

EMERGENCY CONTRACEPTION IN CALIFORNIA

Findings from a 2003 Kaiser Family Foundation Survey

This report was prepared by

Alina Salganicoff
Barbara Wentworth
Usha Ranji

THE HENRY J. KAISER FAMILY FOUNDATION

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INTRODUCTION

The increased availability of emergency contraception -- also known as “morning-after pills” -- has been an important development in the prevention of unintended pregnancy. However, only a small minority of people who could benefit from emergency contraception are aware that it exists and that it is safe, legal, and in some locations, very easily available. Many health care providers, federal and state policy makers, and reproductive rights activists have been engaged in campaigns to improve the public’s awareness of emergency contraception.

There have also been many efforts to expand and facilitate its availability through state policies, as well as grassroots and professional outreach and education initiatives. Most recently, the Women’s Capital Corporation petitioned the FDA in 2003 to make emergency contraceptive pills available to women “over-the-counter,” without a prescription as is currently required. The FDA advisory committees with jurisdiction over reproductive health matters recommended that emergency contraception be made available “over-the-counter,” and the final decision of the FDA commissioner is expected to be announced soon.

Against this backdrop of growing interest in emergency contraception, the Kaiser Family Foundation conducted this survey of women and men ages 15 to 44 living in California about their awareness of, attitudes toward, and experience with emergency contraception. California was selected because it is one of a handful of states that allow women to obtain emergency contraceptive pills directly from a pharmacist without needing to have a prescription from her doctor or health care provider, also called “behind-the-counter” access. This survey was conducted approximately one year after the 2002 enactment of this law.¹ California’s large and diverse population and history of leadership on reproductive health issues make it an ideal setting to study the extent to which people are aware of and have access to emergency contraception. Despite its state focus, this survey addresses issues of national importance concerning access, knowledge, and experience with emergency contraception.

While women are the direct users of emergency contraception, men play an important role in reducing unintended pregnancies, making it important to understand their familiarity with and attitudes toward emergency contraception. This survey is one of the first that examines men’s knowledge and attitudes. This survey also provides insight into teenagers’ experiences with emergency contraception, which differ somewhat from those of their adult counterparts.

This report has two major sections. Section I presents survey findings on knowledge of and attitudes towards emergency contraception among Californians of reproductive age. Section II discusses the experiences of Californians in obtaining and using emergency contraceptives. The conclusion summarizes the key survey findings and identifies remaining challenges to increasing public awareness of emergency contraceptives in order to reduce unintended pregnancy.

¹ California State Legislature, SB 1169. Available at <http://www.pharmacyaccess.org/CalifECLegis.htm>.

BACKGROUND

What is emergency contraception?

Emergency contraceptive pills are a form of contraception that can be used shortly after sexual intercourse to prevent unintended pregnancy. This method is designed to be used in cases of unprotected sex or possible birth control failure, such as a condom breaking, and not as a regular form of contraception. Like other forms of contraception, emergency contraception *prevents* pregnancy from occurring. It cannot terminate an established pregnancy, and it is not a form of medical abortion or the “abortion pill.”

How do emergency contraceptive pills work?

Emergency contraceptive pills are essentially a higher dose of traditional birth control pills that are taken within a few days of sexual intercourse to prevent pregnancy. Research suggests that emergency contraceptive pills prevent pregnancy by delaying or inhibiting ovulation or fertilization, or inhibiting a fertilized egg from implanting in the uterus. When taken within 3-5 days of intercourse, emergency contraceptive pills are estimated to reduce the risk of pregnancy by up to 89 percent.² Because of the short time window in which emergency contraception is effective, easy and quick access to the pills is critical.

How long has emergency contraception been available?

The use of elevated doses of oral contraceptives to prevent pregnancy has been discussed and used “off-label” for nearly 30 years. Pre-packaged emergency contraception pills, however, were first marketed in the United States in the late 1990s, following a 1997 Food and Drug Administration (FDA) ruling that emergency contraception is “safe and effective” for preventing pregnancy. Currently, two dedicated products of pre-packaged emergency contraception pills, *Plan B* (progestin-only pills) and *Preven* (combination estrogen and progestin pills), are available by prescription.

In recent years, supporters of emergency contraception have recommended that emergency contraceptive pills be made available “over-the-counter,” which would allow women to buy emergency contraception from retail outlets without needing a prescription. In early 2003, Women’s Capital Corporation, the makers of *Plan B*, submitted an application to the FDA to allow the drug to be sold over-the-counter. In December 2003, members of two FDA advisory committees recommended by a large majority that the FDA approve *Plan B* for over-the-counter sales. Currently, the FDA is in the final stages of considering this recommendation.

Major medical groups, including the American Medical Association and the American College of Obstetricians and Gynecologists, and many other professional health associations such as the American Public Health Association support making these pills available over-the-counter. However, this petition has been opposed by a group of Republican members of Congress who have asked the Bush Administration to urge the FDA to deny over-the-counter approval.

² Reproductive Health Technologies Project, “FAQs about EC”. Available at http://rhtp.org/ec/ec_faqs.htm.

Is emergency contraception used in other countries?

Access to emergency contraception in the United States has trailed that of many other nations. Emergency contraception has been available in the commercial market abroad for many years, beginning in 1984 with the United Kingdom's approval of the first dedicated product. Today, such products are available in more than 80 countries and in many, such as the United Kingdom, France, and Switzerland, it is available "over-the-counter".³

What policies have been considered that affect access to emergency contraceptive pills?

As outreach initiatives continue in the U.S., there has also been movement to facilitate access to emergency contraception, particularly at the state and local levels. One of the most active campaigns has been in achieving "behind-the-counter" status. This arrangement essentially allows women to obtain an emergency contraception prescription and pills directly from a pharmacist, without requiring a physician visit or call-in prescription. Five states, including California (since January 2002), now allow qualifying pharmacists to dispense emergency contraception under the authority of a standing prescription. Allowing a woman to obtain emergency contraception directly from a pharmacist is meant to reduce barriers that she may encounter in reaching a physician within the short timeframe when emergency contraception is effective.

Emergency contraceptive pills are also an important advancement in preventing pregnancies in cases of rape and sexual assault. Six states now require that emergency room staff provide information about emergency contraception or offer the pills themselves to women who have been sexually assaulted. In California, both pharmacy access and emergency room mandate programs have been adopted and implemented.

On the national level, legislation has been introduced in Congress that would provide funding for major public education campaigns targeted toward the public and the health care community to broadly increase awareness of emergency contraception.⁴ Federal legislation has also been introduced that would require hospitals to provide emergency contraception in cases of sexual assault.⁵

These efforts notwithstanding, emergency contraception has not been universally embraced. Some pharmacies and pharmacists have been unwilling to dispense or stock emergency contraceptive pills for reasons including religious or moral objections to its use in preventing pregnancy.⁶ In addition, there have been efforts to limit teens' and college students' access to emergency contraceptives by prohibiting school-based health centers from dispensing these pills to students.⁷

³ Alan Guttmacher Institute, "Emergency Contraception: Improving Access," Issues in Brief, No. 3, 2003. Available at http://www.agi-usa.org/pubs/ib_3-03.pdf.

⁴ U.S. House of Representatives, H.R. 1812.

⁵ U.S. House of Representatives, H.R. 2527.

⁶ Kaiser Family Foundation, kaisernetwork Daily Reproductive Health Report, "New York City Comptroller Demands Wal-Mart Provide EC," May 14, 2001. Bennett, et al, "Pharmacists knowledge and the difficulty of obtaining emergency contraception," *Contraception* Vol. 68, 2003, pp. 261-267.

⁷ U.S. House of Representatives, H.R. 926, Schoolchildren's Health Protection Act, introduced February 26, 2003. Richmond Times Dispatch, "Did JMU jump gun with ban on sale of pill?" April 25, 2003.

METHODS

This report is based on data collected from a telephone survey of 1,151 females and males ages 15 to 44 living in California. The interviews were conducted in English and Spanish by Princeton Data Source, LLC under the guidance of Princeton Survey Research Associates (PSRA), from April 29 to September 2, 2003.

The sample was designed to represent all Californians ages 15 to 44, who live in telephone households. The sample was drawn using standard list-assisted random digit dialing (RDD) methodology. As many as 15 attempts were made to contact every sampled telephone number. Before interviewing respondents under age 18, a parent or guardian first completed a short survey and gave consent for their child to be interviewed. Additional interviews with 15 to 17 year olds were conducted to help in analysis. This oversampling was corrected for in the weighting of the data.

Foundation staff designed and analyzed the survey in collaboration with PSRA. The final sample was weighted to match California parameters for sex, age, education, race and Hispanic origin. These parameters came from a special analysis of the March 2002 Current Population Survey (CPS) that included all California households that had a telephone. Statistical results are weighted to correct known demographic discrepancies.

The margin of sampling error is $\pm 3.2\%$ for the total sample, $\pm 6\%$ for teens ages 15 to 17, and may be larger for subgroups.

KNOWLEDGE AND ATTITUDES

Two-thirds of Californians of reproductive age know that there is something a woman can do to prevent pregnancy after birth control failure or unprotected sex.

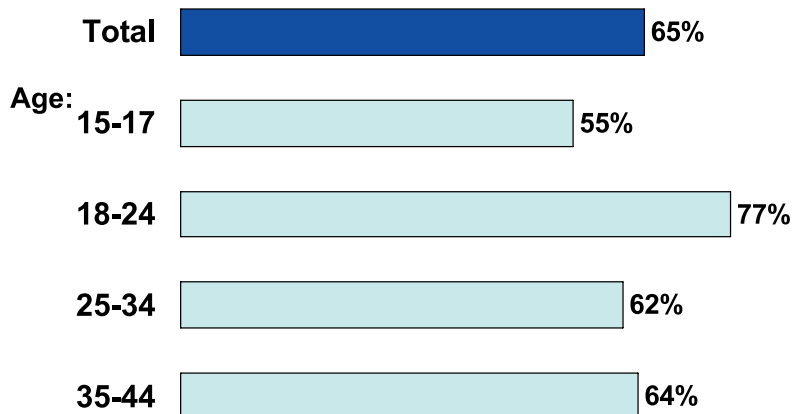
A majority of teens and adults of reproductive age (65%) correctly respond that there is something a woman can do to prevent pregnancy after contraceptive failure or unprotected sex (Exhibit 1). Still, five years after the FDA approved the first dedicated emergency contraception product, approximately one-third of teens and adults of reproductive age remain unaware of this contraceptive option.

Women are no more likely than men to be aware that there is something a woman can do shortly after sex to prevent pregnancy. Knowledge among teens is slightly lower than for adults. Among those ages 15 to 17, 55% are aware that there is an option compared to 67% for adults. Among adults, however, younger individuals are more likely to be aware of an option compared to older adults.

Exhibit 1: Knowledge that there is something a woman can do *after sex* to prevent pregnancy

Percentage answering "yes" to:

As far as you know, if a woman has just had unprotected sex or thinks her birth control may have failed, is there anything she can do in the following days to prevent pregnancy?



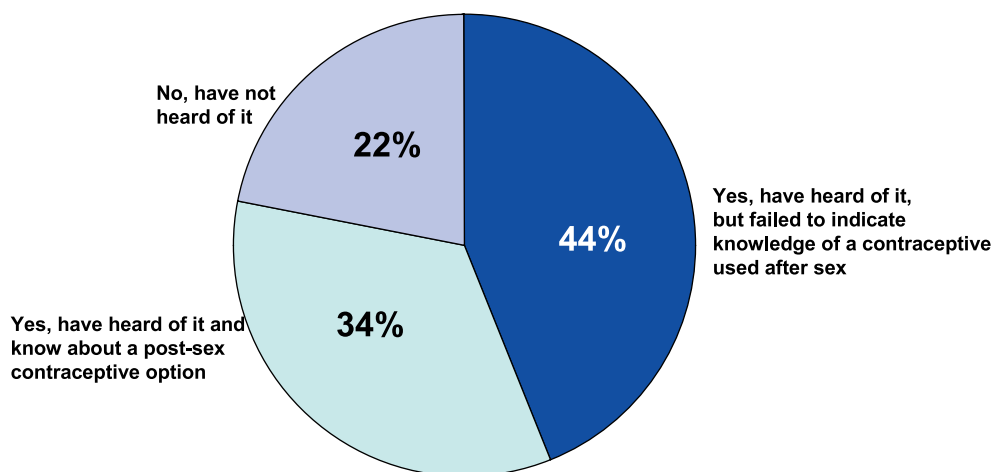
Source: Kaiser Family Foundation Survey on Emergency Contraception in California, 2003.

Most adults have heard of emergency contraception or “morning-after pills,” but a large share are unfamiliar with the concept of a contraceptive that is used after sex.

More than three-quarters (78%) of California adults ages 18 to 44 say that they have heard of emergency contraception or “the morning-after pill” (Exhibit 2). Men are as likely as women to have heard of emergency contraception, and there are no significant differences in awareness by age.

However, only one third (34%) of adults have heard of emergency contraception and also know that there is something a woman can do after sex to prevent pregnancy. More than four in ten adults (44%) have heard of emergency contraception, but are unaware of post-sex contraceptive options, suggesting that they are familiar with the term, but not necessarily the function of emergency contraception. Among adult women, 81% have heard of emergency contraception, but 46% state that they do not know of a contraceptive method that is used after sex.

Exhibit 2: Adults who have heard of emergency contraception or “morning-after pills”



Note: Includes women and men ages 18 to 44.

Source: Kaiser Family Foundation Survey on Emergency Contraception in California, 2003.

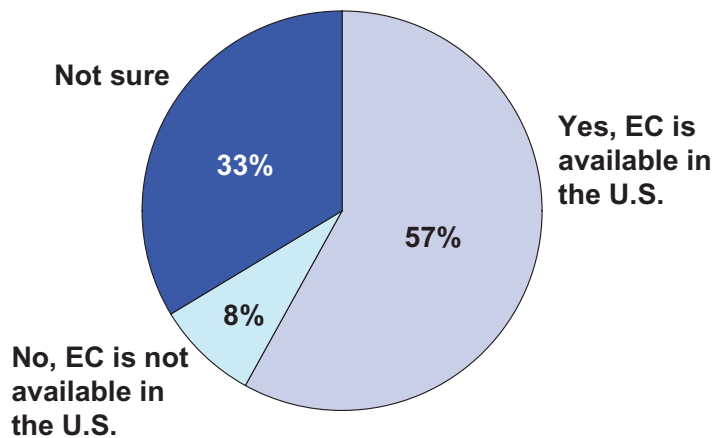
Knowledge about emergency contraception is limited. Just over half of California teens and adults are aware of emergency contraception's availability in the United States.

While over half of teens and adults of reproductive age (57%) are aware of emergency contraception's availability in the United States, more than 4 in 10 either say that it isn't available here or they are not sure (Exhibit 3). Women (39%) are as likely as men (45%) to be unaware that emergency contraception pills are available in the United States. Nearly half (48%) of teens ages 15 to 17 are unaware that emergency contraception can be obtained in the United States.

Younger adults ages 18 to 24 (76%) are the most likely to report that they are aware that emergency contraception is available here, while adults ages 35 to 44 were the least likely to know that it can be obtained in the U.S. (49%). Even among those who say that they would be likely to take emergency contraception in the case of contraceptive failure or unprotected sex, one-third do not know that the product is available in the United States.

Exhibit 3: Knowledge about the availability of emergency contraception in the United States

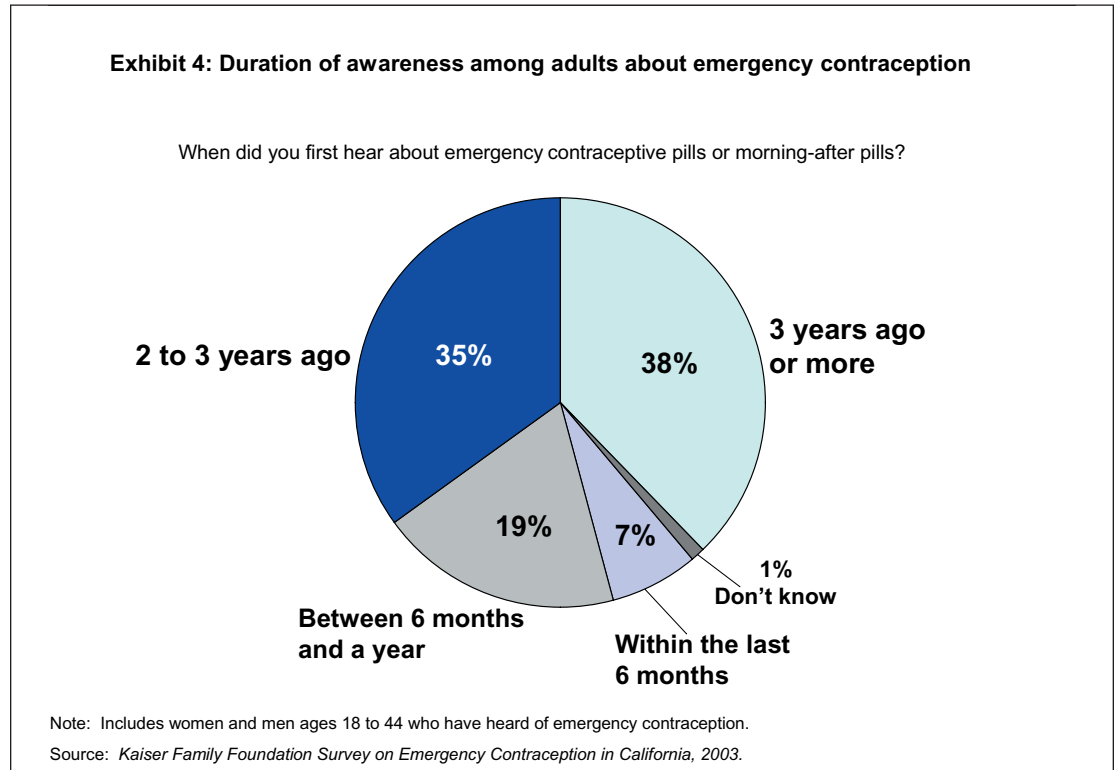
As far as you know, are emergency contraception pills currently available in the U.S... or not?



Note: Includes women and men ages 15 to 44.

Source: Kaiser Family Foundation Survey on Emergency Contraception in California, 2003.

Among adults who have heard of emergency contraception, most (73%) say that they learned about it two or more years ago (Exhibit 4). Only 7% of adults say that they heard about emergency contraception during the last 6 months.



Confusion persists between emergency contraception and “the abortion pill.”

Although more than three-quarters of Californians say that they have heard of emergency contraception, there is still considerable confusion about what it actually is. Half of adults who have heard of emergency contraception (50%) state incorrectly that it is another term for RU-486, “the abortion pill” (Exhibit 5). In addition, fully one-quarter (25%) of adults who have heard of emergency contraception report that they do not know if the two are the same. Men and women are equally likely to have this misperception (51% and 49%, respectively) or report that they do not know (24% men vs. 26% women).

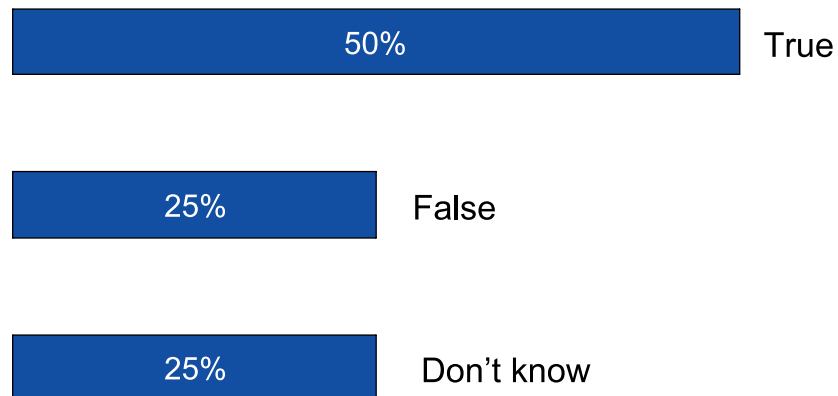
While younger adults are less likely to equate the two compared to older adults, still more than 4 in 10 young adults incorrectly identify emergency contraception as RU-486, or “the abortion pill” (42% among those ages 18 to 24, compared to 53% among those 25 to 44).

When asked if they think that emergency contraception is used primarily to prevent pregnancy, a considerable share of adults who have heard of emergency contraception agree that this is true (73%). Nonetheless, more than a quarter (27%) say that this statement is either false or that they do not know.

Exhibit 5: Confusion between emergency contraception and RU-486, the “abortion pill”

True or False, among adults who have heard of EC:

“Emergency contraceptive pills are another term for RU-486, the ‘abortion pill’”



Note: Includes women and men ages 18 to 44.

Source: Kaiser Family Foundation Survey on Emergency Contraception in California, 2003.

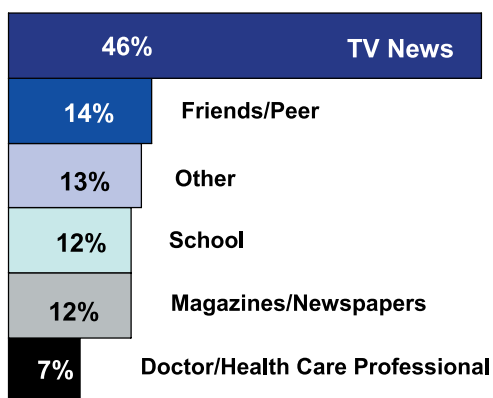
Television is the primary source about emergency contraception -- not doctors.

Among those who know about emergency contraception, Californians typically learned about it from television news, and to a much lesser extent from friends or at school. Only a small fraction learned about emergency contraception from health professionals. When asked where they heard about it, more than 4 in 10 adults (46%) report that they learned about emergency contraception from a television news program (Exhibit 6). Other popular sources of information were from friends or peers (14%), an individual's school, from a teacher, school nurse or school counselor (12%), and magazines or newspapers (12%). Surprisingly, doctors and other health care providers are a rare source of information about emergency contraception. Just 7% of adults say they learned about emergency contraception from their physician or another health care professional.

Women are more likely to have heard about emergency contraception from a health care professional than men (10% vs. 3%). Still, only 1 in 10 women mention health care professionals as a source. Even among women who had a gynecological visit in the past year, only 13% say they learned about it from a health professional.

Exhibit 6: Source of information among adults who have heard of emergency contraception

How did you hear about it?



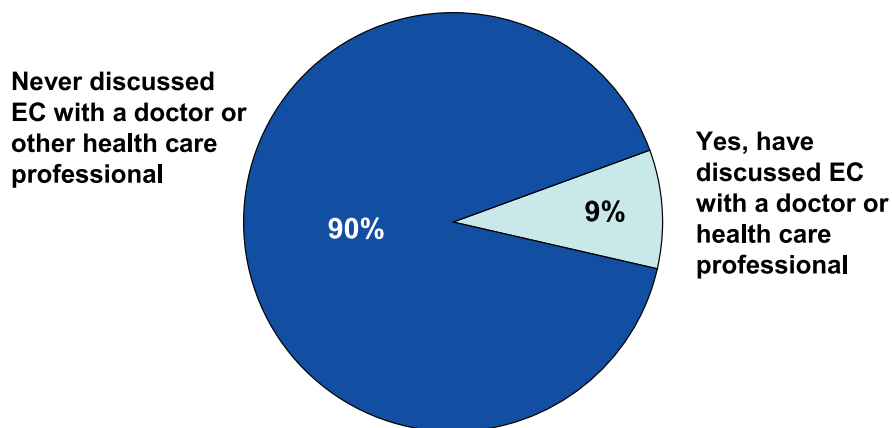
Note: Up to 3 responses given. Includes women and men ages 18 to 44 who have heard of emergency contraception.
Source: Kaiser Family Foundation Survey on Emergency Contraception in California, 2003.

Few report that their doctor or health care professional has talked to them about emergency contraception.

One of the most trusted sources of health information is the physician or health care provider, yet few report that their doctors have discussed this relatively new contraceptive method with them. The overwhelming majority (90%) of adults in California have never discussed emergency contraception with a doctor or other health care professional (Exhibit 7). Among adult women, just 12% report having discussed emergency contraception with a health care professional. This is true even among those who have seen a doctor in the past year. Women who received a gynecological exam in the last year (13%) are no more likely to have discussed emergency contraception with a doctor or other health care professional than women who have not recently received an exam (data not shown). Even among only those who are sexually active, just 10% have discussed emergency contraception with a health care professional.

Exhibit 7: Discussion about emergency contraception with doctors and other health care professionals

Have you ever discussed emergency contraception with a doctor or other health professional?



Note: Includes women and men ages 18 to 44 who have heard of emergency contraception.

Source: Kaiser Family Foundation Survey on Emergency Contraception in California, 2003.

Nearly three-quarters of teens and adults say they would seek information about emergency contraception from a doctor or clinic.

Although very few have ever discussed emergency contraception with a doctor, the overwhelming majority of Californians (74%) say that they would turn to a health care professional for additional information about this method (Exhibit 8). When asked where they would go to learn more about emergency contraception, more than half (58%) say that they would go to a doctor's office and 16% say they would go to a clinic. Women are even more likely than men to rely on the health care system for information, with 84% saying that they would go to a doctor's office or clinic compared to 63% for men.

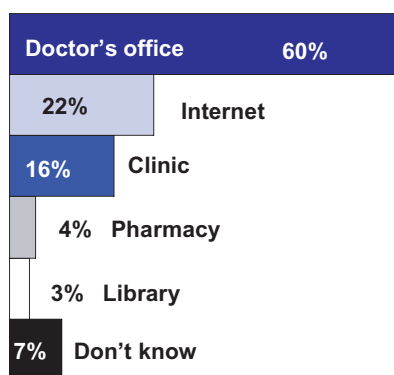
More than one in five individuals (22%) say that they would turn to the Internet to learn more about emergency contraception, although teens are less likely to say that the Internet would be a source for information (16% vs. 22% for adults). Compared to adults, teens are more likely to consult family members (2% vs. 10%) and less likely to go to a doctor's office (60% vs. 36%).

Teens are also more likely to indicate that they are not aware of any source for more information. Nearly one in five teens (18%) say they don't know where they would go for information on emergency contraception, as contrasted with 7% of adults. Nearly one-quarter (23%) of individuals who had not heard of emergency contraception prior to this survey say they did not know where they would go to learn more.

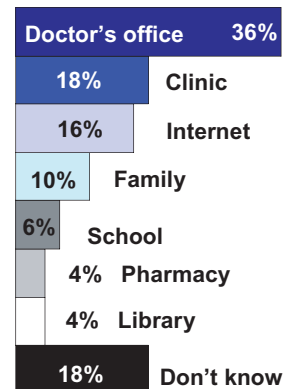
Exhibit 8: Likely source for those seeking information about emergency contraception

If you wanted to learn more about emergency contraception, where would you go?

Adults, ages 18 to 44:



Teens, ages 15 to 17:



Note: Multiple responses given.

Source: Kaiser Family Foundation Survey on Emergency Contraception in California, 2003.

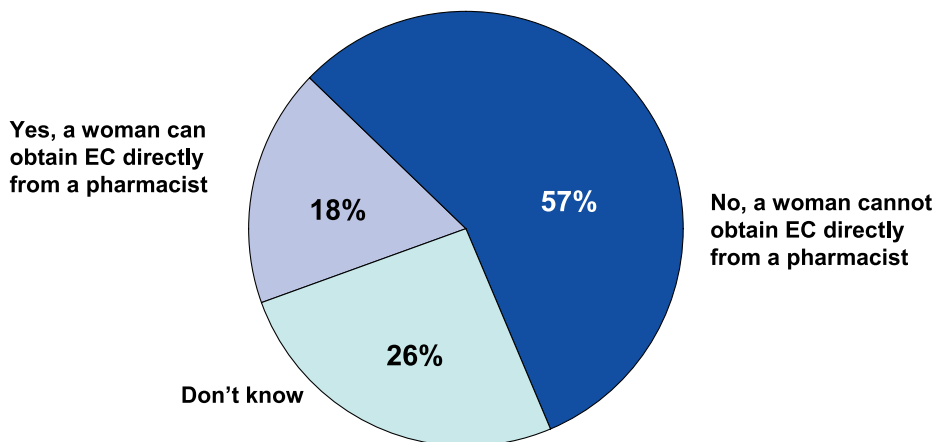
Most Californians are unaware of the state's "pharmacy access" option.

In 2002, California became one of five states that currently permit women to obtain emergency contraception directly from a pharmacist without first obtaining a prescription from her doctor or clinic. However, few teens and adults of reproductive age in California know about this new policy, which was enacted approximately one year before the survey was conducted. Among the teens and adults who are aware that emergency contraception is available in the United States, just 18% know that women in California can obtain the product directly from a pharmacist without contacting a doctor for a prescription first (Exhibit 9). Therefore, just 9% of California women overall are aware that women have this pharmacy option in cases where emergency contraception is needed.

More than half of teens and adults who know emergency contraception is available in the U.S. (57%) incorrectly state that women cannot obtain emergency contraception directly from a pharmacist, and more than a quarter (26%) say that they don't know. However, these teens are more likely to know about "pharmacy access" in California than adults (29% vs. 18%). Still, fewer than a third of teens are familiar with this option.

Exhibit 9: Awareness in California about "pharmacy access" option to obtain emergency contraception

Among those who know EC is available in the U.S.



Note: Includes women and men ages 15 to 44.

Source: Kaiser Family Foundation Survey on Emergency Contraception in California, 2003.

Most Californians of reproductive age approve of emergency contraception -- especially when birth control fails or in cases of rape or incest.

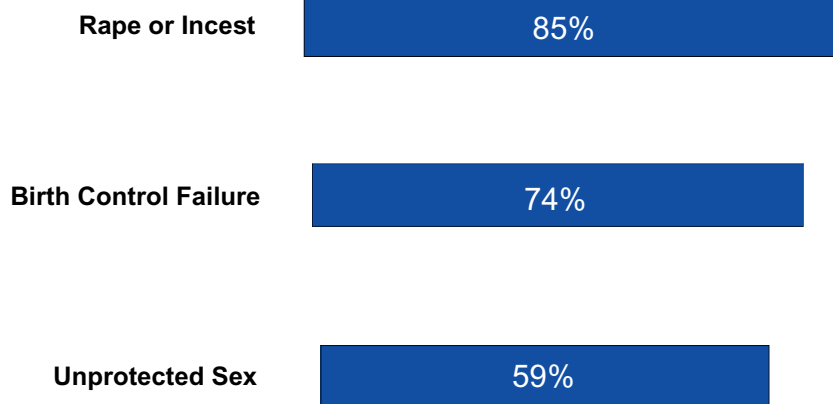
Once it is described, the majority of teens and adults approve of the use of emergency contraception in a variety of scenarios. Approximately three-quarters of individuals (74%) say that they approve of emergency contraception use in the case of birth control failure (Exhibit 10). In the case of unprotected sex, approval is somewhat lower although still a majority at 59%. Teens and adults overwhelmingly approve of emergency contraception use in the case of rape or incest (85%).

More than three-quarters of individuals say that they do not have a religious or moral objection to the use of emergency contraception. Comparatively, just 18% respond that they do. Even among those who say they are unlikely to use emergency contraception, 59% say that they do not object to its use on moral or religious grounds, compared to 37% who say they do. Women are more likely to say that they have a moral or religious objection to emergency contraception compared to men (21% vs. 14%).

When evaluating these responses concerning moral judgments, it may be relevant to keep in mind that one-half of individuals who had heard of emergency contraception prior to this survey incorrectly equated the contraceptive with RU-486, "the abortion pill." As a result, it is possible that some individuals may be confusing this contraceptive with abortion.

Exhibit 10: Support for use of emergency contraception

Would approve of the use of EC to prevent pregnancy in cases of:



Note: Includes women and men ages 15 to 44.

Source: Kaiser Family Foundation Survey on Emergency Contraception in California, 2003.

Steps to improve access to emergency contraception such as pharmacy access, advance prescription, and information from a doctor increase the likelihood of emergency contraception use.

Californians say certain factors would affect the likelihood that they would use emergency contraception or recommend it to a partner if needed. Two-thirds of sexually active teens and adults (65%) say that if a doctor informed them about emergency contraception, they would be more likely to take it or recommend it to their partner (Exhibit 11). Teens in particular say that this would affect their intentions, with 87% indicating that a doctor's consultation about emergency contraception would increase the likelihood that they would take it or recommend it to their partner.

Two-thirds of teen girls and women (65%) say that they would be more likely to take emergency contraception to avoid unintended pregnancy if they already had a pack at home in advance of needing it. Over half of teen girls and women (53%) also say that being able to obtain emergency contraception directly from a pharmacist without having to obtain a prescription from a doctor would increase the likelihood that they would take the product.

Ease of access can influence the likelihood of use, even among those who say initially that they would be unlikely to use emergency contraception. For example, among California women of reproductive age who say that they would be unlikely to use emergency contraception, many subsequently report that having it on hand at home (44%) or having it directly available from the pharmacy (31%) would increase their likelihood of taking emergency contraception. Similarly, 40% of teens and adults (both men and women) who say they are unlikely to take or recommend emergency contraception say that hearing a doctor's advice about the option would make them more likely to take it or recommend it to a partner.

Exhibit 11: Options and information that would influence the likelihood of emergency contraception use

More Likely if...

Informed by a doctor
about EC as an option

65%

Women only:

Have EC at home on hand
in advance of needing it

65%

EC is available directly
from a pharmacist

53%

Less Likely if...

46%

Know about potential side effects such
as nausea, dizziness and headaches

Note: Includes sexually active women and men ages 15 to 44.

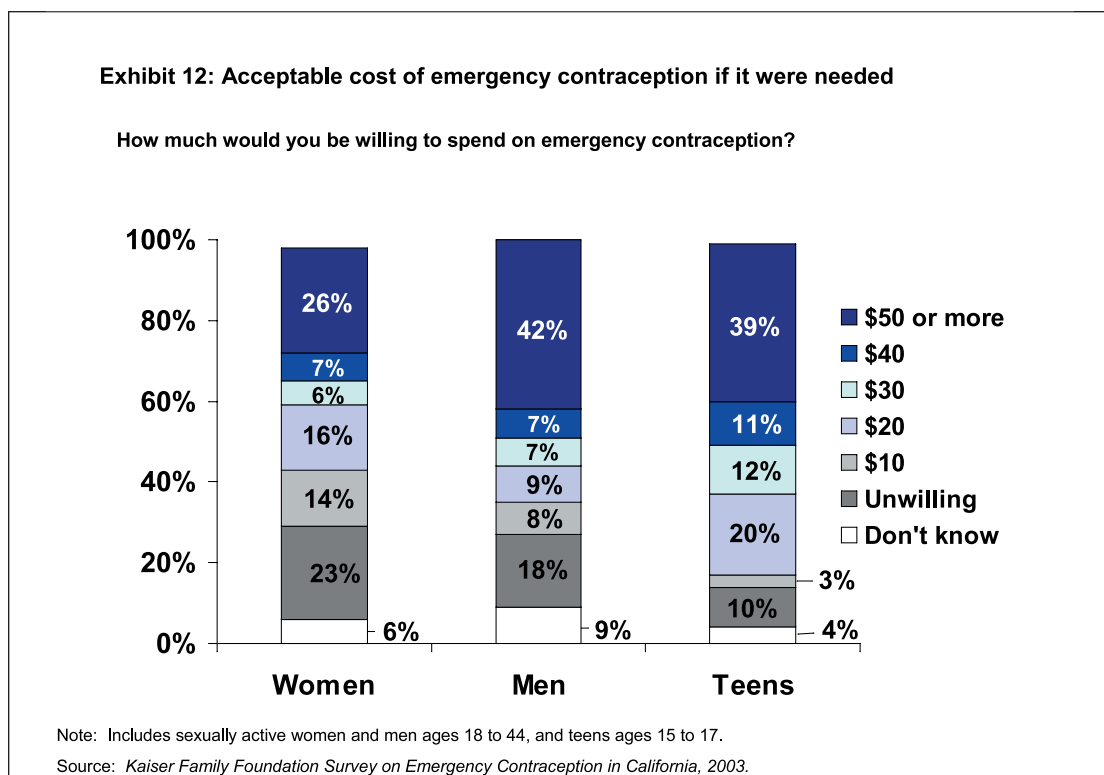
Source: Kaiser Family Foundation Survey on Emergency Contraception in California, 2003.

Not surprisingly, nearly half of teens and adults (46%) say that learning about potential side effects of emergency contraception, such as nausea, dizziness, or headaches, would reduce the likelihood that they would take or recommend emergency contraception.

One-third of Californians would be willing to pay \$50 or more for emergency contraception.

Once they are aware of the availability of emergency contraception, a sizable share of people would be willing to pay for it even if it costs more than most other contraceptives. Forty-one percent of sexually active teens and adults say that they would be willing to pay at least \$40 to obtain emergency contraception to prevent unintended pregnancy if they experienced birth control failure or had unprotected sex. Another 30% say that they would pay between \$10 and \$30.

While a considerable share of both sexually active women and men say they would be willing to pay \$50 or more to obtain emergency contraception if needed, men are more likely than women to say that they would pay at least this amount (42% vs. 26%, Exhibit 12). Women are more likely than men to report that they would pay between \$10 and \$20 (30% vs. 17%). Even among those with low-incomes, nearly one-third (30%) of those with annual incomes below \$25,000 would be willing to spending \$50 or more. Among those with incomes of \$50,000 or higher, 42% would be willing to pay at this level.



Interestingly, teenagers, who typically have the least amount of available income, are more likely than adults to say they would pay higher amounts for emergency contraception. Fully half (50%) of sexually active teens say that they would pay \$40 or more to obtain it.

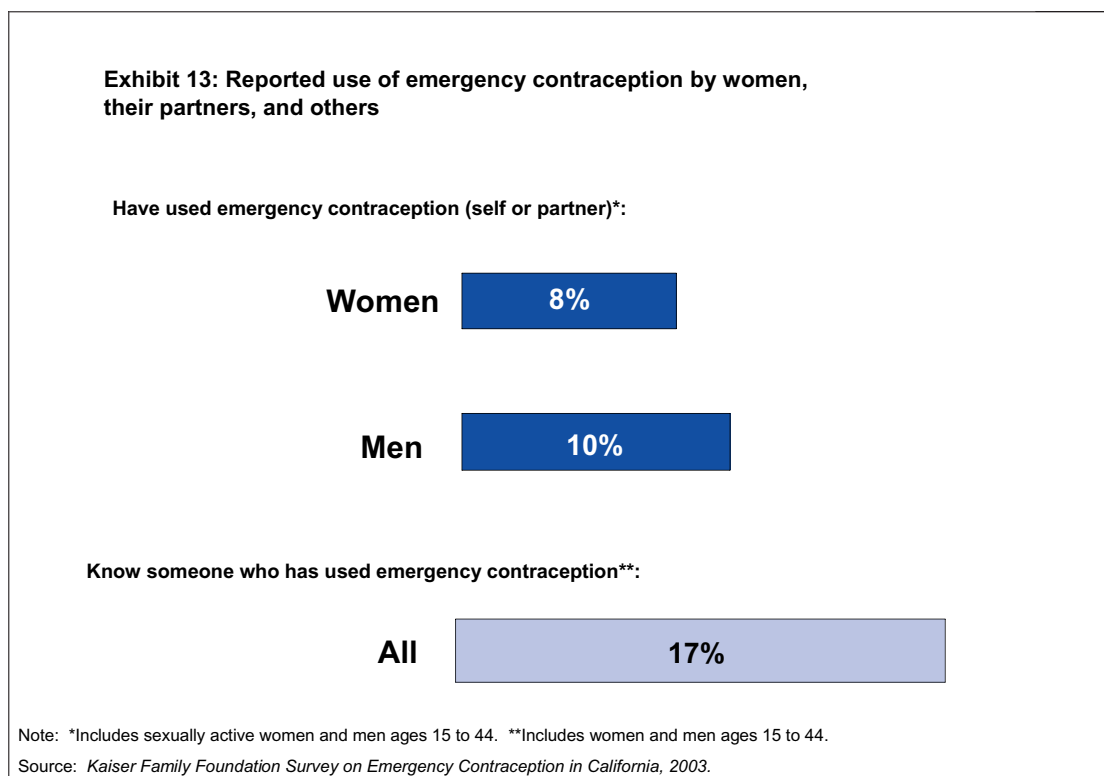
It is worth noting that a sizable share of the population is unwilling to purchase emergency contraception. Overall, one-fifth (20%) say they would be unwilling to pay for it. (Differences between men and women were not statistically significant.) Only 10% of teens, however, say they would not be willing to buy emergency contraceptive pills.

EXPERIENCE WITH EMERGENCY CONTRACEPTION

Despite the growing attention to emergency contraception and its potential to reduce unintended pregnancies, relatively few women have actually used emergency contraceptive pills. In California overall, 9% of sexually active people of reproductive age report that they or their partners have used emergency contraception. The public's limited knowledge, lack of dialogue between providers and patients, confusion with RU-486 ("the abortion pill"), and limited access all likely contribute to the low use of emergency contraception. Nonetheless, reported experiences still provide valuable lessons about access and availability of emergency contraception.

Experience with emergency contraception is limited in California.

Approximately one in ten women (8%) and men (10%) in California report that they or their partners have used emergency contraception. The national rate of use among women is similar at 6%, according to a recent study.⁸ One in six (17%) Californians between 15 and 44 report that they know someone else who has used emergency contraception (Exhibit 13).



Younger people are more likely to report that they or their partners have used emergency contraception. Almost one-quarter (23%) of sexually active women and men ages 18 to 24 report that they have had experience with emergency contraception, compared with 8% of their counterparts ages 25 to 34 and 2% of those ages 35 to 44. Among teens ages 15-17, 10% of sexually active individuals state that they or their partners have used emergency contraception.

⁸ KFF/SELF "Take Charge of Your Sexual Health: A National Survey of Women About Their Sexual Health," Summer 2003.

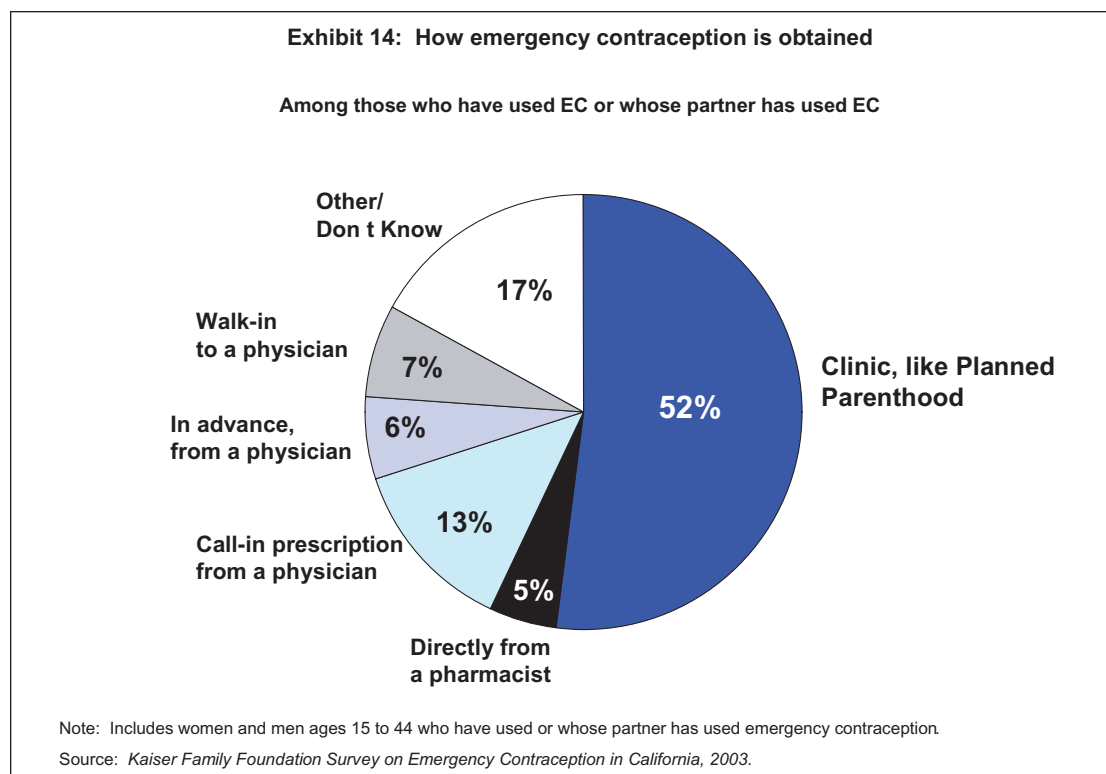
The sample of women in this survey who reported using emergency contraception is too small (37 women) to be analyzed with any statistical precision. While it is difficult to draw conclusions from a sample that is so small, there are some consistent findings among this group that are worth noting.

Of the 37 women in our survey who used emergency contraception, 33 would recommend it to others, suggesting that they had a positive experience with emergency contraception.

Similarly, among a total of 69 individuals who said that they or their partners obtained emergency contraception from a clinic or with a doctor's prescription, 61 men and women say that they did not experience difficulties in obtaining emergency contraception.

Health care clinics are the primary source for obtaining emergency contraception. Receipt directly from pharmacists remains low.

Women turn to a variety of sources to obtain emergency contraception, but health care clinics are the predominant provider. Half of the women (52%) in California who have used emergency contraception obtained the pills from a health care clinic, such as Planned Parenthood. Another 13% report that their physician or their partners' physician phoned in a prescription to a local pharmacy (Exhibit 14).



Although women in California can obtain emergency contraception directly from certain pharmacies, very few women have used this option. In this survey, 4 women report that they obtained emergency contraception directly from a pharmacy in the past year. Women who obtained emergency contraception directly from a pharmacy account for only 5% of all individuals who used emergency contraception or whose partners have used it.

The direct pharmacy access option is relatively new in California, available since January 1, 2002. Of the state's 4,000 – 5,000 retail pharmacies, a relatively small portion (18%) participate in the program.

Insurance coverage, including Medi-Cal and FamilyPACT, has helped pay for the costs for at least one in four Californians who have used emergency contraception.

Affordability of health care services is a key concern for women and has been raised as a possible barrier to emergency contraception. Costs for pre-packaged emergency contraceptive pills alone range from \$8.00 to \$50.00. The brand of the product and the location where it is obtained (family planning clinic, a physician's office, or a pharmacy) are factors that influence cost. At clinics, emergency contraception is often available for purchase on a sliding scale, based on a woman's ability to pay.⁹

An individual's out-of-pocket costs for emergency contraception can also differ depending on insurance coverage. Nationally, 20 states, including California, require that private insurers cover the costs of FDA-approved contraceptives available by prescription, including emergency contraception. These policies have the potential to enhance access to emergency contraception by alleviating the costs for some women. Several state Medicaid programs, including Medi-Cal and Family PACT in California, also cover the costs of emergency contraception for enrollees.¹⁰

In California, one-quarter of emergency contraception users (26%) report that their private insurance, Medi-Cal, or Family PACT paid at least part of the cost for the pills. One-quarter report that they paid the full cost and another quarter state that they did not pay anything out-of-pocket or only minimal costs. One-fourth do not know how costs were covered. This is likely to be men who didn't know how their partner obtained the emergency contraceptive pills.

⁹ Planned Parenthood Federation of America, "Emergency Contraception," December 2002. Available at www.plannedparenthood.org.

¹⁰ Health Systems Research, "Medicaid Coverage of Family Planning Services," Kaiser Family Foundation, 2000.

CONCLUSION

This survey finds that in California, a state that has adopted policies and undertaken significant outreach efforts to promote access to emergency contraception, public knowledge is low – among both men and women -- and experience with emergency contraception is very limited. About two-thirds of Californians of reproductive age know that there is something available to reduce the risk of unintended pregnancy after intercourse. While over three-quarters have heard of emergency contraception or “morning-after pills,” many of these people are only familiar with the term and do not know what it does. In addition, there is still major confusion between emergency contraceptive pills -- which prevent pregnancy -- and the abortion pill -- which terminates early pregnancies.

Since January 2002, California law has permitted individuals to obtain emergency contraception from a pharmacy without a doctor’s prescription, sometimes called “behind-the-counter” access. Still, only a small minority of Californians know about this option and even fewer have ever used it. This may be due, in large part, to lack of awareness about emergency contraception in general. In addition, when we fielded this survey in the late spring of 2003, this program had only been implemented for just over a year. The program is still ramping up with pharmacists continuing to undergo training and certification to dispense emergency contraception. It is still too soon to assess the impact of this policy.

While we found that very few of the men and women we surveyed had direct personal experience with emergency contraception, those who did would recommend it to others. They did not report problems in obtaining the pills and most got it from a clinic or a doctor. Only a small fraction obtained it directly from the pharmacy, so it is impossible to tell how well “behind-the-counter” access to emergency contraception from pharmacies is working from this survey.

One of the most notable findings is the disconnect between health care providers and patients about emergency contraception. Only a fraction of women and men have discussed emergency contraception with their health care providers. Even among those who had visited the doctor in the past year, very few report that they have discussed emergency contraception with their physician. Nonetheless, health care providers are trusted sources of information for most Americans and a large majority of respondents, men and women, report that they would seek information from their doctors or clinics if they wanted to learn more about emergency contraception. There is a role for the health care community in educating the general public about the availability of emergency contraception.

Most of the respondents we surveyed approve of the use of emergency contraception in a variety of scenarios: three-quarters approve of emergency contraception use in the case of birth control failure and nearly six in ten approve in the case of unprotected sex. Teens and adults overwhelmingly approve of emergency contraception use in the case of rape or incest. Fewer than one in five say that they have a religious or moral objection to the use of emergency contraception. These findings indicate that broad support for emergency contraception is likely once people are informed about this method.

We also found that facilitating access raises the likelihood that emergency contraception will be used when needed to prevent unintended pregnancy. For example, having it on hand at home, getting it directly from a pharmacy, or hearing about it from a doctor all make it more likely that people would consider using emergency contraception – even among those who initially state that they are unlikely to use it.

The option of having “over-the-counter” availability could broadly expand both knowledge and use of emergency contraception, but public education efforts will still be necessary to increase awareness. To date, there has been no direct-to-consumer marketing of emergency contraceptive pills as there has with countless other pharmaceuticals and contraceptives. Despite the lack of awareness about availability, general confusion between emergency contraceptive pills and the “abortion pill,” this survey finds that there is large-scale support of emergency contraception among the public -- once they learn about it.



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The Henry J. Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025
Phone: 650.854.9400
Fax: 650.854.4800

Washington Office:
1330 G Street N.W.,
Washington, DC 20005
Phone: 202.347.5270
Fax: 202.347.5274

www.kff.org