



Position Statement: Rural, Regional and Remote Women's Access to Contraception Information and Services

November 2025

Problem identification

Women in rural, regional and remote (rural) Australia experience unequal access to contraception information and related medical services when compared to their city counterparts. The lack of accessible contraception services contributes to poorer reproductive health outcomes, higher rates of unintended pregnancy, and limited autonomy in reproductive decision-making.

Definitions

For the purposes of this statement:

- Rural, regional and remote will be referred to as rural
- Period poverty refers to the inability to afford menstrual products or access adequate sanitation, which can cause women to miss education and work, and harm their health.¹

Policy landscape

Concern that women outside of metropolitan areas face barriers to contraceptive choice, information and affordability was voiced by members of the National Rural Women's Coalition (NRWC) and National Aboriginal and Torres Strait Islander Women's Alliance (NATSIIWA). A survey conducted by NRWC and NATSIIWA (the survey) confirmed these concerns, which were validated by a literature review.

Findings showed that living in rural areas is independently associated with higher rates of unintended pregnancy, and women face greater difficulty accessing abortion services due to distance, limited providers, and health professionals' conduct.² Condoms, the contraceptive pill and long acting reversible contraception (LARC), like hormonal or copper IUD or

¹ UN Women. (2025). *Explainer Period Poverty – why millions of girls and women cannot afford their periods*. Retrieved September 2025, from [UN Women website](#)

² Edwards, G., Hooker, L., & Edvardsson, K. (2025). The influence of rurality on women's decision making and pregnancy choices following an unintended pregnancy: A systematic review. *Women's Health* (London, England), 21.



implant, are the preferred contraceptive choices for rural women.³ Despite LARC reliability and increasing uptake in rural areas, younger rural women are not selecting this option.⁴

Limited access to accurate contraception information continues to be a barrier for rural women choosing the most suitable contraceptive method.⁵ A national survey of over 1000 women showed that 70% of Australian women aged 18–45 years feel they lack sufficient contraception education.⁶ The NRWC and NATSIWA survey showed that women preferred to learn about contraception earlier at age 10-12 years. Family, schools, peers, and doctors are key information sources.

Geographic isolation continues to limit knowledge of contraception and access to medical related services. Survey data and national statistics show longer travel distances and waiting times for appointments in rural areas.⁷ In very remote communities, up to 71% of First Nations people have limited physical access to GPs compared with just 3% in major cities.⁸ These service gaps reduce opportunities for women to obtain professional contraception advice and prescriptions.⁹ Improving service access could include greater use of online and telehealth options, which remain under-utilised, according to the survey. In addition, South Australia and Queensland now allow pharmacists to dispense hormonal contraception.¹⁰

³ Lucke, J. C., & Herbert, D. L. (2014). Higher uptake of long-acting reversible and permanent methods of contraception by Australian women living in rural and remote areas. *Australian and New Zealand Journal of Public Health*, 38(2), 112-116.

⁴ Lucke, J. C., & Herbert, D. L. (2014); Mazza, D., Shankar, M., Botfield, J. R., Moulton, J. E., Chakraborty, S. P., Black, K., . . . Norman, W. V. (2023). Improving rural and regional access to long-acting reversible contraception and medical abortion through nurse-led models of care, task-sharing and telehealth (ORIENT): a protocol for a stepped-wedge pragmatic cluster-randomised controlled trial in Australia. *BMJ open*, 13(3); Rowe, H., Holton, S., Kirkman, M., Bayly, C., Jordan, L., McNamee, K., . . . Fisher, J. (2016). Prevalence and distribution of unintended pregnancy: the Understanding Fertility Management in Australia National Survey. *Australian and New Zealand Journal of Public Health*, 40(2), 104-109

⁵ Rowe, et al., (2016); Ritter, T., Dore, A., & McGeechan, K. (2015). Contraceptive knowledge and attitudes among 14-24-year-olds in New South Wales, Australia. *Australian and New Zealand journal of public health*, 39(3), 267-269; Claringbold, L., Sanci, L., & Temple-Smith, M. (2019). Factors influencing young women's contraceptive choices. *Australian Journal of General Practice*, 48(6).

⁶ Bayer Australia. (2024). *Women's Health Collaboration Calls for MBS Reform to Improve Access to Contraceptive Choice*. Retrieved September 2025, from [Bayer Australia / New Zealand website](#)

⁷ ABS. (2024). *Patient Experiences*. Retrieved September 2025, from [ABS website](#)

⁸ AIHW. (2024). *Modelling access to GPs relative to need in Australia: Geographic variation among First Nations and non-Indigenous populations*. Canberra: Australian Government.

⁹ Chen, X., Orom, H., Hay, J. L., Waters, E. A., Schofield, E., Li, Y., & Kiviniemi, M. T. (2019). Differences in Rural and Urban Health Information Access and Use. *The Journal of Rural Health*, 35(3), 405-417.

¹⁰ Queensland Government. (2024). *Changes to make it easier for Queensland women to access contraceptives*. Retrieved September 2025, from [Queensland Government website](#); SA Health. (2025). *SA Community Pharmacy Oral Contraceptive Pill (OCP) Resupply Services*. Retrieved September 2025, from [Government of South Australia SA Health website](#)



Financial barriers also limit contraceptive and menstrual health access. Period poverty disproportionately affects rural and Aboriginal and Torres Strait Islander women. The Australian Share the Dignity survey of more than 150,000 respondents showed 74% of rural women report difficulty affording menstrual products, compared with 63% in cities.¹¹

Rural women were strongly supportive of free contraception and sanitary product initiatives in the survey. Internationally, countries such as Scotland, New Zealand, and France provide free menstrual products or contraception, while Victoria and the ACT are leading in Australia with statewide programs.¹² The 2023 Parliamentary Inquiry into Reproductive Healthcare recommended that the Australian Government pursue options to make contraception more affordable nationwide.¹³ Free sanitary product programs may have greater impact in rural areas, where women are more likely to use free product dispensers such as Dignity Vending Machines compared with those in metropolitan regions.¹⁴

Policy recommendations

1. Improve access for rural women to accurate contraception information, particularly aged 10-12 years and about LARC. Use education channels of family, schools, and peers for targeted communication campaigns.
2. Improve access to contraceptive medical services. This can be done through greater use of online and telehealth options, and pharmacy contraceptive services.
3. Reduce period poverty by addressing financial barriers to contraceptive and menstrual health access, especially for Aboriginal and Torres Strait Islander women. Implement a national free sanitary product scheme, review subsidies for contraception and pilot free contraception programs in rural Australia.

For more information, please see the NRWC research paper on Rural, Regional and Remote Women's Access to Contraception Information.

¹¹ Connory, J., & WhyHive. (2024). *Period Pride Report: Bloody Big Survey Findings: Australia's largest survey on attitudes and experiences of periods*. Share the Dignity, Brisbane.

¹² Victorian Government. (2025). *Free pads and tampons in public places*. Retrieved September 2025, from [VIC.GOV.AU website](https://www.vic.gov.au/better-health-channel); Victorian Government. (2025). *Free pads and tampons. Period*. Retrieved September 2025, from [BetterHealth Channel website](https://www.betterhealth.vic.gov.au/betterhealth/channel/section/63624/section/63624); Connory, J., & WhyHive. (2024)

¹³ Parliament of Australia. (2023). *Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia*. Retrieved September 2025, from [Parliament of Australia website](https://www.parliament.gov.au/parliament-of-australia)

¹⁴ Connory, J., & WhyHive. (2024)