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# Emergency Contraceptive (EC) Use in Indigent Populations

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**Presenters**

Ashley Benjamin, Kasandra Chambers, Melissa McNicol, Amy Roy, Kurtis Schultz, April Yoakam, Miriam A. Ansong, and Tracy R. Frame

# Emergency Contraceptive (EC) Use in Indigent Populations

Ashley Benjamin, Kasandra Chambers, Melissa McNicol, Amy Roy, Kurtis Schultz, April Yoakam, Miriam A. Ansong, PharmD, Tracy R. Frame, PharmD  
Cedarville University School of Pharmacy

## STATEMENT OF THE PROBLEM

### Background and Significance of the Problem

The indigent population in America is defined as persons who do not have the financial means to support themselves and are below the federal/state poverty line. According to the 2010 United States Census, 13.8% of Americans are living below the poverty line.<sup>1</sup> Indigent populations often rely on the help of others to provide for their basic needs, whether the help of family and friends or government support. Indigent women are disproportionately affected by unwanted, unplanned pregnancies. It is a continuous cycle that plagues families, often causing poverty and an increased dependence on the welfare system.<sup>2</sup> In Medicaid-eligible populations, many women have reported inconsistency in taking their normal birth control after having their first child which may result in another unplanned and/or unwanted pregnancy. This has led to a push for contraceptive education, both routine and emergency, to be integrated in as many places as possible, including schools, doctors' offices, women's clinics, and pharmacies.<sup>3</sup>

Studies have previously shown that lack of knowledge is a major factor deterring women from using ECs.<sup>3</sup> However, it is unknown how providing patient education affects the use of LNG.<sup>3</sup> This study will also address several other factors that may influence the lack of LNG use in indigent women. Morals and religion put forward by culture lay the foundation for how women view contraception, thus cultural morals and religion likely have a large role in a woman's decision to use EC. It is also unknown how patient education affects the use of LNG. Many believe that women do not use EC because they are not educated about how to use it or understand how it works in their bodies. Some women have the knowledge but may still choose not to use the contraception because they are apathetic.

## OBJECTIVES

1. To determine the effects of cultural morality on EC use
2. To determine the effects of religion on EC use
3. To determine the effects of cost on EC use
4. To determine the effects of education on EC use

## HYPOTHESES

**Null:** The effects of cultural morality, religion, cost, and education will have no impact on the use of ECs in indigent women.

**Alternative:** The effects of cultural morality, religion, cost, and education will have an impact on the use of ECs in indigent women.

Project Timeline	
2012	Aug-Sept - Begin researching the topic Sept-Oct - State research problem and purpose statement Oct-Nov - Methodology and analysis Nov-Dec - Describe limitations of research, future directions, create poster, and apply for IRB approval
2013	Jan-Dec - Data collection
2014	Jan-Dec - Analysis of the surveys and data
2015	Communicate the results

## PROPOSED METHODS

### Study Design

- Cross-sectional observational study
- Multi-site locations
  - Sites will have one or more of the following: a high number of patients on Medicaid or other welfare programs, free clinical services or resources, or will be located in a low-income geographical area

### Sample

- Patients will be:
  - Females at least 18 years of age
  - Below the federal poverty level, making less than \$23,000 annual household income

### Data Collection

- Women that present at the selected sites will be asked to participate and given basic information
- Obtain verbal consent from participants
- Categorical data will be obtained through a paper survey designed to collect basic information

### Measurement

- A paper survey will be the instrument utilized to collect the data

## PROPOSED ANALYSES

- Responses to the survey will be double-keyed and entered into Microsoft Excel
- Outlying data will be marked and observed
- Analyses will be completed with SPSS by IBM. The *a-priori* alpha level of significance will be 0.05 and the power of the study will be 0.8.
- Based on a power analysis, there must be a total of 572 participants in the study
- Descriptive statistics and chi-square test will be used to find differences between categories
- If necessary, a Spearman rank correlation will be utilized to further describe correlations between categories

## LIMITATIONS

- Only shows correlation, not causality
- Willingness to take survey
- Selection bias

## FUTURE DIRECTIONS

- Understanding factors limiting indigent women's EC habits allows better education for women on the proper use of EC
- Information collected will allow creation of more appropriate literature to convey information to indigent women

## REFERENCES

1. United States Census Bureau. State and County Quickfacts. Available at: <http://quickfacts.census.gov/qfd/states/00000.html>. Accessed October 8, 2012.
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3. Miller, Virginia, et. al. Contraceptive Decision Making Among Medicaid-Eligible Women. *Journal of Community Health*. 2000;25(6):473-480. doi: 10.1023/A:1005144730830