Unintended pregnancies

Reducing rates by improving access to contraception

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Unintended pregnancies have significant social, health and financial costs. Importantly, there is surprisingly little information available about the prevalence of unintended pregnancy in Australia. We are currently investigating unintended pregnancy and access to contraception among women aged 18–23 years in rural and urban areas of New South Wales. This is the first step toward understanding how access to effective contraception can be improved and could act as a pilot study for a regular survey of fertility.

An important public health strategy to minimise the cost of unintended pregnancies is to ensure universal access to contraception. The issue of 'protection' can be complex for young people and people in casual relationships who need protection from both pregnancy and sexually transmissible infections (STIs).

Contraception enables people to control their fertility according to their desires and circumstances. However, there are substantial barriers to accessing sexual health services in rural Australia. For many, sexual health and family planning services may be hundreds of kilometres away, there may be limited numbers of general practitioners with long waiting times for appointments, and cost can be a barrier when bulk billing is unavailable or contraceptives are not subsidised by the Pharmaceutical Benefits Scheme (PBS).[1] Pharmacists are often the most accessible health provider but concerns about confidentiality, privacy and judgmental attitudes can make it difficult for many people to seek advice and purchase condoms, particularly in public settings such as community pharmacies or supermarkets. A qualitative study showed that young people in rural areas have an unmet need for services that provide confidential sexual health advice due to the close monitoring of young people's activities by rural communities, limited services such as lack of doctors and concern regarding attitudes of pharmacists.[1]

More research is needed to guide improvements in access to sexual health services, particularly in rural areas. Certainly, availability of providers and access to services plays a part in choice of contraceptive method. Many unintended pregnancies occur as a result of contraceptive failure,[2] highlighting the importance of opportunities to assess the suitability of methods to a patient's own needs. The GP consultation is an ideal opportunity to discuss the need for protection from unintended pregnancy and STIs with people of all ages. However, this may not be possible in a busy clinical setting, particularly in rural areas. In addition, Medicare does not provide any incentive for long discussions around contraception. As a result, people may settle for less than ideal methods rather than travel further afield for methods that may be more suitable for their needs.

We need to explore more innovative ways to provide access to sexual health information and appropriate contraception in rural areas. Allowing emergency contraception to be available off-the-shelf (rather than over-the-counter) may improve access by avoiding the need for a potentially embarrassing and public conversation with a pharmacist. Importantly, it is sufficient to provide clear instructions for use and follow up on the pack as there are no contraindications to the use of emergency contraception.[3] Providing subsidised access to newer contraceptive methods not currently on the PBS for women holding healthcare cards would increase access for women with low incomes. In addition, training health nurses and practice nurses to provide contraceptive information and insert long acting methods such as implants and intrauterine devices would increase the availability of these methods. Telephone, e-health and web based facilities could also be utilised for sexual health consultations with people from rural areas, with the option of mail order services for contraceptive pills and condoms.

Unintended pregnancy is a key preventable public health issue in Australia. In order to assist policy makers, GPs and other health service providers working for improvements in Australia's sexual and reproductive health, it is essential that we begin regular monitoring of fertility in Australia. We also need to explore more innovative ways to provide access to sexual health information and appropriate contraception in rural areas to overcome the particular problems posed by distance.

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