



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).

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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

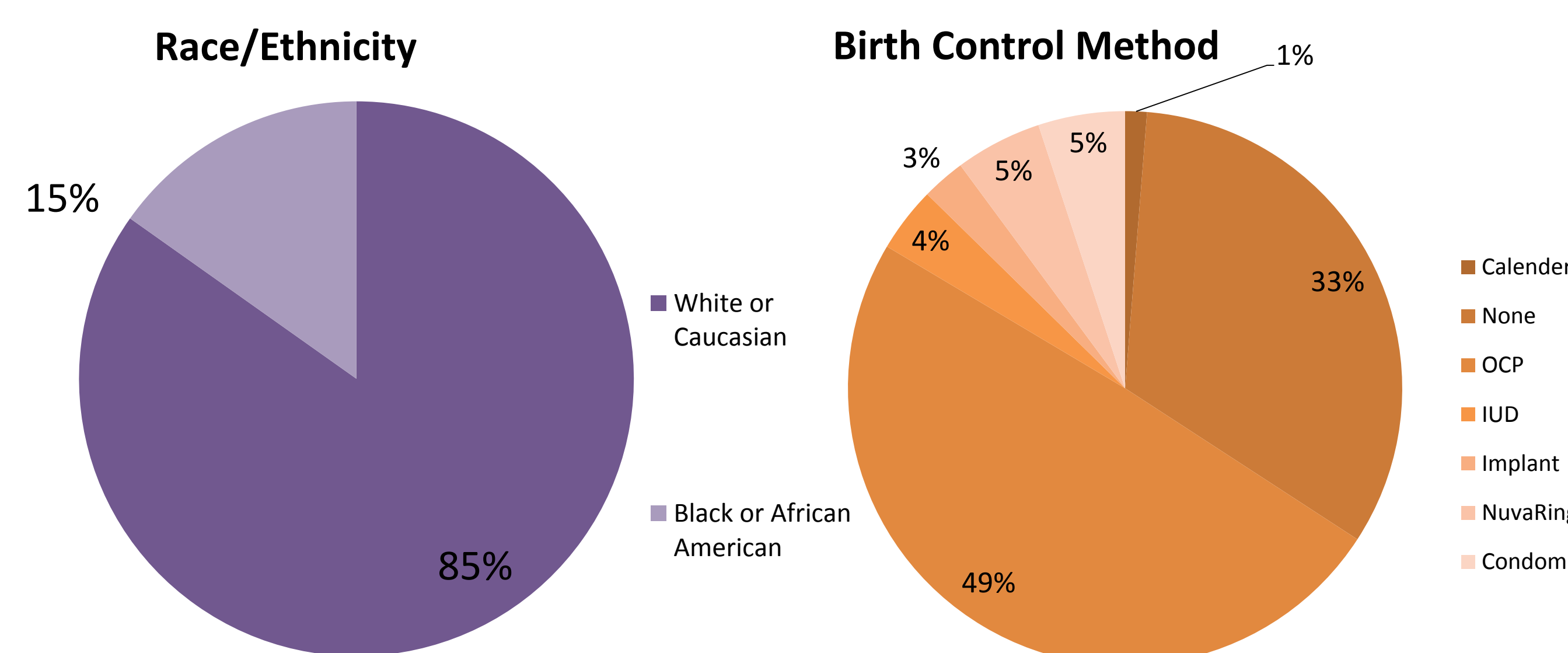
PHASE II

- 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)



Results

Theme	Illustrative Quote
History of Reproductive Coercion	<p>"But it's a lengthier period of time so I don't know whether I should be offended by this a little bit because I kind of feel you're offering me an IUD not because it would be helpful to me but because you don't want me to have babies."</p> <p>"When I think of sterilization I think of forced sterilization."</p>
Targeting LARC toward Women of Color	<p>"The target is a diverse female population since she's an African American, so you assume that the ad might be reaching out to people who are African Americans."</p> <p>"I personally think they just wanted more black women to use the IUD so they will not have babies."</p>
Emphasizing Diversity	<p>"It's almost forced. It looks staged. It almost looks like "we're trying to cater to everyone, every single ethnic group""</p> <p>"I like how they show a diverse group of women."</p>
Identity	<p>"I would say thirty plus and honestly minorities. I don't want to be that person, but I don't identify very well with anyone on that and I probably should identify with at least two or three of the women, but I feel I don't very much."</p> <p>"I think that if you see someone who you look like or can be like you're more likely to be influenced by them."</p> <p>"I view these [contraceptives] from a different standpoint. I'm just wondering how someone who isn't in the same socio-economical or class standing would view these contraceptives [LARC] and contraceptives in general. "</p>
Knowledge Barriers as Coercion	<p>"I got my birth control and I don't even think they [health care providers] provided other options. They were like well you should probably just go on the pill. We didn't even discuss the shots or anything else."</p> <p>"My gynecologist didn't mention anything else but the pill."</p> <p>"The implant sounds awesome! I had never heard of it in my life."</p>
Health Care Providers Unfamiliar with LARC	<p>"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."</p> <p>"I don't think that my gynecologist was really even comfortable with new medicine so that was really never even an option."</p> <p>"My healthcare provider asked me if I wanted to do the Nuvaring or the pill, those were the two that she brought up and she kind of told me about the shot, but she was focusing mostly on the Nuvaring and the pill."</p>

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.