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Center on Gender Equity and Health • UC San Diego School of Medicine

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Addressing Partner Violence and Reproductive Coercion to Reduce Unintended Pregnancy: The ARCHES Model

Background

Violence from male partners is consistently associated with poor reproductive outcomes for women and girls

- Women experiencing IPV are twice as likely to have a male partner refuse to use contraception[1,2], to report unintended pregnancy [2-6], have five or more births [1], and to have had an induced abortion, and three times as likely to have had experienced multiple abortions. [1,3,4,7]
- The loss of reproductive control associated with IPV has led the WHO to recommend that identification and support of abused women be included in the context of reproductive health services globally. [8]
- Across the multiple examples of IPV screening and counseling that have been implemented across low and middle-income countries,[9] none have demonstrated a reduction in risk for unintended pregnancy or other adverse reproductive health outcomes.

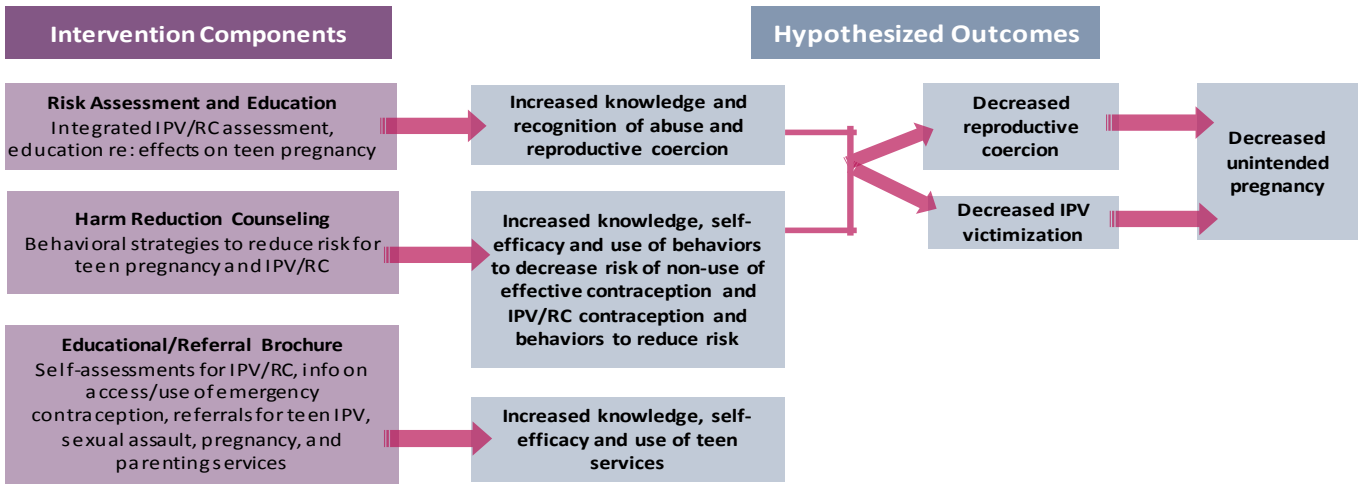
Reproductive Coercion: A construct suggested be recent research to be a mechanism underlying associations of IPV and poor reproductive health is *reproductive coercion*, [6,10] defined as behavior that interferes with contraception use and pregnancy in ways that reduce female reproductive autonomy. [6,10,11] Examples include:

- Threats or actual violence against a female partner to force her to comply with demands that she become pregnant (e.g., blocking access to family planning services) or that she continue or terminate a pregnancy (e.g., blocking access to abortion services)
- Hiding, withholding, destroying or removing female-controlled contraception in an attempt to promote pregnancy despite a female partner's wishes to contracept.

Women and girls who report IPV are significantly more likely to also experience reproductive coercion (RC) from male partners, [6,12] and RC predicts unintended pregnancy independent of the effects of IPV, as well as interacting with IPV to heighten risk for unintended pregnancy beyond that seen for IPV alone. [6]

The ARCHES Model

GEH and our partners have developed and evaluated a brief intervention incorporated into standard family planning practice and delivered by existing family planning counseling staff in order to maximize sustainability and scalability. [11] Evidence from randomized controlled trials indicates that this brief intervention leads to reductions in experiences of reproductive coercion and IPV. [13]



GEH's Current Work

GEH is currently conducting cultural adaptation and evaluation of the ARCHES model in Nairobi, Kenya (via support from USAID) and in Tijuana, Mexico (via support from the NIH), with the goal of broad implementation and scaling of ARCHES across these and other low and middle-income contexts.

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