



NARAL
Pro-Choice North Carolina

Emergency Contraception Availability in North Carolina College and University Health Centers

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EMERGENCY CONTRACEPTION

The term “emergency contraception” (EC) refers to methods of pregnancy prevention *after* intercourse has taken place. Intercourse is considered “unprotected” when no form of contraception are used (this may include situations where the woman is coerced), or if it is not used consistently and correctly. Emergency contraceptive pills (ECPs) either inhibit ovulation, fertilization or may prevent implantation of a fertilized egg. ECPs can reduce a woman’s risk of pregnancy after unprotected sex by 75-89 percent when the first dose is taken within 72 hours of unprotected intercourse; the pills are more effective the sooner they are taken (1).

Approximately 3 million women experience unintended pregnancies in the United States each year; about 50 percent of these women are using no method of contraception, and the other 50 percent are using contraception inconsistently or incorrectly (2). An estimated half of unintended pregnancies in the US end in abortion; the rest are carried to term. Emergency contraception has the potential to prevent unintended pregnancies in the United States, and reduce the number of abortions and unintended births in the process (3).

BACKGROUND

For many young women, the college/university health center is the only source of contraceptive information and services. Thus, it is crucial that these centers provide access to ECPs in addition to other contraceptive methods, especially centers in rural areas, whose patients often have limited access to other providers.

However, according to Susan McCarthy, who published a study in 2002 on the availability of emergency contraception in student health centers in the United States, only half of student health centers surveyed offered ECPs on-site (4). While this information has been useful to advocates of emergency contraception in North Carolina, there has not been a comparable analysis of EC availability among the state’s student health providers. The North Carolina study was designed to determine overall availability of EC on college campuses throughout the state, in order to determine where advocacy and policy efforts should be targeted.

METHODS

We first obtained a comprehensive list of the 117 colleges and universities in North Carolina. In addition to public and private four-year institutions, this list includes public two-year colleges (i.e., Community Colleges), technical schools, private two-year colleges, and Bible colleges.

Of the 117 schools, it was determined that 46 have student health centers; the 72 schools without student health centers (mostly small schools and community colleges) were not considered further. While all schools were included in the preliminary list, evaluation focused only on schools with student health centers, which could incorporate education and provision of emergency contraception into their existing services.

All schools with student health centers were called, and the following questions were asked of whoever answered the phone:

1. Do you offer emergency contraception on-site?
(If he/she answered "yes," we also asked questions 2-4; if he/she answered "no," we skipped to question 5)
2. What type of EC is used (e.g., Plan B, large dose of birth control pills, etc.)?
3. What is the protocol for obtaining EC (i.e., does the student need an appointment, does she meet with a clinician, etc.)?
4. What is the cost of EC at your center?
5. Do you offer women a written prescription for emergency contraception?
(If he/she answered "yes," the survey was complete; if he/she answered "no," we proceeded to question 6)
6. Do you offer women a referral to another clinic where they can obtain emergency contraception? *(We did not ask for specific details about the referral; however, many clinics offered specific information about where they refer, or why they do not offer referrals, and we kept records of such information.)*

(NOTE: During analysis, questions 2-4 were considered only to explain or qualify data, or to provide evidence of variability in protocol for emergency contraception.)

RESULTS

Of all the North Carolina colleges and universities with student health centers, 16 are public universities and 30 are private institutions. Of the 46 schools, 34 of them (74 percent) have a total undergraduate student population of less than 5,000; 2 have populations between 5,000 and 10,000; and 10 are larger campuses, with over 10,000 undergraduates.

Eighteen of the 46 schools with health centers provide ECPs on-site. Two schools provide written prescriptions for EC and 19 provide a referral to another clinic that provides ECPs. Four student health centers provide no prescriptions, referrals, or information about emergency contraception. Three health centers could not be reached after multiple attempts, and were not included in further analysis.

Forty-seven percent of NC student health centers either provide EC on-site or offer a written prescription, compared with 52 percent nationally (4). Furthermore, compared with national data, North Carolina has a comparable percentage of schools that provide EC on-site (roughly 42 percent for NC and 40 percent for the US as a whole) (4).

DISCUSSION

Size of schools

In McCarthy's national analysis of emergency contraception in college and university health centers, she determined that larger schools (those with student populations above 10,000) were significantly more likely to offer ECPs than smaller campuses (4). North Carolina's data are consistent with this finding: of the eighteen schools that provide EC on-site, nine of them have more than 10,000 students. Meanwhile, among the schools with limited or no EC services (i.e., provide referrals or no services), all but one have fewer than 5,000 students.

Comparing Public and Private Institutions

Nationally, student health centers at public universities and colleges were significantly more likely to offer ECPs than private schools. The North Carolina data are consistent with national data: of the eighteen NC schools that offer EC on-site, 12 of them are public. Meanwhile, of the 21 schools that offer limited EC service (referrals or prescriptions only), 18 are private. Similarly, three of the four schools who offer no EC services with regard to EC (no on-site EC, referrals, or prescriptions) are private.

Religious affiliation

Another major reason for a student health center to not offer EC is its affiliation with a religious institution (4). Of the 46 schools with student health centers, 21 are religiously affiliated (i.e., not simply founded by a religious group, but these schools have a current affiliation with a particular religion/denomination). Many still provide referrals, but only *one* school that provides EC on-site is religiously-affiliated; furthermore, three out of four schools that do not provide any EC *or* referrals are religiously-affiliated.

Barriers to Receiving Emergency Contraception

ECPs are only offered at about half of student health facilities in the North Carolina, and even colleges that *do* offer ECPs do not always include information on emergency contraception during routine visits. A 1997 survey of United States healthcare providers found that 100 percent of respondents believed that emergency contraception is an effective method of preventing pregnancy (5). However, a majority of providers discussed emergency contraception with patients *only* in response to emergencies and did not include it as part of routine counseling about contraceptive methods (5).

Although emergency contraception may be available and affordable (in most schools that offer emergency contraception, the cost ranges from \$10-20), it is not always easy to obtain. One school reported that they offer emergency contraception on-site, but that the student must speak with the physician's assistant who only works one night a week; however, the effectiveness of emergency contraception would be limited if a student had to wait an entire week after intercourse to obtain ECPs.

In addition, EC protocol can vary among different clinicians at a *single* health center. While a school may have reported that EC is offered, this does not necessarily mean that it is offered by *all* providers in *all* cases. It is entirely feasible for a provider (or pharmacist) to refuse to provide emergency contraception upon request. Such barriers can prevent a student's ability to control her own fertility, and could create considerable emotional stress for a student visiting her student

health center in an emergency situation. It may be helpful for future studies to include an assessment of *individual* clinicians within clinics that *do* offer EC on-site, in order to target advocacy efforts and ensure that women are receiving EC upon request.

Referrals

When compared to national data, NC has a smaller percentage of schools that offer written EC prescriptions. Many health centers in North Carolina are small; smaller health centers are more likely to be headed by Registered Nurses, who cannot write prescriptions (McCarthy claims this is a major reason why student health centers do not offer EC) (4). Although RNs cannot write prescriptions, they *can* give information, and this fact is reflected by the high percentage of schools in North Carolina who offer referrals to other clinics for EC: 83 percent of health centers in NC (that do not offer EC on-site) offer students a referral, compared with 71 percent of schools throughout the US (among those that do not provide EC on-site). Furthermore, 9 percent of NC centers provide no on-site EC, prescription, or referrals, compared with 16 percent nationally (4).

It is crucial for health centers that do not provide ECPs on-site to counsel women regarding EC availability in their area. However, based on information obtained in our survey, it is clear that the amount and type of information received varies greatly. Some schools disseminate EC pamphlets in the health center and provide information about EC providers during routine contraceptive appointments (one center even offers rides from the student health center to the local Planned Parenthood clinic). Meanwhile, other schools only provide referrals or EC information if students ask for it directly. For example, one school responded that questions about EC “never come up,” but that if asked, the center would provide a referral to a local clinic.

Whether or not schools offer referrals also depends largely on religious affiliation: one respondent reported that they do not refer students for EC because the school is Catholic. The nature of referrals can also depend upon the availability of EC at other clinics and pharmacies in the area: a different center reported that they do not bother giving referrals for emergency contraception because the only place to obtain EC in the entire county is at the hospital, where it is provided only to women who have been raped.

Rural Areas

Women who live in rural areas are less likely to have access to emergency contraception than those in cities. Thirty-one percent of North Carolina’s population is rural, and 15 percent of rural residents live in poverty (compared with 12 percent in urban areas) (6). Women in rural areas often have limited access to other clinics or pharmacies; moreover, hospitals and clinics in these rural areas are less likely to dispense ECPs than those in urban areas (7).

Additionally, an estimated 27 percent of North Carolina’s population ultimately attends college. Thus, while examining the availability of EC at student health centers is an important way to assess EC access among young women in North Carolina, it is equally, if not more, important to address EC availability in rural areas, and among women who do not attend college, in order to ensure that women across the state have access to emergency contraception.

Commuter Students

Colleges and universities with mostly commuter students are significantly less likely to offer EC than institutions with equal numbers of commuter and residential students (many of whom live in rural areas) (4). Similarly, these schools are significantly less likely to have a student health center in the first place (i.e., all community colleges were excluded from our survey due to their lack of a student health center).

CONCLUSIONS

In North Carolina, most large, public schools offer emergency contraception on-site. However, students at many smaller colleges (particularly religiously-affiliated colleges and those without a student health center) are less likely to have access to emergency contraception and may face an increased risk of unintended pregnancies; moreover, women in rural areas may be particularly at risk.

It is crucial for advocates of reproductive rights and family planning to address problems surrounding the availability of emergency contraception from all angles. Health centers should include EC information during routine contraceptive counseling, in order to provide comprehensive, preventative care to young women. Furthermore, it is crucial for advocates to work to increase overall availability of ECPs in North Carolina, particularly in rural counties.

While this study does have key limitations (notably: limited data about information given to women during a referral, limited data about individual clinicians, and a lack of specific information about schools in rural areas and schools without health centers) it is a useful means to examine the availability of emergency contraception among college and university students throughout the state. Targeted advocacy would allow for the addition of EC services and information to existing services.

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Special thanks to
Montgomery Wolf and Jessica Thornton
for assisting with data collection

**NORTH CAROLINA COLLEGES AND UNIVERSITIES
WITH STUDENT HEALTH CENTERS (46 TOTAL)**

Provide EC On-site (18)	Provide a Written Prescription for EC (2)	Refer to Another Provider for EC (19)	Provide Neither Referral nor Prescription for EC (4)
Appalachian State University Barton College Davidson College Duke University East Carolina University Elon University High Point University North Carolina Central University North Carolina School of the Arts North Carolina State University UNC Asheville UNC Chapel Hill UNC Charlotte UNC Greensboro UNC Pembroke UNC Wilmington Wake Forest University Western Carolina University	Guilford College Methodist College	Bennett College Brevard College Campbell University Catawba College Elizabeth City State University Lees-McRae College Lenoir-Rhyne College Louisburg College Mars Hill College Meredith College North Carolina A&T State University Peace College Pfeiffer University Shaw University Salem College St. Augustine's College Warren Wilson College Winston-Salem State University Wingate University	Belmont Abbey College Fayetteville State University Livingstone College Queens University of Charlotte

No data: Greensboro College
 Montreat College
 St. Andrew's Presbyterian College