Journal of Humanities and Social Sciences Studies
ISSN: 2663-7197
DOI: 10.32996/jhsss
Journal Homepage: www.al-kindipublisher.com/index.php/jhsss

JHSSS
AL-KINDI CENTER FOR RESEARCH AND DEVELOPMENT

| RESEARCH ARTICLE

Intimate Partner Violence and Reproductive Coercion: The use of Contraception and Power Dynamics of Patriarchal Society

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| ABSTRACT

Reproductive coercion has been the primary focus of research on intimate partner violence against women in regard to reproductive health. While studies have taken a look at whether Intimate Partner Violence makes women more or less inclined to use contraception, not much research has been able to provide a comprehensive analysis of the connection between Intimate Partner Violence and reproductive coercion. This particular direction of research has concentrated its attention on both of these aspects when discussing reproductive coercion. It is significant to analyze these things together because it is important to fully understand the condition of reproductive coercion, reproductive choices, and the consequences that modern women are confronting. As a consequence of the negative effects of reproductive coercion on survivors' mental, physical, and emotional well-being, it is imperative that social workers be able to recognize the signs of Reproductive Coercion and provide effective interventions and advocacy on their behalf. The use of contraception in patriarchal power dynamic societies, the relationship between intimate partner violence and reproductive coercion, and the health outcome for women are all issues that could potentially be explained with the use of feminist theory and the constructionist theory that we proposed.

| KEYWORDS

Contraceptive use, Patriarchal power dynamics, Intimate partner violence, Reproductive coercion, Health outcome

| ARTICLE INFORMATION

ACCEPTED: 15 July 2023 **PUBLISHED:** 01 August 2023 **DOI:** 10.32996/jhsss.2023.5.8.3

1. Introduction

Reproductive coercion refers to any effort by a partner to restrict a woman's freedom to make her own reproductive decisions or use contraception, and it has been connected to intimate partner violence (IPV). This can involve destroying a woman's birth control, refusing to use condoms, or compelling a woman to engage in sexual activity while unprotected (Raihen, M. N., Akter, S., & Sardar, M. N., 2023). Women who had experienced intimate partner violence were less likely to regularly use contraception, as indicated by research conducted by Gazmararian et al. (2000), which analyzed data from the Pregnancy Risk Assessment Monitoring System (PRAMS). This finding was compared to women who had not experienced IPV. As a representative sample, the research looked at data collected from 1,805 Georgian women who had given birth during the years 1996 and 1997. Those who were exposed to IPV had a 1.45 times greater likelihood of inconsistent contraceptive use compared to those who were not (95% confidence interval [CI], 1.11-1.90) (Baeten, J. M. et al., 2007).

A very recent study recognized the connection of IPV with poor sexual and reproductive health outcomes, and abused women are more likely to face such compared to non-abused women (Moore et al. 2010). Reproductive coercion is often unrecognized by health providers and the women facing this type of Intimate partner violence. Reproductive coercion is not only recognized in low-

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middle class or developing countries, but the most developed nation USA is also facing the problem (Miller et al. 2011). While the majority of studies have found that women who experience intimate partner violence had a lower likelihood of using birth control, there were very few research that found the opposite, and this one will concentrate on both of them because they are both related to reproductive coercion. The purpose of this research is to investigate whether or not there is a connection between the coercion of women's reproductive choices and intimate partner violence (IPV) (Law, S. A. (1984)). In particular, some of the research topics that need to be investigated are as follows: (1) the connection between intimate partner violence and reproductive coercion, and (2) the question of whether or not men who commit intimate partner violence are more likely to obstruct women's access to reproductive choices and reproductive healthcare.

In order to provide answers to these research issues, we will be doing a comprehensive assessment of recent research on intimate partner violence (IPV) and reproductive coercion. The study will place a particular emphasis on research that looks at the prevalence of intimate partner violence and reproductive coercion, men's perceptions about taking contraceptives, and the power dynamics of patriarchal societies. In addition to this, the study will investigate how intimate partner violence (IPV) and reproductive coercion affect or contribute to the poor health of women. The starting point in this line of research is to investigate the cultural and socioeconomic factors that have an impact on the reproductive health of a community and then analyze how those factors are related to the use of contraception. Using a social constructionist perspective, we propose that the way in which women in patriarchal societies are viewed when they utilize contraception affects their reproductive health. In this paper, we claim that women who are experiencing violence from an intimate partner are more likely to be subjected to reproductive coercion by their male partner.

1.1. Objective of the Article

First: an attempt to identify the complicated issue of intimate partner violence and reproductive coercion.

Second: an attempt to broaden the scope of scholarly investigation into this topic within the context of the area of social science and humanities.

Third: an attempt to reveal the proposed method and multifaceted approaches of intimate partner violence and reproductive coercion.

1.2. The Significance of the Subject

The prevalence of the phenomena of intimate partner violence and reproductive coercion has become a severe psychological and social problem, and it is increasing day after day, which negatively impacts the rights of women as well as health difficulties in general. This is a problem that has become more widespread over the past few years. This article was written in light of the importance of the issue of intimate partner violence and reproductive coercion, with the goal of shedding attention to such issues and the influence they have on society as a whole. As the value of this paper resides in its ability to shed light on one of the immediate (present) occurrences that affect the use of contraception and the power dynamics of patriarchal society, this is where the focus of the article should be placed.

2. Literature Review

Intimate Partner Violence (IPV) against women and reproductive coercion is a severe worldwide issue. A growing body of research has highlighted the connection between Intimate Partner Violence (IPV) and poor health outcomes for women, where two issues intersect (Chamberlain & Levenson, 2012; Moore et al., 2010).

Intimate partner violence refers to the range of physical, sexual, or psychological abuses and any threats that can occur in existing or past relationships. When violence occurs between intimate partners, the phrase "domestic violence" is frequently used in some countries. There is a difference between these two terms. This may include elder abuse, child abuse, and neglect can all be considered forms of domestic violence (Fanslow 2017, WHO 2013; Chamberlain 2012). Patriarchal norms and gender Inequality is contributing to Intimate Partner violence against women (Sikweyiya 2020; Madiba 2017), and this abusive behavior creates a detrimental impact on women’s safety, well-being, and health (Raihen et al., 2023). The rate of violence may vary worldwide, but in most cases, men are more likely to be the perpetrator, and women are more likely to be hurt from the IPV (Morse 1995; Archer 2000; Umubyeyi 2014), 27% of women experience Intimate partner violence before the age of 50, one in every seven women faced IPV in the last 2000 to 2018 worldwide (Sardinha et al., 2022; Patra 2018).

3. The Phenomenon of Intimate Partner Violence and Reproductive Coercion

Reproductive coercion is a tactic of Intimate Partner Violence. Intimate partner violence against women is acknowledged as a global phenomenon and a public health issue. Intimate partner violence can take place in any type of relationship, including marriage and cohabitation. According to Heise and colleagues (2002), the notion of "intimate partner violence" signifies any behavior in an intimate relationship (whether married, unmarried, or live-in) that results in physical, psychological, or sexual injury as well as any form of aggressiveness, abuse, or domineering behavior. There is a connection between intimate partner violence

and reproductive coercion. It is often the case that health care providers and the women who are experiencing this form of intimate partner violence fail to detect reproductive coercion. Women also frequently fail to recognize this form of violence against themselves.

On the other hand, the term "reproductive coercion" refers to the act of manipulating and controlling the reproductive decisions and results of individuals. The most common type of RC includes limits on using birth control, sabotage, and forcing a woman to get pregnant (Raihen, M. N., & Akter, S. et al., 2023). Sabotaging the birth control method by doing things such as hiding the partner's pills, piercing the condom, removing vaginal rings, and removing intrauterine devices (IUDs) without the partner's permission (Trawick 2012, Park 2015).

Men frequently threaten to abandon or harm their female partners if they do not become pregnant, even when the woman does not want to have a child. In order to fulfill their own desires, this is referred to as coercion to become pregnant. It includes the circumstances of violence in which a woman does not agree with her partner's decision to either terminate or continue carrying the pregnancy. They either compel the female partner to carry the pregnancy against her own wishes, force her to terminate the pregnancy against her desire, or harm the partner with the intention of causing the female partner to miscarry. (Silverman et al. 2007, Fanslow, Whitehead et al. 2008) Reproductive coercion is a hidden kind of violence against women that involves an attempt to control or dictate a woman's reproductive freedom in an effort to prevent or promote pregnancy. This type of violence is a concealed form of violence against women.

It is possible for women's experiences of reproductive coercion to vary both within and between low- and middle-income countries when compared to higher-income countries, yet reproductive coercion is a global phenomenon. Results from a cross-sectional study conducted at five Northern California family clinics (N=1278) on women between the ages of 16 and 29 found that 53% had suffered physical and/or sexual abuse at the hands of their partners and that 19% had been coerced into becoming pregnant. According to Miller, Decker, and colleagues (2013), there is a connection between the inability of a woman to have children and the presence of partner violence in her life. A correlation between intimate partner violence (IPV) and unfavorable reproductive outcomes for women and girls was discovered through research carried out in a variety of nations around the world. Women who have experienced intimate partner violence have up to three times the risk of becoming pregnant as teens compared to women who have not experienced any type of intimate partner violence, and they are twice as likely to have a male partner who refuses to take contraception (Raj, Silverman, et al. 2001).

Women who experienced physical, sexual, or emotional violence from an intimate partner were more likely to report using contraception than women who did not experience IPV, according to a study of women in Sub-Saharan African countries (Amina P 2009). It is a type of reproductive coercion and a violation of reproductive rights to force someone to take contraception or to control their reproductive choices. According to research, women are more likely to face this form of coercion from their male partners. According to the findings of a study that was conducted in Ethiopia (Tiruneh et al., 2020), men commonly dictate the methods of contraception women use, and these women have a higher risk of unintentionally becoming pregnant compared to women who do not have this problem. A different study was conducted in Nepal, and according to Kishore et al. (2020), the findings showed that the partners of women who had been exposed to reproductive coercion were more likely to have assaulted them physically or sexually. A study conducted in the United States by Black et al. (2018) came to similar conclusions. The researchers found that women who reported experiencing reproductive coercion were more likely to have been abused by an intimate partner.

Women who had experienced intimate partner violence were more likely to report having a partner who tried to get them pregnant when they did not want to be pregnant, according to the findings of a study that was conducted by Silverman et al. (2010). The study assessed data from a sample of 1,042 adolescent girls and young women in Boston. These women also had a lower likelihood of consistently using some form of birth control. When compared to women who had neither experience, the likelihood of inconsistent contraceptive usage was 2.32 times greater among women who had been subjected to both IPV and pregnancy coercion (95% confidence interval [CI], 1.33–4.04) (Stein Jr, I., & Raihen, M. N. et al., 2023).

There is a considerable correlation between intimate partner violence (IPV) and reproductive health outcomes, especially the use of contraceptives among women who have been a victim of IPV. According to a comprehensive study and meta-analysis that was conducted by Silverman et al. (2011), women who experienced intimate partner violence (IPV), whether it be physical or sexual, were more likely to use contraception as compared to women who did not experience IPV. In a study that came to a similar conclusion, Becker et al. (2018) found that women who had experienced intimate partner violence were more likely to use a method of long-acting reversible contraception (LARC), such as intrauterine devices (IUDs) or implants, than women who had not experienced IPV. According to the findings of the study, women who are in abusive relationships may be particularly interested in LARC approaches since they provide safe, covert, and reversible methods of contraception.

In contrast to women who did not encounter IPV, Gazmararian et al. (2010) discovered that women who experienced IPV were more likely to utilize emergency contraception. According to the findings of the study, women who experience intimate partner violence may have difficulty maintaining control over how they use contraceptives, which leads them to seek out emergency contraception as another option in mind. According to data collected from a sample of 1,297 women in California who visited family planning clinics in search of medical attention, Miller et al. (2010) discovered that women who experienced intimate partner violence were more likely to report reproductive coercion. This includes birth control sabotage and pregnancy pressure. In addition, the usage of contraception by these women was far less likely to be consistent.

When compared to women who were not subjected to reproductive coercion, women who were subjected to it had odds of inconsistent contraceptive usage that were 2.06 times higher (95% confidence interval [CI], 1.21-3.51). According to a study of data derived from a national sample of 1,010 women conducted by McCloskey et al., women who had experienced intimate partner violence were more likely to indicate that their spouses had refused to use contraception or had destroyed their contraceptives. These women also had a lower propensity to make consistent use of birth control methods. Women who had experienced both intimate partner violence (IPV) and reproductive coercion had a 3.08 times higher chance of inconsistently utilizing contraceptives than women who had not (95% confidence interval: 1.66–5.71). It has been demonstrated in a number of empirical research, including Silverman et al. 2010, Teitelman et al. 2014, and Miller et al. 2018, that women who are subjected to IPV have a lower likelihood of using contraception on a regular basis.

IPV survivors were found to have a higher likelihood of describing incidents of reproductive coercion by Teitelman et al. (2014). Some examples of reproductive coercion include being pressured to become pregnant and having difficulty using contraception. In addition, the usage of birth control by these women was far less likely to be consistent. According to a study that was conducted by McCauley et al. (2015), women who had experienced intimate partner violence were more likely to indicate that they were unable to take contraception because of their partner's disagreement or intervention. These women also reported a higher incidence of unanticipated pregnancies at a higher rate. IPV were more likely to report instances of contraceptive sabotage, such as partners refusing to use condoms or discarding contraceptives, according to a study that was conducted by Black et al. (2016). In addition, there was a significant reduction in the likelihood that these women would consistently utilize contraception.

4. Contraceptives usage and Power Dynamics of patriarchal society

It is impossible to properly comprehend reproductive coercion without taking into account the historical and cultural shifts that have occurred around the use of contraceptives. The responsibility for controlling reproduction has changed over time, and these changes have profound ramifications for who is most likely to be a victim of reproductive coercion and, who has the control over reproduction choices, what forms this coercion might take. Controlling over reproduction refers to the control over a person’s life, contraceptive choices, which methods to be used and align with personal beliefs and values; sex education, pregnancy decisions, the ability to choose whether to conceive or not; controlling the right to make decisions about abortion (Ross et al., 2007).

But it's crucial to remember that this focus on reproductive rights is a very recent development. Even in the most developed nation, the USA, Courts and legislatures did not explicitly address reproductive rights-related concerns until the 1960s and 1970s (Rienzi et al., 2000). The 1960s brought a significant change towards the idea of sexuality by introducing oral contraceptives with a focus on female empowerment and liberation. Despite these advances, the majority of studies on the use of contraception since the 1960s have been the obligation on women to use contraception (May 2010).

According to research, the female body has received too much attention in the scientific development of contraception since it is viewed as the primary focus of reproduction (Jacobus et al., 2013). Much of the magazine, literature, and advertising campaign indicated strongly that it is the responsibility of women to take responsibility to control pregnancy (Medley-Rath,2010). This viewpoint, however, disregards the fact that reproduction involves both the male and female bodies working together. This constrained perspective on reproduction has strengthened the notion that it is primarily the responsibility of women to avoid conception, as a woman’s body is the only place where reproduction takes place. Kabagenyi’ focus group discussion revealed that men think It is the women to take responsibility for contraception as women are responsible for carrying the pregnancy, and men’s responsibility is to earn money (Kabagenyi et al.,2014).

This attitude of men explicitly identifies the societal patriarchal norms and existing gender inequality. Patriarchal norms and society are stablished in a way that always sees men in a dominant position, giving emphasis on their choices. The social constructionist theoretical framework emphasizes the ways in which societal and cultural norms influence how we perceive sexual and reproductive health and the use of contraception (Edin and Kefalas, 2011). Patriarchal society give Emphasizes on men's sexual pleasure; in sexual intercourse, men are frequently advised to engage in cunnilingus since many women find it to be enjoyable. They are given directions on how to locate the clitoris as well as advice on maintaining hygiene and using sufficient lighting to observe what they are doing. However, women are not typically given the same advice on fellatio. This reflects societal norms where sex for a woman’s pleasure is not given priority; sex for her pleasure is new, but for women, sex for his pleasure is normative (Medley et al. 2010).

The feminist viewpoint on the use of contraceptives highlights the complex and power-based gender dynamics that affect sexual interactions. Unsafe sex, according to some feminisms, is a component of a misogynistic, masculine personality that supports patriarchy. According to this viewpoint, in a patriarchal society, hazardous hetero intercourse is viewed as a cultural manifestation of the male sex drive, and the patriarchal male sex drive sees the use of a condom as unnatural and debasing (Kippax, Crawford & Waldby, 1994: S318; Vitellone, 2000). Negative attitude towards condom use is related to the belief that women are responsible for taking protection and the belief of validating masculinity through pregnancy. (Pleck 1993). In patriarchy, if women suggest men to use contraception, it is questioning male authority (Small 2015).

5. Health Outcome

Intimate partner violence concerning reproductive coercion is an important public health problem that seriously affects women's health. This may include STIs, STDs, unwanted pregnancies, rapid and repeated pregnancy and abortion, and woman's ability to meet their fertility goals. As a result, women face physical, sexual, and mental health Issues.

Abusive men may refuse to use condoms and coerce women into unsafe sexual practices, putting them at a greater risk of acquiring Sexually Transmitted Infections (STIs) and Sexually Transmitted Diseases (STDs). STIs (Sexually Transmitted Infections) pass through sexual contact. STIs have a larger impact on woman's bodies compared to men since woman's urogenital anatomy is more exposed and vulnerable to STIs (CDC). According to the World Health Organization (WHO), in 2016, there were 376.4 million cases of four of the eight most common STIs (chlamydia, gonorrhoea, trichomoniasis, and syphilis) worldwide (Rawley 2016). STIs can reduce the fertility of the women.

The effects of STIs on reproductive health include pelvic inflammatory disease, which can permanently harm the uterus, fallopian tubes, and surrounding tissues. This condition can also cause adverse pregnancy outcomes, chronic pelvic pain, and mother-to-child transmission. For instance, STIs in the US are believed to affect at least 24,000 women each year, making them infertile. Human papillomavirus is the most common STI in women, and it is the main cause of cervical cancer, which is STD (Hamblin 2013). The word "STD" (Sexually Transmitted Disease) refers to diseases that are spread by sexual contact, such as HIV, syphilis, and herpes. The World Health Organization estimates that 38 million individuals worldwide live with HIV/AIDS as of 2019 (WHO 2020), with women making up more than half of all new HIV infections.

Based on estimates, heterosexual transmission occurs in a marriage or committed relationships to cause more than 80% of newly acquired HIV infections in women in Sub-saharan Africa (Mkandawire-Valhmu et al., 2013; Shisana et al., 2012). Various factors can increase the risk of HIV transmission. A woman has a greater risk of getting infected with HIV through sexual intercourse, both vaginal and anal (WHO 2019). If a woman's partner engages with drug using injection or has a sexual relationship with another partner without using a condom, the risk of HIV gets increases (FDA | Women and HIV). Research conducted in Sub-Saharan Africa found that most of the women got HIV positive from their male partner, men, without revealing their HIV status, and continued sexual activity with their female partner without using condoms. Women are suspicious about their male partner's infidelity and having unprotected sexual intercourse with others (Chapola et al., 2021).

Since Patriarchal male drives see using condoms as a barrier to proving their masculinity and take a woman as the primary responsible for preventing pregnancy, women are the one who takes contraceptives. These contraceptive methods, including birth control pills, intrauterine devices, and vaginal rings, may have serious health impacts on women's health as well. This female birth control contraception may lead to abdominal pain, chest pain, nausea, and shortness of breath. Long term health impacts may include serious cardiovascular diseases like heart attack, stroke, blood clots and cancer (Charro, F., Ali, A. H., Raihen, N., Torres, M., & Wang, P., 2023). Birth control pills also increase women's infertility and illness risks. Irregular and long time periods, vaginal dryness, decrease in sex drive or libido, and excessive bleeding, have an association with vaginal odors; congenital abnormalities are also the side effects of such female contraception (Kabagenyi et al., 2014).

A study conducted in 36 countries found women who want to limit childbearing has stopped taking contraceptives for the side effect and underestimation of the likelihood of conception, leading to one in four unintended pregnancies. This unintended pregnancy may lead to health risks for the mother as well as the child, including malnutrition, illness, abuse, neglect and death. According to the WHO, there are 74 million unplanned pregnancies worldwide among women in low- and middle-income countries, which result in 25 million unsafe abortions and 47,000 maternal deaths annually (WHO 2019). According to a study done in Nigeria, women who had unplanned pregnancies were more likely to choose risky techniques of abortion, which can result in consequences like sepsis and bleeding (Fawole 2008). Reproductive coercion can also lead to the mental health problems like depression and suicidality, which is the result of unwanted, forced pregnancy (https://www.verywellmind.com/suicidal-thoughts-on-the-rise-a-year-before-and-after-birth-5090372).

6. Results

1**-Psychological and Emotional Trauma:** Reproductive coercion and intimate partner violence both have the potential to cause serious psychological and emotional distress in survivors. Anxiety, depression, post-traumatic stress disorder (PTSD), and other

mental health difficulties can develop as a result of the ongoing fear, intimidation, and control that are experienced in abusive relationships.

2**- Economic Instability:** Economic difficulties, including control or abuse of finances, are a common issue for survivors of IPV and reproductive coercion. Because of financial constraints, many people in abusive relationships never escape the cycle of violence and reproductive control by seeking medical care, using contraception, or leaving the abusive partner.

3- **Intergenerational Impact:** Generations to come may feel the effects of IPV and other forms of reproductive coercion. Long-term emotional and psychological impacts may be felt by children who are exposed to domestic abuse or who are the targets of reproductive coercion. They may be more inclined to engage in or be victimized by violent behavior in future relationships.

4- **Limited Autonomy and Agency:** The freedom to make decisions regarding one's own body and reproductive options is violated by reproductive coercion, which disproportionately affects women. Consequences to one's mental, emotional, and social health from a loss of autonomy include helplessness, low self-esteem, and impaired well-being.

5- **Reproductive Health Implications:** Reproductive coercion increases the likelihood of unwanted pregnancies, increases the risk of abortion and reduces women's access to safe abortion care. When people are restricted in their ability to utilize contraception, it can have a negative impact on their reproductive health by making it harder for them to avoid unintended births and protect themselves from STDs.

7. Recommendations and suggestions

1- Raising awareness, promoting gender equality, offering support services for survivors, enacting legal protections, and ensuring access to reproductive healthcare and contraception are all necessary components to a reduction in the phenomenon of IVP.

2- By questioning patriarchal institutions, people can work toward more just and secure communities in which they can make decisions about their own reproduction without fear of violence or compulsion.

8. Conclusion

Intimate partner violence (IPV) and reproductive coercion are both serious concerns that have a negative impact on persons, mainly women, who are involved in intimate relationships. While intimate partner violence (IPV) involves a variety of abusive behaviors and can result in physical, psychological, and emotional harm, reproductive coercion targets a person's reproductive autonomy and can lead to unwanted pregnancies and other dangerous outcomes. Both of these problems have far-reaching repercussions not only for the people directly engaged but also for their families and for society as a whole.

A multifaceted approach that emphasizes education, awareness, legal protections, support services, and the promotion of gender equality is required in order to effectively address and prevent intimate partner violence and reproductive coercion. It is of the utmost importance to give survivors independence, to hold perpetrators accountable for their actions, and to work toward the establishment of a society that appreciates, respects, and honors the rights and autonomy of every individual.

Many countries have established screening and treatment programs to solve the issues, but it has remained the same (Guideline). Prioritizing the expedited development and implementation of commitments to existing methods for preventing sexually transmitted infections (STIs) is crucial for enhancing reproductive health. In order to do this, primary prevention strategies that attempt to change sexual behavior must be scaled up, for instance, promoting delayed sexual debut, sexual abstinence, and mutually faithful relationships within communities, along with condom use and partner reduction (Toskin et al., 2020). Using condoms is the best way to prevent STIs and STDs, as women’s contraception, like pills, is only applicable to prevent pregnancy, while at the same time, it has side effects on women’s reproductive health.

In order to effectively address issues such as intimate partner violence, reproductive coercion, and impediments to contraception, it is essential to challenge the power dynamics that exist in patriarchal societies. This requires ensuring that individuals have the right to make informed decisions about their bodies and reproductive health, promoting gender equality, and eliminating harmful stereotypes. In addition, this requires ensuring that individuals have the right to be treated equally regardless of their gender.

We may work toward a society that respects and supports the rights and choices of all persons if we challenge patriarchal power dynamics, promote gender equality, and ensure access to contraception and reproductive autonomy. These are all ways to get closer to our objective of developing society. The intersectionality of these problems must also be addressed. Effective solutions require acknowledging the unique challenges faced by members of marginalized groups, such as women of color, members of the LGBTQ+ community, and people with disabilities.

Therefore, it is significant to underline that the problem of men refusing to use contraception and forcing women to have abortions is not only a human rights issue but also a health problem. Women have the right to control their bodies and to take decisions

about family planning, and they shouldn't be subject to coercion or pressure from partners; it should be based on cooperation, not on force. Men also have an obligation to support women's autonomy and decision-making, participate actively in family planning and contraception, and respect women.

Funding: This research received no external funding.
Conflicts of Interest: The authors declare no conflict of interest.
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Publisher's Note: All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers.

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