

BACKGROUND

Young people comprise a significant proportion of migrants and refugees in Australia. Many encounter challenges in accessing contraception information and services.

AIM

We aimed to explore the views and experiences of young migrant and refugee women regarding the contraceptive implant and related decision-making.

METHODS

Interviews were conducted with 33 women, aged 15–24, living in NSW Australia, who spoke a language other than English and had some experience of the implant (past user, current user, or considering). Data was analysed using thematic analysis. A framework based on the socio-ecological model and the social determinants was developed to show the interplay between individual and other factors that facilitate or inhibit contraceptive implant access and uptake and was used to map developed themes.

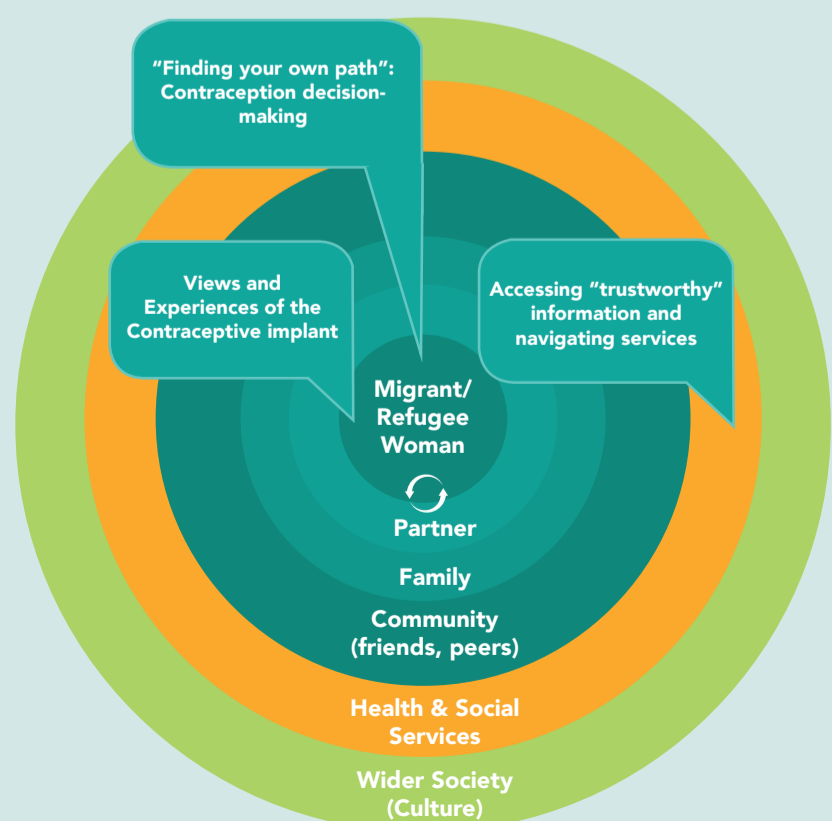
RESULTS:

We developed three themes from the interview data: **“Finding your own path”**: Contraception decision-making: Many participants described sex and contraception as being taboo in their community, yet still made independent contraceptive choices. Discussions about the implant occurred mostly among friends and impacted the decision-making process of participants considering the implant. **Accessing “trustworthy” contraception information and navigating services**: Most participants consulted online resources and social media for contraception information, and preferred discussions with healthcare providers from outside their community. **Views and experiences of the contraceptive implant**: While the implant was often described as a “Western” method, in that it is predominately used in Western countries, most regarded it as an acceptable, convenient, cost-effective, and confidential option. Some reported issues with irregular menstrual bleeding, spotting and mood changes.

CONCLUSION

Young migrant and refugee women’s decision-making regarding the implant is influenced by many factors which must be considered in health promotion efforts and when providing clinical care. Consideration of more informative health promotion resources, peer education strategies, and healthcare provider training is warranted to support contraception decision-making and choice.

Themes Applied to Framework for Multi-Level Factors influencing the Decision-Making Process regarding the Contraceptive Implant of Young Migrant and Refugee Women:



Characteristics of Participants:

Characteristics	Frequency (n= 33)	Total % of total
Age (years):		
16–18	5	15%
19–21	10	30%
22–24	18	55%

Characteristics of Participants:

Current contraception:	Frequency (n= 33)	Total % of total
Implant	16	49%
IUD	3	9%
Contraceptive pill	3	9%
Condoms only	4	12%
Tracking cycle	1	3%
None	6	18%

Ethnicity/cultural background:

Current contraception:	Frequency (n= 33)	Total % of total
Chinese	7	21%
Malaysian/Chinese	1	3%
Vietnamese	6	18%
Filipino	3	9%
Indonesian	1	3%
Rwandan	1	3%
Sierra Leone	1	3%
South Sudanese	1	3%
Afghani	1	3%
Egyptian	1	3%
Bengali	1	3%
Colombian	4	12%
Peruvian	1	3%
Mexican	1	3%
Bolivian	1	3%
Macedonian	1	3%
Finnish	1	3%

YOUNG MIGRANT AND REFUGEE WOMEN ON THE CONTRACEPTIVE IMPLANT:

“It’s still taboo. That’s the thing, there’s no talk of the rod – yeah.” (Egyptian, 21 years old, potential user)

“I feel like if I were to go into another relationship where I would be sexually active, I would choose to use the implant” (Columbian, 22 years old, potential user)

“it’s very straightforward and it’s not intimidating, and I feel comfortable knowing that I’m protected now, so it’s good.” (Filipino, 22 years old, current user)

“I’ve gotten a lot of spotting, but I always knew that was a possibility (...) It’s a little bit annoying, but I deal with it.” (Filipino, 17 years old, current user)

