



# Female college students' experiences with and perceptions of over-the-counter emergency contraception in the United States



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## ABSTRACT

**Background:** Unintended pregnancy continues to be a major public health concern, particularly among women 19–24 years of age. Emergency contraception became available for purchase without a prescription in the United States in 2006; however, its use among women at risk for unintended pregnancy has not been adequately explored. Therefore, the purpose of this project was to gain insight into the perceptions and experiences of college women regarding over-the-counter emergency contraception, since its change in status.

**Methods:** This study used a descriptive, exploratory qualitative design. Small group interviews were conducted in early 2009 to obtain data from 24 women between the ages of 19 and 24 who were currently attending college and had purchased EC. Data were analyzed using content analysis.

**Findings:** Participants were aware of emergency contraception and its availability over the counter, although certain gaps in knowledge exist. Decision-making related to use of EC was driven by the recognition of pregnancy risk and a strong desire to prevent unintended pregnancy. Confidentiality was a major concern, as was lack of access to EC for women under the age of 17. Participants noted limitations in the health services both in provision of and education about EC.

**Conclusions:** Although women have an awareness of EC and its availability, more comprehensive knowledge is needed. Barriers to use exist, particularly confidentiality and age related restrictions. Increasing awareness of personal risk of unintended pregnancy, particularly among college women, is important.

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## IntroductionIntroduction

The incidence of unintended pregnancy and induced abortions worldwide continues, despite advances in contraception [1,2]. In 2007, there were 827,609 abortions reported in the United States (US). The greatest number of abortions was performed in women between the ages of 20 and 29 years of age; women between the ages of 20 and 24 have the highest percentage (29.4 abortions per 1000 women) [3]. Although various methods of contraception are available, many US women do not report using a consistent method despite being sexually active [4]. Emergency contraception (EC) is a safe, effective method of post-coital pregnancy prevention, in the absence of a consistent method or method failure [5]. EC, previously a prescription only product, became available over the counter (OTC) in the US to persons age 17 or older in 2009; age restrictions were removed from one particular brand in 2013 [6]. Despite

the safety and increased availability of EC, it remains underutilized by women most at risk for unintended pregnancy [7].

Regardless of its availability OTC, barriers to EC use exist, particularly related to awareness and access. It is important to clarify that OTC EC, prior to 2013, was actually kept *behind the counter*, requiring individuals to go to the pharmacy counter, request the medication, and show proof of age. Many women perceive this requirement as an obstacle [8,9]. Cost is also a potential barrier to the use of EC (\$10–\$70) [10]. While the Affordable Healthcare Act provides coverage for some prescription contraceptives, it is unclear whether the cost of OTC EC will be eligible for reimbursement since EC is not a prescription product [11].

Researchers have noted the inadequate knowledge and misconceptions surrounding EC [8,12,13]. Many women are not well informed regarding indication, timing, side effects and efficacy; many cannot differentiate EC from RU-486 (mifepristone), the medication used to induce an abortion [8,9,14]. Other studies have noted that healthcare providers have not informed women of EC as a contraceptive option, even after its availability OTC [15,16]. Many women report learning about EC from the media or from friends [13]. In 2007, this author conducted a quantitative survey at a private, suburban university to elicit information on college women's knowledge and use of EC, particularly in light of its recent OTC status.

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Findings from that study (N = 609) were consistent with other authors' reports: although women were generally aware of EC, there were significant gaps in knowledge, including timing, availability and side effects which influenced their intention to use EC.

Factors that influence a woman's decision to use or not use EC have not been well explored. More information is needed on what factors contribute to the use of EC and women's experiences with EC in order to effectively develop interventions to address these issues.

## Purpose

The purpose of this project was to gain insight and depth into the perceptions and experiences of college women regarding emergency contraception OTC EC by conducting small group interviews with a semi-structured moderator guide.

## Theoretical perspectives

The Health Belief Model has been used to guide the development of health promotion and disease prevention interventions [17] including sexual risk taking [18,19]. According to the model, four factors influence whether an individual uses preventive/protective health behaviors: 1) perception of susceptibility to negative health outcomes; 2) the perception of the severity of the negative outcome; 3) benefits of the preventive behavior in relation to the potential negative outcome; and 4) barriers and perceived barriers to implementing the protective behavior [18,19]. Although some view the HBM as outdated, the original constructs and concepts are still applicable to gaining insight into decision-making regarding sexual behaviors and risk-taking.

## Methods

This project used a descriptive, exploratory qualitative design. Small group interviews using a semi-structured format were conducted to collect data. Data were collected between January and May 2009. The interview guide was developed by both authors and reflected constructs identified in the literature. Additional demographic data was collected in survey form. Both authors, to identify patterns, themes and discrepancies, performed content analysis of the data. Transcripts were reviewed separately to identify codes and categories. Collaborative review for agreement of codes, categories and identification of themes was then conducted.

### Sampling and procedure

After approval from the institutional review board, a convenience sample of female college students, between the ages of 18 and 24, was recruited for participation using flyers and snowball sampling. The setting is a private university in a suburban section of one of the eastern tri-states. Flyers noted a group discussion of "important women's health issues" and the receipt of a "small gift for participation." A total of five sessions were scheduled on different days and times over a 2-month period between January and May of 2009; each group session lasted approximately 1–1.5 hours. A total of 24 women participated. Each participant attended only one session; each session included between three and eight women. At the beginning of each session, participants were provided information on the purpose of the project and written consent information, including consent for audio recording. Audio recording presents challenges for transcription with focus groups, given the number of participants and trying to isolate different voices; however, this is less intrusive than video recording and therefore was chosen for this study [20]. At the conclusion of the session, participants were given a \$10 Starbucks gift card for participation.

A semi-structured format was used to guide the discussion. Participants were instructed to use first names only and were requested not to discuss or disclose any information (content, participants) related to the study and focus groups. The initial question posed by the researcher "Tell me about your understanding of EC" started the discussions. The terms "emergency contraception," "Plan b," and "the morning after pill" were used interchangeably throughout the discussions; however, these terms were not defined by the researcher prior to the sessions. Additional questions were posed to clarify or further explore responses relating to EC use and perceptions. Questions relating to ways to increase awareness were also incorporated into the discussions.

Data for analysis included demographic questionnaires and transcripts of group sessions. Field notes were reviewed prior to subsequent sessions to determine the need to alter the format or nature of the guiding questions. The researcher, using both the audio recordings and comparison with field notes, verified transcripts. Methods for content analysis as described by Corbin and Strauss [21] and Creswell [22] were followed. Analysis first involved identification of similar phrases, the phrase as the unit for analysis, for categorizing. Clustering of similar data and coding of data were undertaken in order to identify categories of phrases. Later these categories were conceptualized as themes that best described the participants' responses and discussions. Both authors, to determine initial codes and categories, reviewed transcripts separately. Subsequently, the authors met to review and agree upon codes, categories and themes, as well as key participant quotes. Data analysis was primarily performed by the first author, with the guidance of the second author, an expert in qualitative methods.

## Findings

Demographic data revealed that a total of 24 women participated in five small group discussions. Participant ages ranged from 19 to 24, with an average age of 21. Twenty of the 24 participants were white; three participants were Black; one Latina; this is consistent with the demographics of the overall university. Approximately 54% lived on campus (13), 29% (7) lived off campus with family; 8% (2) lived off campus with friends; one participant lived off campus with a significant other, and one participant lived off campus alone. All participants were enrolled in undergraduate programs. The majority of the participants were enrolled in the school of nursing (14); two were in the school of business; two in psychology programs; three in exercise programs and three did not specify.

Overall findings from this study indicated that participants were aware of emergency contraception and its availability, but gaps in knowledge existed particularly around timing, effectiveness and side effects. All but three participants had prior knowledge of EC; seven participants (29%) reported prior use. Women in this study view EC use for emergencies only, not for routine birth control; they do not associate its use with an increase in promiscuity. Various factors influenced the decision to use EC, including perceived barriers and inadequate knowledge; most important for this group were confidentiality and embarrassment issues. Protection for younger women was also a theme throughout the discussions, related to education, access and confidentiality.

Three major themes emerged from the analysis of the data and were consistent with the original guiding questions and the current literature on EC. The final themes that emerged were conceptualized as: *Recognizing the Risk*, *Barriers to Use*, and *Increasing Awareness*. Descriptions of the themes' major categories with support from verbatim transcripts are presented to elucidate the experiences of the group members.

One unanticipated occurrence during the sessions was "information seeking" or "information validation" by the participants from

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