

## Research

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# University Men's Perceptions of Emergency Contraception

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## ABSTRACT

**Objective:** Current research on emergency contraceptive needs and usage is centered on females' experiences and perspectives. The purpose of this study is to gain more insight into men's understanding of Emergency Contraception (EC).

**Study Design:** 126 undergraduate students from two universities completed quantitative surveys that measured men's thoughts about EC use, experiences with EC, relationship and sexual status, visitation to health care providers, and participants' knowledge of reproductive and sexual health.

**Results:** Most participants in this study had knowledge of sexual health, reproductive health, and contraceptives but demonstrated lower knowledge of EC. Although participant knowledge of EC was lower, with only about two-thirds of the participants able to answer the true/false questions regarding EC accurately. Seventy-eight percent of participants stated that they did not have moral objections to EC. The majority of participants had two or less sexual partners and used condoms (n=81) as their primary method of birth control. Although participants knew about contraception choices, many participants were unaware, misinformed, and confused about EC.

**Conclusion:** Study results indicate that more research should be conducted to further understand men's knowledge and experience with EC. Since males and females hold responsibility in accessing EC when engaging in unprotected sex and if an unintended pregnancy is possible, it is important that interventions and programs address male's involvement with and accurate knowledge of EC. By creating interventions for men around this issue, males are in a better position to control their own fertility and to have optimal sexual health.

**KEYWORDS:** Sexual health; Men; Knowledge; Perception; Education.

## INTRODUCTION

Men's understanding of emergency contraception (EC) is not a well-researched topic. In the last five years, only four studies were identifying through a systematic literature review that dealt with men's perceptions about EC.<sup>1</sup> Since more information is need to better understand males' perceptions about and experiences with EC, we conducted a cross-sectional case study about this issue. The information from this study will aid in developing a better understanding of men's knowledge about EC so that effective interventions for men's fertility and sexual health can be developed. The study reports the results of a survey of male undergraduate college students who reported engaging in heterosexual sexual activities.

Men often overestimate their reproductive health knowledge, highlighting the need for male-friendly and male-inclusive health services.<sup>2</sup> However, to date, most interventions and educational programs around contraception focus on women and female-centered methods of contraception. Unintended pregnancies, which are defined as those pregnancies that are unwanted and/or mistimed, impact men and women. Currently, nearly half of all preg-

nancies in the U.S. are classified as unintended.<sup>3</sup> Consequences of unintended pregnancy permeate the health, safety, economic security, and overall development of those involved with an unintended pregnancy. Unintended pregnancy issues are addressed as primarily a women's issue and very little research on this topic has been done with men who have sex with women. Men have roles in controlling their own fertility and preventing unintended pregnancy. It is incumbent on males to consider family planning for themselves and not to just rely on their partners to do so. Therefore, accessing methods of contraception, including EC, must be explored among male populations. In a classic article, Treadwell and Young note, "a true picture of US men's health status will require focused investigation into these disparities and the structural realities that cause and sustain them".<sup>4</sup>

Increased access to EC followed the 2006 and 2013 U.S. Federal Drug Administration (FDA) decisions to make EC pills available over the counter. Yet results from a systematic review suggest that increased access to EC has decreased neither unintended pregnancy nor abortion rates at the population level in the U.S., although specific reasons why this is true are not clear.<sup>5</sup> This review indicates that increasing access to EC may not impact unintended pregnancy, and those barriers to EC, such as lack of knowledge, misuse, and the exclusion of male sexual partners, must be explored to better understand these results. Further, prior studies find that many sexually active partners report accessing EC multiple times, indicating a potential misunderstanding of how it functions and a reliance on EC as a method of contraception.<sup>6,7</sup>

Some literature explores the attitudes and perceptions of EC among university and general populations.<sup>8,9,10</sup> However, there is little research investigating males' conceptualization of EC and experiences accessing it.<sup>1</sup> In order to address the issue of how men who have sex with women access contraceptive methods, we must widen our understanding about who uses EC, when they need it, and how to ensure they have the appropriate knowledge about it. Therefore, a survey approach will provide preliminary data on this important issue.

## METHODS

Participants between the ages of 18 and 30 identifying as males who engage in heterosexual sexual activity were recruited for this study. Paper and electronic versions of the survey were administered in undergraduate co-ed university courses in Psychology, Sociology, Criminology, and Social Work during fall 2014 in two universities. Survey questions measured knowledge of and perceptions about EC, interactions with health care providers, use of EC, use of contraception, and desire to avoid pregnancy. Participants were given the opportunity to decline completing the survey by simply returning a blank survey. The research team used this mechanism to maintain respondent's confidentiality. Institutional Review Board (IRB) approval was attained before data collection began.

## RESULTS

### Participant Descriptive Responses

Data were collected from 126 male undergraduate students. Of these participants, 42 were between the ages of 18 and 25. One hundred and twenty participants classified themselves as Caucasian (seven of whom classified themselves as multiracial or multiethnic.) Five classified themselves as Hispanic/Latino, three as Black, two as Native American, and one as Asian/Pacific Islander.

One hundred and twenty-two participants classified themselves as heterosexual, two as bisexual, and two as gay. A selection of "other" was available with room to free text a participant's sexual identity; however, no participants listed any other sexual orientation description. The majority of participants listed their relationship status as single (59%, n=73). Fewer (28%, n=35) listed being in a relationship/living separately, 10% (n=12) living with a partner, 2% married (n=3), <1% (n=1) in an open relationship, and three chose not to respond.

The majority of respondents indicated that they have had two or fewer sexual partners in the last 12 months and the majority reported that they currently have one or no sexual partners. One hundred and twenty-two of the 126 responders indicated that they do not want to conceive a child at this time. Participants indicated their most common method of contraception. The most common method reported were condoms (n=81), followed by oral birth control (n=36), withdrawal (n=23), and then abstinence or none (n=19). Some participants (n=33) indicated the use of several contraceptive methods.

### Health Provider Interactions

Seventy-eight percent (n=96) of the survey participants have either visited their healthcare provider in the last year or last month; however, 57% (n=71) have not discussed their sexual health with a healthcare provider, 74% (n=93) have not discussed their reproductive health with a healthcare provider, and 80% (n=101) have not discussed contraception with their healthcare provider. Even more, 91% of respondents have not discussed EC with their healthcare provider, which is not an issue explored in the current literature. In addition, over half of respondents (61%, n=76) have not been tested for sexually transmitted infections (Table 1).

### Knowledge and Experience of Sexual Health, Reproductive Health, Contraception and EC

Ranking questions asked the participants to rate their knowledge of sexual health, reproductive health, contraception, and EC on a scale of 1 (no knowledge) to 10 (advanced knowledge). Overall, the rating of their sexual health knowledge was high (mean of 7.67, SD=1.7). Participants reported a mean

	Have you discussed reproductive health with your healthcare provider?		Have you discussed contraception (birth control) with your healthcare provider?		Have you discussed emergency contraception with your healthcare provider?	
	Total	Percent	Total	Percent	Total	Percent
No	93	74%	101	80%	115	91%
Unsure	9	7%	3	2%	3	2%
Yes	24	19%	18	14%	4	3%
(blank)	0	0%	4	3%	4	3%
Total	126		126		126	

Table 1: Participant interactions with health care providers (n=126).

score of 6.72 of reproductive health knowledge (SD=2.1), and contraceptive knowledge at a mean of 6.84 and standard deviation of 2.3. Knowledge of EC ranged much lower. Though the mean was 5.01, and standard deviation of 2.66, the majority of participants ranked their knowledge below a 5 (Table 2).

	Sexual Health?	Reproductive Health?	Contraception?	Emergency Contraception?
1	1	1	4	16
2	0	3	4	10
3	1	6	3	14
4	2	5	6	13
5	11	18	14	16
6	9	24	19	17
7	27	21	16	14
8	34	19	26	10
9	18	11	15	4
10	20	15	15	9
(blank)	3	3	4	3
Mean	7.67	6.72	6.84	5.01
Standard Dev.	1.701	2.097	2.298	2.666

Table 2: Participant ranking of own knowledge levels (n=126).

Despite the high ranking of knowledge of sexual health, reproductive health and contraception, over half of participants (57%) reported engaging in unprotected sexual intercourse. Ninety-five of the respondents (78%) indicated that they do not have a moral objection to EC. Sixty-four percent (n=77) indicated that they have not accessed EC; 28% (n=34) indicated that either their partner or they have accessed EC. Of the participants who indicated that their partner or they have accessed EC, the majority accessed it two or fewer times.

Participants were asked to free text what type(s) of EC that they were aware of. Eighty percent (n=101) responded to the question. Of these responses, 60% (n=75) indicated Plan B or the morning-after pill, 9% (n=11) indicated abortion, and 7% (n=9) listed a different method of contraception (IUD, “the pill” or NuvaRing). Thirty-one either stated that they were unsure or provided another response.

Other questions assessed how participants would rate their knowledge of where to access EC, comfort in discussing EC with their partner, likelihood of partner accessing EC, efforts to utilize contraception each time they have intercourse, and the importance of using a method of contraception. The participants ranked their knowledge of where to access EC with a mean of 5.81 (SD=3). As far as comfort in discussing EC with a partner, partner’s access to EC and efforts to utilize a method of contraception each time they have intercourse were ranked relatively high. The average perception of the importance of using a method of contraception ranked high with a mean of 8.52 and standard deviation of 2.216. Eighty percent (n=102) participants indicated that selecting a method of contraception is a mutual decision. Seven percent indicated that it is their responsibility, 6% that it is their partner’s responsibility, and 3% were unsure.

The participants were asked a series of true or false questions. Eighty-five percent (n=107) of respondents indicated that there is something that can be done if a woman has unprotected sexual intercourse or birth control method failure. Ninety-six percent specified that they do not believe that emergency contraceptives can protect against sexually transmitted infections. To the statement “Emergency contraceptive pills are used primarily to prevent pregnancy,” 61% (n=77) participants did not respond to this question; however, 75% of respondents indicated that this statement is true. To the statement “Emergency contraceptive pills are another term for RU-486,” 52% responded that this statement is false, while 47% indicated that the statement is true. Approximately 80% of the respondents were able to answer the true or false questions about access to EC (a male or female can access, no need to visit healthcare provider, and can be accessed through a pharmacist) correctly.

**DISCUSSION**

The data obtained are a preliminary exploration of males’ perception and knowledge of EC and their role in accessing it. The lack of literature, as well as the primary data obtained in this study, reinforces the cultural notion that issues surrounding pregnancy, contraception, and reproduction are primarily concerns of women.

Though many of the participants are aware of contraception choices, where and how to access, there is still some misinformation, uncertainty, and confusion about EC. For instance, the data suggest that about half of the participants equate EC with abortion and RU-486. Another common misconception was that another birth control method (IUD, NuvaRing, birth control pills) could be used as an emergency contraceptive.

This misinformation and uncertainty is compounded when healthcare providers do not mention sexual or reproductive health issues to males in the age group. Sixty percent of the participants had a healthcare visit within the last year; however, the majority did not speak with their provider about sexual health, reproductive health, nor contraception. More alarming is that 67% of the participants have not or are unsure if they have been tested for sexually transmitted infections.

The results indicate that although participants had high rates of knowledge of sexual health, reproductive health, and contraception, the majority of participants still have unprotected sexual intercourse. While we did not ask about men's reasoning for engaging in unprotected intercourse, there have been a number of studies that indicate reasoning for these activities, e.g., cost of contraception, lack of access to contraception, lack of knowledge about contraceptives methods, difficulty in using specific methods, etc.<sup>11</sup> However, there have been no current studies to determine why men actually make the decision to engage in unprotected intercourse. Researching men's experiences and perceptions of EC is valuable for understanding men's roles in controlling their own fertility, preventing unintended pregnancies, and accessing various forms of contraception. Although this research increases understanding of men's experiences and knowledge of EC, more research should be conducted to understand more about men and EC. Since current interventions and research are focused on females' perceptions and access to EC and men are equally involved in accessing contraception, it is important to understand male's perceptions of EC. By conducting continued research, individuals will be able to understand men's perspectives of EC and begin to conceptualize possible interventions involving male EC use.

## CONCLUSIONS

The impetus for this study was to determine what adult men in a university setting understand about emergency contraception. In addition, we hoped to clarify how men perceived emergency contraception. The results indicate that there are two implications for healthcare providers and for sexual health educators in this area.

First, healthcare providers should be prepared to discuss sexual health needs with their male clients. These professionals need to explore how their male clients view and utilize contraception in their lives so that appropriate contraceptive methods can be made available to men and so that male clients develop a more comprehensive understanding about how and

when to use these methods.

Second, educational interventions about EC should be aimed at males and females – not primarily females. Since they appear to be having unprotected sexual intercourse males have not been empowered to take the necessary responsibility to control their fertility and/or prevent unintended pregnancy. Providing sexual health information aimed at men will enable males to be more proactive about their own reproductive health activities.

## IMPLICATIONS

The overall unique implications from this study are twofold. First, healthcare providers should approach male clients to discuss their sexual health needs and understandings about appropriate contraception. Second, educational interventions about EC should be aimed at males and females – not primarily females.

This quantitative research study focused on the knowledge and perceptions of undergraduate male students about emergency contraception. The majority of current research is centered on females' experiences and perspectives of emergency contraceptive use. So the purpose of this unique study was to gain more insight into men's understanding of emergency contraception. We received IRB approval at the University of Utah and Appalachia State for this study.

## CONFLICTS OF INTERESTS

The authors declare that they have no conflicts of interest.

## IMPLIED CONSENT

Authors obtain implied consent from the patient for submission of this manuscript for publication.

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