

LARC Promotion; Public Health Imperative or Coercion?

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Envision Sexual and Reproductive Health



Objectives

- Define shared decision making
- Identify tension and balance in the interplay between population level and individual goals
- Describe reproductive coercion

history

nonconsensual sterilizations

Norplant

1907-1979

- 60,000 nonconsensual sterilizations on patients in state-run homes and hospitals
- 20,000 in California
- “feeblemindedness” “perversion and marked departure from normal mentality”

1907-1979

- Initially motivated by eugenics. Part of a wave of Progressive Era public health activism that encompassed pure food, vaccination, and occupational safety acts
- Driven by the desire to “apply science to social problems”
- Later motivated by population control and as punishment

1920's-1950's

A notable percentage typed as:

- Promiscuous
- Nymphomaniac
- Having borne a child out of wedlock
- Immoral, loose, or unfit for motherhood
- Mostly working class

1950's-mid 1960's

- More in Southern states
- Aimed at poor women and African American women
- Punishment for bearing illegitimate children
- Extortion to ensure ongoing receipt of family assistance



Mid 1960's-mid 1970's

- Federal funding for reproductive surgeries
- Poor women
- African American, Puerto Rican, and Native American women
- Working-class Mexican-origin women (after c-sections in MADRIGAL V QUILLIGAN)
- “fecund female immigrants were worsening an already severe overpopulation problem”



- Nearly ½ of MDs in a 1972 study supported compulsory sterilization of welfare recipients
- Many white, middle-class women desiring sterilization could not get it
- ACOG criteria: a woman's age multiplied by parity must equal 120 in order to get sterilization
- One woman said, “Just like women who are sterilized without their consent, we're treated as objects of population policy”


Norplant as an instrument of social engineering

13 states proposed (multiple) bills designed to:

- Make welfare payments contingent on Norplant use
- Entice women on welfare to use Norplant through financial incentives
- No state legislature enacted a bill into law


Norplant as an instrument of social engineering

- Several women (at least 4) convicted of child abuse had Norplant inserted as a condition of probation.
- Making Norplant insertion a requirement of probation was made illegal in some states, and in California a judge faced formal disciplinary charges.



2000 low-income women choosing a new contraceptive method interviewed

- Did they feel any pressure from a health care provider to use Norplant?
- 3 out of 2000 said yes:
 - 1 who was choosing sterilization
 - 2 who reported that they had to return to the clinic a number of times to obtain Norplant



2000 low-income women choosing a new
contraceptive method interviewed

Why did they choose Norplant?

- 4 women cited provider influence as a reason
- Primary determinants: convenience, effectiveness, and duration of use
- Norplant adopters had to make more visits to the clinic and rated the process of obtaining Norplant as more difficult than that for the pill

Medicaid Policy on Norplant

- 13 Medicaid programs restricted the # of implants a woman could receive
- **No** Medicaid agency had provisions to cover removals for users who became ineligible for Medicaid with the implant in place
- Only 8 health departments had policies ensuring subsidized removals for such women.

Barriers to Removal

Survey N=910

- 64% reported no barriers to removal
- 20% reported that a provider had tried to convince them to continue using Norplant
- 9% reported that a provider had pressured them to continue using Norplant

Barriers to Removal

Survey N=910

- 11% reported that they would have to pay to have Norplant removed
- 18% reported that the cost of a removal made or would make it more difficult to get Norplant removed.

definitions

- Reproductive Health deals with service delivery
- Reproductive Rights addresses legal issues
- Reproductive Justice focuses on movement building



**Long-Acting Reversible Contraception
Statement of Principles**

<https://docs.google.com/document/d/1ID4cEuaV1oSAXSWdJmSi4YMs5TLCGhnomjOX0In5odU/edit>

- We acknowledge the complex history of the provision of LARCs and seek to ensure that counseling is provided in a consistent and respectful manner that neither denies access nor coerces anyone into using a specific method.
- We commit to ensuring that people are provided comprehensive, scientifically accurate information about the full range of contraceptive options in a medically ethical and culturally competent manner in order to ensure that each person is supported in identifying the method that best meets their needs.

- Advocates and the medical community must balance efforts to emphasize contraception as part of a healthy sex life beyond the fear of unintended pregnancy with appropriate counseling and support for people who seek contraception for other health reasons.
- The decision to obtain a LARC should be made by each person on the basis of quality counseling that helps them identify what will work best for them. No one should be pressured into using a certain method or denied access based on limitations in health insurance for the insertion or removal of LARC devices.

- The current enthusiasm for LARCs should not distract from the ongoing need to support other policies and programs that address the full scope of healthy sexuality.

Reproductive Justice

The complete physical, mental, spiritual, political, social, and economic well-being of women and girls, based on the full achievement and protection of women's human rights.

Reproductive Justice

For Indigenous women and women of color it is important to fight equally for (1) the right to have a child; (2) the right not to have a child; and (3) the right to parent the children we have, as well as to control our birthing options, such as midwifery. We also fight for the necessary enabling conditions to realize these rights.

Stratified Reproduction

The differential valuing of reproduction such that the procreation of some people and groups is valued by those with social and political power, and the fertility of other people and groups is not.







LARC Promotion Policy

Insure full access:

- No cost for placement
- All methods/ no restrictions by length of use
- No cost for removal
- Same day placement (operationalized)
- Copper IUD as EC
- Competent counseling (reimbursement to allow for this)

LARC Promotion Training

To allow full access to:

- Providers trained in placement
- Providers trained in removal
- Primary, pediatrics, family
- Providers/staff trained in client-centered counseling
- Providers/staff trained in responding to objections and managing complications

LARC Promotion Patient Education

To insure women and men have access to:

- Know about the full range of methods
- Medically correct information
- Culturally appropriate information
- Comparative effectiveness data in understandable terms
- Accessible information



Language for LARC

“This method is good for **up to _____** years but if you want to get pregnant before then or you would like it removed for any reason, come in, we will remove it and your ability to get pregnant will return *to whatever is normal for you immediately.*”

Patient-centered care

“Patient-centered care is care that is respectful of and responsive to individual patient preferences, needs, and values.”

- Institute of Medicine

- Recognized by IOM as a dimension of quality
- Associated with improved outcomes

Shared Decision Making

“Clinicians provide patients with information about all the options and help them to identify their preferences in the context of their values.”

- Fried (2016) N Engl J Med

Shared Decision Making in Family Planning

- Consistent with client's desires for family planning counseling
 - Focus on client's preferences
 - Provision of decision support, without pressure
- Associated with improved satisfaction with counseling and with choice of method

Counseling and Family Planning Disparities

- Providers need to be aware of both historical context and documented disparities in counseling
- Essential to ensure that providers focus on individual preferences when caring for women of color
- Shared decision making provides explicit framework for doing this, without swinging too far to other side

Family Planning

- Contraception
- Pre-conception care
- Fertility/infertility care
- Abortion

And all of the counseling that goes into each these

Population level



Population Level Goals

- Public health considerations
- Cost:benefit ratios
- Costs, risks, benefits to society or government
- Epidemiology

Individual level

Individual Level Goals

- Impact on a particular woman, man or family
- Effect on an individual from:
 - Non-contraceptive benefits of a method
 - Consequences of pregnancy
 - Side effects or complications from a method

Individual level

- Motivated by efficacy, convenience
- Use of contraception can relieve fear of pregnancy
- Use of LARC allows spontaneity
- Ovulation is associated with heightened sexual interest
- Bleeding from a method may impede sexuality

Satisfaction Mirrors Continuation

- 75-90% of users satisfied with LARC
- All populations studied report high levels of satisfaction
 - Adolescents,
 - Adults
 - All demographics
 - All SES

Diedrich, J. T. (2015). *Am J Obstet Gynecol*

Rosenstock, J. R. (2012). *Obstetrics and Gynecology*

Peipert, J. F. (2011). *Obstet Gynecol*

Kavanaugh ML. (2013) *J Pediatr Adolesc Gynecol*

Patient beliefs

Race and trust in family planning services

- 35% of Black women reported “medical and public health institutions use poor and minority people as guinea pigs to try out new birth control methods.”
- Greater than 40% of Blacks and Latinas think government promotes birth control to limit minorities
- Black women more likely to prefer a method over which they have control

Jackson, Contraception, 2015

Rocca, PSRH, 2015

Thorbun and Bogart, Women's Health, 2005

African American Women Report

- Having been pressured by a clinician to use contraceptives
- Undertones of coercion when their method choice differed from the provider's recommendation
- Overbearing or “pushy” counseling

Burns, B. (2015). *Womens Health Issues*

Yee, L. M., (2011). *J Health Care Poor Underserved*

Becker (2008). *Perspect Sex Reprod Health,*

Women of Color Report

- Feelings of racial discrimination and having received racially-based discrimination in counseling
- More likely to describe being discouraged from having children and to limit their childbearing than were middle-class White women

Downing RA. (2007) *AJ Public Health*

Yee, L. M., (2011). *J Health Care Poor Underserved*

Becker (2008). *Perspect Sex Reprod Health*,



Endorse conspiracy beliefs

About

- Birth control
- Family planning programs and policies
- Safety and testing of contraceptive methods
- Black genocide

Thorburn Bird, S. (2003) *J Health Psychol*,
Woodsong, C.(2004). *Cult Health Sex*
Thorburn, S. (2005). *Health Educ Behav*

Distrust

- Tuskegee evoked by African-Americans as a metaphor for distrust in medical and pharmaceutical establishments

“They just skip all the rats and everything and just dump it in the black community and use us as guinea pigs”

Thorburn Bird, S. (2003) *J Health Psychol*,
Woodsong, C.(2004). *Cult Health Sex*
Thorburn, S. (2005). *Health Educ Behav*



Suspicion

...I surmised that physicians may have been receiving “kickbacks” for getting Medicaid patients to take contraception”

“they’re trying to kill the Black race, don’t inject anything into the body...red flag! Red flag for African Americans...why are they pumping this on us?”



Conspiracy Beliefs Effect On Contraception

- Conspiracy beliefs do not appear to influence whether African American women use birth control
- Among birth control users, women with stronger conspiracy beliefs are less likely to use a method that requires the involvement of a health care provider

Provider Bias

Are Women of Color Counseled Differently?

- Family planning providers have lower levels of trust in their Black patients
- Providers are more likely to agree to sterilize women of color and poor women
- Providers more likely to recommend IUDs to poor women of color than poor white women

Jackson, unpublished data

Harrison, Obstet Gynecol 1988

Dehlendorf, American Journal of Obstetrics and Gynecology, 2010

Pregnancy intention



Pregnancy Intention

- Unplanned pregnancy
 - Unintended pregnancy
 - Unwanted pregnancy
 - Mistimed pregnancy
-
- Acceptability of pregnancy

PATH Questions

1. Do you think you would like to have (more) children some day?
2. When do you think that might be?
3. How important is it to you to prevent pregnancy (until then)?

Intention ≠ Acceptability

- When preconception intention and planning do not occur, decisions about the acceptability of a pregnancy are made once the pregnancy occurs
- Many women express happiness with a pregnancy, regardless of their intention

Planning

Pregnancy planning, distinct from pregnancy intention, was described as **a very deliberate act in which both partners discuss and reach consensus about the timing of pregnancy and then take steps to prepare for a potential pregnancy, including “getting your finances in order.”**

Planning

“Because nearly all of the women in our study had strong feelings about the ideal circumstances (specifically, being in a committed relationship and financially stable) in which one should plan a pregnancy, yet few, if any, women actually achieved either relationship or financial stability, **pregnancy planning seemed irrelevant and rarely occurred.**”

Let's Give Poor Women A Real Choice On Family Planning

“Just as being unable to afford birth control means you don't have a genuine choice on contraception, being unable to afford a child means you don't have a genuine choice to start a family.”

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