

# Accidents Do Happen: Emergency Contraceptives, Teen Contraceptive Use and Knowledge of Reproductive Health Services

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## Background

- Emergency contraception (EC) is safe and effective for teens at risk of unintended pregnancy following unprotected sexual activity, and may prevent an estimated 50% of unintended pregnancies and 70% of abortions in the U.S.<sup>1</sup>
- Studies have shown that access to, and usage of, EC does not affect the sexual risk behaviors or birth control usage of adults or teens.<sup>2</sup>
- In 2006, the FDA approved EC for over-the-counter EC sales for adults over the age of 18. Women under 18 must receive a prescription from a doctor, nurse or specially trained pharmacist in California.
- California's Office of Family Planning (OFP) funds 165 agencies located in areas with higher than average teen birth rates through Teen Pregnancy Prevention (TPP) programs.

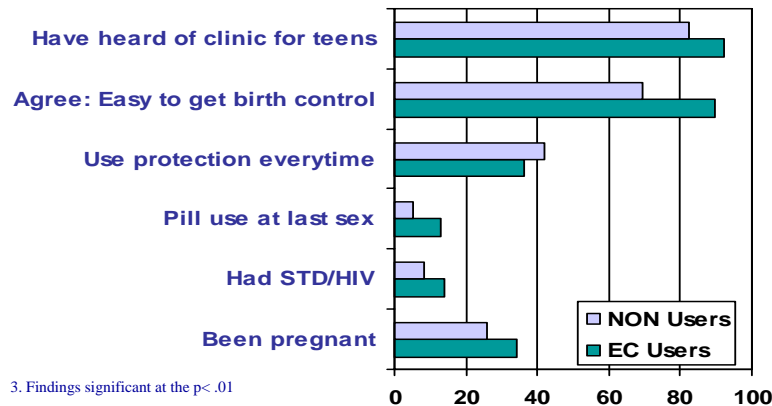
## Methodology

- In 2006-2007, OFP required TPP agencies to fulfill their evaluation requirement by administering a Statewide Pre/Post survey to participants and comparison youth.
- Baseline data from 1,698 sexually active, ethnically diverse, female participant and comparison youth ages 13-19 were examined to profile EC users and non-users.

1. Trussell J, Stewart F, Guest F, Hatcher RA. Emergency Contraceptive Pills: A Simple Proposal to Reduce Unintended Pregnancies. *Family Planning Perspective*. 1992;24:269-273.  
2. Gold M, Wolford J, Smith K, Parker A. The Effects of Advance Provision of Emergency Contraception on Adolescent Women's Sexual and Contraceptive Behaviors. *Journal of Pediatric Adolescent Gynecology*. 2004;17:57-96.  
Harper C, Choong M, Rocca C, Darney P, Raine T. The Effect of Increased Access to Emergency Contraception Among Young Adolescents. *Obstetrics & Gynecology*. 2005;106:483-491.  
Raine T, Harper C, Rocca C, Fischer R, Padian N, Klausner J, Darney P. Direct Access to Emergency Contraception Through Pharmacies and Effect on Unintended Pregnancy and STIs: A Randomized Controlled Trial. *JAMA*. 2005;293:54-62.

## Key Findings from our Sample<sup>3</sup>

- 14% of sexually active female youth had no knowledge of EC.
- 24% of sexually active female youth had used EC.
- EC users:
  - Were slightly older, more likely to have been pregnant, been told they have had an STD.
  - Scored higher on prevention-related and clinical knowledge questions, including confidentiality of services and teen access to family planning services without parental permission.
  - Were more likely to have heard of a family planning doctor or clinic where teens can get clinical services, and report they would go to a family planning clinic, if needed.
  - Were less likely to use contraception or condoms every time they have sex, and had less positive attitudes about teens using condoms every time.
  - Were more likely to use birth control pills and agree that birth control would be easy to get.
- EC users and non users did not differ by ethnicity, usage of birth control at first or last sex, were both trying to avoid pregnancy, and were of similar ages at first sex.



## Discussion

- As most youth in California obtain EC through a clinic, it is not surprising that EC users have a better understanding of birth control methods and California laws regarding youth access to confidential family planning services, which are both critical to teen pregnancy prevention efforts.
- EC users were also more comfortable seeking family planning services from a clinic which not only contributes to pregnancy prevention, but ideally to sexual health overall, including avoidance of STD/HIV.
- We cannot be sure that EC use draws youth to family planning care or visa versa, but it is clear that once youth are comfortable with this point of service, they benefit from multiple resources offered by clinics.
- Because EC users were slightly older, it is likely they have had more experience with seeking family planning services. Their age may also account for higher use of birth control pills and lower usage of condoms every time they have sex, as older teens are more likely to be in a long term relationship.

## Conclusion

In order to increase their use of EC, teens need access to more information including availability, window of effectiveness, and the steps needed to obtain a prescription. Other studies have demonstrated that teens underestimate the amount of time that EC remains effective after an instance of sexual intercourse and are unaware that a prescription is required for women under the age of 18. If teens can be encouraged to use family planning clinics before the onset of sexual activity, it is likely that their confidence in and ability to utilize the available resources will be significantly improved. Concerns that removing barriers to access will result in increased sexual risk taking are unwarranted, current studies suggest.