

## **A SURVEY OF ADOLESCENTS' ATTITUDES TOWARD OVER-THE-COUNTER ACCESS TO ORAL CONTRACEPTIVES**

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Removing the prescription requirement for oral contraceptives – or what is called over-the-counter access – has been recommended as a strategy to reduce unintended pregnancy and increase contraceptive use among U.S. women. Research shows that women support and are interested in over-the-counter access and believe such access would make it easier and more convenient to get oral contraceptives. Teenagers in particular may benefit from this approach, as they experience high rates of unintended pregnancy and face unique age-related barriers accessing contraception. However, limited research has explored teenagers' attitudes toward over-the-counter access. Additionally, research has not yet explored whether teenagers can understand how to use oral contraceptives based on reading an over-the-counter product label.

During September 2014, 348 female teenagers, recruited via Facebook advertisements, participated in an online survey. In order to participate in the survey, teenagers had to be age 14-17, female, and proficient in reading and writing English. Participants were asked about their attitudes toward over-the-counter access, including their support for and likelihood of using oral contraceptives through this provision model. Participants were also asked questions assessing their comprehension of a prototype over-the-counter product label for a progestin-only pill. Descriptive statistics and bivariate analyses were utilized to analyze participants' responses. The majority of teenagers participating in the study supported over-the-counter access (73%) and reported being likely to use oral contraceptives over-the-counter (61%). In addition, we found that participants who had had sex were more likely than others to both support this approach (85% vs. 63%) and be interested in obtaining oral contraceptives this way (77% vs. 48%). Participants identified a number of advantages of over-the-counter access, including that fewer teenagers would get pregnant and that it would be easier to get birth control. Participants also reported disadvantages of over-the-counter access, including that teenagers might not use condoms to protect against STDs and that teens need a doctor to determine if birth control pills are safe for them. For the label comprehension component of the survey, we found that participants understood the majority of key concepts that prototype product label was intended to convey. There were no significant differences among subgroups.

The findings from this study suggest that over-the-counter access may be a promising approach for providing oral contraceptives to teenagers. Future research should explore whether teenagers can correctly use over-the-counter oral contraceptives and self-screen for medical conditions that would make using oral contraceptives unsafe or less effective.