

CORE BRIEF

How and where do people in Wisconsin want to get contraception?

May 2023



A new multi-state study by [Guttmacher Institute researchers](#) outlines people's preferences for how to obtain their contraceptive method, including among Wisconsinites. The findings, [published in the Journal of Women's Health](#), provide valuable considerations for contraceptive programs, particularly as use of telehealth increases due in part to the COVID-19 pandemic. Access to contraception is especially crucial given increasing restrictions on abortion access in the United States. This brief summarizes key takeaways from the study for Wisconsin.

How the study took place

The researchers surveyed people of reproductive age in Arizona, New Jersey, and Wisconsin between 2019 and 2020. The population-representative survey included 967 respondents from Wisconsin. Eligible participants self-identified as female, transgender, or gender expansive, were aged 18 to 44, and reported using contraception in the last three months.

Preferences for getting contraception

When given a list of many different ways of getting their contraceptive method, most respondents, including Wisconsinites, indicated that more than one method would be of interest. (Participants could indicate as many preferences as they desired.) Here's what Wisconsinites said they prefer:



Of all options listed, Wisconsinites expressed the most interest in obtaining contraception at their **doctor's office** while there for an in-person visit (63% of respondents expressed a preference for this option).



58% indicated a preference for receiving contraception through **telehealth without a provider** by using a phone app or ordering online, including 49% interested in ordering online for delivery at home.



Many indicated a preference for receiving contraception at a **pharmacy**, including over the counter without a prescription (40%), directly from a pharmacy without a prescription (31%), and with a pharmacist-provided prescription (18%).



Just under 20% noted a preference for receiving contraception by **telemedicine** (defined as speaking with a healthcare provider over the computer or phone).

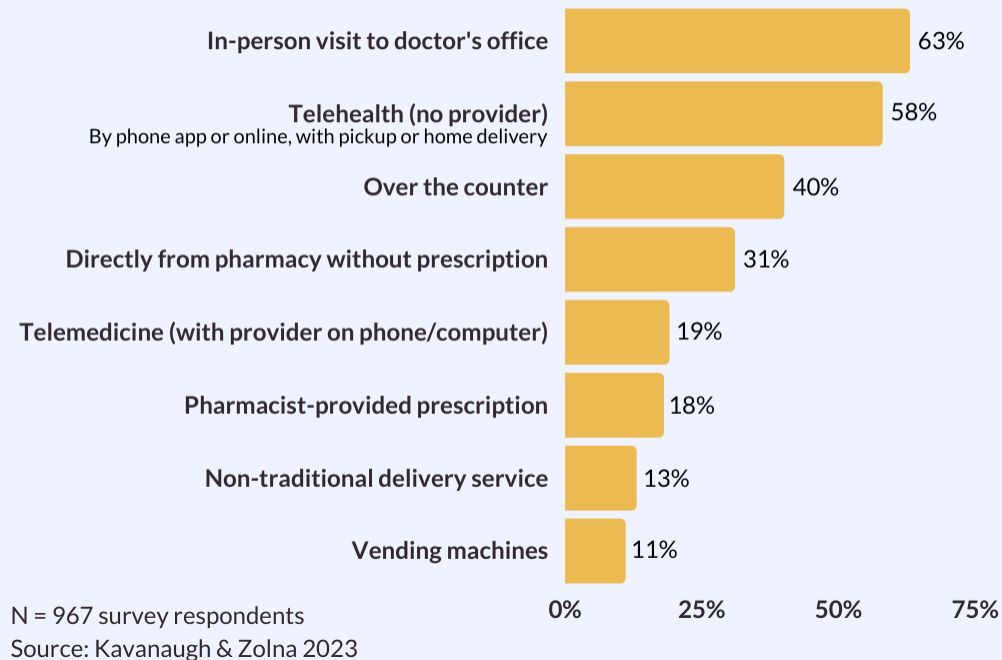


Respondents also expressed interest in **innovative strategies** such as delivery from nontraditional services like Uber (13% expressed a preference) and vending machines (11%).

Notably, these findings reflect **what people want, but not necessarily what is available**. For example, hormonal birth control is not currently available over the counter in the United States. Earlier this month, for the first time, an [FDA advisory committee voted unanimously](#) to recommend that a daily birth control pill, Opill, be offered over the counter without a prescription. A final FDA decision is expected this summer.

Similarly, in Wisconsin, while legislators have proposed a bill to permit pharmacist-provided prescriptions for hormonal contraception, the practice is not currently legal here.

Wisconsinites' preferred sources of contraception



Prior negative experiences shape preferences

Across the states, the study showed that people's prior contraceptive care experience shapes their current preferences and needs. For example:

- Having past patient-centered care, defined as a provider meeting the patient's needs for interpersonal connection, adequate information, and decision support during their healthcare interactions, influenced participants' future decision making. Those who reported having received non-patient-centered contraceptive care in the past were more likely to prefer telehealth and innovative sources than those who had received patient-centered care.
- Those with some level of mistrust of the contraceptive healthcare system were more likely to prefer obtaining contraception off-site through telemedicine, telehealth, or innovative strategies than those who did not have mistrust.
- People who identified as lesbian, gay, bisexual, queer, or pansexual preferred to obtain contraception with less contact with healthcare providers.

These findings suggest that **people with negative or discriminatory contraceptive care histories may be warier of in-person interactions** with contraceptive care providers. Telehealth and other offsite options can help meet these patients' needs with a high degree of quality as long as contraceptive care programs simultaneously work to reduce bias, discrimination, and lower-quality care. In-person forms of care should undertake similar efforts to ensure that services are acceptable to all potential patients.

Implications for policy and practice

The Guttmacher study reveals that Wisconsinites have a variety of preferences for how to receive their contraceptive method, including a desire for some options that are not yet available. These findings illustrate the importance of having diverse contraceptive access options to ensure high-quality, patient-centered care.