Beyond a legacy of coercion: Long-acting reversible contraception (LARC) and social justice

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Background

Half of all pregnancies in the United States – over 3 million pregnancies annually – are unintended. The American College of Obstetricians and Gynecologists recommends long-acting reversible contraception (LARC) (e.g. the intrauterine device (IUD) and subdermal implant) as first-line pregnancy prevention for all women and adolescents. Because LARC methods are highly effective, they have the potential to decrease the burden of unplanned pregnancies. Continued reproductive coercion in the United States problematizes the promotion of LARC methods without considering underlying social and economic issues, especially among underserved populations. Overemphasizing LARC methods may reduce women’s contraceptive options and diminish reproductive autonomy. Previous research demonstrates that ethnicity and socio-economic status (SES) impact health care providers’ recommendations of LARC methods; however, little research examines the legacy of coercion on LARC method choice.

Historical Context of Reproductive Coercion

In 1907, the first sterilization law was passed, ushering in decades of reproductive coercion. Impoverished women, immigrants, and women of color were the recipients of forced sterilization.

Recent Reproductive Coercion

Women receiving public assistance in the 1990s were provided with financial incentives to obtain the implant. Between 2006 and 2010, 150 female inmates were sterilized in California, some without informed consent.

Feminist Standpoint Theory (FST)

Women offer situational knowledge distinct from that of men. Among women, subdivisions exist based on features such as race/ethnicity and SES, resulting in novel standpoints. The standpoints can be used to construct meaning and offer insight into society, allowing women to become both the subjects and authors of knowledge (e.g., Harding, 2004).

Purpose

This study aimed to understand how women’s standpoint shapes their perspectives of LARC and messages about LARC within the context of social justice and coercion.

Qualitative Methods

As part of a larger research project to develop and test message concepts and designs

PHASE I
- 6 focus groups (n=61), 2 hours each
- Semi-structured focus group guide
- Participant incentive: $50

PHASE II
- 18 intercept interviews, 30 minutes each
- Semi-structured interview guide
- Participant incentive: $25

Data Analysis
- All focus groups and interviews audio recorded, transcribed, and coded
- All focus groups and interviews coded separately for this study
- HyperRESEARCH 3.5.2 qualitative analysis software
- Grounded theory constant comparative method (Corbin & Strauss, 2008)
- Open coding, line by line coding to identify emergent themes (Corbin & Strauss, 2008)

Participants (ages 18-44 years)

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Conclusions & Implications

Findings from this study offer theoretical and practical opportunities to guide health care practitioners and health communication campaigns aimed at decreasing the burden of unintended pregnancy while maintaining reproductive justice. Findings provide a deeper understanding of the effects of past reproductive coercion and inadequate information on women’s perceptions of LARC. Recognizing the history that shapes women’s standpoints will allow health care practitioners to promote LARC methods effectively and ethically.