

# Education needed to decrease teens' misconception about emergency contraception

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Targeted health education may help urban, minority adolescent women better understand how the emergency contraception pill works and eliminate some misconceptions about side effects, confidentiality and accessibility, according to a study by The Children's Hospital of Philadelphia.

Researchers interviewed 30 African-American females ages 15 to 19 seeking care at Children's Hospital's emergency department. The patients returned after their visit for a one hour interview about history of sexual activity and pregnancy, religious beliefs, and attitudes and beliefs about pregnancy and the emergency contraception pill (ECP). After answering several knowledge-based questions about ECP, the teens watched a 3-minute video about ECP before answering the attitude and belief questions.

The study, which appears in the August 2008 issue of Pediatrics, found that half of the participants who were not sexually active had not heard of ECP. Nearly all of the sexually active participants had heard of ECP but were unable to answer follow-up questions, such as the correct timing of use. Respondents said family and friends are important influences on whether they would use ECP and expressed concerns about confidentiality and availability of the drug.

"By outlining specific barriers to use in this population, we provide a

framework for future early interventions, such as parent education and addressing confidentiality concerns," said pediatrician Cynthia J. Mollen, M.D., M.S.C.E., lead author of the study. "Multiple misconceptions such as side effects that are not known to occur and concerns about confidentiality, exist in this population, and may influence future use."

About 750,000 young U.S. women between the ages of 15 and 19 become pregnant each year, and unintended teen pregnancy is a major public health issue. Many U.S. women are unaware of how emergency contraception works and where to find it. ECP is a safe and effective form of contraception, which can be used to prevent pregnancy when other forms of contraception (like birth control pills or condoms) have not been used or have failed, Mollen said. ECP can be taken up to five days after unprotected intercourse, and is most effective the sooner it is taken.

Those interview participants expressed concern about side effects such as feeling sick or vomiting, and effectiveness of the pill. Some participants described ECP as easier, more effective and faster to use than oral contraceptives. When asked to describe the type of person who would use ECP, participants painted a generally negative picture.

The researchers said that conversations about ECP with teens need to address specific concerns for that age group, such as side effects of the medication and confidentiality issues. Since users of ECP were portrayed negatively by participants, healthcare providers may also offer portraits of actual users and the similarity to oral contraceptives, the researchers concluded.

Source: Children's Hospital of Philadelphia

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