

Researchers find misinformation about emergency contraception common in low-income neighborhoods

December 19 2011

Researchers from Boston Medical Center (BMC) and Boston University School of Medicine (BUSM) have found that in low-income neighborhoods, misinformation about access to emergency contraception is a common occurrence. These findings appear as a research letter in the Dec. 19 on-line issue of the *Journal of the American Medical Association*.

In 2009, the U.S. [Food and Drug Administration](#) facilitated access to emergency [contraception](#) among [adolescents](#) by making it available over-the-counter to individuals age 17 years and older.

From September to December 2010, female research assistants posing as adolescents who recently had unprotected intercourse were randomly assigned to call every commercial [pharmacy](#) in Nashville, Tenn.; Philadelphia; Cleveland; Austin, Texas; and Portland, Ore. Cities were chosen in geographically diverse states without pharmacy access laws that supersede uniform federal regulations. Callers followed standardized scripts to simulate real-world calls and elicit specific information on emergency contraception availability and access.

Researchers then examined same-day availability of emergency contraception, (regardless of reason), whether emergency contraception could be accessed by the caller, and whether the pharmacy communicated the correct age at which emergency contraception was

accessible over-the-counter.

Although the researchers found the availability of emergency contraception did not differ based on neighborhood income, in 19 percent of calls the adolescent was told she could not obtain emergency contraception under any circumstance. This misinformation occurred more often (23.7 percent compared to 14.6 percent) among pharmacies in low-income neighborhoods.

When callers queried the age threshold for over-the-counter access, they were given the correct age less often by pharmacies in low-income neighborhoods (50.0 percent compared to 62.8 percent). In all but 11 calls, the incorrect age was stated as erroneously too high, potentially restricting access.

"Even though we found approximately 80 percent same-day availability of emergency contraception in these metropolitan cities, misinformation regarding access was common-particularly in low-income neighborhoods," said lead author Tracey Wilkinson, MD, MPH, a Fellow in the Division of General Pediatrics pediatrician at BMC/BUSM.

While the study design did not determine why disparities in access to emergency contraception exists, the researcher believes possible explanations include differences in pharmacy staffing or training, frequency of requests for information or organizational cultures around customer service. "Our study assessed only telephone calling and not in-person visits. Despite this limitation, the finding that [misinformation](#) regarding emergency contraception access is more common in neighborhoods with the highest teen pregnancy rates suggests that targeted consumer or provider education for consumers and pharmacy staff may be necessary," she said. "We look forward to working with various companies, organizations and pharmacy staff to improve education regarding current regulations on [emergency contraception](#)

access."

Provided by Boston University Medical Center

Citation: Researchers find misinformation about emergency contraception common in low-income neighborhoods (2011, December 19) retrieved 4 May 2024 from <https://medicalxpress.com/news/2011-12-misinformation-emergency-contraception-common-low-income.html>

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