

Advance Provision of Emergency Contraception

Program Description

Two studies have documented the behavioral impact of providing emergency contraception (EC) to adolescents and young women in advance of having sex. While these interventions are not curriculum-based programs, they offer important information about the impact of changing clinic protocols to increase use of EC.

The provision of EC, along with appropriate information, led to an increase in the use of EC at long-term follow-up. One study also found 6 months after the education, intervention participants were more likely than those in the control group to report using a condom at last sex. None of the studies found other behavioral impacts as a result of the intervention. All of the studies were evaluated in family planning clinics with an experimental design, and only included women in the sample. Both studies included adolescents and young adult women and occurred in clinics serving a population at high risk of HIV/STDs.

One study—which was conducted with a primarily white population—provided women in the intervention group with two packets of EC to keep and use when needed. They were provided with free replacements when they used or lost the EC. The women in the control group received standard information about how to access EC from clinics when needed for the normal cost.

The other study—which included women of several races (Asian, black, Hispanic, white, and women of other races)—randomized women to one of three conditions: advance provision, pharmacy access, or clinic access (served as the control group). The women in the advance provision group received three packets of EC to keep and use when needed. The pharmacy group received information on how to get EC for free from 13 participating pharmacies, and the control group received instructions to return to the clinic when they needed EC. Pharmacists from the participating pharmacies were trained on counseling women about EC, contraceptive options, and STD prevention. The women in the advance provision group were significantly more likely than those in the control to have used EC. There was no difference between the pharmacy access and the control for any of the behavioral measures.

Resources

Raine, T.R., Harper, C.C., Rocca, C.H., Fischer, R., Padian, N., Klausner, J.D., and Darney, P.D. (2005). Advance Provision of Emergency Contraception. *Journal of American Medical Association*, 293(1): p. 54-62

Raymond, E.G., Stewart, F., Weaver, M., Monteith, C., and Van der Pol, B. (2006). Impact of Increased Access to Emergency Contraception Pills. *Obstetrics and Gynecology*, 108(5): 1098-1106.

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