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Women's Experiences of Reproductive Coercion: Mental Health Outcomes

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A B S T R A C T

Objective: Reproductive coercion is a form of abuse where one's reproductive rights and decisions are controlled or manipulated, often leading to significant mental and physical health implications. This study aims to explore the experiences of reproductive coercion among women, focusing on its emotional impact, physical health consequences, and the coping mechanisms employed by the victims.

Methods and Materials: Employing a qualitative research design, this study conducted semi-structured interviews with 22 women who have experienced reproductive coercion. The interviews aimed to achieve theoretical saturation and provide in-depth insights into the participants' experiences. Thematic analysis was utilized to identify key themes and patterns in the data.

Findings: The analysis revealed three main themes: the emotional impact, physical health consequences, and coping mechanisms of reproductive coercion. Participants reported significant fear and anxiety, loss of control, depression, isolation, and guilt and shame. Physical health consequences included reproductive health issues and physical injuries. To cope with these challenges, women employed strategies such as seeking help, adaptation, resistance and assertiveness, and self-care and recovery.

Conclusion: Reproductive coercion significantly impacts women's mental and physical health, highlighting the need for targeted interventions and support. This study contributes to the understanding of reproductive coercion's multifaceted impact, emphasizing the importance of addressing this issue in healthcare and support services to mitigate its effects on affected women.

Keywords: *Reproductive coercion, Women's health, Mental health outcomes, Coping mechanisms*

1. Introduction

Reproductive coercion encompasses a range of behaviors, including sabotage of contraceptive methods, pressure to conceive, and control over pregnancy outcomes, which can significantly impact women's mental health and well-being (Fay & Yee, 2018; Miller et al., 2010). Reproductive coercion has been identified as a distinct and significant factor contributing to unintended pregnancies and is closely associated with intimate partner violence (IPV) (Faal Kalkhoran, 2011; Hamzehgardeshi et al., 2023; Miller et al., 2010; Sheikhi et al., 2019). The mechanisms through which reproductive coercion operates are multifaceted, involving direct interference with contraception, threats, and manipulation surrounding pregnancy outcomes, which not only compromise women's autonomy but also pose severe risks to their physical and mental health (Fay & Yee, 2018; Hamzehgardeshi et al., 2023; Miller et al., 2010). Grace and Anderson (2016) conducted a systematic review, reinforcing the association between reproductive coercion and increased risks of IPV, further highlighting the intertwined nature of these abuses. This interconnection underscores the need for a comprehensive understanding of reproductive coercion's impacts, beyond its immediate physical health implications (Grace & Anderson, 2016).

The mental health consequences of reproductive coercion are profound, affecting women's psychological well-being in diverse and complex ways. McCauley et al. (2014) found significant mental health impacts among women experiencing reproductive coercion in Côte d'Ivoire, including depression and post-traumatic stress disorder, underscoring the global relevance of this issue (McCauley et al., 2014). These findings are echoed in broader literature, which consistently indicates that reproductive coercion can lead to increased stress, anxiety, and other mental health challenges (Moulton et al., 2021). The psychological toll is exacerbated by the often covert nature of reproductive coercion, making it challenging to identify and address within clinical and support settings.

Despite the growing body of research, the subjective experiences of women facing reproductive coercion and the nuanced ways in which it affects their mental health remain underexplored. Studies like those conducted by Paterno et al. (2018) and Rosenfeld et al. (2018) have begun to illuminate the specific contexts and relationship dynamics in which reproductive coercion occurs, offering insights into the racial, social, and economic factors that may influence vulnerability to this form of abuse (Paterno et al., 2018; Rosenfeld et al., 2018). Furthermore, emerging research into areas such as "stealthing" (non-consensual condom removal) highlights the evolving landscape of reproductive coercion and abuse, suggesting a need for ongoing investigation into these "gray areas" (Tarzia et al., 2020).

The experiences of college students with reproductive coercion, as examined by Swan et al. (2020), further emphasize the prevalence of this issue among younger populations and its connection to broader experiences of interpersonal violence (Swan et al., 2020). These studies collectively underscore the critical importance of addressing reproductive coercion within efforts to support women's health and rights, particularly given its implications for mental health and the perpetuation of cycles of abuse.

In conclusion, the significance of reproductive coercion as a public health issue cannot be overstated, with far-reaching implications for women's mental health and well-being. Through qualitative analysis, this study endeavors to shed light on the intricate dynamics of reproductive coercion, contributing to the ongoing discourse on women's reproductive rights and mental health. In doing so, it aims to underscore the urgency of addressing this form of abuse within both healthcare and societal frameworks, advocating for comprehensive strategies to support affected women and mitigate the impacts of reproductive coercion on their lives.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design to explore the experiences of reproductive coercion among women and its impact on their mental health outcomes. The focus on qualitative methods was driven by the goal of gaining a deeper understanding of the personal narratives and the complex dynamics of reproductive coercion, which quantitative measures alone might not fully capture. Participants were women who self-identified as having experienced reproductive coercion. The recruitment was carried out via announcements on social media platforms, forums dedicated to women's health, and through referrals from healthcare providers who work closely with survivors of intimate partner violence and reproductive coercion. Inclusion criteria for the study were: (1) being above the age of 18, (2) having experienced any form of reproductive coercion within the last five years, and (3) willingness to discuss their experiences in a semi-structured interview. Participants provided informed consent after being briefed

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about the study's aims, their rights as participants, the confidentiality measures in place, and their right to withdraw from the study at any point without penalty.

2.2. Measures

2.2.1. Semi-Structured Interview

Data was collected through semi-structured interviews, which were conducted by the research team members trained in qualitative research methods and sensitive to the complexities of reproductive coercion. The interviews were designed to elicit detailed narratives about the participants' experiences of reproductive coercion, the context in which these experiences occurred, and the impact on their mental health. The interview guide included open-ended questions and prompts to explore various dimensions of reproductive coercion, allowing for flexibility to follow the participants' leads and probe deeper into pertinent themes. Interviews were conducted remotely via secure video conferencing platforms to accommodate participants' geographical diversity and to ensure their safety and confidentiality. Each interview lasted between 60 to 90 minutes and was audio-recorded with the participants' consent.

2.3. Data Analysis

The audio recordings of the interviews were transcribed verbatim. Thematic analysis was employed to analyze the data, following Braun and Clarke's (2006) six-step process. The analysis involved familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. The research team worked collaboratively in the coding process to enhance the reliability and validity of the thematic analysis. Theoretical saturation was reached when no new themes emerged from the data, guiding the conclusion of data collection.

To ensure the rigor of the qualitative research, the study employed strategies such as member checking, where participants were given the opportunity to review and comment on the findings to validate the interpretations. Additionally, the research team engaged in regular reflexive discussions to acknowledge and mitigate potential biases and assumptions that could influence the research process.

3. Findings and Results

In the study, a total of 22 participants were interviewed to explore their experiences with reproductive coercion and its subsequent impact on their mental health outcomes. The demographic composition of the participants was diverse, aiming to capture a wide range of experiences. Ages ranged from 19 to 45 years, with a median age of 31. In terms of educational background, 8 participants had completed college degrees, 10 had some college education or were currently enrolled in college, and 4 had a high school diploma as their highest level of education. Employment status varied among participants: 12 were employed full-time, 5 were employed part-time, and 5 were unemployed at the time of the study. Regarding relationship status, 14 participants reported being in a relationship with their coercive partner at the time of the experiences discussed, while 8 reported that they had left the relationship.

Table 1

The Summary of Qualitative Analysis Results

Categories	Subcategories	Concepts (Open Codes)
Emotional Impact	Fear and Anxiety	- Fear of partner's reaction - Anxiety about future pregnancies - Worry about losing autonomy
	Loss of Control	- Feeling trapped - Helplessness - Dependence on partner
	Depression	- Persistent sadness - Emotional withdrawal - Loss of interest in daily activities
	Isolation	- Withdrawal from social circles - Hiding the situation - Lack of support network
	Guilt and Shame	- Self-blame for the situation - Shame about not leaving - Guilt over potential impact on children
Physical Health Consequences	Reproductive Health Issues	- Unwanted pregnancies - STIs/STDs risks - Complications from forced abortions
	Physical Injuries	- Injuries from physical abuse - Health neglect - Complications from reproductive coercion
Coping Mechanisms	Seeking Help	- Reaching out to healthcare providers - Confiding in friends/family - Utilizing hotlines and support services
	Adaptation Strategies	- Emotional detachment - Developing secret plans for leaving - Financial independence efforts
	Resistance and Assertiveness	- Setting boundaries - Confrontation with partner - Legal action for protection
	Self-care and Recovery	- Mental health therapy - Physical health care - Engaging in supportive communities - Spiritual healing

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The qualitative analysis of semi-structured interviews with women who have experienced reproductive coercion revealed a complex interplay of emotional, physical, and coping dimensions. The analysis identified three main categories: Emotional Impact, Physical Health Consequences, and Coping Mechanisms, each comprising various subcategories and associated concepts. Below, we detail these findings, enriched with direct quotations from participants, to provide insight into their lived experiences.

3.1. Emotional Impact

Participants frequently described a profound Emotional Impact stemming from their experiences of reproductive coercion. Subthemes within this category included Fear and Anxiety, Loss of Control, Depression, Isolation, and Guilt and Shame.

Fear and Anxiety: Many women reported constant fear regarding their partner's reactions and anxiety about future pregnancies. One participant shared, "I was always walking on eggshells, terrified of how he would react if I got pregnant or tried to leave."

Loss of Control: Feelings of helplessness and a pervasive loss of autonomy were common. "It felt like I was trapped in a cycle I had no control over," remarked another.

Depression: Reports of persistent sadness and withdrawal were widespread. "There were days I couldn't get out of bed, feeling like this would never end," a participant confided.

Isolation: Many women felt compelled to withdraw from their social circles, exacerbating their sense of isolation. "I stopped talking to my friends; I was too ashamed to tell them what was happening," one shared.

Guilt and Shame: The burden of guilt and shame weighed heavily on participants. "I blamed myself for not being strong enough to leave him," said another.

3.2. Physical Health Consequences

The Physical Health Consequences of reproductive coercion were evident in participants' narratives, particularly regarding Reproductive Health Issues and Physical Injuries.

Reproductive Health Issues: Women recounted the physical toll of unwanted pregnancies and the risks of sexually transmitted infections. "I was constantly worried about getting pregnant again or catching something because he refused to use protection," a participant explained.

Physical Injuries: Some participants also detailed injuries resulting from physical abuse and health neglect. "Aside from the forced pregnancies, I had to deal with injuries he caused during his outbursts," disclosed one.

3.3. Coping Mechanisms

Despite these challenges, women employed various Coping Mechanisms, including Seeking Help, Adaptation Strategies, Resistance and Assertiveness, and Self-care and Recovery.

Seeking Help: Participants spoke about reaching out to healthcare providers and support networks. "The day I called a hotline for help was the turning point for me," revealed a participant.

Adaptation Strategies: Developing strategies for emotional detachment and secretly planning for independence were noted. "I started saving money in a secret account, planning my escape," one shared.

Resistance and Assertiveness: Setting boundaries and taking legal action were critical steps for some. "I finally got a restraining order against him, which gave me some sense of safety," a participant recounted.

Self-care and Recovery: Engaging in therapy and supportive communities played a vital role in recovery. "Joining a support group helped me realize I wasn't alone, and therapy has been crucial in my healing process," another participant mentioned.

4. Discussion and Conclusion

This qualitative study explored the experiences of reproductive coercion among women and its impact on their mental health outcomes. Our findings revealed three primary themes: the emotional impact of reproductive coercion, physical health consequences, and coping mechanisms. These themes underscored the pervasive fear and anxiety, loss of control, depression, isolation, and guilt and shame experienced by women, along with the physical health implications such as reproductive health issues and physical injuries. Furthermore, the study highlighted various coping mechanisms that women employ, including seeking help, adaptation strategies, resistance and assertiveness, and self-care and recovery. These findings align with and extend existing literature, offering nuanced insights into the complex dynamics of reproductive coercion and its profound effects on women's health and well-being.

The profound emotional impact of reproductive coercion, including fear and anxiety, loss of control, depression, isolation, and guilt and shame, resonates with existing research. Similar to the findings of Fay and Yee (2018), our

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study participants described experiencing significant fear and anxiety, not only about their reproductive autonomy but also regarding their safety and well-being (Fay & Yee, 2018). These emotions are reflective of the control and power dynamics inherent in reproductive coercion, underscoring the close association with intimate partner violence (IPV) identified in previous studies (Miller et al., 2010). Moreover, the themes of depression and isolation align with McCauley et al. (2014), who reported that reproductive coercion could lead to adverse mental health outcomes, including depression and PTSD. The emotional turmoil documented in our study highlights the psychological toll of reproductive coercion, emphasizing the need for targeted mental health support for affected women (Paterno et al., 2018).

Our findings on the physical health consequences of reproductive coercion, particularly reproductive health issues and physical injuries, align with the systematic review by Grace and Anderson (2016). They highlighted the increased risk of unintended pregnancies and sexually transmitted infections, underscoring the direct impacts on women's physical health (Grace & Anderson, 2016). These findings are further supported by Miller et al. (2010), who connected reproductive coercion to unintended pregnancies, illustrating the critical need for healthcare providers to recognize and address reproductive coercion in clinical settings (Miller et al., 2010).

The coping mechanisms identified in our study—seeking help, adaptation strategies, resistance and assertiveness, and self-care and recovery—reflect the resilience and agency of women facing reproductive coercion. This finding extends the work of Moulton et al. (2021), who emphasized the importance of understanding women's perceptions and experiences to inform supportive interventions (Moulton et al., 2021). Furthermore, the strategies of resistance and assertiveness align with the research by Paterno et al. (2018), suggesting that empowerment and support can play crucial roles in helping women navigate and overcome the challenges posed by reproductive coercion.

Our study also contributes to the discussion on the importance of healthcare provider awareness and intervention in cases of reproductive coercion, echoing the findings of Rosenfeld et al. (2018) among women veterans. By highlighting the variety of coping mechanisms, our research underscores the potential for healthcare settings to serve as critical points of intervention for identifying and supporting women experiencing reproductive coercion (Rosenfeld et al., 2018).

The study's findings underscore the significant and multifaceted impact of reproductive coercion on women's mental and physical health. By providing a deeper understanding of women's experiences, this research contributes to the broader discourse on reproductive coercion, emphasizing the need for targeted interventions and support. It is imperative that healthcare providers, policymakers, and support networks recognize and address the complexities of reproductive coercion to mitigate its impacts and support affected women effectively.

5. Limitations and Suggestions

This study is not without its limitations. The reliance on self-reported data through semi-structured interviews may introduce biases or inaccuracies in recalling experiences. Furthermore, the sample size, though adequate for qualitative saturation, limits the generalizability of the findings to all women experiencing reproductive coercion. The diversity of the sample, while a strength, also means that the experiences of specific groups may not be fully represented.

Future research should aim to address the limitations of this study by expanding the sample size and diversity to include more varied socio-economic, cultural, and geographical backgrounds. Longitudinal studies could provide valuable insights into the long-term effects of reproductive coercion on mental health and well-being. Additionally, quantitative studies could complement this qualitative research, offering broader perspectives on the prevalence and impact of reproductive coercion across different populations.

The findings of this study have important implications for practice. Healthcare providers should be trained to recognize signs of reproductive coercion and provide appropriate support and resources to affected women. Policies and interventions should be developed to specifically address and prevent reproductive coercion, incorporating education and awareness campaigns to inform women of their rights and available support. Collaboratively, healthcare, social services, and legal systems must work together to create a holistic support network for women, aiming to prevent reproductive coercion and assist those impacted in navigating their experiences toward recovery and empowerment.

Authors' Contributions

Authors contributed equally to this article.

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Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

Faal Kalkhoran, L., Bahrami,; Farrokhi, N.A., Zeraati, H., & Trrahomi, M. (2011). Comparing Anxiety, Depression and Sexual Life Satisfaction in Two Groups of Fertile and Infertile Women in Tehran. *Journal of reproduction & infertility*, *12*(2), 157. https://www.magiran.com/paper/860374

Fay, K. E., & Yee, L. M. (2018). Reproductive Coercion and Women's Health. *Journal of Midwifery & Women S Health*. https://doi.org/10.1111/jmwh.12885

Grace, K. T., & Anderson, J. (2016). Reproductive Coercion: A Systematic Review. *Trauma Violence & Abuse*. https://doi.org/10.1177/1524838016663935

Hamzehgardeshi, Z., Sabetghadam, S., Pourasghar, M., Khani, S., Moosazadeh, M., & Malary, M. (2023). Prevalence and predictors of sexual distress in married reproductive-age women: A cross-sectional study from Iran. *Health Science Reports*, *6*(9), e1513. https://doi.org/10.1002/hsr2.1513

McCauley, H. L., Falb, K., Streich-Tilles, T., Kpebo, D., & Gupta, J. (2014). Mental Health Impacts of Reproductive Coercion Among Women in Côte d'Ivoire. *International Journal of Gynecology & Obstetrics*. https://doi.org/10.1016/j.ijgo.2014.04.011

Miller, E., Jordan, B., Levenson, R., & Silverman, J. G. (2010). Reproductive Coercion: Connecting the Dots Between Partner Violence and Unintended Pregnancy. *Contraception*. https://doi.org/10.1016/j.contraception.2010.02.023

Moulton, J. E., Corona, M. V., Vaughan, C., & Bohren, M. A. (2021). Women's Perceptions and Experiences of Reproductive Coercion and Abuse: A Qualitative Evidence Synthesis. *PLoS One*. https://doi.org/10.1371/journal.pone.0261551

Paterno, M. T., Moret, J. E. D., Paskausky, A. L., & Campbell, J. C. (2018). Exploring Reproductive Coercion in Relationship Contexts Among Young Adult, Primarily African American Women at Three Women's Health Clinics. *Journal of interpersonal violence*. https://doi.org/10.1177/0886260518756116

Rosenfeld, E. A., Miller, E., Zhao, X., Sileanu, F. E., Mor, M. K., & Borrero, S. (2018). Male Partner Reproductive Coercion Among Women Veterans. *American Journal of Obstetrics and Gynecology*. https://doi.org/10.1016/j.ajog.2017.10.015

Sheikhi, Z. P., Moghadam, F. B., & Navidian, A. (2019). Effect of Pre-Marital Sexual Counseling on Self-Efficacy and Sexual Function of Iranian Newlywed Women. *International Journal of Women S Health and Reproduction Sciences*. https://doi.org/10.15296/ijwhr.2021.20

Swan, L. E. T., Mennicke, A., & Kim, Y. (2020). Reproductive Coercion and Interpersonal Violence Victimization Experiences Among College Students. *Journal of interpersonal violence*. https://doi.org/10.1177/0886260519898424

Tarzia, L., Srinivasan, S., Marino, J. L., & Hegarty, K. (2020). Exploring the Gray Areas Between "Stealthing" and Reproductive Coercion and Abuse. *Women & Health*. https://doi.org/10.1080/03630242.2020.1804517

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