

Abstract

Predictors of contraception use among women who have experienced non-voluntary intercourse

Dorian Mundy, MPH, CHES, Vickie Dugat, MPH and Kimberly McBride, PhD, MA
University of Toledo, Toledo, OH

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Background: Sexual violence against women is a significant public health problem that impacts reproductive health. In 2015, approximately 1 in 5 women were victims of completed or attempted rape. The extent to which women's contraceptive use is affected by experiences of non-voluntary intercourse remains understudied. This study aims to examine the relationship between women's current contraception use and ever being forced by a man to have vaginal sex.

Methods: Data from female respondents of the 2015-2017 National Survey for Family Growth (NSFG; N=5,554) were analyzed. Multivariable logistic regressions were performed to examine current contraception use among women that reported ever experiencing forced intercourse with a man. Analyses were conducted using SAS 9.4.

Results: Overall 15.5% (n=763) of women reported lifetime forced vaginal intercourse with a man. Adjusting for age, race, and current health insurance, the odds of current use of barrier methods (OR=1.72, 95% CI = 1.04-2.82) were higher among women who experienced non-voluntary intercourse when compared to women who did not. The use of hormonal (OR=0.94, 95% CI =0.59-1.49) and long-acting reversible contraceptives (OR=1.02, 95% CI =0.65-1.62) were not statistically significant among women who reported non-voluntary intercourse.

Conclusion: Forced vaginal intercourse was associated with the current use of male-controlled contraception methods. Ensuring women's reproductive autonomy requires addressing the power and control survivors of non-voluntary intercourse may feel that they lack. The reproductive health needs of women who experience sexual violence are unique and require further exploration into the patterns of contraception use.

Keywords: rape, non-voluntary intercourse, sexual violence, contraception

Advocacy for health and health education Provision of health care to the public Public health or related education Public health or related research Social and behavioral sciences

