

# “Wish I knew about this stuff when I was younger”

## Contraception needs of clients at the Kirketon Road Centre (KRC), a targeted primary healthcare service in Kings Cross, Sydney

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### BACKGROUND

Access to contraception is a universal reproductive right. KRC is a primary healthcare service for homeless and marginalised populations that provides reproductive services including contraception and early medical abortion. This study aimed to better understand contraception needs and identify opportunities to optimise services to vulnerable clients.

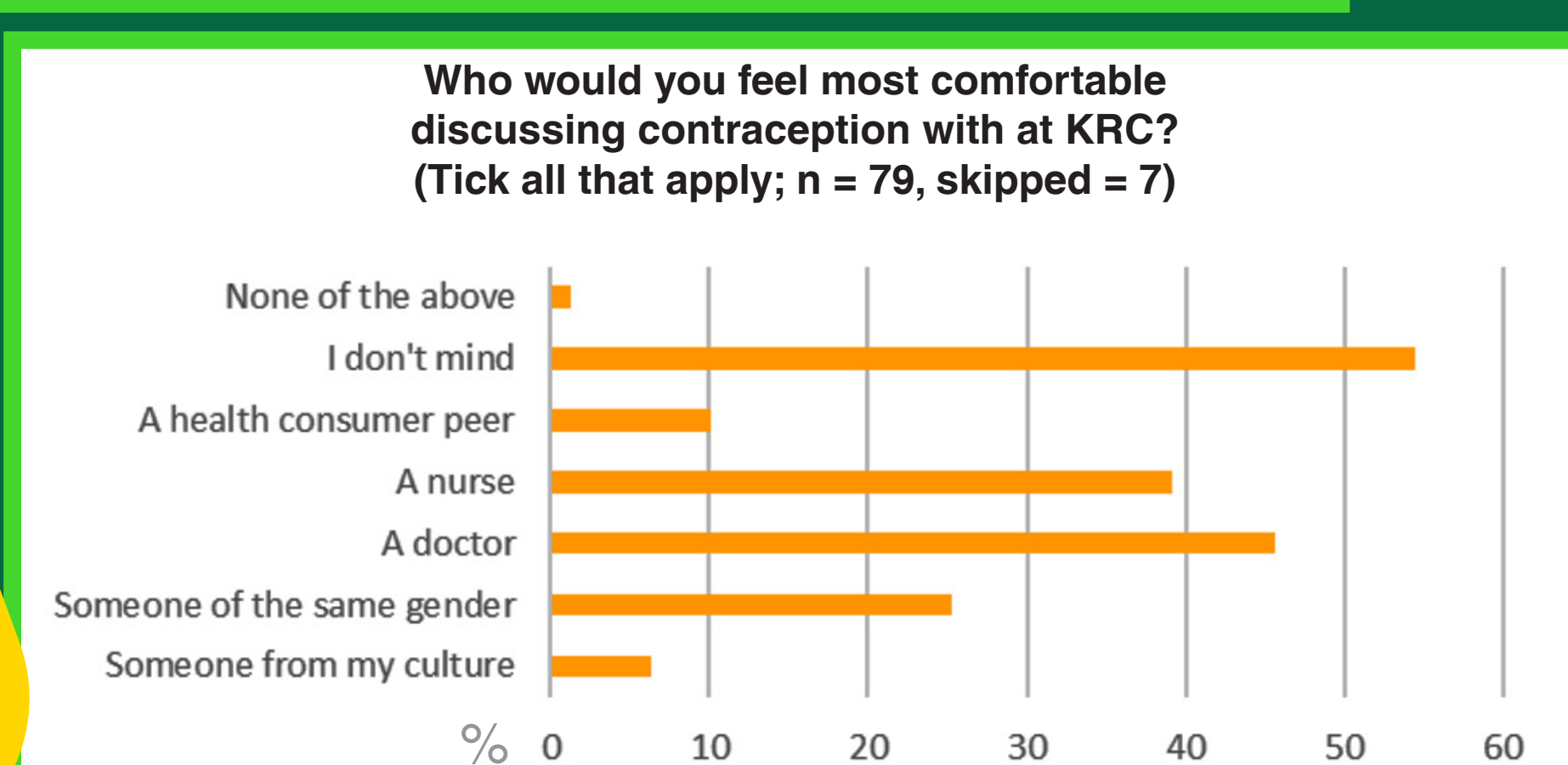
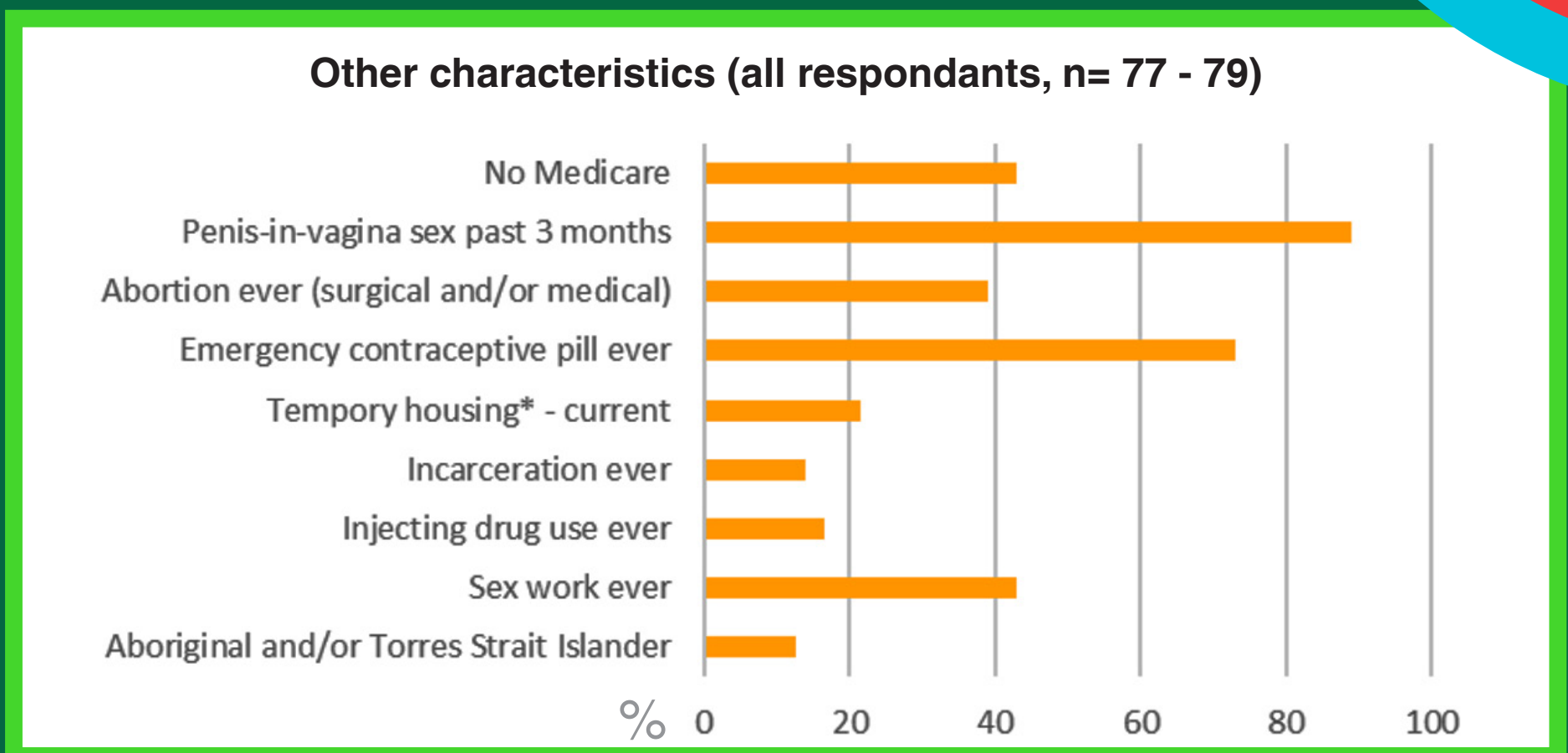
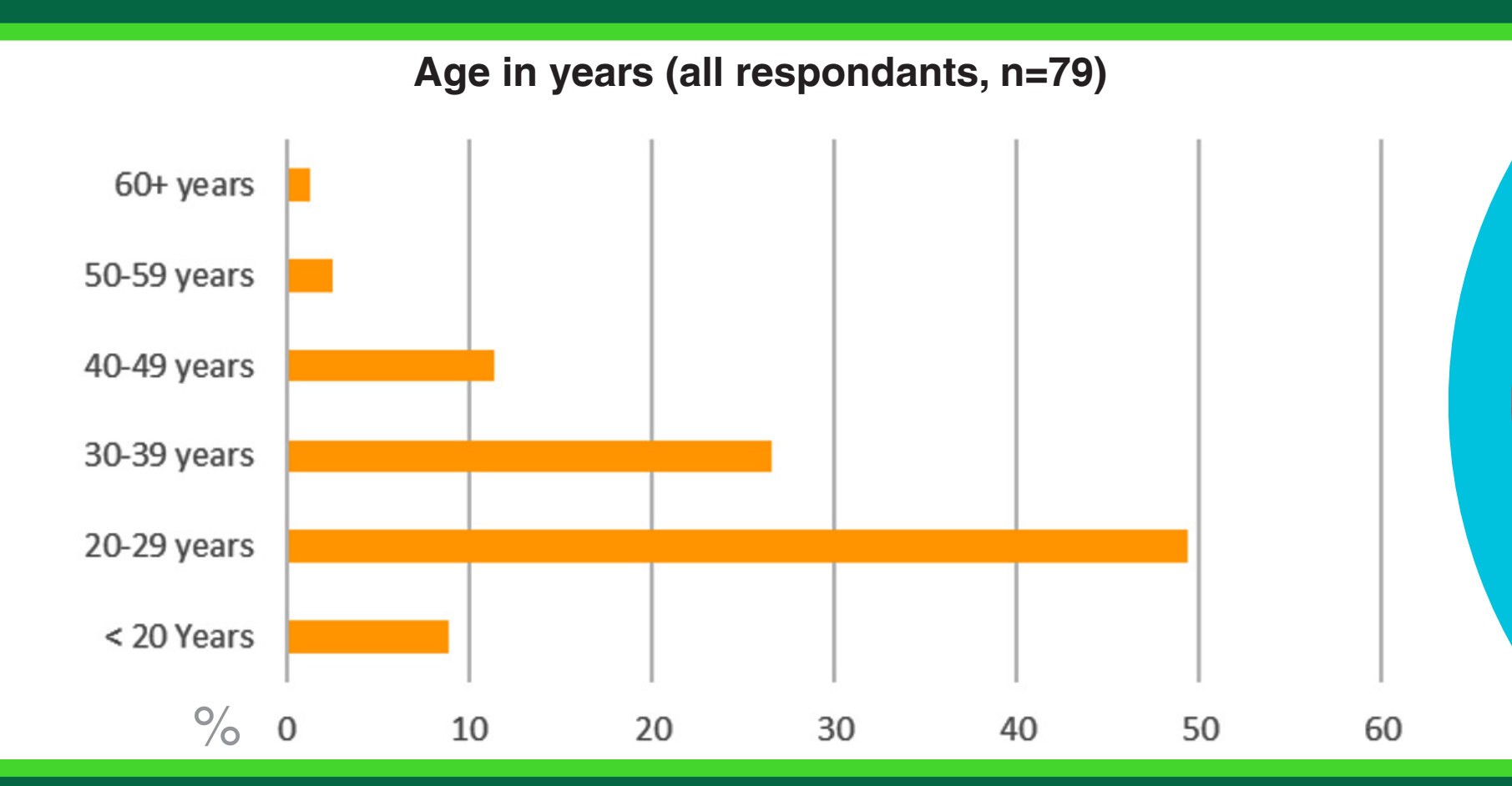
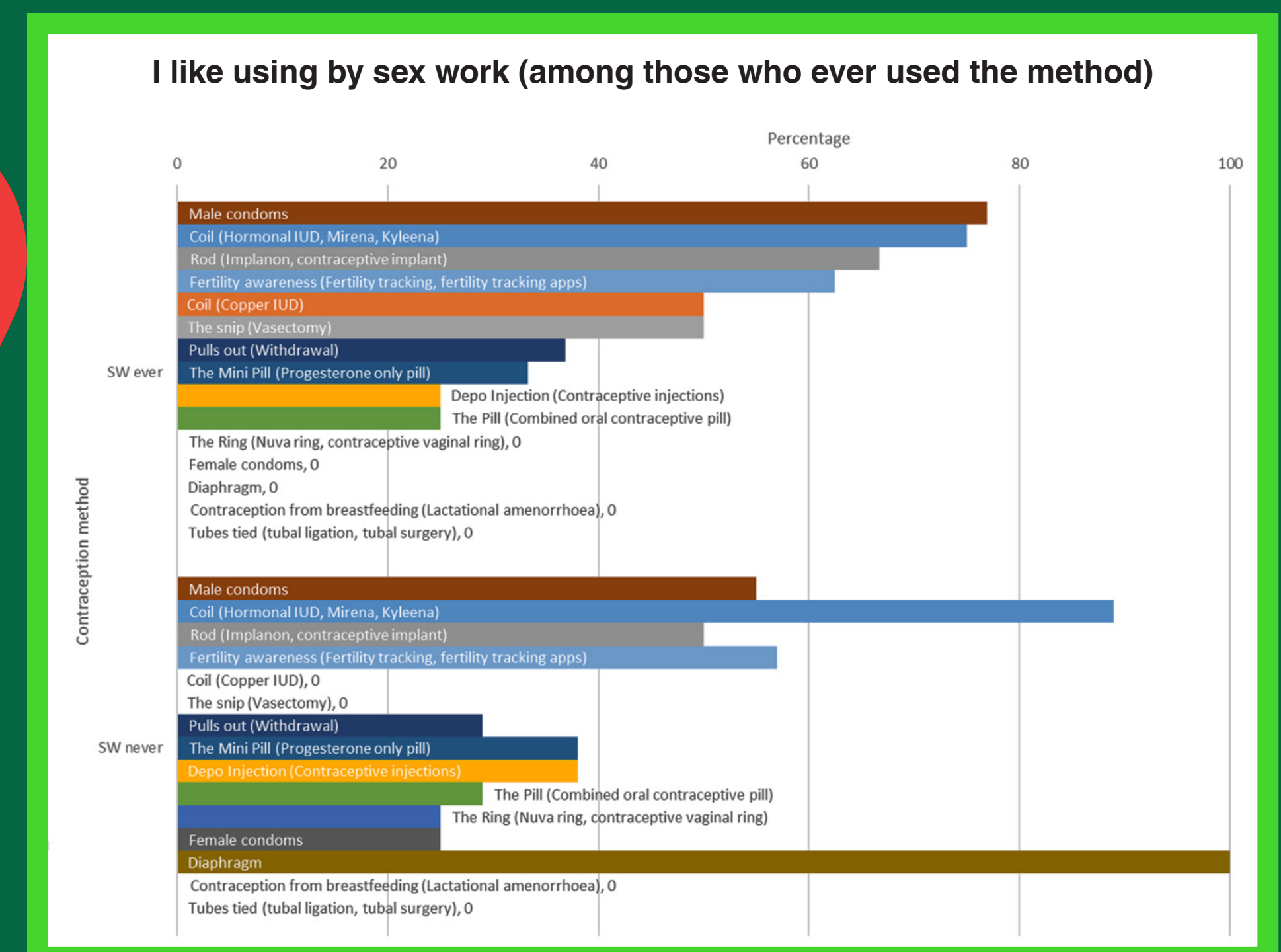
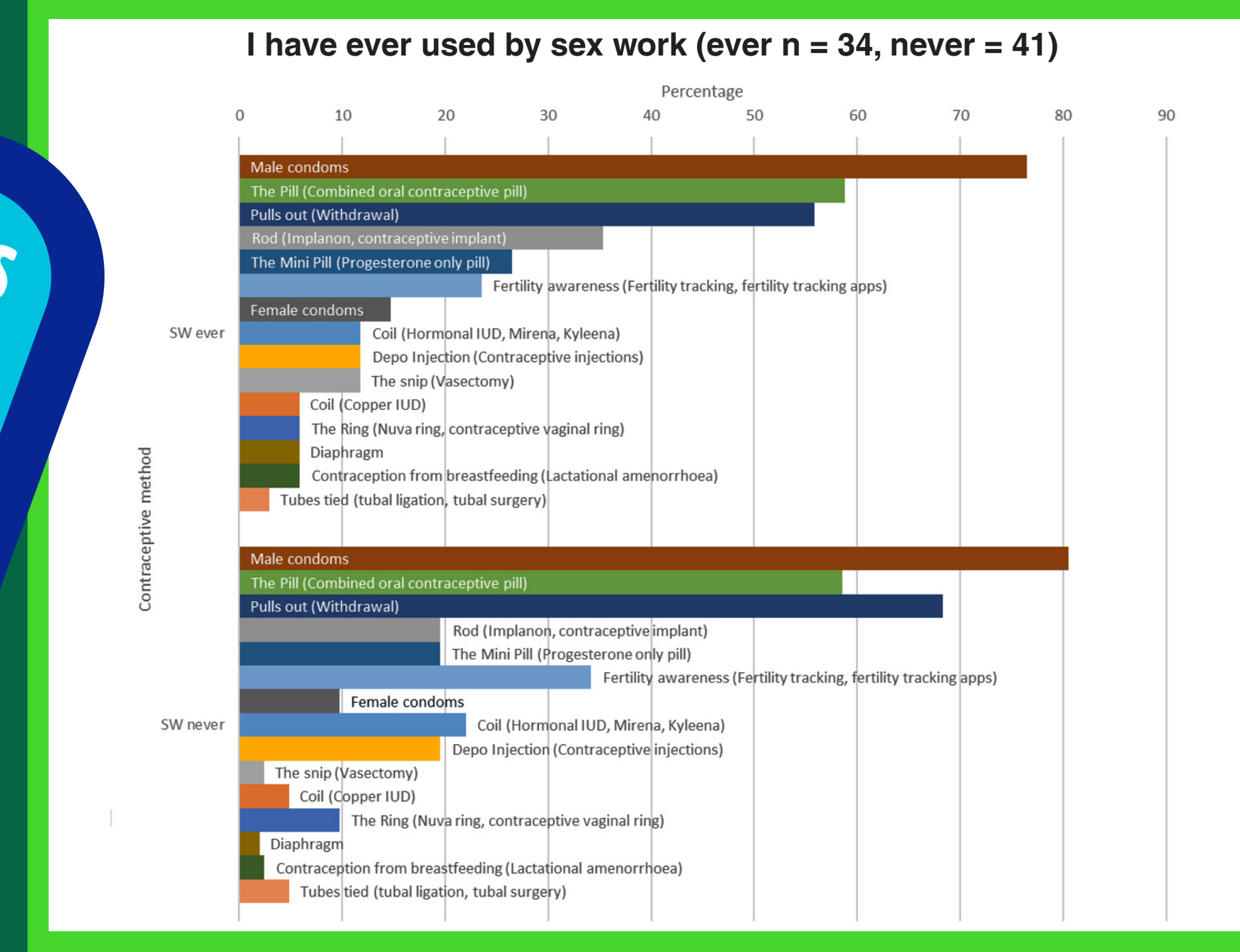
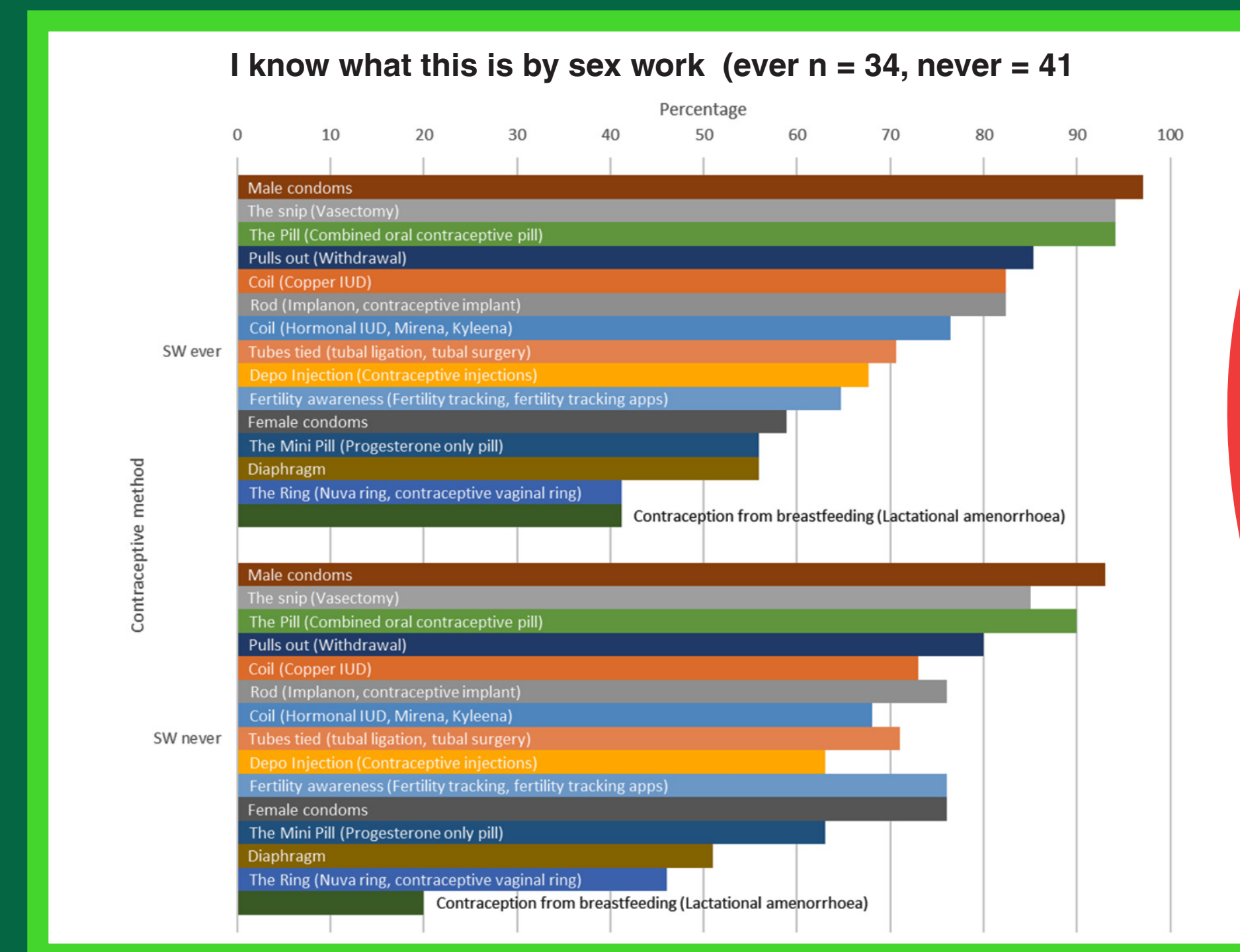
### METHODS

A 20-item client survey was developed in consultation with a staff working group and consumers. Domains spanned contraception satisfaction, knowledge, use and access; acceptability of providers; use of emergency contraceptive pill, abortion and demographics. Any client with a uterus (regardless of gender identity) was invited to participate (October-December 2022).

### RESULTS

There were 86 participants. Populations accessing KRC for sexual and reproductive health included Aboriginal people (13%), people who inject drugs (16%), have experienced incarceration (14%) and sex workers (43%). About 43% did not have Medicare. Awareness of contraception methods was highest for male condoms (94%) and the oral contraceptive pill (88%). Most (83%) people were happy with their current contraception. Use of the emergency contraceptive pill (73%) and experiences of abortion were common (39%). Over half (54%) of respondents had no preference for the type of health professional they discussed contraception with.

The large proportion of sex workers who responded to the survey indicate ongoing issues around discrimination and stigma to a highly vulnerable population.



### CONCLUSION

The large proportion of sex workers who responded to the survey indicate ongoing issues around discrimination and stigma to a highly vulnerable population. The high preference for fertility awareness-based contraceptive methods (FABM) demonstrates that contraception is complicated with different people preferring different methods at different times for different reasons. Nurses, midwives, peers and allied health workers are well placed to provide opportunistic delivery of contraceptive care and education to clients accessing primary healthcare services. KRC can look to providing contraception with regard to all of its contexts including lifestyle, personal value, efficacy, beliefs, family planning, secondary effects - so that contraceptive counselling can be evidence based as well as impartial, respectful and responsive.

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