Coercion, violence, and reproductive health in Kenya, Bangladesh, and Niger

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Reproductive Coercion Defined

Form of gender-based violence (GBV) comprised of behaviors by a male partner or family members that reduce women’s and girl’s reproductive autonomy by interfering with contraceptive access or use, or pregnancy decisions

- 10%-37% prevalence across LMICs
- Associated with physical and sexual intimate partner violence
Forms of Reproductive Coercion

- Contraceptive Sabotage
- Pregnancy & Abortion Coercion
- Pregnancy Threats
What do we know about reproductive coercion, violence & reproductive health?

- RC and IPV are associated with negative reproductive health outcomes including unintended pregnancy
- RC and IPV may be associated with contraceptive use, but this varies by context

No studies have compared both RC and IPV, and their specific sub-forms, against contraceptive and pregnancy outcomes across multiple LMIC contexts
Research Questions

- What is the association of RC and IPV with covert contraceptive use?
- What is the association of RC and IPV with use of specific contraceptive methods?
- What is the association of RC and IPV with unintended pregnancy?
Sample Overview

Nairobi, Kenya
Population
- Female contraceptive clients
- Aged 16 to 49 years
Location
Private FP clinics
Sample Size
659

Urban Bangladesh
Population
- Female abortion clients
- Aged 18 to 49 years
Location
Private abortion clinics
Sample Size
2686

Rural Niger
Population
- Married adolescent girls
- Aged 13-19
Location
Household survey
Sample Size
968
Analytical Methods

✓ Secondary analysis of cross-sectional data
✓ Logistic and multinomial logistic regression models
✓ Adjusted for hypothesized socio-demographic confounders, the other form of GBV, and clustering

Outcomes
- Modern contraceptive use (Covert v. Overt v. No use)
- Contraceptive Method (IUD, pills, injection, implant, condom)
- Unintended pregnancy/prior abortion*

Independent Variables

Reproductive Coercion
- Contraceptive Sabotage*
- Pregnancy Coercion
- Pregnancy Threats

IPV
- Physical IPV
- Sexual IPV
Lifetime Prevalence of RC & IPV

**Reproductive Coercion**
- Kenya: 38%
- Bangladesh: 10%
- Niger: 10%

**Intimate Partner Violence**
- Kenya: 48%
- Bangladesh: 45%
- Niger: 23%
Covert Contraceptive Use & RC

Drivers of Covert Contraceptive Use

- **Kenya**: pregnancy coercion
- **Bangladesh**: pregnancy coercion AND pregnancy threats
- **Niger**: pregnancy threats

Reproductive Coercion

<table>
<thead>
<tr>
<th>Country</th>
<th>Covert v. Overt</th>
<th>Covert v. No use</th>
<th>Overt v. No use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>1.1</td>
<td>2.4***</td>
<td>0.9</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2.6***</td>
<td>2.4***</td>
<td>0.9</td>
</tr>
<tr>
<td>Kenya</td>
<td>4.3^</td>
<td>4.2***</td>
<td>0.8</td>
</tr>
</tbody>
</table>

^ p<0.1; * p<0.05; ** p<0.01; *** p<0.001
Covert Contraceptive Use & IPV

**Physical Violence**

- **Covert v. Overt**
  - Niger: 0.9
  - Bangladesh: 3.2***
  - Kenya: 1.3

- **Covert v. No use**
  - Niger: 1.2
  - Bangladesh: 2.6***
  - Kenya: 1.5

- **Overt v. No use**
  - Niger: 0.8*
  - Bangladesh: 1.5^
  - Kenya: 1.1

**Sexual Violence**

- **Covert v. Overt**
  - Bangladesh: 1.6^

- **Covert v. No use**
  - Bangladesh: 2.9***

- **Overt v. No use**
  - Kenya: 1.1

^ p<0.1; * p<0.05; ** p<0.01; *** p<0.001
<table>
<thead>
<tr>
<th>Country</th>
<th>Contraceptive Method Used &amp; RC/IPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>RC: No significant findings</td>
</tr>
<tr>
<td></td>
<td>IPV: 1.6x odds of pills for physical IPV</td>
</tr>
<tr>
<td></td>
<td>IPV: 1.8x odds of implant for sexual IPV</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>RC: 6.5x odds of injection, IUD, or implant for pregnancy threats</td>
</tr>
<tr>
<td></td>
<td>IPV: 0.7x odds of condoms for physical IPV</td>
</tr>
<tr>
<td>Niger</td>
<td>RC: No significant findings</td>
</tr>
<tr>
<td></td>
<td>IPV: 2x odds of implant and injection for physical IPV</td>
</tr>
</tbody>
</table>
## Unintended Pregnancy & RC/IPV

### Reproductive Coercion

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<tr>
<th></th>
<th>Kenya</th>
<th>Bangladesh*</th>
<th>Niger</th>
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</thead>
<tbody>
<tr>
<td>RC</td>
<td>1.2</td>
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<td>1.3</td>
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<tr>
<td>Contraceptive Sabotage</td>
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<td>Pregnancy Coercion</td>
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<tr>
<td>Pregnancy Threats</td>
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### Intimate Partner Violence

<table>
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<th>Bangladesh*</th>
<th>Niger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical or Sexual IPV</td>
<td>1.6*</td>
<td>1.3*</td>
<td>2.3***</td>
</tr>
<tr>
<td>Physical IPV</td>
<td>1.6*</td>
<td>1.3**</td>
<td>2.0**</td>
</tr>
<tr>
<td>Sexual IPV</td>
<td>1.5^</td>
<td>1.5**</td>
<td>1.9**</td>
</tr>
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</table>

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Summary of Findings

1. RC and IPV are common experiences and threaten reproductive health

2. Covert contraceptive use is associated with RC across contexts

3. Covert contraceptive use is associated with IPV in Bangladesh

4. Contraceptive methods easier to use covertly more common among those with RC and IPV experience

5. Unintended pregnancy is associated with IPV across contexts
**Strengths**

- **Diverse samples** from three unique LMIC contexts
- **Look across RC and IPV** and validated sub-types of these forms of abuse
- **Offers unique understanding** of RC and IPV on reproductive health in diverse cultural contexts

**Limitations**

- **Not generalizable**, uses clinic-based samples (except Niger)
- **Differences** in study populations
Implications & Future Directions

- Approaches needed to address prevalent experiences of RC and IPV within routine reproductive health services across diverse LMIC contexts
- Methods of contraception that can be used covertly must be available to facilitate coping with RC and IPV
- Approaches need to be tailored and adapted to unique contexts

ARCHES (Addressing Reproductive Coercion in Health Settings) is an intervention designed and demonstrated to prevent RC and IPV and improve reproductive health outcomes being adapted, implemented, and scaled across LMIC contexts.
Learn more: