



Knowledge and Use of Emergency Contraception Among California Women and Teens: Findings from the 2003 California Health Interview Survey

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Emergency contraception (EC), also known as the “morning after pill,” consists of a regimen of hormones ingested within hours to days of unprotected intercourse. It is a safe, effective means for preventing unintended pregnancy. Prior to the Food and Drug Administration’s recent decision to license EC for over-the-counter sales to adults, California allowed women and teens to access EC through pharmacists without a doctor’s prescription (“direct pharmacy access”). We sought to ascertain how widely known EC was among California women of reproductive age, and to determine, among those who had heard of EC, which populations knew about direct pharmacy access. We also sought to identify the population characteristics of adults and adolescents who used EC.

DATA AND METHODS

Three outcomes were assessed—awareness of EC, knowledge of direct pharmacy access, and use of EC—among California women ages 15-44, through analysis of data collected in the 2003 California Health Interview Survey (CHIS). These outcomes were examined in relation to a number of social, economic, geographic, cultural, and reproductive health factors, using chi-square analyses and logistic regression. Special emphasis was placed on knowledge and use of EC among California Latinas, a group at high risk for unplanned pregnancy. To examine EC awareness and use among Latinas, we created an acculturation scale utilizing four social and demographic measures from CHIS and four from the U.S. Census, which were combined into a composite acculturation score.

FINDINGS

The study included data from 11,392 women, a statistically representative sample of over 7.5 million adults and adolescents in that age group.

- A large majority of California women and teens, 76%, had heard of EC by 2003.
 - 77% of adult women
 - 66% of teens
- Of women and teens who knew of EC, only 20% knew about the pharmacy access program.
 - 18% of adult women
 - 32% of teens
- Four percent of women who had heard of EC had used it in the previous year.
 - 4% of adult women
 - 14% of teens
- Knowledge and use of EC varied widely across groups. For example, while 93% of white adults knew about EC, only 58% of Latina adults did. Eighty percent of white adolescents knew about EC, compared to 55% of Latina teens. Over 40% of white teens who had heard of EC knew about pharmacy access, compared to 30% of Latinas.
- Use of EC among women who knew of the method was slightly higher among Latinas; 4% of white adults who had heard of EC used it in the past year, compared to 5% of Latinas. About 12% of white teens who knew of EC used it, compared to 14% of Latinas.
- Knowledge of EC was lower among teens, minority populations, poor women, immigrants, and non-English speakers. We also found that rural women and teens showed little awareness of EC compared to their more urban and suburban counterparts.
- Adult women who reported having a Pap smear within the previous 3 years were 1.7 times more likely to know of EC than those who had not. Among Latina adult women, acculturation was not associated with knowledge of EC when we accounted for other factors.
- Knowledge of direct pharmacy access revealed a different pattern. Among women who had heard of EC, knowledge of pharmacy access was inversely related to age, with teens demonstrating the most knowledge of pharmacy access and the oldest women in our sample, those 35-44,

demonstrating the least. Women and teens without a usual source of health care were the most likely to know about the pharmacy access program. While knowledge of direct pharmacy access was low across many groups, women from Spanish-speaking households were twice as likely to know about it as those from English-speaking households. However, acculturation among Latina adults did not predict knowledge of pharmacy access when we controlled for other variables.

- Among women who had heard of EC, age was the factor that most dramatically predicted its use. Again, use was inversely related to age, with teens reporting the most use and older women the least. Poor women were more likely to use EC than higher-income women, especially in the adult population. Among adults, women from bilingual Spanish- and English-speaking households were 90% more likely to use EC than women from English-speaking households, but acculturation did not predict use of EC among Latinas after we controlled for other factors.
- Having a usual source of health care strongly predicted whether those who had heard of EC used the method; women and teens who attend a government or community clinic or reported no usual source of health care were more likely to use EC than those who attend a private doctor's office or HMO. Among adult women, those who knew about the pharmacy access program were 53% more likely to have used EC in 2003.

POLICY IMPLICATIONS

Our data from CHIS 2003 indicate that while the majority of California women and teens knew of EC by 2003, few realized that EC was available through pharmacists without a doctor's prescription, and few utilized the method. Our data identify populations in the state who need basic education about EC in order to take advantage of improved access through over-the-counter availability. Importantly, our results reveal for the first time that **among women and teens who know that EC exists, those most likely to use it represent population groups at high risk for unplanned pregnancy.**

Our data demonstrate that among California women, those with low social and economic status lack awareness of EC, in general, and that knowledge of the pharmacy access program is low. Our findings

regarding knowledge of EC confirm those of previous studies: **The data suggest that while women in many parts of California have, legally speaking, relatively easy access to EC through pharmacies, few knew of direct access in 2003.** (A December 2005 study by the Public Policy Institute of California also found that while most California adults believe that women should have direct pharmacy access to EC, only 18% knew that California has such a program.)

Despite being the age group least aware of EC, adolescents who have heard of EC demonstrate the most knowledge of the pharmacy access program, and teens who knew about EC were far more likely than adult women to use the method. We conclude that use of EC by teens is contributing greatly to the decline in California's teen pregnancy rates, which have fallen 46% over the last decade compared to a 36% decrease in the U.S. overall. EC is safe and effective for women of all ages. Since California still has the seventh-highest teen pregnancy rate of all states, **we recommend that EC remain widely available to all sexually active females, regardless of age.**

No racial/ethnic differences in awareness of pharmacy access or use of EC were identified among women who had heard of EC, after controlling for other social and economic characteristics. **This implies a need for, and acceptance of, emergency contraception across diverse populations in California.** The finding that women from Spanish-speaking households have greater knowledge of the pharmacy access program intrigues us, and requires further exploration.

Population density strongly affects access to EC in California—women in rural areas and small towns are distinctly less aware of EC and less likely to use it. Even with EC now available to adults over the counter in pharmacies throughout the state, lack of knowledge of EC and long travel distances to pharmacies may preclude timely use of the method. To improve rural women's utilization of EC, **rural health care providers should educate their patients about EC and provide prescriptions in advance of need.**

EC use was high among the most vulnerable adult women: those who have incomes below 200% of the poverty level and reported having gone hungry in 2003. We conclude that **EC plays an important role in preventing unintended pregnancy among adult women who find themselves financially unable to support a child.**

Our data suggest that direct pharmacy access has increased utilization of EC among adult women in California; women 18-44 who knew about pharmacy access were 53% more likely to have used EC in the past year. California's policies for increasing women's access to EC serve as a model for the nation, as the Guttmacher Institute notes in their state-by-state report on policies enhancing access to contraception.^{a,b}

In August 2006, the FDA decided to allow adults 18 years and older over-the-counter access to levonorgestrel emergency contraception (Plan B). Nonetheless, EC will actually be housed behind the counter, and consumers must show proper identification to obtain the drug. In California, however, **adolescents, undocumented women, and women without appropriate identification may continue to obtain EC from pharmacists, without a doctor's prescription, via direct pharmacy access.**

The educational requirement for California pharmacists to dispense EC directly to patients consists of merely one hour of training, and a statewide protocol for pharmacist-delivered EC eliminates liability concerns for pharmacists and pharmacies who participate in the program. Nonetheless, fewer than 25% of California pharmacies currently provide direct access to EC. Wider adoption of direct pharmacy access by pharmacies and pharmacists, accompanied by heightened program visibility, would serve to increase utilization of EC and to reduce unintended pregnancies in California. **Policymakers should consider ways of expanding direct pharmacy access and also continue to support the Family PACT program,** which provides EC at no cost to low-income women in California and serves as a model for public family planning programs in other states.^c

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(Endnotes)

a. Guttmacher Institute. 2006. In Brief. Contraception Counts: Ranking State Efforts. Washington, DC. Available at <http://www.guttmacher.org/pubs/2006/02/28/IB2006n1.pdf>.

b. Guttmacher Institute. Contraception Counts: California. Washington, DC; 2006. Available at http://www.guttmacher.org/pubs/state_data/states/california.pdf.

c. Gold RB. October 2000. California Program Shows Benefits of Expanding Family Planning Availability. Guttmacher Report on Public Policy.

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