



Women's Health Research Team

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Beyond a Legacy of Coercion

Long-acting Reversible Contraception (LARC) and Social Justice

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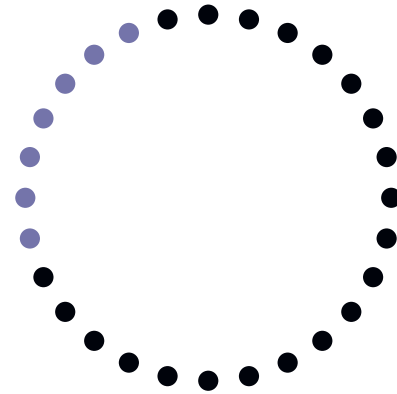
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Presenter Disclosures

Stephanie Meier

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose



Background



Problem

- 50% of pregnancies in the U.S. are unintended
- South Carolina: 56% of pregnancies unplanned
- LARC: Long-acting reversible contraception
 - Intrauterine Device (IUD)
 - Implant
- Over 99% effective
- First line recommendation





Background

History of Reproductive Coercion

- Forced sterilization of underserved populations
 - African Americans, Latinas, Native Americans, Prisoners
- Women overwhelmingly choose LARC when counseled about contraceptive options (Contraceptive Choice Project)
- Coercive not to provide information about all contraceptive methods
- Feminist Standpoint Theory
 - Social positioning of women and girls shapes their construction of the world allowing for critical examination of existing and unequal power structures
 - Conceptual lens

Purpose



Research Questions

- How do women make meaning of LARC methods?
- How do women's standpoints shape their perspectives of LARC methods within the context of coercion?



Method

Qualitative Methodology

Part of a larger study

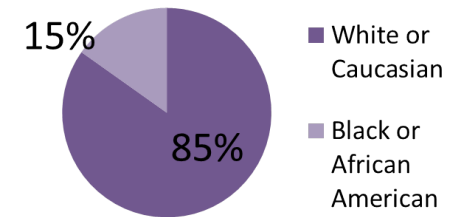
- 6 Focus Groups (n=61)
- 18 Interviews
- HyperRESEARCH 3.5.2, a qualitative data analysis software

Participant Recruitment: March - April 2014

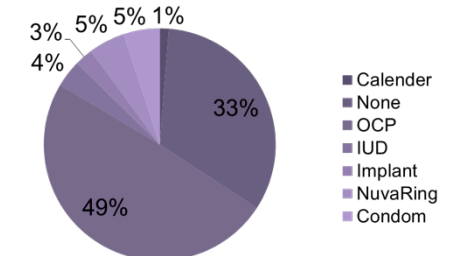
- Facebook, email, online ads, and printed flyers
- Women ages 18-44 (mean age: 23.6) living in Charleston, SC

Demographics

Race/Ethnicity



Birth Control Method



Results



A Legacy of Coercion

Women of color and contraception

“I personally think they just want more black women to use the IUD so they will not have babies.”

“The target is a diverse female population since the character is an African American [woman], so you assume that the ad might be reaching out to people who are African Americans.”

“[LARC methods are] trying to cater to African American females to use the IUD because IUDs can be used longer.”

Results



Understanding Women's Standpoint

Moving toward culturally-centered messaging

“I like the variety of different ages, different minorities.”

Understanding identity

“I view these [contraceptives] from a different standpoint. I'm just wondering how someone who isn't in the same socio-economic or class standing would view LARC methods and contraceptives in general?”

“I think that if you see someone who you look like or can be like you're more likely to be influenced by them. If I saw an older woman I'd be less affected by [the ad/the message] rather than someone more like me.”



Results

Withholding Knowledge: The New Coercion

Pushing ‘the Pill’: Limiting information about LARC methods

“I got my birth control and I don’t even think they [health care providers] provided other options. They said you should probably just go on ‘the Pill’. We didn’t even discuss the shots or anything else.”

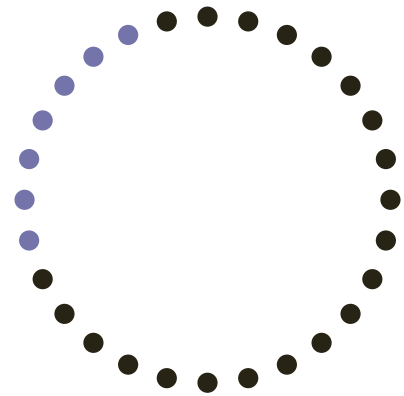
Health care providers lack familiarity with LARC methods

“I do feel like sometimes general practitioners don’t really know as much. It’s really important when you do want to go on birth control to talk to someone who is up-to-date. Because sometimes doctors are just like, ‘Oh, here, take this.’ Why? Because they prescribe it to all of their female clients.”

Implications

Theoretical and Practical Opportunities to Guide Health Communication Campaigns

- Recognize effects of reproductive coercion
- Identify message design concepts that resonate with women who have experienced coercion
- Include diverse characters in messages
- Openly discuss contraceptive options with women





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Thank You



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