

Views And Experiences Of Young Migrant And Refugee Women In Australia Regarding The Contraceptive Implant

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Background:

Young people comprise a significant proportion of the migrant and refugee population in Australia. Many young migrant and refugee women encounter challenges in accessing contraception, with a range of complex factors influencing choice and access. We aimed to explore their views and experiences of the contraceptive implant and related decision-making.

Methods:

We interviewed 33 self-identified migrant and refugee women, aged 15-24, living in NSW Australia, who spoke a language other than English at home and had some experience of the implant (past or current user, or considering). Participants were recruited via family planning clinics, social media, and professional networks. Data was analysed using thematic analysis, an interpretative approach to qualitative data analysis that facilitates the identification and analysis of themes.

Results:

Half of participants were aged 22-24 years (55%), 30% were aged 19-21 and 15% were aged 16-18. Half were currently using the implant (49%), 21% were past implant users and 30% were considering implant use. We have developed three themes during our preliminary analysis. **(1) Contraception choice among different cultures and expectations:** Many participants reported stigma within their culture/religion regarding sex and contraception yet made independent contraceptive choices. **(2) Navigating contraception services and information:** Participants generally discussed contraception with friends and peers but also consulted online resources and social media. **(3) The implant as a “Western” contraception method:** While the implant was often described as a “western” method, most regarded it as a convenient, cost-effective, and confidential option, although side-effects of irregular bleeding were a barrier for some.

Conclusion:

Young migrant and refugee women’s decision-making regarding the implant is influenced by a range of complex factors which must be considered when providing clinical care and health promotion activities. Exploration of approaches which involve young migrant and refugee women in resource development and peer education for contraception are recommended.

Disclosure of Interest Statement:

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