Emergency Contraception Availability in U.S. Colleges & Universities

Sara Farjo, DO; Amie M. Ashcraft, PhD, MPH; Courtney S. Pilkerton, MD, PhD; Megan Adelman, PharmD; Jun Xiang, MS, MA; Pamela J. Murray, MD, MHP
West Virginia University School of Medicine

Background

• Emergency contraception (EC) can be used up to 120 hours after unprotected sex to prevent pregnancy
• Options for EC range from pills to intrauterine devices (IUDs)
• Effectiveness increases the sooner EC is used after sex
• Student health services should optimize EC to provide effective reproductive healthcare

Objectives

• Assess the availability and types of EC at U.S. College and University Campuses

Methods

• Random sample of 800 colleges and universities chosen from the Carnegie Classification of Institutes of Higher Education
• 14 female undergraduate and graduate students were trained as mystery callers using a script posing as students
• Data collection occurred between November 2021 through May 2023

Results

Figure 1: Does This School Have Any EC on Campus?

![Bar chart showing the percentage of schools with EC options available on campus]

Figure 2: What Types of EC Can Students get on Campus?

![Bar chart showing the distribution of EC types available on campus]

Figure 3: Were You Referred to a Site Off-Campus to Obtain EC?

![Bar chart showing the referral to off-campus sites for EC]

Selected Quotations from School Staff Members

[On 2/23] I was told I could make an appointment but, it would be scheduled in March.

"Are you asking for an abortion?"

"You should make the boy buy it. It is their responsibility to have good condoms."

"Take within 3 days or 2 days something like that. The problem is I’ve already left the office and won’t be back for a couple of days. You’ll have better luck going to a pharmacy."

"Do you mean birth control? Are you asking about condoms?"

"We are not equipped for that, but we have condoms."

Discussion

• A little less than a quarter (23.1%) of campuses called reported having some type of EC available (Figure 1), although this was not able to be verified in person.
• At schools where EC was reported to be available, the majority (97.3%) had levonorgestrel, compared to 11.6% with ulipristal acetate and only 10.2% that would insert an IUD (Figure 2).
• More than half (55.1%) of the schools contacted referred callers to an off-campus site (Figure 3), usually a retail pharmacy, to purchase EC, but research has shown that availability in pharmacies is highly variable.
• Data from this study can help increase awareness of student health services to the lack of resources regarding EC on U.S. campuses which could play a pivotal role in preventing unintended pregnancy for students.
• Future directions include further analyzing data to look for patterns regarding availability in terms of geography, school size and school type.

References