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Understanding LGBTQ+ Individuals Awareness and Experiences of the Free Contraception Scheme and Contraception more Broadly.

Study Title: An Investigation into Marginalised Groups Experiences of the Free Contraception Scheme

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The Free Contraception Scheme

Aim

- The aim of this research project is to investigate women's awareness and experiences of the Free Contraception Scheme to date, in addition to exploring women's attitudes towards contraception more broadly.

The Free Contraception Scheme

- The Free Contraception Scheme, Action 4A of the Women's Health Action Plan 2022-2023, initially allowed women aged 17-25 years to access a range of free contraceptives. The Scheme has since been expanded under the new Women's Health Action Plan 2024-2025 Phase 2: An Evolution in Women's Health and now serves women aged 17-35 years of age.

- The Scheme covers the cost of consultations with GPs, family planning, student health and primary care centres, and prescriptions for the wide range of contraceptive options available on the HSE Reimbursement List. These options include long-acting reversible contraception (LARCs). LARCs include injections, implants, and hormonal and intra-uterine devices and systems. The scheme also includes emergency contraception in addition to the oral contraceptive pill, patch, and ring. The Scheme is open to women, and transgender or non-binary individuals, who are ordinarily resident in Ireland and for whom prescription contraception is deemed suitable by their doctors.

Principal Research Question

What awareness and experiences do contraception users from marginalised communities have of the free contraception scheme?

Objectives

- To gather the experiences of a diverse group of contraception users from marginalised communities.
- To establish what the key factors are in the awareness held by marginalised community contraception users about the free contraception scheme.
- To produce clear, actionable and realistic recommendations toward promoting awareness, engagement and quality in the provision of the free contraception scheme for marginalised communities.

Background Context

- The Irish government's Women's Health Action Plan 2024-2025 emphasizes expanded access to free contraception for all eligible individuals, explicitly including women, girls, non-binary, and trans people.
- Since its introduction in September 2022, the programme has aimed to be inclusive of diverse gender identities, ensuring that LGBTQ+ individuals who qualify for prescription contraception can access these services without barriers (Tiernan, 2024).
- However, through focus groups with LGBTQ+ individuals, this study seeks to examine the barriers they continue to face in accessing the free contraception scheme and contraception in general.

The Literature

- It is widely documented that marginalized populations in reproductive healthcare include lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals.
- This includes those who are assigned female at birth (FAAB), such as lesbian and bisexual women, as well as transgender men (individuals assigned female at birth who identify as male) (Wingo et al., 2018).
- Cipres and colleagues` (2017) study with 26 transgender men, identified 13 as "at-risk" for pregnancy. Among this group, 11 individuals (85%) expressed a desire to avoid pregnancy. However, few utilized effective contraceptive methods, and many did not use any form of contraception.
- Wingo and colleagues' (2018) interviewed 39 individuals assigned female at birth (FAAB) who identified as lesbian, bisexual, queer, genderqueer, or transmasculine - they faced unique challenges, including limited LGBTQ-competent care, identity erasure, and discrimination.
- Participants reported a persistent focus on fertility over contraception, inflexible intake forms that misrepresented their identities, and experiences of misgendering or intrusive questioning.

The Literature

- Guidance on providing culturally appropriate contraceptive care to the LGBTQ+ community remains limited (Ingraham et al. 2017) due in part to heteronormativity and the attitudes and practices of healthcare professionals (Klittmark et al. 2019; Yu et al. 2023).
- limited awareness among healthcare providers about LGBTQ pathways to parenthood, persistent heteronormative assumptions, and feelings of exclusion or identity invalidation within reproductive health services.
- Participants employed various coping mechanisms, including emotionally distancing themselves from difficult encounters, using humour to defuse tension, and concealing or downplaying their LGBTQ identities by conforming to heteronormative behaviours. (Klittmark et al. 2019
- Required culturally competent practices require increasing knowledge of LGBTQ+ cultures and health needs, developing practical skills for working effectively with LGBTQ+ clients, fostering inclusive and affirming attitudes.
- Some providers admit to avoiding discussions about gender and sexuality out of concern that they might offend their patients (Rider et al., 2019).

Trans Research

- Trans individuals frequently report negative experiences when accessing reproductive healthcare, often facing significant barriers such as a lack of knowledgeable providers (Sperber et al., 2005; Sanchez et al., 2009).
- These challenges are compounded by healthcare providers' own reports of limited experience and uncertainty regarding appropriate care pathways, resources, and referrals, which can lead to inadequate care and increased risks, particularly for those undergoing gender transition (Snelgrove et al., 2012).
- Some participants reported positive experiences with healthcare providers when the environment was trans-inclusive and gender-neutral language was used.
- Trans participants appreciated when providers used inclusive terms, such as "parent" instead of gendered labels like "woman" or "mother." This affirmed their identities and created a more respectful and supportive experience.
- Providers also frequently made CIS normative and heteronormative assumptions when interacting with trans patients (James-Abra et al., 2015). -

The Methods

Initial Survey Questions

What is your gender identity?
- Woman
- Man
- Non-binary
- Genderfluid
- Prefer not to say
- Other (please specify)

Do you consider yourself to be trans, or have a trans history?
- Yes
- No
- Prefer not to say

Which of the following best describes your sexual orientation?
- Straight / Heterosexual
- Gay
- Lesbian
- Bisexual
- Other (please specify)

The survey was circulated to LGBTQ community organizations throughout the country by the gatekeeper

The Methods

Asking:

Please share your name and your preferred pronoun

Tell us one interesting fact about yourself.

2 focus Groups

The Methods

Focus Groups:

Broad picture and introduction to the topic
Current and previous experiences of contraception?
Who do you get your contraception from? [GP, Pharmacy, Nurse, etc.]
Are there barriers for you to access contraception and/or to get the information you need about contraception?
What do you think we should know that is important to you about contraception and the free contraception scheme?

Key Findings

- **Contraception Scheme**

A key finding from this focus group was that participants were generally aware of the scheme

'Yeah, I would have… I suppose it's linked to when the free contraception scheme came out and they did all the information campaigns.

'Em… I …At the time, I identified as bisexual. Em and I was dating a trans women. So, I needed the pill, like for contraception reasons. But since then, I actually stayed on the pill and stayed using the scheme because I get quite bad and heavy periods. So, it's been a life changer for me, because it means I don't have to be paying

However, participants were often unaware of the age bracket for the free contraception scheme, which was extended to include ages 17 to 36 as of July 1st, 2024. This highlights a need for further education and awareness

Key Findings

Participants added that access to higher education was their source of information about the scheme. Higher education settings facilitate access to reproductive healthcare information.

'I always found it very easy to access information about it because like I said at the time when I was accessing it, I was in my undergrad. I was in [university named] and the student union and the student health services were very vocal about it.

Participants discussed the barriers faced by individuals outside of university settings, particularly those for whom English is not their first language.

'While I never had any issue with it, but I can imagine maybe if English is not your first language, or you don't have access to the internet or if you don't have access to third level education it would probably be harder to find the information on it'.

'*I was just going to say if you weren't in university, you are not coming across it [information about the contraceptive scheme] as frequently'.*

Key Findings

- **Barriers to access**

LGBTQ community experience `distinct` barriers to accessing the free contraceptive scheme:

Participant from rural areas experienced instances of professional bias and intrusive questions related to their sexuality.

My experience, because I am originally from rural [location] … the experience I have had let's say from moving to the city and trying to access it has been completely different to rural. Up in the city whenever I go to a GP there's no question about why do you need the pill, it's just the general questions.

Participant reported feeling they had to justify their decisions regarding contraception.

But when I went home [to rural location], because my GP knew I was queer, it was a question of, well, 'Why do you need this?' It wasn't, you know, 'Why do you need this—are you having safe sex?' It was a question of, 'Sure you're gay, why would you need it?'

it felt like at home—or at least in rural [location named]—I was fighting an uphill battle.

Key Findings

- **Stigma and reproductive/sexual health**

LGBTQ people feel they '*stick out*' and they felt judgment when accessing contraception.

Similar to other people, the barriers are more about having the conversation with your GP who is trying to get their head around what everybody's pronouns are in the relationship, but there might still be a risk of pregnancy. And your kind of like, 'I don't care about etiquette, just take me at my word on this one. I would like some contraception and not really faff around with someone, yeah, trying to do the maths on something or losing track of the pronouns; who's who in the. conversation'.

I suppose for a young queer person em… who maybe is bisexual or engaging in activity where they would actually have to be worried about contraception use, yeah, I suppose it's the frustration or even embarrassment whatever around it where they kinda have to go 'No, I need this for X, Y Z reason or whatever'

Key Findings

Participants' general experiences with contraception reveal a deep mistrust in contraceptive care, shaped by past negative encounters.

- Feeling dismissed and subjected to poor clinical judgment, including being prescribed unsuitable contraception without adequate medical screening.

It's not so much about being believed, but that if your like 'I have a partner and I'm looking for contraception, they [heath care professional] will go quite quickly to 'he he he he… he… it's going to be he… It's a man that you're dating and that's really uncomfortable if your like 'that's not even true, but it makes me feel weird in this conversation.

But if your someone[health care professional] who is not fluid in swapping pronouns, it just makes the conversation pretty clunky if someone is like getting it wrong and not caring or getting it wrong and correcting themselves that really breaks up the conversation. But yeah, it brings an uncomfortable vibe I think'

Key Recommendations

- Inclusive reproductive healthcare
- Inclusive language
- Inclusive campaigning
- Access to information
- Training for healthcare providers
- Human rights and social justice response to reproductive healthcare

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