

Clare wants the morning-after pill: what do practitioners think?

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Introduction Barrett and Harper¹ found that pharmacists perceived a need for emergency hormonal contraception (EHC) to be regulated and had worries about potential harm from repeated use. This belied concerns that some women would use EHC as a regular form of contraception. Hawkes² found that within family planning clinics, scientific or medical language deters young women from using EHC, by attaching medical risk to sexual behaviour. Previous reluctance to deregulate EHC has been seen as reflecting an unwillingness to relinquish control over contraception.³

This research examines practitioners' attitudes to EHC supply, using a vignette of a 25-year old patient, Clare.

Method The study assessed whether manipulating three variables (married/single; shop assistant/solicitor; never used EHC before/used it twice before) changed providers' attitudes to the patient and her treatment. This was presented in a vignette (Figure 1) and each respondent received one of the eight versions.

Respondents completed 12 Likert scales, including items on the likelihood of the patient's future EHC use, the importance of discussing side effects, and the risks of sexually transmitted diseases and of unprotected sex.

A questionnaire was posted to 254 GPs, 201 pharmacists and 170 practice nurses taken sequentially from staff lists of three primary care groups in Leeds, United Kingdom.

Each questionnaire item was analysed separately using multiple analysis of variance with three factors.

Results Questionnaires were returned by 53, 33 and 51 per cent of the practitioner groups, respectively. The overall return rate was 49.1 per cent. Each of the differences described below are statistically significant at the $P < 0.05$ level.

When Clare had used EHC twice before, practitioners rated it less important to discuss side effects and more important for her to have a smear test and to discuss sexually

FOCAL POINTS

- * It has been suggested that practitioners' attitudes to sexual behaviour affect their practice when providing emergency hormonal contraception (EHC); this includes unfounded beliefs about potential harm from repeated use of EHC
- * Practitioners were presented with vignettes describing a woman requesting EHC, where marital status, job type and prior use of EHC were manipulated
- * Responses confirmed that the practitioners' attitudes were affected by these three patient characteristics
- * In particular, there was a negative attitude towards repeat use of EHC, particularly by a single woman

Clare is 25 years of age and has come to you because last night she had sex with her (current boyfriend / husband). Clare, who is a (solicitor / shop assistant) tells you the condom split during intercourse and that she wants the "morning after pill". Clare has (never used emergency hormonal contraception before / used emergency hormonal contraception twice before).

Figure 1. Vignette of Clare, illustrating the three manipulated factors

transmitted diseases; they showed more concern about her repeated use. She was also seen as more likely to use EHC again, to lie about why she needed EHC and to need a pregnancy test, and was seen as less responsible than Clare who had never used EHC.

Manipulating occupation type showed some differences in attitudes. It was rated as less important to discuss medical consequences of EHC with Clare as a shop assistant than as a solicitor and more important to discuss the length of her relationship when presented as a shop assistant.

When Clare was presented as a single woman it was rated as more im-

portant to discuss sexually transmitted diseases, to discuss the risks of unprotected sex, to discuss the length of her relationship and to provide a smear test, and more concern was expressed about repeated use of EHC. She was seen as more likely to lie about why she needed EHC.

Discussion This quantitative study of EHC providers showed that attitudes were affected by three patient characteristics (marital status, job type and prior use of EHC). There appears to be a negative attitude towards repeat users of EHC, particularly if they are single.

Vignettes may not replicate attitudes seen in actual consultations and further research is needed, particularly to investigate the effects of patient age on attitudes.

References

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Int J Pharm Pract
2002;10(suppl):R71