Husband & in-laws have final decision
- Continuing the lineage (son preference)

Other reasons

- Insecurity
- Economic reason
“Do not take any method. If you take any method, then there are chances that you may lose more blood. And also you may never become a mother. They give these kinds of suggestions.”
— FP and Abortion Service Provider

Yes, in-laws pressure to take children. If the wife takes children then their community will be stronger. The bonding of their community will be stronger. So if she doesn’t take children then her family will not adore her, they will not be able to tolerate her. That's why they are told to give birth.”
— FP and Abortion Client
Pressure to Become Pregnant

“There is such a client who got pregnant, but she doesn't want to keep the child. But her in-laws want her to have many children. Without his consent, she can't do anything…There are many cases like this.”

– FP and Abortion Service Provider

“If I don't take children, my mind will go another way (referring to infidelity)... that's why husband forces to take children.”

– FP and Abortion Client
Contraceptive Sabotage

“I heard that a woman brought the pills. But her husband did not allow her to use the pills and he threw them away. But when his wife wanted to take the pills in anger, he wanted to beat her.”

– FP and Abortion Service Provider
Pregnancy Threats

“Until she removes her implant, she is not allowed to get inside. She is thrown out of the house. She is beaten and if she has any gold ornaments, they also keep that.”

– FP and Abortion Service Provider

“I need children. What if you don't need any children but I do. If you don't keep the children then I will marry again”

– CAG member
Recommendations

- Programs need to be designed and implemented to increase knowledge on contraception and reduce stigma/misconceptions.
- Interventions, including counseling on coping strategies for discreet use of contraception and abortion services, need to be designed and tested for implementation.
References


Thank you!