

# One in five young men unable to purchase emergency contraception

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Male shoppers in search of emergency contraception do not always have an easy time making these purchases and may be turned away at their local pharmacies. A "mystery shopper" survey conducted in New York City by researchers at Columbia University's Mailman School of Public Health and Columbia University Medical Center showed that males had a 20 percent likelihood of not being able to purchase emergency contraception. Nearly three-quarters of the pharmacies in the study created barriers for the males to get the contraception. This is the first research to specifically target males' accessibility to emergency contraception. Findings are online in the publication *Contraception*.

Pharmacies in Washington Heights, East Harlem and the Upper East Side were surveyed on the contraception's availability and cost. Neighborhoods were selected for their different racial and ethnic makeup, socioeconomic status, and rates of teenage and young adult pregnancies.

Young men, aged 19, 25, and 28, posing as shoppers asked to purchase the morning-after-pill for their female partners and gave the reason that the condom broke.

Hours of weekend operation—when most of these purchases are made—were also taken into account. Wealthier neighborhoods had pharmacies with longer weekend hours, although the contraception was more costly than in low-income areas.

Overall, 81 percent of the 158 pharmacies surveyed had [emergency contraception](#) available to sell to the male researchers,.

Of the 30 pharmacies in which males could not access the contraception, 73 percent required the presence of a female or her identification card at the time of purchase and 27 percent "reported" they did not have the product in stock, which is consistent with previous studies in New York City of both males and females.

"There are a few potential explanations for requiring the presence of "a" female or her identification," noted David Bell, MD, MPH, associate professor of Population and Family Health at the Mailman School of Public Health and associate professor of Pediatrics at Columbia University Medical Center. "One possible explanation, the pharmacist may have thought that to comply with the age restriction the female needed to be present. Of note this research was conducted prior to the lifting of the [age restriction](#). A second potential explanation is that pharmacists conscientiously objected to EC overall or its purchase by males. Anecdotally, speaking with a few pharmacists about the results, the request may have been a covert way to determine the presence or lack of coercion in a relationship. "

The Food and Drug Administration has supported over-the-counter access for males to purchase emergency contraception, with the same age restrictions as for females, since the initial ruling in 2006.

A majority of the pharmacists gave correct instructions on use and hours of effectiveness, either 72 hours or 5 days. However, several pharmacists gave a range of misinformation regarding the effective timing of the contraception: 24, 36, and 48 hours. One pharmacist told the shopper that the pill will cause a miscarriage/abortion; another said it was associated with birth defects.

"Cost and timely access are still the key issues that remain today," said Dr. Bell, who is also medical director of New York-Presbyterian Hospital's Family Planning Clinic/Young Men's Clinic, a provider of primary care services to adolescent and young men. "Despite being less expensive in the low-income neighborhoods, cost may still be a barrier to purchase for many individuals. Males and females in lower-socioeconomic neighborhoods also may have less access to the contraception because fewer pharmacies have extended hours on Saturday and Sunday when unprotected sex is most likely to occur."

Dr. Bell stresses the importance of incorporating males in the national dialogue on emergency contraception and says that research on [pharmacy](#) access to the pills by males going forward should be approached differently. "Another area of concern is the notion of pharmacists who may refuse to dispense the morning-after-pill for personal beliefs. In the future, research needs to explore [young men's](#) knowledge and attitudes regarding this means of contraception, their intentions to accept advance provision of the pills with condoms, and any implications of coercion between [males](#) and females related to emergency contraception."

Provided by Columbia University's Mailman School of Public Health

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