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Contraceptive use and contraceptive health care needs among Sri Lankan migrants living in Australia: Findings from the understanding fertility management in contemporary Australia survey

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Introduction

About 50% of international migrants live in high-income countries such as Australia, Canada, the United States, France, Germany, and the United Kingdom [1]. According to the Australian Bureau of Statistics [2], overseas migration contributed over 180,000 people to the population of Australia in 2014 and accounted for 56% of Australia's total population growth. The proportion of migrants of South Asian origin in Australia is increasing rapidly. The Sri Lankan community is the thirteenth largest migrant group in Australia, accounting for 1.7% of Australia's overseas-born population and 0.5% of Australia's total population [3].

Migrants comprise diverse population groups, including skilled workers, refugees, students, and those seeking family reunion, each with different health needs and levels of vulnerability. The health of migrants and health concerns linked with migration are important challenges to public health in the host country. Migrants can face serious obstacles to good health from discrimination, language and cultural barriers, uncertain legal status, and economic and social difficulties [4].

Australia's national public health system, Medicare, provides eligible Australian residents with access to fee-free treatment in public hospitals and fee-free or subsidised treatment by doctors and some allied health professionals in community settings. Australian residents contribute to Medicare through taxation and may also purchase private health insurance, which gives access to private hospitals and in-hospital healthcare from a practitioner of choice. Medicare is not generally available to immigrants unless they are accepted as residents. They must rely on private health insurance which does not cover out-of-pocket expenses; access to health care, including elective surgical procedures related to reproductive health, thus remains financially difficult.

The World Health Organization (WHO) defines reproductive health as a state where people have access to safe, effective, affordable, and acceptable methods of fertility regulation of their choice and to appropriate healthcare services [5]. Although migration health has received increasing clinical and research attention [6], relatively little has been focused on reproductive health, including fertility management, among migrants.

Migration is a major life event that can have profound implications for sexual and reproductive health. However, only limited information about the contraceptive practices, especially modern effective contraceptive use, among migrants is available. The effectiveness of a contraceptive method is usually evaluated by the number of pregnancies per 100 women per year. Contraceptive methods can be categorised into three broad groups based on their level of effectiveness [7]. The most effective methods include male

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and female sterilization, implants, and intrauterine devices. Methods with mid-level effectiveness are injectables, pills, hormonal patches, vaginal rings, and the diaphragm. The least effective methods are male and female condoms, spermicides, withdrawal, and fertility awareness-based methods.

Use of contraception is affected by access to affordable and preferred contraception, and to helpful contraceptive healthcare. Access may be more difficult for immigrants because of social and economic differences and linguistic barriers. Immigrants may not be aware of local services and may not be able to communicate confidently in the host country's main language. Migrants with a social and cultural background that differs from that of the new country may also feel uncomfortable discussing contraceptive matters with a healthcare provider [8] or their partner [9]. It is important to understand contraceptive use among migrants in order to promote access to services, inform health education, contribute to training for healthcare providers, and elucidate the migration-fertility relationship [10].

The aims of this study were to investigate contraceptive use among Sri Lankan migrant women and men living in Australia, compare their use to that of other Australians, and identify met and unmet needs for contraceptive services.

Method

Study design

This study was a sub-study of a national population-based survey 'Understanding Fertility Management in Contemporary Australia', which was conducted in 2013 among Australian electors aged 18–50 years to improve understanding of individual and sociocultural factors associated with optimal fertility management. In this survey, no ethnic group was represented in sufficient numbers to permit separate analyses. Community-based descriptive cross-sectional surveys to investigate the experiences of specific subgroups were therefore initiated. This study was of women and men of Sri Lankan ethnicity living in Australia in 2013.

Sample and recruitment

The inclusion criteria for the Sri Lankan sample were to be a woman or a man of Sri Lankan origin (born in Sri Lanka or to parents of whom at least one had been born in Sri Lanka), aged 18–50 years, and living in Australia, irrespective of their residential status (permanent or temporary). The comparison Australian sample was female and male Australian electors aged 18–50. For this analysis, the inclusion criteria for both samples were to be a sexually active woman or man and in need of contraception, defined as not being pregnant or a partner in a current pregnancy, not trying to conceive, not being infertile, and not having reached menopause.

As there is no specific service used by Sri Lankan people nor location in which they live in Australia, participants were recruited using a multi-stranded strategy. Notifications about the study and invitations to participate were posted in community newsletters, faith-based centres, community meeting places, and specific shops. Information was also disseminated through networks such as school alumni organisations and student clubs. The comparison group consisted of Australian electors selected randomly from all electoral divisions on the Australian Electoral Roll and invited to participate in an anonymous postal survey. Further details about the Australian sample and recruitment process have been reported elsewhere [11,12].

Procedure

Data were collected by a study-specific, anonymous, self-administered questionnaire. For the Australian sample, questionnaires were mailed by the researchers in late 2013 to all people whose names and addresses were provided by the Australian Electoral Commission, followed by a reminder letter 3 weeks later. Sri Lankan women and men who were interested in participating in the study were asked to contact the researchers by telephone or e-mail. Participation for both samples involved the anonymous completion of the questionnaire either online or on paper; the latter were returned to the researchers in a reply-paid envelope. Sri Lankan participants who were not able to complete the questionnaire either online or on paper were invited to complete it in a telephone interview with a researcher bilingual in Sinhala and English.

Instrument

The questionnaire was specifically developed by the researchers for the 'Understanding Fertility Management in Contemporary Australia' study. It consisted of 91 fixed-response and open-ended questions that assessed past and present health status, previous reproductive experiences, contraceptive use, and desires for and expectations of childbearing. Questions were also asked about respondents' socio-demographic characteristics including age, sex, religious affiliation, education, occupation, marital status, and having private health insurance.

Contraception

Current contraceptive use was ascertained by asking respondents to identify from a list of 17 potential methods those that they or their partner were currently using, or to select the 'other' category and specify what method(s) was being used. Overall satisfaction with the methods being used and reasons for non-use were assessed in fixed-choice items. To assess knowledge about contraceptives, questions were included about whether they had heard of newer long-acting reversible contraceptive (LARC) methods such as contraceptive implants, injections and hormonal IUDs.

Attitudes pertaining to contraception were assessed by asking about the importance of religion in fertility choices, current importance of avoiding pregnancy, level of comfort talking about avoiding pregnancy and use of contraception with a partner, and comfort asking a healthcare provider about contraception. Unmet needs for service provision were assessed by questions about ease of obtaining helpful contraceptive advice and affordable and preferred contraception. All these questions had four-point fixed-response options.

Data coding

The primary outcomes were contraceptive use and reproductive health service use. Using the CDC categorisation of contraceptives according to effectiveness [7], contraceptive users were grouped into two broad categories: users of more effective methods (mid-level and highly effective categories: male and female sterilization, implants, IUDs, contraceptive injections, and oral contraceptive pills) and users of less effective methods (male condom, withdrawal, and fertility awareness). Satisfaction with current contraception was assessed using a binary measure created by categorising the response options for overall satisfaction as "satisfied" (completely satisfied and satisfied) and "dissatisfied" (dissatisfied and completely dissatisfied). Level of comfort talking to a partner about avoiding pregnancy and use of contraception was assessed using a binary variable: "comfortable" (very comfortable and comfortable) versus "uncomfortable" (very uncomfortable and uncomfortable).

The second primary outcome was ease of obtaining helpful contraceptive advice. Level of comfort in asking a healthcare provider