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Annika Kuchar
akuchar@unomaha.edu

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UNO Student Access to Emergency Contraception: A Needs Assessment

Annika Kuchar

Faculty Mentor: Liam Heerten-Rodriguez, Ph.D.

University of Nebraska at Omaha

Abstract

Emergency contraception (EC) is a common method of contraception that helps prevent ovulation before implantation of an egg inside a uterus. Among college students, EC can be utilized to prevent unplanned pregnancies that could potentially prevent someone from completing their degree. College students can face unique barriers when trying to access EC including transportation, privacy, financial, or mental/emotional barriers. The purpose of this study was to determine what barriers students at the University of Nebraska at Omaha (UNO) face when trying to access EC, and what future accommodations they would utilize if given the option. The study surveyed 147 UNO students about their educational understandings of EC, previous usage of EC, and potential future usage of EC. Results from this survey suggests that UNO students experience particularly high levels of emotional and financial barriers when trying to access EC. Recommendations from the study can be used to inform and target new healthcare practices involving the accessibility of EC on the UNO campus.

Key words: gender, emergency contraception, women, reproduction, pregnancy, healthcare, college students

Table of Content

Abstract	2
Introduction.....	4
Literature Review.....	5
Educational Barriers.....	6
Emotional Barriers	6
Financial Barriers.....	6
Examples of Student Access to EC.....	7
The Campus Pharmacy	7
EC Vending Machines	8
EC Peer Distribution	10
Methods.....	10
Results.....	12
Participant Demographics.....	12
EC Knowledge	13
Previous Use of EC.....	15
Anticipated Future EC Use	17
Discussion	20
Recommendations.....	20
Limitations	23
Conclusion	23
References	25
Appendix A: UNO Student Access to Emergency Contraception Survey	29

Introduction

Emergency contraception (EC) is a common method of contraception which can be used by people with a uterus after penile-vaginal sexual intercourse has occurred. Two main forms of EC are levonorgestrel (Plan B and generic counterparts) and ulipristal acetate (Ella).

Levonorgestrel is typically sold over the counter, whereas ulipristal acetate commonly requires a prescription for use. While both forms are highly effective in preventing pregnancy, levonorgestrel is not as effective in preventing pregnancy as ulipristal acetate in women with a high BMI or a weight over 155lbs (Cleland et al., 2020; Planned Parenthood, n.d.).

EC can be beneficial for people who are attempting to avoid unplanned pregnancies, or those who are not on a traditional birth control method such as the pill, the patch, or the IUD, as it provides an extra layer of protection to barrier methods. In cases where sexual assault or rape has occurred, EC can provide both protection against pregnancy and mental relief for the victim if taken within the correct timeframe (Smugar et al., 2000).

Among young people, EC can be especially important, as early unplanned pregnancy can impact the level of education an individual completes, which can then subsequently impact financial stability in the future (Johnson et al., 2010). College students may be especially impacted by unplanned pregnancies, as this can affect their ability to complete their degrees (Antonishak & Connolly, 2014).

General contraceptive access at the University of Nebraska at Omaha (UNO) is mixed. Free condoms and signage about contraceptive methods are available around campus in areas such as the Milo Bail Student Center, the Health and Kinesiology building, and various other academic buildings. However, some physical contraceptive methods such as birth control and emergency contraception are not available on campus. This is due to the fact that UNO does not

have an on-campus pharmacy. Should a student need one of these contraceptive methods, they would have to make an appointment at the student health center, obtain a prescription for the contraceptive, and go off-campus to fill the prescription (University of Nebraska at Omaha, n.d.). This can create a constellation of barriers for UNO students in accessing the contraceptive method they need. The impact of these barriers may be especially pronounced when a student needs EC, which is highly time sensitive in nature.

Given EC can help reduce the number of unplanned pregnancies in college-aged students, learning about the barriers and experiences they face when trying to access EC is crucial in addressing this gap in care. The current study is a needs-based assessment of factors influencing UNO students' ability to obtain EC in the UNO and Omaha area. There are multiple gaps in reproductive healthcare access for UNO students, and this assessment was conducted to better understand the barriers UNO students face in accessing EC and their preferred interventions for reducing those barriers.

Literature Review

Access to EC is not consistent across all college campuses. Some colleges and universities have pharmacies on-campus and the ability to distribute EC to students, but not all do. This can create a barrier for college students, as EC is most effective when taken as soon as possible after penile-vaginal sex without a barrier method or when a barrier method failed. In one study which surveyed 399 American college campuses, 66.9% of these campuses provided EC to their students in some capacity. However, the majority had limited or no EC availability for distribution on nights and holidays. In addition, many of these colleges did not advertise their EC or attempt to lower the cost of EC for students (Brening et al., 2003).

Educational Barriers

A survey of 692 undergraduate students at a mid-sized university in Pennsylvania found that education proved to be a large barrier in student access to EC. The majority of the students surveyed did not correctly identify the time frame to take EC, did not know how EC actually worked, or were unaware that EC could be purchased over the counter (Miller, 2011). A study of adolescents between the ages of 14-21 found that the media was a primary source used to find information regarding EC. Many of the participants displayed signs of misinformation about EC, as some believed EC was a form of abortion, or that EC could cause fertility issues (Williams et al., 2021). Educational barriers can lead to improper usage of EC, thereby making EC less effective at preventing pregnancies.

Emotional Barriers

Confidentiality, embarrassment, and stigma proved to be another barrier to access in a study of 24 women who had previously purchased EC. Many of these women faced experiences that were embarrassing or non-confidential in nature due to insurance issues or the lack of privacy at the pharmacy (Hickey & White, 2015). Barriers regarding privacy can be particularly anxiety-inducing for those who need access to EC, a factor that is not always considered when talking about EC access. Additionally, anxiety can be amplified even more for queer people trying to access EC, as their identity could be perceived incorrectly, or they could be misgendered (Brown, 2021).

Financial Barriers

The financial costs associated with purchasing EC can also be a barrier to access for college students. One study of 389 female-identifying college students found that nearly half of the participants worried about their ability to afford EC should they need it. Of this group of

participants, many of their worries came from not having insurance coverage or not knowing the status of their insurance (Yarger et al., 2021). Additionally, some college women have noted they would most likely use EC in the future if they only had to pay for a portion of it, or if their insurance covered the entire cost (Lehan Mackin et al., 2015).

Examples of Student Access to EC

There are some universities that currently have accessible EC for students on their campuses. These universities' programs can provide examples for other institutions to base their own EC initiatives off of. There are three primary methods being used for students to obtain EC on college campuses: 1) the campus pharmacy, 2) EC vending machines, 3) EC peer-to-peer distribution efforts. All three of these methods of distribution have benefits and limitations to them.

The Campus Pharmacy

Campuses that offer EC through their pharmacy require enough space and money to keep these products in stock at all times, so this is not always an option for smaller universities. One example of a campus that has EC in a pharmacy setting is the University of Nebraska at Lincoln, where students are able to purchase EC at the pharmacy whenever it is open (University of Nebraska-Lincoln, 2022). A limitation to this method of distribution is that it is not always free, and the pharmacy has to be open in order for a student to access it, so EC would not be accessible on a weekend or holiday. Another campus that utilizes a pharmacy is Brown University. A benefit to their pharmacy is that they offer students EC for \$30 versus paying full price at an off-campus pharmacy, generally for \$40 (Brown University, 2022). Other universities that have pharmacy options include: The University of North Carolina, George Mason University, The University of Colorado, The University of Arizona, Kansas State University,

Western Illinois University, and Purdue University (University of North Carolina at Chapel Hill, n.d.; George Mason University, 2018; University of Colorado Boulder, n.d.; University of Arizona, 2022; Kansas State University, 2018; Western Illinois University, 2021; Purdue University, 2022).

EC Vending Machines

Another method of distribution is the use of EC vending machines on campus, which would allow students to purchase EC from a vending machine similar to ones that dispense snacks. At Stanford University, students are able to purchase EC at a vending machine in the all-gender bathrooms on their campus (Figure 1). This provides students with a discreet way to purchase EC without any feelings of judgment from others around them or from a campus pharmacist. The machine also has information about the campus's confidential support line for students who have experienced sexual assault or relationship violence. Outside of the all-gender bathroom at Stanford are regular vending machines, as they note that taking EC can result in nausea, so they provide students with a snack option (Stanford University, n.d.). At the University of California, Davis (UC Davis), a student created a vending machine that students can access 18 hours a day that includes items like Plan B, condoms, and non-steroidal anti-inflammatory drugs (DiLuna, 2017). This can help lessen the stigma students may experience accessing EC, as there are other products available in the vending machine (Figure 2). Vending machines provide a great option for students if the campus pharmacy is not available at all times. A limitation of the vending machines is that they require a large upfront purchase cost and require staff time for routine maintenance and restocking. Other campuses that have vending machines include George Mason and Harvard (George Mason University, 2018; Harvard University, 2022).



Figure 1: An example of an emergency contraception/general contraception vending machine on Stanford's campus. This vending machine is found in the all-gender bathroom campus, which provides a discreet and private way to access the products (Stanford University, n.d.).



Figure 2: A contraceptive vending machine at UC Davis. This vending machine contains not only emergency contraception, but also condoms and non-steroidal anti-inflammatory drugs (DiLuna, Amy, 2017).

EC Peer Distribution

A third distribution method available on some college campuses is peer distribution. This method is typically run by students and is funded through resources not associated with the university. Through this method, if a student on a campus needed EC, they would reach out to an EC text hotline or fill out an online form, and a student from the distribution group would meet them somewhere on campus to provide them with EC. At Georgetown University, students set up an organization called “H*yas for Choice” with an email account that students can message at any time to get EC for free (Cassou, 2018). Although the initiative is free to students, students are able to make a donation should they chose. Students at Tulane also offer confidential drop off sites for the EC in case the student does not want to be seen (Uddin, 2019). This method of distribution is beneficial to students because it is free, quick, and discreet. Limitations of this method include the need for student volunteers to distribute EC and funding for these initiatives may not be guaranteed or sustainable in the long-term.

Overall, there are many barriers that college students may face when accessing EC, as well as several model approaches for helping students overcome these barriers. However, it is currently unknown the extent to which UNO students experience these barriers or their preferences for potential solutions. This study attempts to address those gaps by surveying UNO students about their EC knowledge, experiences, and needs.

Methods

In order to assess UNO student EC knowledge, experience and needs, a survey was developed and distributed using the Qualtrics XM Survey Software. This survey was open for responses between March 10th, 2022, to March 30th, 2022, and was anonymous. The survey was broken into four main sections: demographics, educational understanding of EC, previous history

of EC use, and anticipated future EC use. The demographics section included questions about the student's college, gender, sexuality, race, ethnicity, and age. The educational questions attempted to gauge what level of understanding UNO students had of EC, and what beliefs informed their understandings. The questions about previous EC use focused on the ways in which students went about obtaining EC. These questions asked about barriers they faced such as transportation barriers, financial barriers, privacy barriers, and educational barriers. The anticipated future EC use questions assessed which barriers students would likely face in the future should they need EC, and addressed the same barriers as stated above. Additionally, there was one optional, open-ended question at the end of the survey which asked students to share any additional experiences with EC. This was done to gather testimonials and supplement the quantitative data. Twenty responses were gathered from this open-ended question, and the responses were then coded to the survey questions they most related to. The entire survey can be viewed in Appendix A.

The inclusion criteria for participation in the study was to be a current UNO student. The exclusion criteria were if the participant did not consent, if the participant was not a current UNO student, or if the participant did not complete any survey sections beyond the demographic questions. Recruitment methods included emails to departments and organizations at UNO, as well as some social media outreach via Instagram. The emails included information about the survey, the length of time it would take to complete the survey, the link to the survey, and a QR code to the survey. All colleges within UNO were emailed, and a variety of departments and student organizations on campus were contacted as well.

Of 165 participants that started the survey, 147 participants were eligible after removing those who did not meet the inclusion criteria. Gender identity, sexuality, race/ethnicity, and age were collected with open-ended responses. Gender identity responses were coded into the

following categories: “cis-woman,” “trans woman,” “non-binary,” “gender fluid,” “cis-man,” and “prefer not to disclose.” Sexuality responses were coded into the following categories: “bisexual,” “lesbian,” “pansexual,” “heterosexual,” “gay,” “queer,” and “prefer not to disclose.” Race and ethnicity questions were coded into the following categories: “White,” “Black/African American,” “Asian,” “American Indian,” “Middle Eastern,” “Multicultural,” “White of Hispanic origin,” “Hispanic,” “American Indian of Hispanic origin,” and “prefer not to disclose.” Age responses were coded into the following categories: “18-19 years old,” “20-21 years old,” “22-23 years old,” “24-25 years old,” “26 years old or older,” and “prefer not to disclose.”

Once the survey closed, responses were exported to an Excel spreadsheet in order to analyze the data and create graphs. Basic descriptive statistics were calculated for each survey item.

Results

Participant Demographics

Of the 147 participants, 24.5% were first year students, 21.1% were second year students, 21.8% were third year students, 21.1% were fourth year students, and 11.6% were fifth or more year students. The majority of participants were in the College of Arts and Sciences. Cis-women made up 70.1% of the participants, cis-men made up 15%, nonbinary individuals made up 8.8%, gender fluid individuals made up 1.4 percent, trans women made up 1.4%, and 3.4% of the participants preferred not to disclose their gender. The majority of participants were white, however, there were a diverse representative of races and ethnicities that responded. In regard to sexuality, the majority of participants were heterosexual, but participants identified six different sexualities besides heterosexual. The most common age group was 18-19 years old.

EC Knowledge

The majority of participants self-reported some level of EC knowledge. 66% of participants answered they were “somewhat knowledgeable” about EC, 19.7% were “very knowledgeable” and 14.3% were “not knowledgeable” (Figure 3).

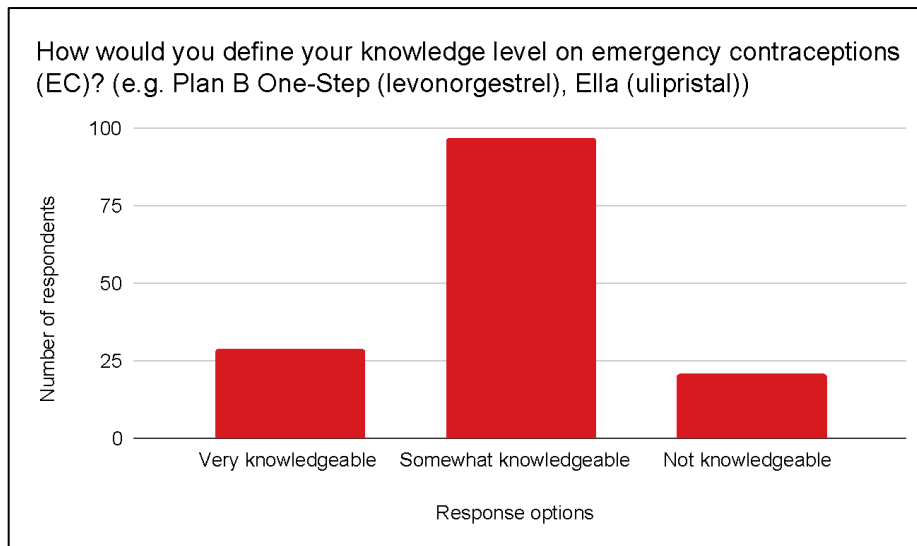


Figure 3: Self-reported knowledge level of participants about EC.

When asked how they believed EC worked, 73.5% of participants identified the correct answer (“It prevents fertilization of the egg and the sperm, before implantation of the zygote into the uterus”) and the remaining 26.5% of participants selected varying responses that were incorrect definitions (Figure 4).

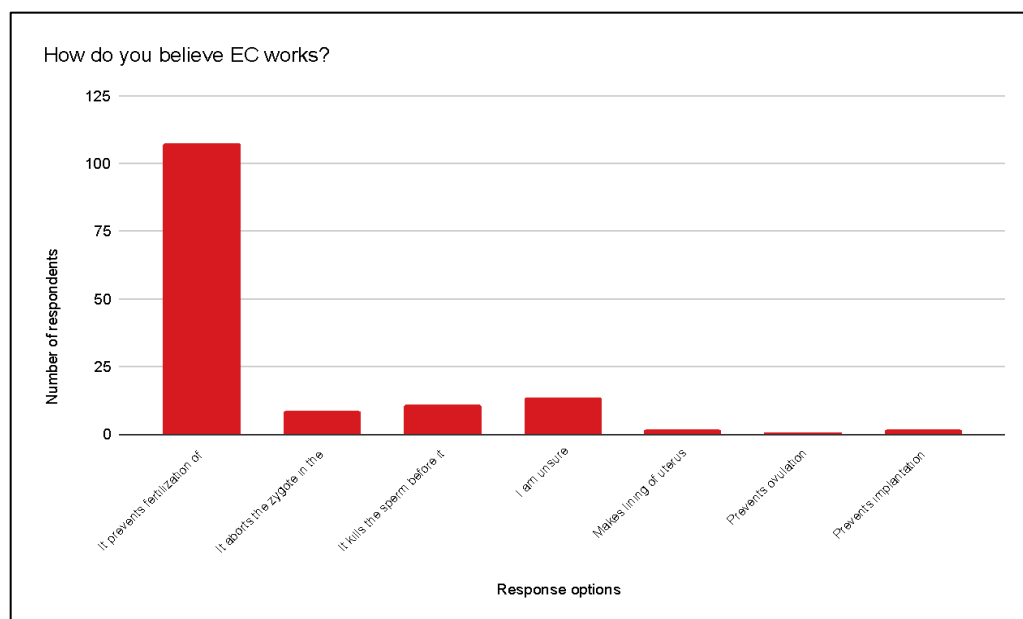


Figure 4: Participant beliefs of how EC works. The response options included “It prevents fertilization of the egg and the sperm, before implantation of the zygote into the uterus,” “It aborts the zygote in the uterus,” “It kills the sperm before it reaches the egg,” and others as seen in the figure.

When asked if they believed EC is equivalent to an abortion, 81% of participants responded “no,” 9.5% of participants said “yes,” and 8.8% were unsure (Figure 5).

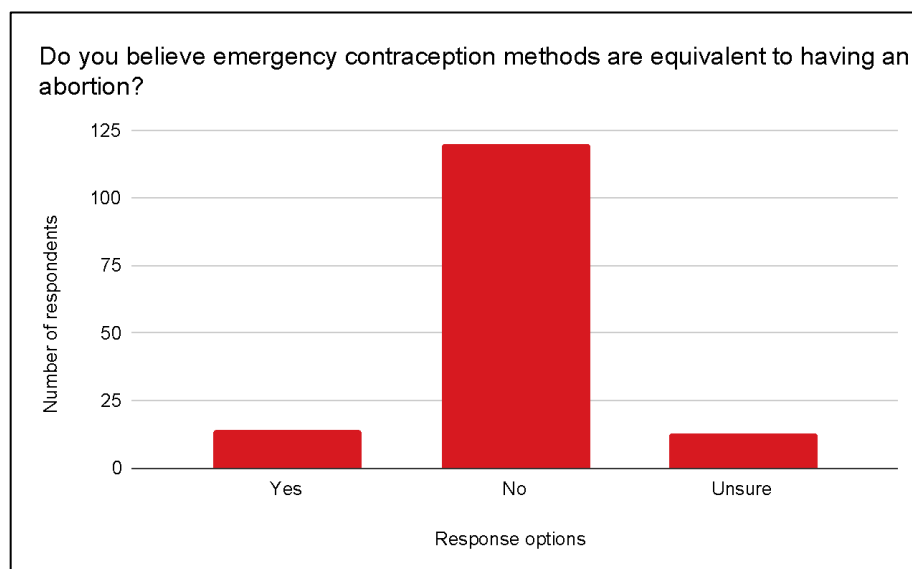


Figure 5: Participant self-reported beliefs if using EC is equivalent to abortion.

Six of the twenty responses to the optional open-ended question at the end of the survey were concerning knowledge barriers or educational understandings of EC. One response stated “When

I first took a Plan B pill... I realized that I actually had very poor understanding of my cycle and when in it I could become pregnant. "Family planning" class failed me there." Three of the responses regarding educational understanding of EC showed trends of misinformation regarding how EC works. For example, some responses stated: "EC can cause an embryo to die meaning this is murder and it's wrong" and "I don't think it would be safe because too much of those pills would ultimately affect a woman's reproductive system."

Previous Use of EC

Regarding their previous use of EC, 61.4% of participants reported that to the best of their knowledge, neither they themselves nor their sexual partner had ever used EC and 38.6% of participants or their sexual partners had previously used it (Figure 6).

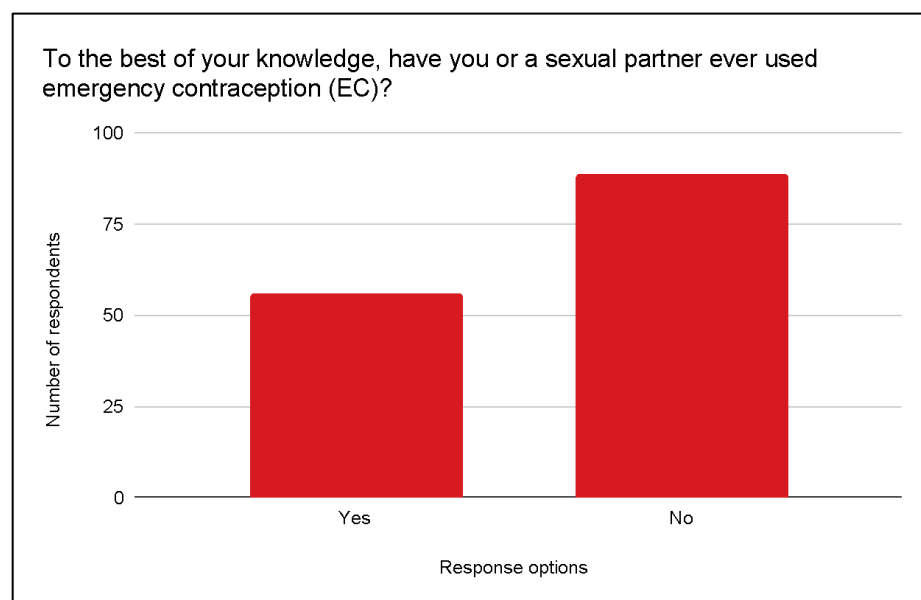


Figure 6: Self-reported previous use of EC by the participant or their sexual partner.

Of the participants that had utilized EC in the past, 62.5% reported affordability was strongly or somewhat an issue, and 37.5% reported it was not an issue for them (Figure 7).

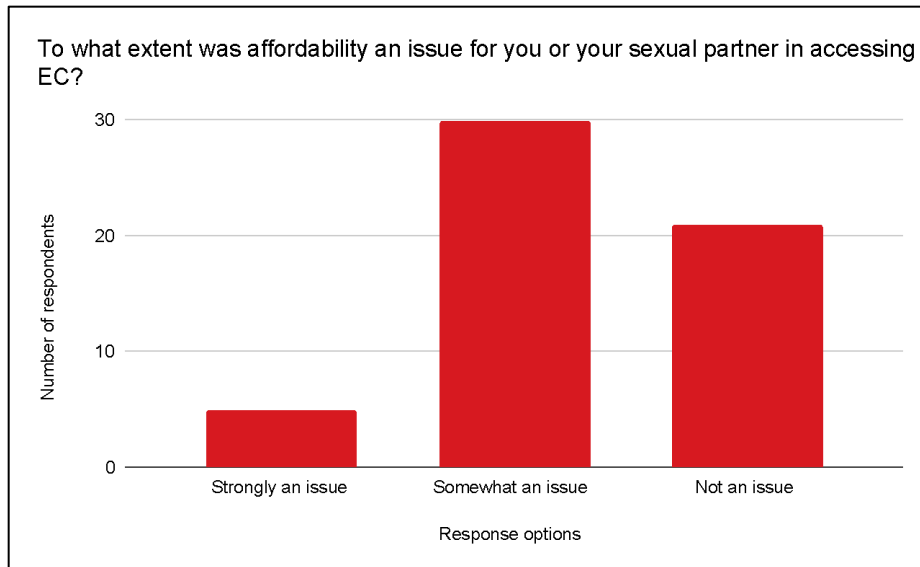


Figure 7: Participants' indication of whether or not affordability was an issue when trying to access EC.

When asked if they felt stigmatized or judged when trying to access EC, 64.3% of participants responded that they strongly agreed or agreed, 28.6% responded they strongly disagreed or disagreed, and 8.9% were unsure (Figure 8).

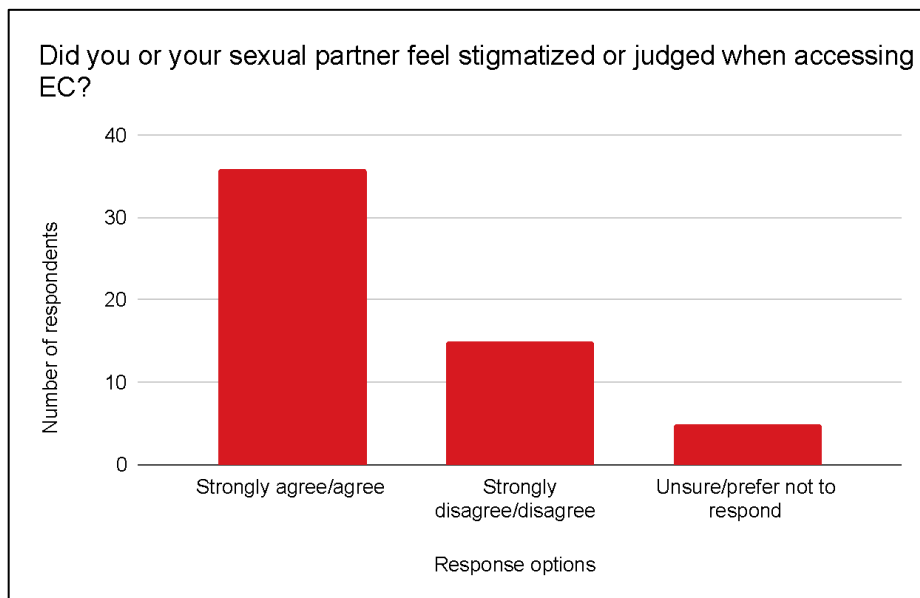


Figure 8: Participants' indication of whether they or their sexual partner felt stigmatized or judged when trying to access EC.

Anticipated Future EC Use

When asked about potential future barriers that participants may face in accessing EC, 43.7% of participants identified privacy concerns, while 46.5% of participants did not. The remaining 9.9% of participants were unsure if privacy concerns would be a future issue for them (Figure 9).

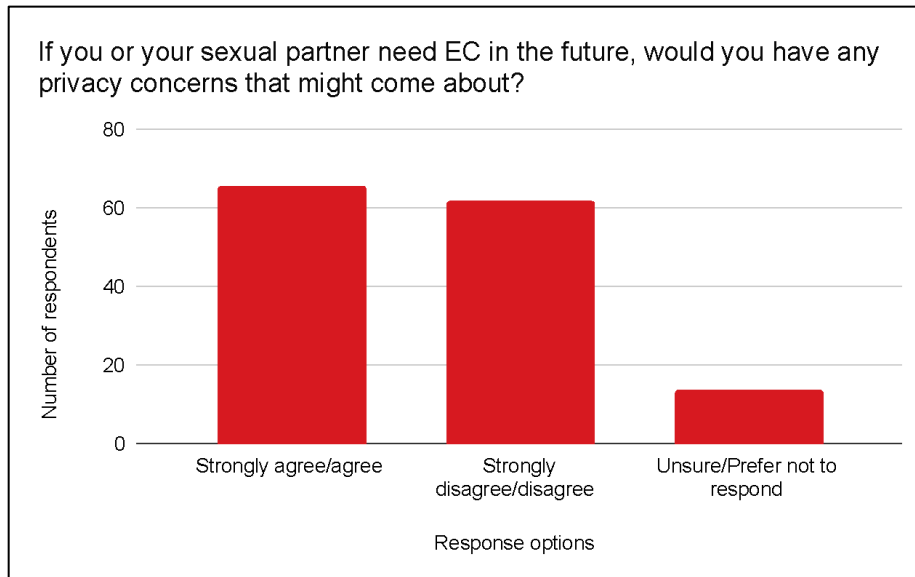


Figure 9: Self-reported responses to whether or not the participant or their sexual partner might experience privacy concerns in the future when trying to obtain EC.

When asked if having EC on the UNO campus would be beneficial, 79.9% of participants stated they agreed, 12.9% disagreed, and 7.2% was unsure (Figure 10).

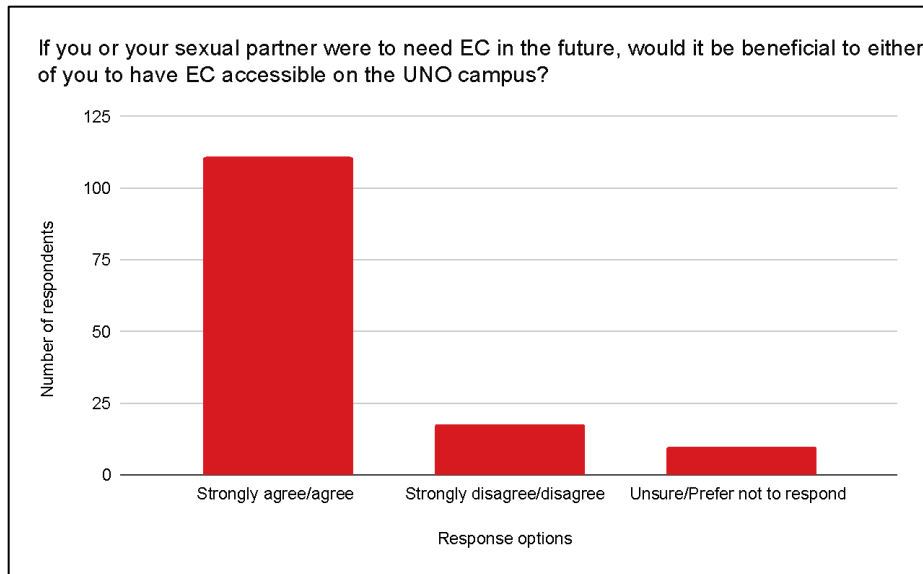


Figure 10: Self-reported responses regarding if participants thought it would be beneficial to have EC accessible on the UNO campus for any future needs.

EC Vending machines on the UNO campus were agreeable with 78.4% of participants (Figure 11), and EC peer distribution networks were agreeable with 71.2% of participants (Figure 12).

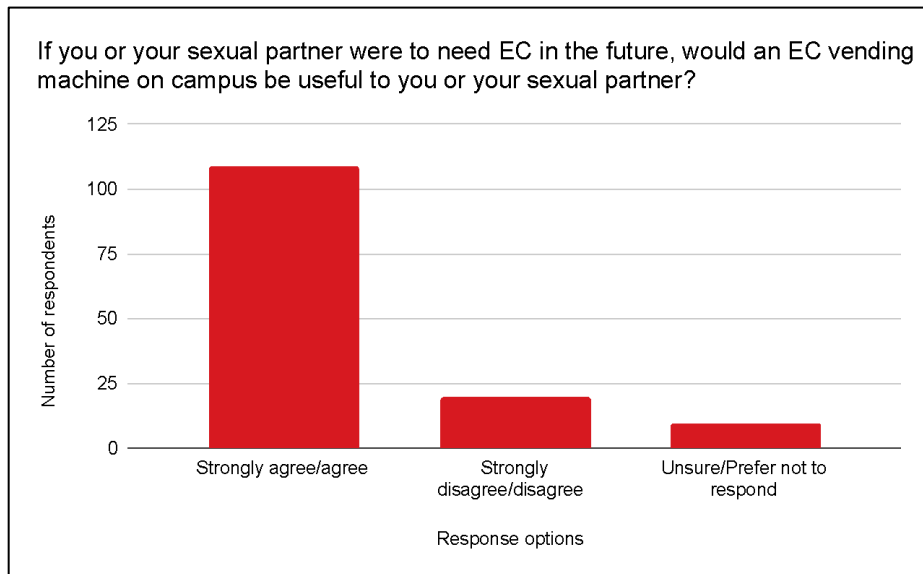


Figure 11: Participant responses to if they believed having an EC vending machine on the UNO campus would be beneficial.

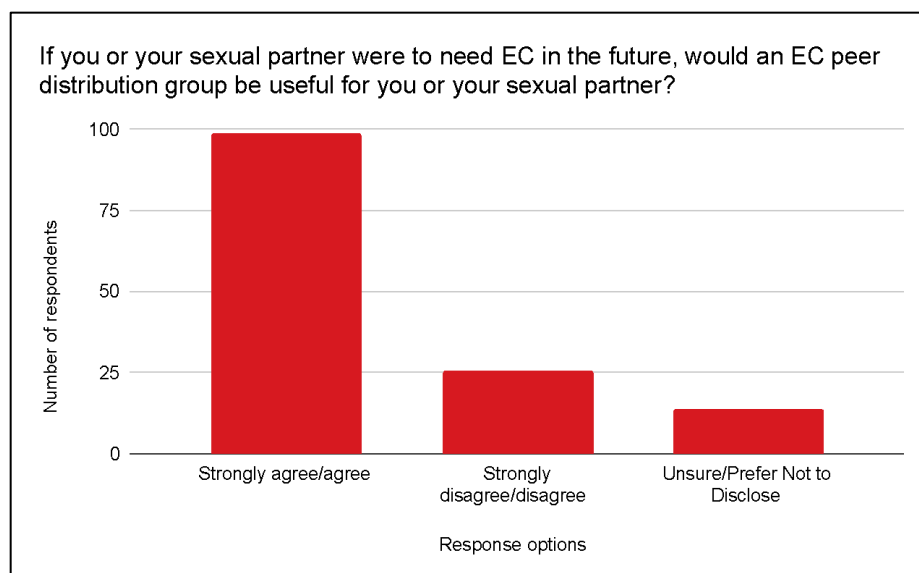


Figure 12: Participant responses to if they believed having an EC peer distribution network on the UNO campus would be beneficial.

Out of the twenty responses to the open-ended question at the end of the survey, five of them were concerns about how expensive EC was, four were concerns about stigma surrounding EC, three were related to privacy concerns, and two were about having general access to EC on campus. Some examples of responses include:

“I work in a pharmacy; about half the time I see someone getting plan B they’re pretty nervous. I think some increased anonymity would be of benefit.”

“I have never used it myself, but I have bought it for friends in the past because there is such a stigma around it. I don’t think it needs to be broadcast but there should be no shame in using it. It is there for a reason and should be cheaper and more accessible to everyone.”

“I haven’t had personal experience with EC but have many friends who have needed it. And they all were incredibly stressed over the cost, how it is seen as “shameful” to purchase, etc.”

Overall, the combination of data and testimonials provided rich data to be further analyzed. The data that was not included in this report includes the following: responses to weight level affecting levonorgestrel's effectiveness, responses to whether or not levonorgestrel or ulipristal can be purchased over the counter, responses to transportation being a barrier to accessing EC, and responses to educational understanding of EC being a barrier to access. This data was not provided in this report due to the relevancy of the data to the report and to the researcher's time restrictions and capacity.

Discussion

Results from the survey indicated that access to EC is needed within the UNO community. In regard to barriers that UNO students face when trying to access EC, affordability and stigma were two of the largest factors, which is consistent with the literature reviewed (Hickey & White, 2015; Lehan Mackin et al., 2015; Yarger et al., 2021). Educational understanding of EC seemed much higher than the literature, as many participants correctly identified the method of how EC works and understood that EC was not a form of abortion. There were, however, signs of misinformation from some participants, such as believing EC is equivalent to an abortion, or believing that EC can harm a woman or interfere with fertility (Miller, 2011; Williams et al., 2021). There was a slightly larger number of participants that showed support for an EC vending machine rather than an EC peer distribution group, which is an important consideration for future UNO initiatives.

Recommendations

Although UNO is not able to support the distribution of EC in the student health center due to a lack of a pharmacy, there are several options that would make EC more available to students on campus. Results from the survey indicate that UNO students have a basic educational

understanding about EC, but misinformation was also present among some responses. One way that UNO may help mitigate this issue is to create and promote educational materials about EC and how it works. One example of this would be to add an educational section on the UNO health center website about how EC works and where in the community a student could locate it. The current website states many contraceptive options, however, fails to mention anything about EC (University of Nebraska at Omaha, n.d.). Some examples of websites that UNO could model theirs after include the University of Nebraska - Lincoln and Stanford University, as they include information on what EC is and where a student can find it (University of Nebraska-Lincoln, 2022; Stanford University, n.d.).

Outside of online resources, informational pamphlets about EC could be developed by the UNO health center to distribute to patients and students. These pamphlets could also be used by various student organizations and communities on campus for distribution such as the Women and Gender Equity Center (WGEC), Queer and Trans Services (QTS), the Pre-Health Club, Midlands Sexual Health Research Collaborative (MSHRC), the UNO dorms, and others.

Other barriers that students may face in accessing EC could also be addressed through educational materials. For example, for those students who do not have access to a car to go to a pharmacy, a graphic could be created that indicates which bus stops in the Omaha area are near a pharmacy with EC. Since UNO students have free access to the bus system in Omaha, this would help alleviate some of the transportation issues students may face. Increasing educational understandings of EC will not only allow students to make intentional and informed decisions regarding their sexual health but will also help reduce the amount of misinformation surrounding this topic. Additionally, educational programs may help reduce the stigma around EC, as this was also an identified barrier for some UNO students.

A second recommendation would be to establish either an EC vending machine or peer distribution network of EC on the UNO campus. As almost 80% of respondents indicated that general access of EC on the UNO campus would be useful to them, having this resource available could address many of the barriers that students are facing. An organization called EC For Every Campus (EC4EC), which is a project of the American Society for Emergency Contraception is a group dedicated to helping campuses get access to EC through the use of EC vending machines or EC peer distribution (Emergency Contraception for Every Campus, n.d.). Their website offers information to students about how they can start these initiatives, as well as provides a community of people for students to connect with on other campuses who have already initiated EC vending machines or distribution networks on their campuses. In regard to the UNO campus specifically, results from the survey indicated that 78.4% of students would utilize an EC vending machine, and 71.2% of students would utilize an EC peer distribution network. There are benefits and drawbacks to each method, which would require further analysis in order to determine which method is best for the UNO campus.

A third and final recommendation involves the cost of EC. As affordability of EC was an issue for 62.5% of survey participants, any potential solution must address the financial barriers that students face when accessing EC. One way this might be done is by having the UNO health center come to an agreement with a local pharmacy in the Omaha community to provide students with EC at lower prices. This could be in the form of a coupon that the health center provides to students, or if a student shows their UNO identification to receive a certain percentage off at a pharmacy. This may help address the financial barriers that some students face when trying to access EC; however, this recommendation will require effort from UNO providers and UNO

administrators together. This would be in similar fashion to the university's current arrangements with other local partners that give students discounts to food or entertainment in the Omaha area.

Limitations

There are a number of limitations to this study. Only a small proportion of UNO students participated in the survey and the results may not be generalizable to the overall student body.

Additionally, of the students who participated in the survey, the majority were cis, white, heterosexual women. Expanding distribution methods to a wider population of the student body may provide additional understanding of how intersectional identities can impact EC access on campus. Additionally, distribution methods were limited to social media and emails, which may have limited responses from people who do not have easy and consistent access to technology.

Lastly, the survey's assessment of participant's educational understandings of EC was broad and additional information is likely needed to create more specialized educational materials across campus.

Conclusion

Overall, access to EC on the UNO campus is essential. Survey participants reported a constellation of barriers to accessing EC, such as finances, privacy, stigma, and educational understandings. A concerted effort between students, administrators, and providers is needed in order to address these barriers. By implementing recommendations on campus such as an EC vending machine or EC peer distribution network, some of the barriers students face could be remedied. The needs identified by this survey and the resulting recommendations will bridge gaps in access within the UNO healthcare system and reduce stigma surrounding EC by bringing awareness to the subject. Without action, UNO students will continue to face these barriers. It is

essential that UNO students have access to the reproductive resources they need, and that can start with EC.

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Appendix A: UNO Student Access to Emergency Contraception Survey

Q1 Thank you for your interest in participating in this survey, which is part of an undergraduate honors thesis project. This survey is being conducted by Annika Kuchar, an undergraduate student in the University Honors Program at the University of Nebraska at Omaha (UNO). The purpose of this survey is to measure UNO students' experiences and knowledge about emergency contraception within the UNO and Omaha community. All responses are anonymous. Completing this survey should take less than 10 minutes.

What will happen during the survey? This study is being conducted through an anonymous Qualtrics survey. This survey collects consenting information, limited demographic information, and responses to survey questions. Completing this survey should take less than 10 minutes. You can stop participating at any time by closing the survey window.

What will happen after the survey? The student researcher will analyze the data in order to develop a report. Your participation in the survey is anonymous and no personally identifying information will be included in the report. The report will be submitted to the University Honors Program at the University of Nebraska at Omaha and will be made publicly available through DigitalCommons (<https://digitalcommons.unomaha.edu/>). You may also email Annika Kuchar (akuchar@unomaha.edu) to request a copy of the report when it is complete (anticipated May 2022).

Why should I participate?

There are no direct, material benefits or incentives for participating in the survey. By completing this survey, you can ensure that your perspective is taken into account. There are no known risks to participating in the survey. If you experience discomfort while participating in the survey, you can stop participating at any time by closing the survey window. If you have any questions about

the survey or your participation, please contact the student researcher, Annika Kuchar (akuchar@unomaha.edu), or their faculty mentor, Dr. Liam Heerten-Rodriguez (lheerten2@unomaha.edu).

By clicking on the 'I Consent' button below, you are voluntarily consenting to participate in the survey. You can stop participating at any time by closing the survey window. You can print a copy of this page for your records.

☐ I consent.

☐ I do not consent.

Skip To: End of Survey If Q1 = I do not consent.

End of Block: Consenting Information

Start of Block: Demographics

Q4 Are you a currently enrolled student at UNO?

☐ Yes

☐ No

Skip To: End of Survey If Q4 = No

What year are you at UNO?

- ☐ First year
 - ☐ Second year
 - ☐ Third year
 - ☐ Fourth year
 - ☐ Fifth year or over five years
-

Q6 What college(s) does your degree(s) fall under?

- ☐ Arts and Sciences
 - ☐ Business Administration
 - ☐ Communication, Fine Arts and Media
 - ☐ Education, Health, and Human Sciences
 - ☐ Information Science & Technology
 - ☐ Public Affairs and Community Service
 - ☐ Agricultural Sciences and Natural Resources (UNL)
 - ☐ Architecture (UNL)
 - ☐ Engineering (UNL)
 - ☐ Graduate Studies
 - ☐ Other _____
-

Q7 How would you describe your gender identity and/or sex? (Some options include woman, man, nonbinary, agender, transgender*, cisgender*, intersex, genderfluid, and/or two-spirit, etc.).

*Transgender (or trans) usually refers to people who were given a gender and/or sex label at

birth that does not accurately represent them. Cisgender (or cis) refers to people who are the same gender and/or sex they were assigned at birth.

☐ Please describe your gender identity and/or sex.

☐ Prefer not to disclose.

Q8 When I describe who participated in my study, should I include you in a trans or transgender category? For example, you are trans, you have transitioned* gender and/or sex, you will transition, and/or you are transitioning. *By transitioned, we mean changing aspects of your gender/sex socially and/or biomedically. These may include changes in gender expression, legal documents, hormones, and/or anatomy.

☐ Yes

☐ No

☐ Prefer not to disclose.

Q9 What is your sexual orientation? (Some options include asexual, bisexual, gay, lesbian, queer, straight, etc.)?

☐ Please describe your sexual orientation.

☐ Prefer not to disclose.

Q10 What is your race (please select all that apply)?

☐ American Indian (Native American) or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ White

☐ Additional category/identity not listed (please specify below).

☐ Prefer not to disclose.

Q11 Are you of Hispanic, Latino or Spanish origin?

- ☐ Yes
- ☐ No
- ☐ Uncertain
- ☐ Prefer not to disclose.
-

Q36 What is your age?

- ☐ Please type your age in the box below.

- ☐ Prefer not to disclose.

End of Block: Demographics

Start of Block: Educational Questions

Q13 This section will ask questions regarding your knowledge about emergency contraception.

For each of the following questions, please answer to the best of your knowledge without using any resources. Remember that all of your responses are anonymous.

Q14 How would you define your knowledge level on emergency contraception (EC)? (e.g., Plan B One-Step (levonorgestrel), Ella (ulipristal))

- ☐ Very knowledgeable
 - ☐ Somewhat knowledgeable
 - ☐ Not at all knowledgeable
-

Q16 How do you believe emergency contraception works?

- ☐ It prevents fertilization of the egg and the sperm, before implantation of the zygote into the uterus.
- ☐ It aborts the zygote in the uterus.
- ☐ It kills the sperm before it can reach the egg.
- ☐ Fill in the blank with any other opinion besides the ones above:

- ☐ I am unsure.
-

Q17 Do you believe emergency contraception methods are equivalent to having an abortion?

- ☐ Yes, taking emergency contraception is a form of abortion.
 - ☐ No, emergency contraception is not a form of abortion.
 - ☐ I am unsure.
-

Q18 At what weight level does Plan B One-Step (levonorgestrel) reduce in effectiveness?

- ☐ 135 lbs and above
 - ☐ 145 lbs and above
 - ☐ 155 lbs and above
 - ☐ 165 lbs and above
 - ☐ I am unsure.
-

Q19 To your knowledge, if someone 17 years old or older goes to the store to purchase Plan B One-Step (levonorgestrel), can they purchase it over the counter or would they need a prescription?

- ☐ It is available over the counter.
- ☐ A prescription is required.
- ☐ I am unsure.
-

Q20 To your knowledge, if someone 17 years old or older goes to the store to purchase Ella (ulipristal), can they purchase it over the counter or would they need a prescription?

- ☐ It is available over the counter.
- ☐ A prescription is required.
- ☐ I am unsure.
-

End of Block: Educational Questions

Start of Block: History of EC Use Questions

Q21 This section will ask questions about you or your sexual partner's previous use of emergency contraception. From this point on, the use of the abbreviation "EC" will be used to

represent emergency contraception in either form: Plan B One-Step (levonorgestrel) and Ella (ulipristal).

Q22 To the best of your knowledge, have you or a sexual partner ever used emergency contraception (EC)?

☐ Yes

☐ No

Skip To: End of Block If Q22 = No

Q22 Where did you or your sexual partner access EC?

☐ Local pharmacy (e.g., Target, CVS, etc.)

☐ Planned Parenthood

☐ Friend or family member

☐ Other _____

Q23 To what extent was affordability an issue for you or your sexual partner in accessing EC?

- ☐ Strongly an issue
 - ☐ Somewhat an issue
 - ☐ Not an issue
 - ☐ Unsure/I don't know
 - ☐ Prefer not to disclose.
-

Q24 To what extent was transportation an issue for you or your sexual partner in accessing EC?

(e.g., did you have a car to drive to a pharmacy, did you know and understand local bus routes)

- ☐ Strongly an issue
 - ☐ Somewhat an issue
 - ☐ Not an issue
 - ☐ Unsure/I don't know
 - ☐ Prefer not to disclose.
-

Q38 To what extent were privacy concerns an issue for you or your sexual partner in accessing EC? (e.g., insurance was used to get EC so parental figures found out, had to tell significant other in order to purchase it, etc.)

- ☐ Strongly an issue
 - ☐ Somewhat an issue
 - ☐ Not an issue
 - ☐ Unsure/I don't know
 - ☐ Prefer not to disclose.
-

Q28 To what extent was knowledge on how to effectively use the EC an issue for you or your sexual partner? (e.g., making sure to take it within the correct time frame, taking the correct drug based on weight, etc.)

- ☐ Strongly an issue
 - ☐ Somewhat an issue
 - ☐ Not an issue
 - ☐ Unsure/I don't know
 - ☐ Prefer not to disclose.
-

Q37 How did you or your sexual partner become aware of how to effectively use the EC?

- ☐ A pharmacist's guidelines
 - ☐ The packaging on the medication
 - ☐ The internet
 - ☐ Asking a friend or family member
-

Q27 Did you or your sexual partner feel stigmatized or judged when accessing EC? (e.g., had anxiety surrounding going to the pharmacy to buy EC, having people watch you buy it, having the pharmacist unlock the locked box for you, etc.)

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree
- ☐ Unsure/I don't know
- ☐ Prefer not to disclose.

End of Block: History of EC Use Questions

Start of Block: Anticipatory use of EC Questions

Q30 If you or your sexual partner ever needed emergency contraception (EC) in the future, would you have the financial means to pay for it? For reference, Plan B typically costs \$40-50.

- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Agree
 - ☐ Strongly Agree
 - ☐ Unsure/I don't know
 - ☐ Prefer not to disclose.
-

Q31 If you or your sexual partner need EC in the future, would you have the transportation accommodations to get you where you needed to go? (e.g., do you have a car, do you know local bus routes?)

- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Agree
 - ☐ Strongly Agree
 - ☐ Unsure/I don't know
 - ☐ Prefer not to disclose.
-

Q32 If you or your sexual partner need EC in the future, would you have any privacy concerns that might come about? (e.g., if you or your partner are under the age of 17 you must have a

prescription with parental approval to purchase Plan B, if you go to Planned Parenthood and utilize insurance to obtain Plan B a family member on that insurance might find out, etc.)

- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Agree
 - ☐ Strongly Agree
 - ☐ Unsure/I don't know
 - ☐ Prefer not to disclose.
-

Q33 If you or your sexual partner need EC in the future, are you or your partner aware of the instructions for how to properly use EC in the most effective way? (e.g., taking it in the correct time frame, taking the correct drug based on weight, etc.)

- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Agree
 - ☐ Strongly Agree
 - ☐ Unsure/I don't know
 - ☐ Prefer not to disclose.
-

Q34 If you or your sexual partner were to need EC in the future, would it be beneficial to either of you to have EC accessible on the UNO campus?

- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Agree
 - ☐ Strongly Agree
 - ☐ Unsure/I don't know
 - ☐ Prefer not to disclose.
-

Q35 If you or your sexual partner were to need EC in the future, would it be beneficial to you if EC was provided to you at a lower cost at a local pharmacy because you are a UNO student?

- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Agree
 - ☐ Strongly Agree
 - ☐ Unsure/I don't know
 - ☐ Prefer not to disclose.
-

Q36 If you or your sexual partner were to need EC in the future, would an EC vending machine on campus be useful to you or your sexual partner? (e.g., there would potentially be one vending machine on campus where students could go to a discreet place to purchase EC at a lower cost than a pharmacy)

- ☐ Strongly Disagree
 - ☐ Disagree
 - ☐ Agree
 - ☐ Strongly Agree
 - ☐ Unsure/I don't know
 - ☐ Prefer not to disclose.
-

Q37 If you or your sexual partner were to need EC in the future, would an EC peer distribution group be useful for you or your sexual partner? (e.g., if you needed EC on campus, you could

potentially text a hotline and someone from a peer group would discretely deliver it to you on campus)

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree
- ☐ Unsure/I don't know
- ☐ Prefer not to disclose.

Q21 Please feel free to use this space to talk about any personal experiences you've had with Emergency Contraception. Please note this question is optional and anonymous.

End of Block: Anticipatory use of EC Questions