THE GENDER-BASED VIOLENCE TASK FORCE OF THE
INTERAGENCY GENDER WORKING GROUP PRESENTS:

Exploring the Impact of Reproductive Coercion on Sexual and Reproductive Health Outcomes

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PACE Policy Advocacy Communication Enhanced

Welcome!

Francesca Alvarez

Senior Program Coordinator
Population Reference Bureau (PRB)

Agenda

8:00 a.m. EDT/ 12:00 p.m. GMT

Welcome and Opening Remarks

Francesca Alvarez, Senior Program Coordinator, Population Reference Bureau (PRB)

8:10 a.m. EDT/ 12:10 p.m. GMT

Interactive Activities

Alyssa Bovell, Technical Officer II, Research Utilization, FHI 360

8:15 a.m. EDT/ 12:15 p.m. GMT

"Introduction to Reproductive Coercion" Presentation

Liz Miller, MD, PhD, FSAHM, Distinguished Professor of Pediatrics, University of Pittsburgh School of Medicine

8:35 a.m. EDT/ 12:35 p.m. GMT

Panel Discussion

Jhumka Gupta (moderator), ScD, MPH, Associate Professor, Department of Global and Community Health, College of Health and Human Services, George Mason University
Hannatu Abdullahi, Reproductive, Maternal, Newborn, and Child Health Technical Director, Jhpiego, Nigeria
Liz Miller, MD, PhD, FSAHM, Distinguished Professor of Pediatrics, University of Pittsburgh School of Medicine
Jane Harriet Namwebya, Senior Implementation Coordinator, Population Council, Kenya
Fura Gelzen Sherpa, Board Member, Youth Peer (Y-PEER) Educational Network, Nepal
Jay Silverman, PhD, Professor of Medicine and Global Public Health and Associate Director, Center on Gender Equity and Health (GEH), University of California San Diego School of Medicine

9:20 a.m. EDT/ 1:20 p.m. GMT

Q&A

9:40 a.m. EDT/ 1:40 p.m GMT

Whiteboard Activity

9:55 a.m. EDT/ 1:55 p.m. GMT

Closing Remarks and Event Evaluation

Afeefa Abdur-Rahman, Senior Gender Advisor & Team Lead, Office of Population and Reproductive Health, USAID

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Interactive Activities

Alyssa Bovell

Technical Officer II, Research Utilization
FHI 360

Introduction to Reproductive Coercion

Liz Miller, MD, PhD, FSAHM

Distinguished Professor of Pediatrics

University of Pittsburgh School of Medicine

Overview of Presentation

1. Reproductive empowerment to achieve sexual and reproductive health outcomes
2. Defining gender-based violence
3. What is reproductive coercion?
4. Reproductive coercion in the context of intimate partner violence and domestic violence
5. Strategies to address reproductive coercion to improve sexual and reproductive health outcomes

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Definition of Reproductive Empowerment

Both a transformative process and an outcome, whereby individuals:

1. **Expand their capacity** to make informed decisions about their reproductive lives;
2. **Amplify their ability to participate meaningfully** in public and private discussions related to sexuality, reproductive health and fertility; and
3. **Act on their preferences** to achieve desired reproductive outcomes, free from violence, retribution, or fear.

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Edmeades, J., C. Mejia, J. Parsons and M Sebany. (2018) A Conceptual Framework for Reproductive Empowerment: Empowering Individuals and Couples to Improve their Health (Background Paper). Washington D.C., International Center for Research on Women.

Definition of Gender-Based Violence

"An umbrella term for any harmful threat or act directed at an individual or group based on actual or perceived biological sex, gender identity and/or expression, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity. It is rooted in structural gender inequalities, patriarchy, and power imbalances. Gender-based violence (GBV) is typically characterized by the use or threat of physical, psychological, sexual, economic, legal, political, social and other forms of control and/or abuse. GBV impacts individuals across the life course and has direct and indirect costs to families, communities, economies, global public health, and development."

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USAID and U.S. Department of State. 2016. "United States Strategy to Prevent and Respond to Gender-Based Violence Globally 2016 Update." Washington, D.C.: USAID. Accessed August 1, 2022. https://2009-2017.state.gov/documents/organization/258703.pdf.

What Is Reproductive Coercion?

- **Reproductive coercion** is a form of GBV and describes a range of behaviors designed to interfere with an individual's autonomous decision-making related to family planning use and pregnancy decisions.
- Rooted in structural gender inequalities, patriarchy, and power imbalances that aim to limit or control reproductive freedom.
- Underpinning reproductive coercion and GBV broadly are harmful gender norms that influence behavior based on expected gender roles and responsibilities. These harmful norms and violence reinforce each other.

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- Miller, E., et al., Reproductive Coercion: Connecting the Dots Between Partner Violence and Unintended Pregnancy. Contraception, 2010. 81(6): p. 457-459.
- Silverman, J.G. and A. Raj, Intimate Partner Violence and Reproductive Coercion: Global Barriers to Women's Reproductive Control. PLOS Medicine, 2014. 11(9): p. e1001723
- Gupta J, Falb K, Kpebo D, Annan J. Abuse from in-laws and associations with attempts to control reproductive decisions among rural women in Côte d'Ivoire: a cross-sectional study. *BJOG*. 2012;119(9):1058-1066. doi:10.1111/j.1471-0528.2012.03401.x

What Is Reproductive Coercion?

- Forms of reproductive coercion can include:
  - Contraception sabotage
  - Pregnancy coercion
  - Pressure to continue or terminate a pregnancy
- Perpetrators of reproductive coercion can include an intimate partner, a family member, or family member of one's partner.

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- Miller, E., et al., Reproductive Coercion: Connecting the Dots Between Partner Violence and Unintended Pregnancy. Contraception, 2010. 81(6): p. 457-459.
- Silverman, J.G. and A. Raj, Intimate Partner Violence and Reproductive Coercion: Global Barriers to Women's Reproductive Control. PLOS Medicine, 2014. 11(9): p. e1001723
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Contraception Sabotage

- **Contraception sabotage** involves deliberately damaging, hiding, or interfering with an individual's use of contraceptives or access to family planning services.
- Examples of this include:
  - Removing or damaging a condom
  - Removing a contraceptive patch
  - Hiding or throwing away oral contraceptives
  - Preventing access to medical appointments seeking contraception
- Reproductive preferences are ignored or disregarded through behaviors that prevent effective contraceptive use.

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Pregnancy Coercion

Pregnancy coercion involves forcing or pressuring an individual to become pregnant and/or discontinue contraceptive use against their will.

Examples include:

- Threats
- Pressuring, guilting, or shaming a partner about their decision whether to have children
- Monitoring signs of pregnancy
- Physical or sexual violence
- Pressure to practice unprotected sex
- Forced pregnancy testing
- Forced contraceptive use and forced sterilization are also aspects of reproductive coercion - i.e., preventing a desired pregnancy

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Pressure to Continue or Terminate a Pregnancy

Pressure to continue or terminate a pregnancy: Forcing an individual to continue or terminate a pregnancy against their will.

Examples include:

- Sabotaging an abortion appointment
- Physical violence to cause a miscarriage
- Forced abortion
- Preventing prenatal care
- Threats of harm

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Reproductive Coercion, Intimate Partner Violence, and Domestic Violence

- **Intimate partner violence (IPV)** refers to physical, sexual, economic, or psychological harm, including acts of physical aggression, sexual coercion, economic abuse, psychological abuse, and controlling behaviors (such as controlling finances, movement, and access to other resources) by a **current or former intimate partner or spouse**.
- **Domestic violence** refers to physical, sexual, economic, or psychological harm, including acts of physical aggression, sexual coercion, economic abuse, psychological abuse, and controlling behaviors that is perpetrated by **a person against an intimate partner, dating partner, or any member of a household**, including a child, parents, other relative, or a domestic worker.

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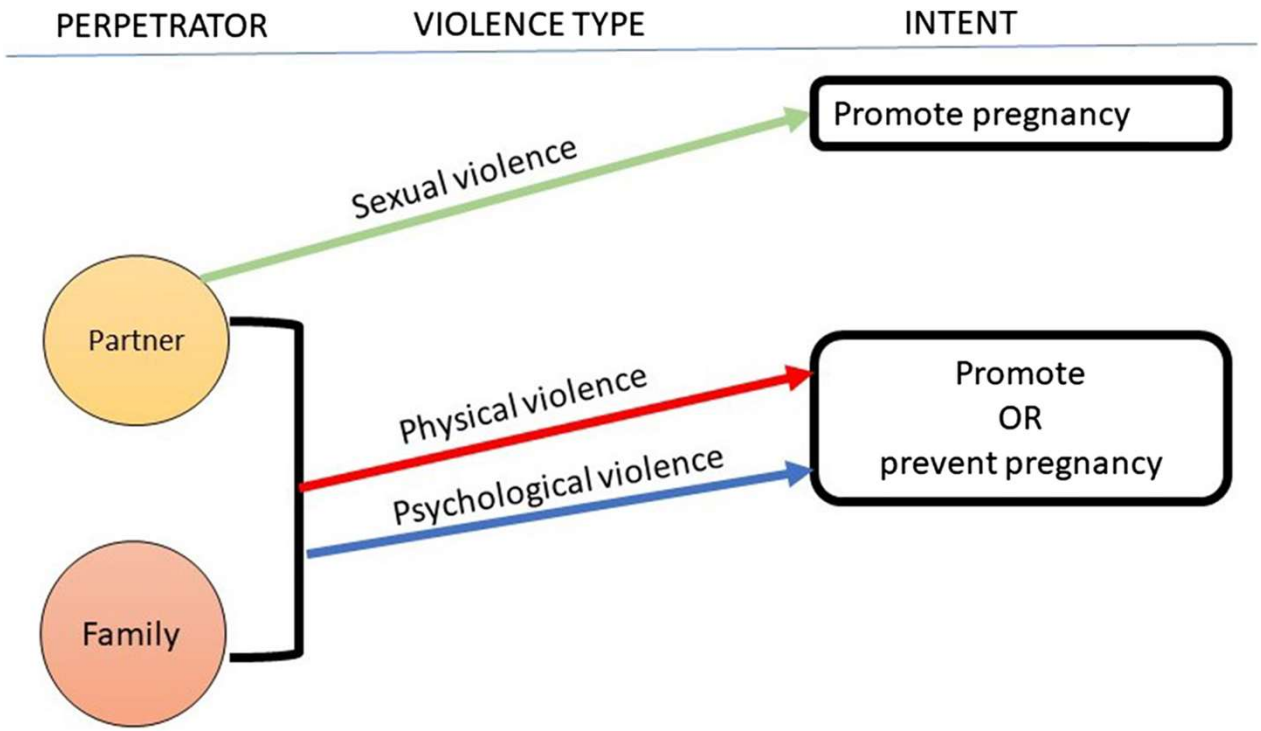
World Health Organization & Pan American Health Organization. (2012). Understanding and addressing violence against women : intimate partner violence. World Health Organization. https://apps.who.int/iris/handle/10665/77432.

Reproductive Coercion, Intimate Partner Violence, and Domestic Violence



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Impacts of Reproductive Coercion

- Women who are subjected to IPV are vulnerable to situations where they are **not able to access contraception or effectively and consistently use contraception**.
- Reproductive coercion and IPV are associated with **increased risk of unintended pregnancy** (Grace 2018) **and sexually transmitted infection diagnosis** (Fay 2018).
- Partner-perpetrated reproductive coercion can result in **poor mental health impacts** for individuals experiencing reproductive coercion (McCauley et al. 2014).
- Some reproductive coercion resistance strategies include hiding contraceptives, emergency contraceptive use, and obtaining long-acting forms of birth control like IUDs without partner knowledge (Grace 2018).

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- Grace KT, Anderson JC. Reproductive Coercion: A Systematic Review. *Trauma Violence Abuse*. 2018;19(4):371-390. doi:10.1177/1524838016663935
- Fay, K. and Yee, L. (2018), Reproductive Coercion and Women's Health. Journal of Midwifery & Women's Health, 63: 518-525. https://doi.org/10.1111/jmwh.12885
- McCauley, H.L., Falb, K.L., Streich-Tilles, T., Kpebo, D. and Gupta, J. (2014), Mental health impacts of reproductive coercion among women in Côte d'Ivoire. International Journal of Gynecology & Obstetrics, 127: 55-59. https://doi.org/10.1016/j.ijgo.2014.04.011

Example Intervention: Addressing Reproductive Coercion in Health Settings (ARCHES)

- Family planning clinic pilot (four sites): among women who experienced recent IPV, **71% reduction in odds for pregnancy coercion;** women receiving intervention **60% more likely to end relationship as felt unhealthy or unsafe**.
- Cluster randomized trial in 24 family planning clinics:
    - **Increased knowledge of resources**
    - **Increased self-efficacy** to use harm reduction strategies
    - **Reduction in reproductive coercion** for women with higher levels of reproductive coercion at baseline
- Patients and providers report satisfaction with ARCHES – moving away from screening/disclosure-driven practice to **universal education, brief counseling, and support.**

- Miller E, Decker MR, McCauley HL, Tancredi DJ, Levenson RR, Waldman J, Schoenwald P, Silverman JG. Pregnancy coercion, intimate partner violence and unintended pregnancy. *Contraception.* 2010;81(4):316-22
- Miller E, Tancredi DJ, Decker MR, McCauley HL, Jones KA, Anderson H, James L, Silverman JG. A family planning clinic-based intervention to address reproductive coercion: A cluster randomized controlled trial. *Contraception.* 2016;94(1):58-67
- Miller E, McCauley HL Decker MR, Levenson R, Zelazny S, Jones KA, Anderson H, Silverman JG. Implementation of a family planning clinic-based partner violence and reproductive coercion intervention: provider and patient perspectives. *Perspectives on Sexual and Reproductive Health.* 2017;49(2);85-93

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Strategies to Address Reproductive Coercion to Improve Sexual and Reproductive Health Outcomes

- **Advance** equitable gender norms
- **Strengthen** collective action to address GBV across the socioecological model
- **Promote** broad contraception accessibility and comprehensive family planning counseling
- **Support** family planning providers to respond to reproductive coercion, IPV, and domestic violence

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USAID. Intimate Partner Violence and Family Planning: Intersections & Opportunities for Action. 2019. https://www.usaid.gov/global-health/health-areas/family-planning/ipv-infographic

Introduction of Panel Moderator

Francesca Alvarez

Senior Program Coordinator
PRB

Panel Moderator

JHUMKA GUPTA, ScD, MPH

Associate Professor, Department of Global and Community Health, College of Health and Human Services, George Mason University

Jhumka Gupta is an Associate Professor in the Department of Global and Community Health at George Mason University. She uses a social epidemiology framework and mixed-methods approaches to advance epidemiological and intervention research on preventing violence against women and girls and associated health implications. She has led and collaborated on such research in various global settings, including clinic-based and community-led interventions. She focuses on forcibly displaced populations. With funding from Robert Wood Johnson Foundation, she is currently conducting implementation science research investigating adapting structural interventions to reduce IPV in forcibly displaced populations in West Africa for US-based immigrant and refugee communities.

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Overview of Featured Programs and Introduction of Panelists

Jhumka Gupta, ScD, MPH

Associate Professor

Department of Global and Community Health, College of Health and Human Services, George Mason University

Panel Discussants

LIZ MILLER, MD, PhD, FSAHM, Distinguished Professor of Pediatrics, University of Pittsburgh School of Medicine

Dr. Miller is Distinguished Professor of Pediatrics, Public Health, and Clinical and Translational Science and holds the Edmund R. McCluskey Chair in Pediatric Medical Education at the University of Pittsburgh School of Medicine. She is Director of the Division of Adolescent and Young Adult Medicine and the Medical Director of Community and Population Health at the University of Pittsburgh Medical Center (UPMC) Children's Hospital of Pittsburgh. Her research addresses interpersonal violence prevention (including reproductive coercion and exploitation) and adolescent health promotion in clinical and community settings.

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Addressing Reproductive Coercion in Health Settings (ARCHES) Scale-Up in Kenya

- **Setting:** Uasin Gishu County, Kenya
- **Focus:** Scale-up of an evidence-based intervention to increase reproductive autonomy and reduce intimate partner violence (IPV).
- **Interventions:**
  - ARCHES is a brief woman-centered intervention delivered within routine family planning counseling to provide:
    1. Universal education on reproductive coercion and IPV
    2. An opportunity to disclose reproductive coercion and IPV with referral to local IPV survivor services
  - Strategies include:
    1. Engaging with the Ministry of Health, county-level health officials, and providers to adapt the ARCHES model for the public sector in Kenya, focusing on scalability.
    2. Training providers on the ARCHES model and using an adaptive learning approach to finalize the model for testing and eventual scale-up.

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Panel Discussants Representing ARCHES Scale-Up in Kenya

JAY SILVERMAN, PhD, Professor of Medicine and Global Public Health and Associate Director, Center on Gender Equity and Health (GEH), University of California San Diego School of Medicine

Jay Silverman is a Professor at the Center on Gender Equity and Health at the University of California San Diego. Over the past 25 years, he has led research on multiple forms of GBV and their effects on health, including development and testing of interventions to reduce GBV and improve reproductive health and autonomy. Dr. Silverman and his team have led clinic-based (family planning and PAC services), community-based and digital adaptations of the ARCHES approach to supporting women to resist reproductive coercion and IPV in Kenya, Bangladesh, Mexico, and the DRC, including adaptation for Rohingya refugees in Bangladesh and partnership with the Kenyan government to scale the model nationally. He has published over 250 studies on these topics.

JANE HARRIET NAMWEBYA, Senior Implementation Coordinator, Population Council, Kenya

Jane Harriet Namwebya is a Public Health Specialist working with Population Council and the Uasin Gishu County, Kenya in providing support in the integration of reproductive coercion and IPV into family planning services since 2021. Before ARCHES, she worked with the SAUTI/VOICE project strengthening capacities of UNHCR to establish and implement routine IPV/sexual and gender-based violence (SGBV) screening in selected refugee settings in Rwanda, South Sudan, Uganda and Zambia. She also worked with FHI360 as a Regional Technical Officer for HIV Counseling and Testing for the Africa based programs. The Connection between gender disparities and HIV propelled her to move into SGBV.

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Addressing Reproductive Coercion in Health Settings (ARCHES) Intervention in Nigeria

- **Setting:** Ebonyi and Sokoto, Nigeria
- **Focus:** Prevent and mitigate gender-based violence (GBV) and childhood early forced marriage (CEFM) and promote early family planning.
- **Interventions:**
  - Implementing partners include MOMENTUM Country and Global Leadership (MCGL), Save the Children, PACT, the Manoff Group, and six non-governmental indigenous organizations.
  - Strategies include:
    - Adaptation of specific interventions based on findings on the formative assessments and co-creation processes [for example, participation in capacity development activities identified through the integrated technical organizational capacity assessment (ITOCA) process].
    - Promoting gender equity in the context of RMNCH, through participatory action planning and co-creation processes.
    - Designing and implement effective and promising evidence-based interventions to prevent GBV and CEFM and promote early adoption of family planning.
    - Facilitating the coordination of local actors to respond to GBV.

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Panel Discussant Representing ARCHES Intervention in Nigeria

HANNATU ABDULLAHI, Reproductive, Maternal, Newborn, and Child Health Technical Director, Jhpiego, Nigeria

Hannatu Abdullahi is a public health nurse/midwife with over 25 years' experience in health care service delivery and 20 years working around the public health domain. Hannatu has been working for Jhpiego across many projects in various capacities and is presently the maternal, newborn, child health, and family planning Technical Director in Nigeria. Her areas of expertise and passion include health care service delivery, baseline and training needs assessments, training material adaptation and development, planning and implementing maternal, newborn, family planning, and adolescent reproductive health programming, training, monitoring, evaluation, documentation, and dissemination of data driven evidence-based best practices.

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Y-PEER Nepal

- **Setting:** Nepal
- **Focus:** Promote the sexual and reproductive health and rights (SRHR) of young people and people with disabilities, including deaf young people.
- **Interventions:**
  - Working in seven provinces, Y-PEER Nepal implementing partners include community-based non-governmental organizations and the National Federation of the Deaf Nepal.
  - Strategies include:
    1. Conduct trainings for young people on their SRHR for participants to roll out in their respective communities.
    2. Promote SRHR through sports such as football and futsal.
    3. Support deaf peer educators by allocating various costs for their peer education.
    4. Coordinate with various indigenous communities and marginalized communities for the promotion of SRHR.

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Panel Discussant Representing Y-PEER

FURA GELZEN SHERPA, Board Member, Youth Peer (Y-PEER) Educational Network, Nepal

Fura Gelzen Sherpa served as a National Coordinator of Y-PEER Nepal between 2018 to 2020. With a background in tourism and the youth sector, he has been working actively to promote sexual reproductive health and rights (SRHR), youth participation, and SDGs in Nepal. He is also one of the co-founders of “Me for Myself 2020 Regional Mental Health Campaign for Youths,” and worked as project lead for the Erasmus Plus program. In the last few years, he has mostly been working on ICPD25 as a regional youth advocate and has also represented the ethnic community at the national to international levels. He is working for the betterment of youth SRHR, as well as mental health, mostly focusing on young people working in the tourism industry of Nepal. Also in advocacy, he had been also working with people with disabilities including deaf young people since 2016, as he believes no one should leave behind by 2030.

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Panel Discussion

Jhumka Gupta (moderator), ScD, MPH,
Associate Professor, Department of Global and Community Health, College of Health and Human Services, George Mason University
Hannatu Abdullahi,
Reproductive, Maternal, Newborn, and Child Health Technical Director, Jhpiego, Nigeria
Liz Miller, MD, PhD, FSAHM,
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Board Member, Youth Peer (Y-PEER) Educational Network, Nepal
Jay Silverman, PhD,
Professor of Medicine and Global Public Health and Associate Director, Center on Gender Equity and Health (GEH), University of California San Diego School of Medicine

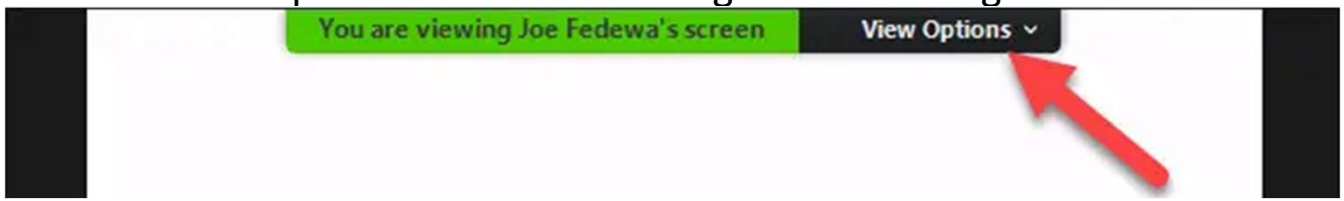
Whiteboard Activity

Jhumka Gupta, ScD, MPH

Associate Professor
Department of Global and Community Health, College of Health and Human Services, George Mason University

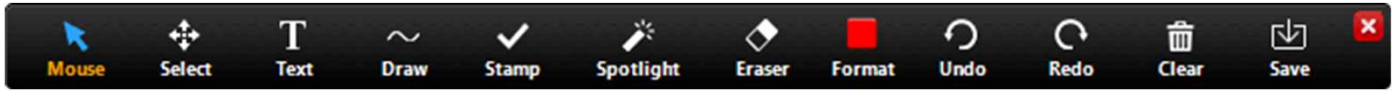
Zoom Whiteboard Instructions

- Select "view options" from the floating screen sharing menu.



- Then select "Annotate".

- You can now use the below annotation tools to write, draw, and place stamps including check marks.



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Closing Remarks

Afeefa Abdur-Rahman

Senior Gender Advisor & Team Lead
Office of Population and Reproductive Health, USAID

Thank you!

Do you have feedback for us?

Please fill out the post-event survey and/or contact the IGWG team at **igwg@prb.org**.

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