

Original research article

Contraception or abortion? Inaccurate descriptions of emergency contraception in newspaper articles, 1992–2002

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Abstract

Background: Media portrayals of emergency contraception (EC) may influence public health policy and the public's acceptance of this reproductive health option.

Objectives: We investigated the accuracy of newspaper coverage of EC, 1992–2002.

Methods: We conducted a content analysis of a sample of 1077 articles in 113 newspapers discussing both EC and abortion and determined the frequency of confusion between the two.

Results: Of all articles, 44.5% ($n=479$) included at least one instance of confusion between EC and medical abortion. Inaccurate portrayal of the mode of action of EC as medical abortion occurred in 31.8% ($n=343$) of articles; 13.1% ($n=141$) inappropriately applied terms such as “abortifacient postcoital contraceptives” for EC.

Conclusions: Errors were prevalent, persisted over time and may have contributed to incorrect beliefs about a form of contraception that is used infrequently, despite its potential to deter unintended pregnancy and abortion.

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Keywords: Emergency contraception (EC); Medical abortion; Media; Newspapers; Content analysis

1. Introduction

In 2003, Women's Capital Corporation petitioned the Food and Drug Administration (FDA) to permit over-the-counter sales of Plan B, an emergency contraceptive pill. Despite the endorsement of two advisory panels to the FDA and several physician groups, including the American College of Obstetricians and Gynecologists, the FDA first delayed then rejected over-the-counter approval for Plan B. The debate about the availability of emergency contraception (EC) continues at the state level, however. As of 2004, six states have authorized the sale of EC without a doctor's prescription, and legislation has been introduced in at least six states. A main issue in debates over EC is whether it is a method of medical abortion.

The coincidence that both EC and medical abortion pills are taken *after* intercourse and the publicity about the discovery and approval of mifepristone, known as “the French abortion pill” or RU-486, have led to widespread confusion of EC and abortion methods.

Emergency contraception is defined as any method a woman can use after intercourse to prevent the occurrence of a pregnancy [1]. Emergency contraception methods include the use of intrauterine devices (IUDs) and EC pills; the IUD was not relevant for the purpose of this analysis because it is unlikely to be confused with medical abortion. Emergency contraception pills consist of higher doses of the same hormones found in oral contraceptive pills. Two dedicated products, Preven and Plan B, have been approved for use in the US; however, Preven is no longer available in the U.S. market. Although both were approved in the last 6 years, specific doses of oral contraceptives have been known to function as EC since the 1970s — known as the Yuzpe method [2].

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Emergency contraception reduces the risk of pregnancy after a main method has either failed, for example, a condom slipped, or after unprotected intercourse. Emergency contraception works by preventing ovulation, fertilization or implantation and does not disturb an implanted egg [3–5]. Emergency contraception is not abortion: according to definitions endorsed by the federal government and national medical organizations, life begins when a fertilized egg implants in the uterine lining [6–8]. Thus, if taken in early pregnancy, neither the woman nor the embryo is harmed by EC [4].

In contrast to EC, medications or devices acting after implantation are regarded as abortifacients rather than contraceptives. Methods such as mifepristone, commonly known by its French name of RU-486, consist of the use of medication rather than surgical termination [9,10].

The accepted medical definitions were used as the underlying framework for the constructs of abortion and contraception in this study. Therefore, statements that EC is an abortifacient are considered to be medically inaccurate.

Despite its potential to prevent unintended pregnancies, EC is rarely used; in 2003, only 5% of reproductive age women report ever using EC [11]. Both awareness and knowledge about EC are low and present barriers to its use [1,11–15].

Multiple studies have demonstrated that EC is confused with methods of medical abortion [14,16–25]. For example, among those familiar with EC in one study, 32% incorrectly said they believed that EC causes abortion [14]. The belief that EC causes abortion was the only factor found to be significantly associated with objecting to its use (OR 3.69, 95% CI 1.50–9.06). Those who said they believed that EC was *not* an abortifacient were more than twice as likely to be willing to use it (OR 2.45, 95% CI 1.05–5.70) [14]. Among Latino women in another study, knowledge about EC's mode of action was a primary factor underlying willingness to use EC. Women who thought EC still worked in pregnant women were significantly less willing to use the method [26]. The misunderstanding is bidirectional. Mifepristone, a method of medical abortion, also is confused with EC: in 2001, 61% of a national sample of adults stated that mifepristone was the same thing as the “morning-after pill” and 37% stated that it was the same as “emergency contraceptive pills” [27].

Such confusion may be the result of inconsistent terminology: EC is more commonly known by the misleading term morning-after pill¹ than by the term “emergency contraception” [15]. Recent approval of mifepristone in 2000 by the FDA and the use of several terms for both options may contribute to this common misunderstanding about EC.

The mass media is a major source of information about reproductive health and is cited frequently as a primary source of information about EC [12,14,28–31]. In four out of five population-based studies in one review, mass media were the most frequently cited sources of information about EC, appearing more often than health care providers or schools [28].

In early 2003, a national public health organization's membership newspaper erroneously referred to RU-486 (mifepristone) as the morning-after pill [32,33]. The present study was inspired, in part, by this error and the idea that if a public health organization could make this mistake, similar errors may occur in other publications.

Thus, the purpose of the present study was to determine whether newspaper articles accurately differentiate EC from methods of abortion. Accuracy was assessed according to criteria consistent with the preceding definition of the contraceptive nature of EC: (1) use of appropriate terms distinguishing EC from abortion methods and (2) description of the mode of action of EC as distinctly different from abortion. A secondary aim was to document the frequency of various keywords used to describe EC and methods of abortion. Due to increasing public awareness about EC over this time period [11,12], we expected the accuracy of descriptions to improve over the study period. We also expected the largest number of articles during the study period to be about research.

2. Materials and methods

Content analysis was used with a sample of articles published during the period 1992 to 2002 in the LexisNexis “Academic Universe” national newspaper database. This method has been used to examine the bias, accuracy, prevalence and quality of mass media portrayals of various health topics, including contraception [34–37], tobacco products [38–40], cancer [41–43] and sexual health information [44].

Full text newspaper articles were searched for instances of keywords describing both EC and abortion within 10 words of each other, using the “w/10” function. Articles discussing mifepristone as both a method of medical abortion and as an experimental method of EC were not included in this analysis.² This search strategy was chosen to increase the chance of comparisons between EC and abortion. Keywords for EC and abortion methods included specific brand names, general descriptive terms and slang

¹ Both methods of FDA-approved EC are approved for use within 72 h of intercourse; recent studies suggest effectiveness may extend to 120 h [67,68].

² Mifepristone, the only drug therapy approved by the FDA for medical abortion, has also undergone testing for use as EC [68–71]. Although capable of terminating a pregnancy, mifepristone provided as EC within 72–120 h of intercourse cannot interrupt an implanted embryo, because implantation does not occur during this time. The FDA has not approved mifepristone for use as an EC. Because its use as an EC is only experimental in the US, articles discussing the use of mifepristone as the only contraceptive were not included in this analysis.

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