7<sup>th</sup> Annual Congress on

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## **Women's Health, Obstetrics and Female Reproductive System**

July 27-28, 2018 | Vancouver, Canada



Sarah Gafforini

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## Australian clinician experiences of women disclosing reproductive coercion within abortion clinics: A mixed methods study

**Statement of the Problem:** Women are disproportionately affected by violence from male partners. Reproductive coercion is an often overlooked element of male partner controlling behavior and violence against women in Australia. It is essential that healthcare providers are aware of the challenges women can face in trying to control their own fertility. Clinician perspectives on reproductive coercion, its prevalence and talking to women about their experiences of reproductive coercion have not been assessed in Australia.

**Methodology & Theoretical Orientation:** This mixed methods study utilized semi-structured key informant interviews together with an electronically administered survey. Interviews were analyzed using thematic analysis. Frequency distributions and descriptive analysis were derived from the survey.

**Findings:** Participants were medical practitioners and nurses employed in one of 16 Marie Stopes Australia abortion clinics throughout Australia. Not all clinicians reported experiencing women having disclosed reproductive coercion however nurses were more likely to. Pregnancy coercion was more frequently disclosed than contraception coercion. Concealment of pregnancy was the most prevalent form of coercion followed by male partners threatening to leave a relationship if an abortion was not sought.

Conclusion & Significance: Reproductive coercion by male partners is a causal factor in the link between family violence, unplanned pregnancy, and abortion, with an unplanned pregnancy and abortion more likely to be associated with violence than planned pregnancies. This is the first study in Australia to explore clinician experiences of women disclosing reproductive coercion. Further research is required to explore women's self-reported experiences of reproductive coercion and implications for future practice.

## Biography

Sarah Gafforini is the Head of Strategy, Population and Global Health at Marie Stopes Australia. She is also the Acting Head of MS Health, the Australian pharmaceutical company that pioneered the introduction of medication abortion in Australia. Sarah's research, lobbying and management experiences over her career has strengthened her passion for ensuring women have choice and autonomy over their sexual and reproductive health. Her past research publications focus on various aspects of public health within the Australian health care system. She is currently completing a PhD on the introduction of a reproductive coercion screening tool in Australia through La Trobe University.

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