Rural-urban differences in use and access to contraception
for young Australian women

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Contraceptive Use, Pregnancy Intention & Decisions of Australian Women

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  - Cash and in-kind support

VIEWPOINT

Unintended pregnancies

Reducing rates by improving access to contraception

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Unintended pregnancies have significant social, health and financial costs. Importantly, there is surprisingly little information available about the prevalence of unintended pregnancy in Australia. We are currently investigating unintended pregnancy and access to contraception among women aged 18–23 years in rural and urban areas of New South Wales. This is the first step toward understanding how access to effective contraception can be improved and could act as a pilot study for a regular survey of fertility.

An important public health strategy to minimise the cost of unintended pregnancies is to ensure universal access to contraception. The issue of 'protection' can be complex for young people and people in casual relationships who need protection from both pregnancy and sexually transmissible infections (STIs).

the close monitoring of young people's activities by rural communities, limited services such as lack of doctors and concern regarding attitudes of pharmacists.[1]

More research is needed to guide improvements in access to sexual health services, particularly in rural areas. Certainly, availability of providers and access to services plays a part in choice of contraceptive method. Many unintended pregnancies occur as a result of contraceptive failure,[2] highlighting the importance of opportunities to assess the suitability of methods to a patient's own needs. The GP consultation is an ideal opportunity to discuss the need for protection from unintended pregnancy and STIs with people of all ages. However, this may not be possible in a busy clinical setting, particularly in rural areas. In addition, Medicare does not provide any incentive for long discussions around contraception. As a result, people may settle for less than ideal methods rather than travel further afield for e-health and web based facilities could also be utilised for sexual health consultations with people from rural areas, with the option of mail order services for contraceptive pills and condoms.

Unintended pregnancy is a key preventable public health issue in Australia. In order to assist policy makers, GPs and other health service providers working for improvements in Australia's sexual and reproductive health, it is essential that we begin regular monitoring of fertility in Australia. We also need to explore more innovative ways to provide access to sexual health information and appropriate contraception in rural areas to overcome the particular problems posed by distance.

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RURAL AND REMOTE

Higher uptake of long-acting reversible and permanent methods of contraception by Australian women living in rural and remote areas

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Long-acting reversible contraception (LARC) has been available in Australia for at least a decade and has expanded the range of contraceptive options for women, particularly in the years before or after childbearing. Despite international recommendations to increase the availability of LARC, including guidance to offer LARC as a first option to young, nulliparous women,[1] the uptake of LARC remains low in Australia. Less-effective methods, such as oral contraceptive pills and condoms are the most common methods used among women of reproductive age.[2] In clinical consultations, the combined oral contraceptive pill is the most commonly prescribed method

Abstract

Objectives: To examine factors associated with the uptake of i) long-acting reversible, ii) permanent and iii) traditional contraceptive methods among Australian women.

Methods: Participants in the Australian Longitudinal Study on Women's Health born in 1973-78 reported on their contraceptive use at three surveys: 2003, 2006 and 2009. The participants were 5,849 women aged 25-30 in 2003 randomly sampled from Medicare. The main outcome measure was current contraceptive method at age 28-33 years categorised as long-acting reversible methods (implant, IUD, injection), permanent (tubal ligation, vasectomy), and traditional methods (oral contraceptive pills, condoms, withdrawal, safe period).

Results: Compared to women living in major cities, women in inner regional areas were more likely to use long-acting (OR=1.26, 95%CI 1.03-1.55) or permanent methods (OR=1.43, 95%CI 1.17-1.76). Women living in outer regional/remote areas were more likely than women living in cities to use long-acting (OR=1.65, 95%CI 1.31-2.08) or permanent methods (OR=1.69, 95%CI 1.43-2.14).

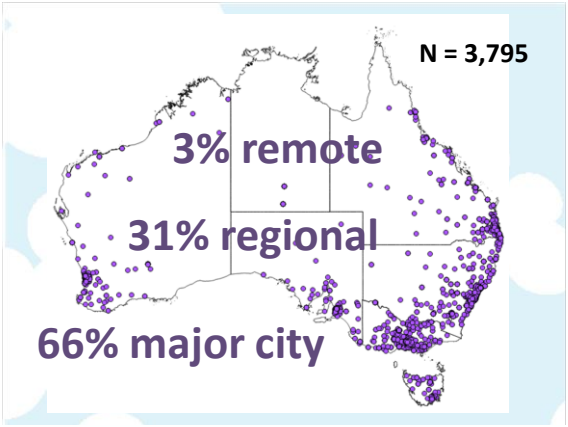
Aims

To examine...

- Patterns of contraception use among young women in Australia
- Differences between rural and urban areas

Methods

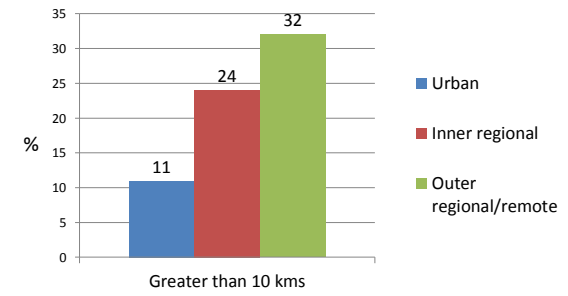
- Online survey
  - repeated 3 times (baseline, 6 months, 12 months)
  - mixed methods – survey questions and free-text
- Sample
  - 3,795 women across Australia, aged 18-23 in 2012
- Recruitment
  - through social media and other avenues



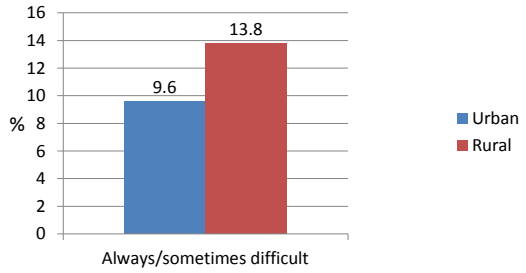
CUPID Cohort

N=3,673	Urban %	Rural %
Highest education		
Year 12 or less	53	56
Higher than Year 12	47	44
Ever had sex?		
Yes	94	97
Partners, last 6 months		
Two or more partners	28	28

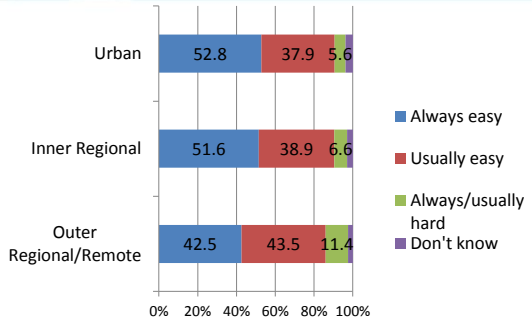
"What is the distance from your home to your nearest doctor/medical clinic?"



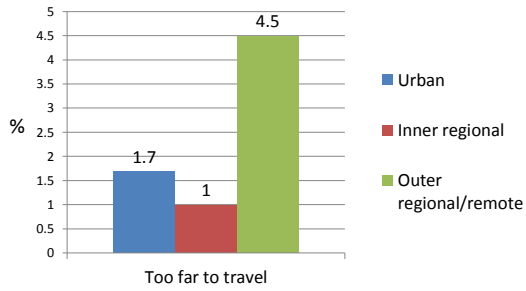
"How difficult is it for you to get transport to a doctor or medical clinic appointment?"



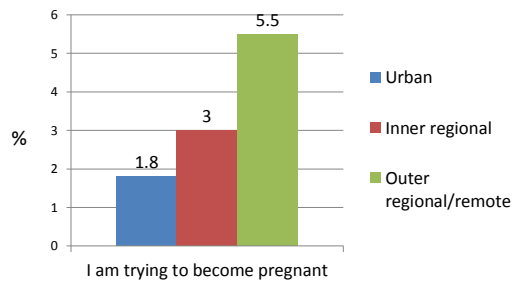
"How easy is it for you to get medical advice about contraception?"



"What stops you getting the medical advice you need about contraception?"



"What are your plans for pregnancy?"



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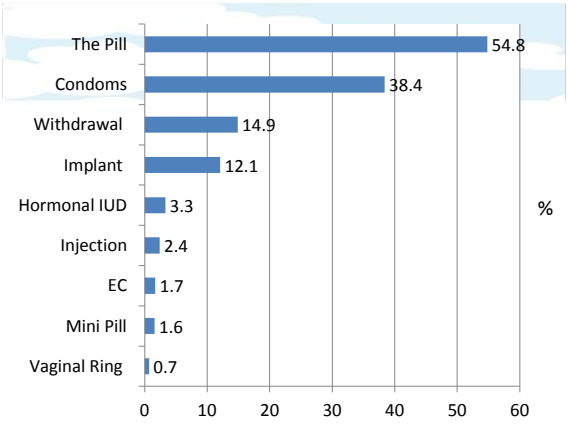
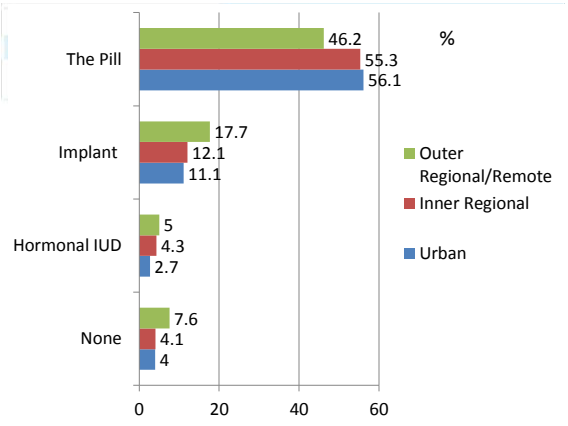
Contraception

- 3,111 sexually active women
- Not pregnant or trying to conceive
- Provided valid residential information
- Most (96%) used some form of contraception at last sex

LAST TIME you had vaginal sex…

The Pill	Condoms
Progestogen-only Pill (Mini-Pill)	Emergency contraception (EC) - morning after pill
Copper IUD – Copper intrauterine device	Hormonal IUD - Progestogen intrauterine device
Implant, rod (Implanon)	Injection, needle (Depo-provera)
Vaginal ring (NuvaRing)	Diaphragm, cervical cap
Natural family planning, rhythm method	Tubal ligation, "tubes tied"
Vasectomy, "had the snip" (male partner)	Pull-out method, withdrawal, being careful (male partner)





Discussion

Compared to urban women

rural women are more likely to:

- Find it hard to get advice about contraception
- Report that distance is a factor preventing them from getting advice about contraception
- Say they are trying to get pregnant

Discussion

Compared to urban women

rural women are more likely to:

- Use implants and hormonal IUD

and less likely to:

- Use the pill

Why more LARCs in rural areas?

- Do women travel for insertion?
- Are doctors more willing to insert?
- Do women ask for them?
- Are LARCs more attractive because of difficulties accessing other methods?
- Any ideas?

Thank you

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