

Original research article

# Interest in over-the-counter access to oral contraceptives among women in the United States

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## Abstract

**Background:** A growing body of evidence indicates that over-the-counter (OTC) access to oral contraceptive pills (OCPs) is safe and effective.

**Study Design:** We performed a nationally representative survey of adult women at risk of unintended pregnancy using a probability-based online panel. In November–December 2011, 2046 eligible women completed the survey. Weighted proportions were calculated, and logistic regression was used to identify covariates associated with support for and interest in using an OTC OCP.

**Results:** A total of 62.2% said they were strongly (31.4%) or somewhat (30.9%) in favor of OCPs being available OTC. A total of 37.1% of participants reported being likely to use OCPs if available OTC, including 58.7% of current users, 28.0% using no method and 32.7% using a less effective method. Covariates associated with a higher odds of reporting interest in using OTC OCPs were younger age; being divorced, being separated or living with a partner (versus married); being uninsured or having private insurance (versus public insurance); living in the south (versus northeast); and current use of OCPs or less effective methods, or nonuse of contraception (versus use of another hormonal method or intrauterine device). Among respondents who said they were likely to use OTC OCPs, the highest amount they were willing to pay was on average \$20.

**Conclusions:** US women are supportive of OTC access to OCPs, and many would obtain refills OTC or start using OCPs if they were available OTC.

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**Keywords:** Oral contraceptives; Over the counter; Access

## 1. Introduction

A growing body of evidence suggests that oral contraceptive pills (OCPs) may be appropriate for over-the-counter (OTC) sale. A cohort study in Texas, where women living near the border can obtain OCPs OTC in Mexico, found that

OTC use was associated with significantly improved continuation compared to women obtaining pills by prescription [1]. Other research has found that women are accurately able to self-screen for contraindications to OCP use — especially contraindications to progestin-only pills [2,3]. Recognizing this evidence, the American College of Obstetricians and Gynecologists (ACOG) recently issued a Committee Opinion supporting OTC access to OCPs [4].

Few studies in recent years have examined women's interest in OTC access to OCPs. In 1993, ACOG commissioned a national survey with 995 women age 18 years and older to measure women's attitudes toward OCPs.

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Results from this survey showed that women believed the pill was less effective and more dangerous than it truly was, and 86% said OCPs were not safe enough to buy OTC [5]. In 2004, a nationally representative telephone survey explored women's interest in obtaining hormonal contraception without a prescription after screening by a pharmacist, a model referred to as "pharmacy access" [6]. In this survey of 811 US women at risk of unintended pregnancy, 68% reported being likely to use pharmacy access for hormonal contraceptives if it were available [6]. In a 2006 survey of 601 nonsterilized women in El Paso, Texas, who were not currently using hormonal contraception or an intrauterine device (IUD), 60.2% reported that they would be more likely to use OCPs if they were available OTC in the United States [7].

The objective of this study was to estimate the current proportion of US adult women at risk of unintended pregnancy who support OTC access to OCPs, as well as the proportion that would be likely to use an OTC OCP. We also assessed willingness to pay for an OTC OCP among women who said they were likely to use this option. In addition, we explored women's opinions of OTC access, including their perceived benefits of and concerns about this provision model.

## 2. Materials and methods

From October to December 2011, we carried out a nationally representative survey of US women of reproductive age at risk of unintended pregnancy exploring their interest in OTC access to OCPs. We conducted the survey with Knowledge Networks using their KnowledgePanel, a nationally representative, probability-based, nonvolunteer online household panel [8]. This panel has been shown to give more accurate results than do telephone interviewing and Internet data collection from nonprobability samples [9–11].

Since 2009, KnowledgePanel has used an address-based sample frame for recruitment, which involves probability-based sampling of addresses from the US Postal Service's Delivery Sequence File. Randomly sampled addresses are invited to join KnowledgePanel through a series of mailings (English and Spanish materials) and by telephone follow-up to nonresponders when a telephone number could be matched to the sampled address. Prior to 2009, Knowledge Networks employed list-assisted random digit dialing sampling techniques based on a sample frame of the US residential landline telephone universe. To include individuals who do not have Internet access, Knowledge Networks provides a laptop computer and Internet access to panelists who do not already have them. Nonspecific survey incentives are used to reduce attrition from the panel; panelists not receiving the free laptop and Internet service receive participation checks for \$4–\$6 per month.

For this survey, a nationally representative sample of women aged 18 to 44 living in the United States was

selected. Selected panel members who met the primary inclusion criteria (females aged 18–44 years who spoke English or Spanish) were invited by e-mail to participate in the survey. This e-mail did not give information about the survey topic. Respondents were screened, and eligibility was limited to those women who were considered at risk for unintended pregnancy: if they had sex with a man at least once in the last 12 months, were not pregnant or trying to become pregnant, or did not deliver a baby in the past 2 months, and if neither they nor their partner was sterilized [6].

The target sample size for the survey was 2000. The maximum margin of error in the estimation of proportions at a 95% confidence level for a sample of 2000 with a design effect of 1.8 was estimated to be  $\pm 2.9\%$ . The design effect is the ratio of actual variance due to weighting to the variance that would be computed under the assumption of simple random sampling with no poststratification weighting. In order to reach this sample size, we estimated that 6838 panel members would need to be contacted, assuming 45% of the panel members would satisfy the inclusion/exclusion criteria [6] and a response rate of 65% [12]. The response rate was lower than this estimate, and a total of 7989 panel members were invited to participate in the survey.

The survey was pretested in October 2011 with 31 participants to ensure the questions were understood; it was also translated into Spanish. The final survey was fielded in November–December 2011. Participants gave informed consent prior to completing the online survey in English or Spanish. The study was approved by the Allendale Investigational Review Board.

Knowledge Networks provided a data file with weighting variables that incorporated design-based weights accounting for panel recruitment and study-specific poststratification weights benchmarked against the demographic and geographic distributions for noninstitutionalized women aged 18–44 from the most recent Current Population Survey [13]. The weights were also benchmarked against the Spanish-language distributions from the most currently available Pew Hispanic Center Survey [14].

The survey included questions about past and current contraceptive use and participants' support for and interest in using OCPs obtained OTC or by pharmacy access. Over-the-counter access was described to participants as follows: "birth control pills would be available on a shelf at a drug store or grocery store just like cough medicine or some allergy pills. If you had a question, you could talk to a pharmacist. You would not need a prescription from a doctor or nurse. If you have insurance, your insurance may or may not cover 'over-the-counter' birth control pills." Pharmacy access was described to participants as follows: "birth control pills would be available at the pharmacy, but you would have to answer some health screening questions by the pharmacist and possibly get your blood pressure checked before you could get the pills. You would not need a prescription from a doctor or nurse. If you have insurance,

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