

Summary of a research project:

Uptake of long-acting, reversible contraception in three remote Aboriginal communities: a population based study

Contraception use, continuation and acceptability to women in a remote community setting

Aboriginal people face well documented inequalities in health outcomes, including reproductive health, and unintended pregnancies are associated with worse outcomes around the time of birth. Providing accessible and acceptable, culturally competent contraception services is essential to support the reproductive health of Aboriginal and Torres Strait Islander women. When we began this study, little had been written about access to contraception in remote Aboriginal and Torres Strait Islander communities. We wanted to address this gap by examining reproductive health service provision and talking to women about their contraception needs and experiences.

We aimed to find out:

- What contraception options women are using, why, and are they effective?
- How are women being looked after in the area of sexual health?
- What improvements could be made? Should new health practitioner resources be developed?

How was this study done?

We gathered information by reviewing patient files for information about contraception prescriptions and talking to women about their use of contraception and reproductive health.

What did we find?

Long-acting reversible contraception methods (LARCs), are preferred due to greater effectiveness. A LARC method, the etonogestrel implant (Implanon® being a common brand) was the most common contraception used in participating communities. In our study women continued using their etonogestrel implants for relatively long periods of time (87% at one year in our study, compared to 65 – 82% in other studies). Another form of LARC is the intra-uterine contraceptive device (IUCD). These were used less commonly, probably because etonogestrel implants (but not IUCDs) can be inserted in community. Tablet contraceptive medicines were not used commonly. Medroxyprogesterone injections were used commonly, but not very effectively. Most feedback from women in the communities about the etonogestrel implant was positive, although some side effects were mentioned (most commonly bleeding abnormalities). Themes discussed at interview included the need for young people to be healthy and old enough when becoming pregnant and dealing with partner pressure to cease contraception. In this study, we did not elicit community concerns about the presence of the implant attracting unwanted attention.

What happens now?

Uptake and continuation of a LARC method was high. We believe a holistic reproductive health program incorporating community engagement and capacity building contributed to this finding and is necessary to achieve sustainable improvements in Aboriginal and Torres Strait Islander health. Suggestions from women included making health services more accessible for young people and providing more education for young people about how to be healthy and have healthy babies. In response we are working on the development of resources and support for pre-conception counselling and will continue to speak to women about their reproductive health experiences.

We would like to thank all the women in the participating communities for their contributions over several years, for which we are deeply grateful.

Published 4.7.16. Revised 18.6.21.

Questions, comments and feedback to Dr Emma Griffiths (emma.griffiths@rcswa.edu.au).

Available: <https://www.mja.com.au/journal/2016/205/1/uptake-long-acting-reversible-contraception-three-remote-aboriginal-communities>.