# Does Emergency Contraception Promote Sexual Risk-Taking?

## HIGHLIGHTS

- There is no evidence of a relationship between increased access to EC and sexual risk-taking.
- Women do not abandon their routine method of contraception or switch to a less effective method when they have increased access to EC.
- Improved availability of EC does not lead to sexual promiscuity or increased risk of sexually transmitted infections.
- Women do not use EC repeatedly; in fact, many women do not use EC as often as needed.
- Adolescents are no more likely than adults to engage in sexual risk behaviors when they have increased access to EC.

## What Is Sexual Risk-Taking?

Sexual risk-taking involves any sexual activity that places one at risk for unintended pregnancy and/or sexually transmitted infections (STIs). Examples include unprotected sex, inconsistent use of contraception, use of contraception without appropriate protection against STIs, or multiple sexual partners.

## Emergency Contraception Does *Not* Promote Sexual Risk-Taking

Though emergency contraception (EC) is only intended for occasional use, concerns have been raised that increasing access to EC (e.g., by making it available without prescription over-the-counter) would lead to increased sexual risk-taking. For example, if EC was easily accessible, would women use contraception less regularly, more readily engage in casual sex, or be at increased risk of contracting STIs? There is no scientific evidence to substantiate these concerns. To the contrary, a substantial body of research demonstrates that there is no relationship between availability of EC and increased sexual risk behavior:

- **Women do not abandon their routine method of contraception when they have access to EC:** Studies in both the United States and abroad have found that the majority of women who seek EC are already using a routine method of contraception and experience a method failure such as a condom break.[1-3] Even when women receive EC in advance of need ("advance provision"), they are no more likely to have unprotected sex than women who must obtain EC through typical avenues (e.g., from a doctor, clinic, or pharmacy after unprotected sex has occurred).[4-7] Similarly, women with advance provision of EC use their routine method of contraception as consistently as other women.[8-10] One of the more recent, methodologically rigorous studies of EC and sexual risk behavior found that providing women with three packs of EC in advance of need did not increase the frequency of unprotected sex or compromise birth control use (see Table 1).[6]

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**Table 1: Frequency of Contraceptive Behaviors among Women with Advance Provision of EC vs. Women with Clinic Access[6]**

| Contraceptive Behavior | Advance Provision | Clinic Access |
|---|---|---|
| **Frequency of unprotected sex** | **825 women** | **310 women** |
| Every time | 3.0% | 2.3% |
| Most of the time | 6.1 | 7.4 |
| Some of the time | 30.7 | 31.3 |
| Never | 57.2 | 54.2 |
| Not sexually active | 3.0 | 4.8 |
| **Pill users** | **395 women** | **123 women** |
| Never missed a pill | 34.7% | 31.7% |
| Missed 1 or 2 pills per pack | 55.2 | 57.7 |
| Missed more than 2 pills per pack | 10.1 | 10.6 |
| **Contraceptive method change** | **788 women** | **288 women** |
| No change | 69.2% | 71.5% |
| Adopted contraception | 3.7 | 3.5 |
| Abandoned contraception | 6.4 | 4.5 |
| Changed from birth control pills | 6.5 | 7.3 |
| Changed from condoms | 14.3 | 13.2 |

**Note:** None of the small differences between the two groups are statistically significant.

- **Women do not switch to less effective methods of contraception when they have access to EC:** Even with increased access to EC through advance provision, women do not forego more effective methods of routine contraception, such as birth control pills or injections, in favor of less effective ones, such as condoms or spermicide.[6, 9] In fact, women who are most conscientious about using effective methods of contraception – such as those who use both condoms and birth control pills – may be more likely to seek EC when their methods fail.[11] Additionally, experiencing a method failure and subsequently using EC may encourage some women to switch to a more effective method of contraception.[2, 3, 12] In a survey of women who had obtained EC at a New York City clinic, 57 percent indicated that they planned to or had already switched to a more effective method of contraception, and 75 percent reported that they were more likely to use contraception after using EC.[2]

- **EC does not affect women's sexual activity or risk of contracting an STI:** A key study found that women who received advance provision of EC did not have sex more frequently than other women, nor did they have greater numbers of sexual partners, behaviors that can increase the risk of contracting an STI (see Table 2).[6] In fact, the majority of women in the study had only one partner, regardless of whether or not they received advance provision of EC. Moreover, levels of STIs, such as chlamydia and herpes, were similar across women in the study (see Table 2), indicating that improved availability of EC does not affect STI risk. Women receiving advance provision of EC have also reported that having EC on hand does not influence their decision-making with regard to unsafe sex or exposure to STIs.[3]

## Women Do Not Use EC Repeatedly

Another concern about increasing access to EC is that women would "abuse" it by using EC repeatedly as their only method of contraception. Again, a wealth of evidence indicates that improved access to EC does not result in repeated use. For instance, though EC is more widely promoted and easily available in the United Kingdom than in the U.S., U.K. women do not use EC as a substitute method of contraception.[1] U.K. studies have also found that 77 percent of women used EC only once or twice during the previous 12 months,[13] and that less than three percent of young women (ages 14-29) used EC more than twice over a four-year period.[12]

A diversity of advance provision studies in countries including China, Ghana, India, Scotland, and the U.S. universally found that women who receive EC in advance of need do not use it repeatedly, even when multiple supplies were provided.[3, 4, 6-10] In addition, an "actual use" study simulating over-the-counter provision of EC in the U.S. found that only 1.5 percent of women used EC more than once during the three-month study period.[14]

**Table 2: Frequency of Sexual Behaviors and STI Rates among Women with Advance Provision of EC vs. Women with Clinic Access[6]**

| Sexual Behavior | Advance Provision (826 women) | Clinic Access (310 women) |
|---|---|---|
| **Frequency of sex** | | |
| Never | 3.0% | 4.8% |
| <1 time/month | 14.9 | 14.2 |
| 1-3 times/month | 26.4 | 27.1 |
| 1 time/week | 22.8 | 22.3 |
| >1 time/week | 32.9 | 31.6 |
| **Number of sex partners** | | |
| None | 3.0% | 4.8% |
| 1 | 75.2 | 76.1 |
| 2 | 15.4 | 11.9 |
| ≥3 | 6.4 | 7.1 |
| **Frequency of condom use** | | |
| Every time | 21.2% | 21.4% |
| Most of the time | 23.3 | 24.6 |
| Some of the time | 24.2 | 23.0 |
| Never | 28.3 | 26.2 |
| No intercourse | 3.0 | 4.8 |
| **STI test results** | | |
| Positive for chlamydia | 2.3% | 1.4% |
| Positive for herpes | 4.4 | 4.8 |

**Note:** None of the small differences between the two groups are statistically significant.

## Many Women May Not Use EC as Often as Needed

Findings that repeat use of EC is rare, even when it is provided in advance of need, may indicate that women are not using EC as often as needed. A host of factors – such as high contraceptive failure rates, incorrect use of contraceptives, barriers to contraceptive use, and rape – may necessitate more than "single use" of EC as a safe and effective back-up method of pregnancy prevention.[15]

## EC Does Not Promote Sexual Risk-Taking among Teens[I]

Much of the research demonstrating that EC does not promote sexual risk-taking has included teenagers in the study populations.[1, 2, 5, 6, 8, 9, 12, 13] A recent study of 15–24-year-olds found that compared to other women, those with advance provision of EC:[6, 16]

- Did *not* engage in increased levels of unprotected sex
- Did *not* use routine methods of contraception less consistently
- Did *not* switch to a less effective contraceptive method
- Did *not* have greater numbers of sexual partners
- Did *not* have higher levels of STIs

## Increased Access to EC Will Promote Greater Use and Reduce Unintended Pregnancy

A wealth of scientific evidence clearly demonstrates that EC does not promote any form of sexual risk-taking, even when it is provided to women in advance of need. However, improved access to EC through advance provision increases the likelihood that women will use EC,[5-8] and that they will take it more immediately after unprotected sex when it is most effective.[4, 10]

I For additional information about EC and teens, see the brief in this series titled: *Should Teens Be Denied Equal Access to Emergency Contraception?*

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