

Preferences for face-to-face contraceptive services in the post-Pandemic era: considerations for reproductive health inequities

Sophie Patterson

MBChB, MPH, PhD, Lancaster University, UK

Statement of the Problem: Since the Covid-19 pandemic, remote (telephone/video/website) contraceptive services have become more widespread, offering reduced time and travel demands. However, women's preferences remain poorly understood. This analysis sought to examine women's preferences for face-to-face contraceptive services, and to consider implications for reproductive health inequities.

Methodology & Theoretical Orientation: We used data from the Women's Reproductive Health Survey (WRHS); a cross-sectional digital survey that recruited women aged 16-55 living in England via social media (Facebook/Instagram) from September-October 2023. The primary outcome was preference for solely face-to-face contraceptive services, derived from response to the question "How would you prefer to access contraceptive services?" (face-to-face vs. telephone/video/website/combination/no preference). The study population for this research was limited to current effective contraception users who answered the question of interest. Multivariable logistic regression identified variables independently associated with preference for face-to-face. Sociodemographic and health-related variables believed to be associated with a preference for face-to-face services, based on bivariable analysis and existing literature, were candidates for model inclusion. An intersectionality framework was applied, with outcomes examined at intersecting social positions through interaction terms.

Findings: Our study population included 28,328 participants (48% of 59,332 total WRHS participants): median age was 30 (IQR:24,38), 92.5% (n=26,193) were White British and 81.8% (n=23,170) were in paid employment. Preference for face-to-face services was reported by 24.7% of the study population (n=6992/28,328), and 17.3% of participants using non-long-acting reversible contraceptive methods (n=3084/17,864). In multivariable analysis, preference for face-to-face contraceptive services was associated with not having a degree, self-reported financial hardship, self-reported 'bad' health, and Black, Black British, Caribbean or African ethnicity in combination with no paid employment.

Conclusion & Significance: Women experiencing social inequities were more likely to prefer face-to-face contraceptive services. Maintaining choice within contraceptive service delivery in the digital age is crucial to advance equitable, person-centred reproductive healthcare.

7th World Summit on Women's Health and Cancer Awareness

April 07-08, 2025

Webinar

Biography

I am a Public Health Registrar and NIHR Clinical Lecturer in Public Health based in the Faculty of Health and Medicine at Lancaster University. My research is in the field of Public Health and my areas of interest are women's health and rights, sexual and reproductive health and HIV, with a focus on health inequalities and wider determinants of health. I am a mixed methods researcher, and strive to incorporate participatory research approaches. I currently hold a Clinical Lecturer Starter Grant from the Academy of Medical Sciences to conduct research into uptake of and preferences for remote contraceptive services, and implications for health inequalities. I maintain active research partnerships and collaborations in Canada through my role as an Adjunct Professor in the Faculty of Health Sciences at Simon Fraser University.

Received: January 10, 2025; **Accepted:** January 11, 2025; **Published:** April 08, 2025