Healthcare access and provider-dependent contraceptive use among international students in Australia

Authors:
Liu W[1], Chondros P[1], Sanci L[1], Temple-Smith M[1]
[1] Department of General Practice and Primary Care, Melbourne Medical School, University of Melbourne, Melbourne VIC, Australia

Background:
International students face significant healthcare access disparities in Australia, and little is known about how this affects their use of provider-dependent contraceptives, methods requiring a prescription or clinical referral. This study examines the association between healthcare access and provider-dependent contraceptive use among international university students in Australia.

Methods:
We analysed data from a cross-sectional study, Towards the Health Promoting University, involving 1,097 aged 18-34 sexually active international students enrolled at a large Australian university in 2019 who identified as at risk of unintended pregnancy. The outcome was the proportion of these students who used provider-dependent contraception at last sex. Multivariable logistic regression was used to estimate the odds ratio (OR) of those who had access to general practice and/or sexual and reproductive health services (GP/SRH) compared those without access, including an interaction term to test for effect modification by student group - Chinese and non-Chinese international students.

Results:
Of 1,097 sexually active international students at risk of unintended pregnancy, 25.8% (n=283) used provider-dependent contraception at last sex and 61.8% (n=678) accessed a GP/SRH service in the last 12 months. Among international students with GP/SRH access, 33% (224/678) used provider-dependent contraception at last sex, compared to 14.1% (59/419) among those without access (adjusted OR=2.40, 95% confidence interval (CI): 1.71-3.39, *p-value*<0.001). In stratified analyses, GP/SRH access was associated with higher provider-dependent contraceptive use among both Chinese (15.3% vs 5.0%, aOR=3.03, 95% CI: 1.46-6.82, *p-value*=0.004) and non-Chinese international students (43.4% vs 22.3%, aOR=2.26, 95% CI: 1.54-3.36, *p-value*<0.001), with no significant effect modification by student groups ($P_{interaction}$=0.624).

Conclusion:
Our results suggest that improving international students' healthcare access may benefit use of provider-dependent contraception, particularly given the lower uptake observed among Chinese international students use. Developing culturally

appropriate interventions may help address existing disparities in healthcare contact and provider-dependent contraceptive behaviour amongst international students.

Disclosure of Interest Statement
None

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