



Center for  
Reproductive  
Health Research  
& Policy

# MEETING SUMMARY

University of California, San Francisco

## EC Knowledge among California Women

*While there has been steady overall improvement in knowledge of EC since 1999 among California women of reproductive age, data demonstrate persistent disparities in knowledge of EC by race/ethnicity, socioeconomic status, and educational attainment.*

*In May 2005, researchers at the Bixby Center for Reproductive Health Research & Policy at the University of California, San Francisco hosted a meeting to share recent data on women's knowledge of Emergency Contraception (EC) in California. Leaders from clinical, advocacy, and policy fields gathered to discuss the research findings and to develop strategies to improve women's knowledge of EC across the state. Nearly forty participants, including providers, researchers, foundation officers, policymakers, and advocates, met in San Francisco to address the need for increased access to and knowledge of EC.*

### Research Findings

Diana Greene Foster, PhD, a UCSF demographer, shared the findings from a recent analysis of data from the California Women's Health Survey (CWHS). In examining EC-related questions from 1999 thru 2004, Dr. Foster found steady overall improvement in knowledge of EC among women of reproductive age. In 2000, 40% of women knew a method of EC. By 2004, that percentage had grown to 57% (see Figure 1).

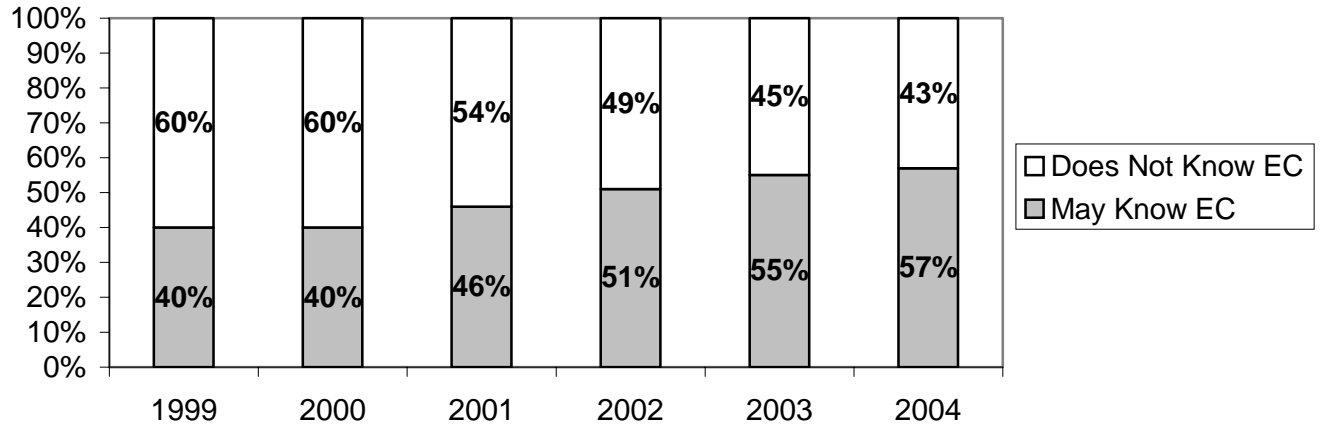
However, the data demonstrate that disparities in knowledge of EC are persistent. Foreign-born Latina women, South and Southeast Asian women, low-income women, and low-education women all exhibit significantly lower levels of knowledge than other women (see Figure 2). In addition, answers to an open-ended question in the annual survey revealed confusion between EC and the abortion pill. See Figure 3 for knowledge of EC by county.

### Discussion of Goals and Strategies

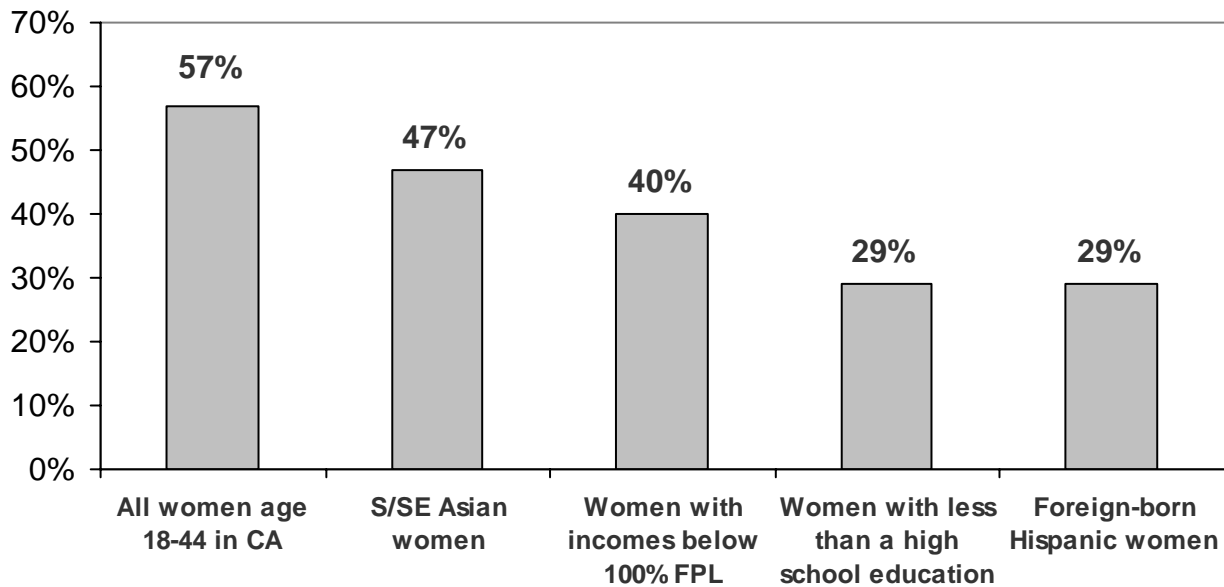
The meeting participants discussed successes and challenges in increasing knowledge of and access to EC among women in California, particularly among low-knowledge and hard-to-reach groups. The participants then identified the following goals and strategies to increase knowledge among these groups, as well as among providers and the general public.



**Figure 1: Knowledge of Emergency Contraception  
Among Women 18-44 in California, 1999-2004<sup>a,b</sup>**



**Figure 2: Percentage of Women 18-44 in California  
Who May Know About EC, 2004<sup>a,b</sup>**



<sup>a</sup>Data from the California Women's Health Survey, 1999-2004.

<sup>b</sup>Knowledge of EC was determined using two questions on the California Women's Health Survey. Women were asked, "If a woman has unprotected sex is there anything she can do in the three days following intercourse that will prevent pregnancy?" followed by the open-ended question "What can she do?" Women were considered to know about EC if they answered "yes" to the first question and gave one of the following responses to the second: *use emergency contraception; take high dose/extra birth control pills; take the morning after pill; have an IUD inserted; pill, don't know name; seek medical help; or take birth control pills*. Common incorrect responses included: *take RU486; don't know; and get an injection*.



## Goals:

Raise EC awareness, knowledge, and access among low-knowledge groups, including:

- low-income women
- Hispanic women, especially foreign-born women
- South/South East Asian women
- women with low education
- women who haven't had a recent family planning visit

Increase provider knowledge and provision of EC

Increase knowledge of EC among the general public

## Strategies:

Employ multilevel approaches to increase knowledge:

- Media
- Health care systems
- Professional organizations
- Providers
- Communities
- Families
- Women

Use diverse outreach strategies tailored to specific populations, including:

- Advertise in public media and public spaces, such as malls and laundromats
- Advertise in alternative media outlets, such as billboards and radio
- Develop multi-lingual advertising and outreach for recent immigrant groups
- Develop educational materials in multiple languages
- Use existing networks, such as advocacy and health organizations that already work with specific target populations and low-knowledge groups

Clarify the language of EC to combat confusion:

- Standardize terminology: “EC” versus “Morning-After-Pill” versus “Plan B”
- Distinguish between EC and Mifepristone/RU486
- Translate “EC” into other languages, retaining appropriate meaning and connotations

Train healthcare providers, including pharmacists, in order to:

- Increase clinician knowledge and provision of EC
- Increase EC services in multiple languages
- Increase the points of access for EC
- Raise awareness about potential impact of pharmacy refusal clauses
- Engage and educate pharmacists about the benefits of EC

Encourage Barr Laboratories to focus marketing and education efforts on underserved populations:

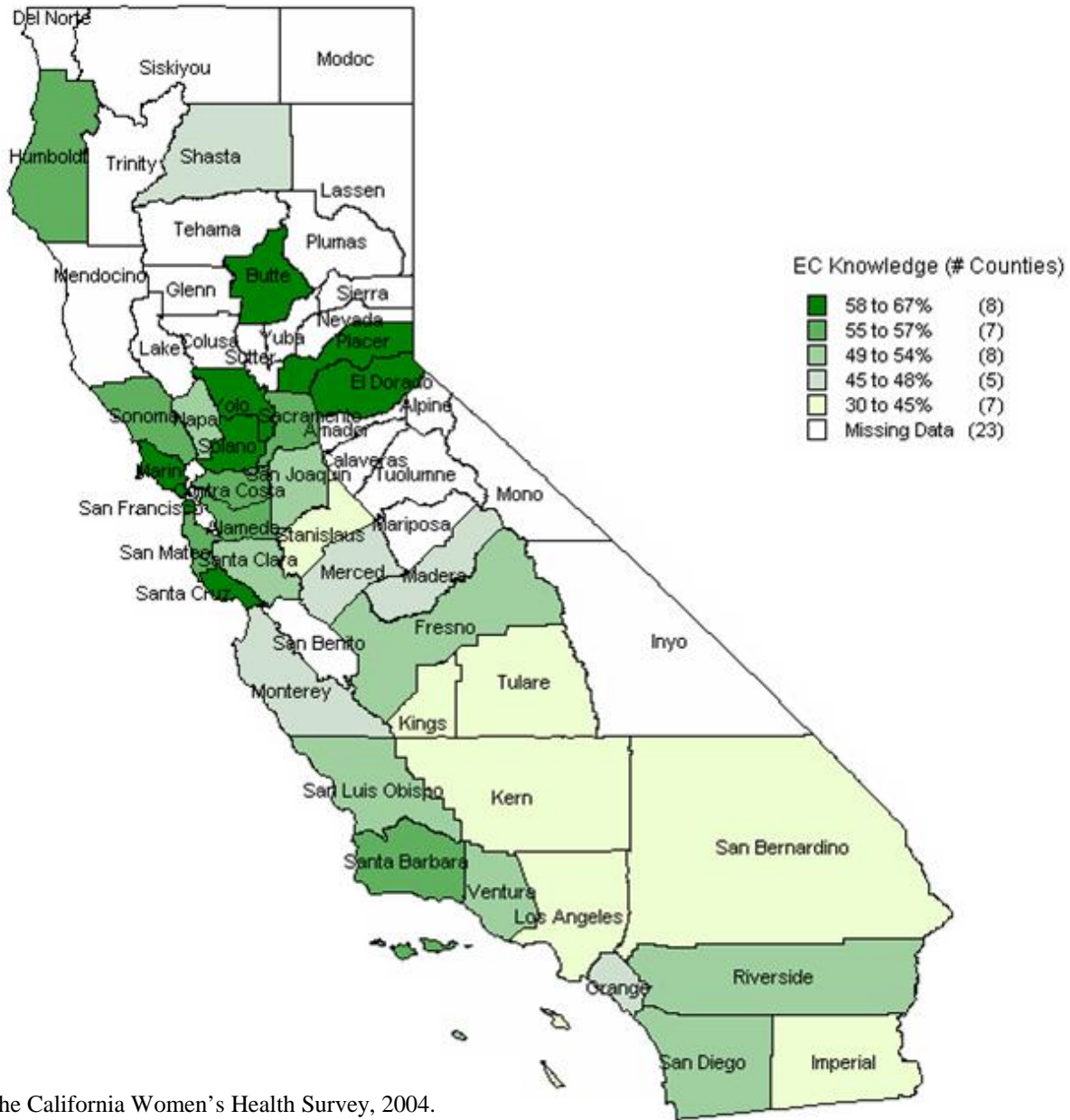
- Provide Barr with information about knowledge levels, trends, and gaps in knowledge

## Conclusion

Overall, the meeting participants were encouraged by the trends of increased knowledge of EC among women in California. However, gaps in knowledge persist among foreign-born Latina women, South and Southeast Asian women, low-income women, and low-education women. It is critical for researchers, advocates, clinicians, and policymakers to identify low-knowledge groups throughout the state and to work together to increase EC knowledge among all California women. Dr. Foster's analysis reveals disparities in knowledge about and access to EC for California women who are consequently at higher risk for unintended pregnancy.



Figure 3. EC Knowledge in California by county, 2004<sup>a</sup>



<sup>a</sup>Data from the California Women’s Health Survey, 2004.

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