From request to dispensation: how adolescent and young adult females experience access to emergency contraception in pharmacies

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Abstract

Purpose: Emergency contraception (EC) access was liberalized in 2002 in Switzerland by making it accessible in pharmacies without medical prescription. However, its dispensation still requires a confidential interview with a pharmacist. This qualitative study aims to explore experiences of adolescent and young adult (AYA) females who have gone to a pharmacy in order to obtain EC.

Materials and methods: Thirty interviews were conducted from April to August 2019 with females aged between 15-25 years old at the interview. Inclusion criteria was to have requested at least one EC in a pharmacy between 2014 and 2019. A thematic content analysis was performed to extract themes brought up by the participants.

Results: Some participants reported that the most difficult moment in the process was the request at the counter. The majority of participants were escorted in a private back room but opinions were divided regarding this isolation. Experiences were sometimes negative due to lack of information and knowledge regarding the dispensation process. The interview has also a preventive aim, but the information given during it often focused solely on the risk of vomiting. Several participants reported having perceived or received moral judgements from pharmacists.

Conclusions: Pharmacists are key resources and EC dispensation an opportunity for sexual health. This exploratory study presents several elements requiring the adaptation of practices in order to prevent them from becoming barriers for AYA to access EC. Concerns are regularly expressed by young women about privacy, embarrassment and judgement in the pharmacy context regarding contraception.

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Keywords: Adolescents; AYA; Emergency contraception; Interview; Morning-after pill; Pharmacy; Qualitative study; Young Adults.

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Introduction

Available for 30 years in Switzerland, the emergency contraception (EC) access was liberalized in 2002 by making it accessible in pharmacies without medical prescription [1]. EC dispensation in Switzerland could be considered as behind-the-counter as its dispensation still requires a confidential, but not anonymous, interview with a pharmacist who has to follow a checklist including collecting personal data, reason why EC is needed, previous experiences with EC, date of last period, and allergies. This procedure helps determine which EC is best suited, either levonorgestrel (LNG) or ulipristal acetate (UPA) one, the latter being used when exceeding 72 hours since sexual intercourse or when levonorgestrel is contraindicated. The interview also has a preventive objective by informing about sexually transmitted infections (STIs), contraception and female cycle. EC dispensation for girls under the age of 16 is also possible with this process if discernment capacity is positively assessed by the pharmacist, and no parental consent is needed. Despite this step-by-step procedure, the attitude of certain professionals is sometimes denounced in the press [2,3] with the testimonies of women who reported negative experiences.

Several authors [1,4-7] have studied the provision of EC in pharmacies, particularly the change from a medical prescription to over-the-counter. Research has also looked at whether an easier access to EC could influence sexual and contraceptive behaviors, as worries regarding this liberalization have been raised [8]. However, studies that aimed to determine effects of delivering EC in pharmacies without prescription [1,5,9], at no cost [4] or for later use [9-14] on other contraceptive use, such as condom, or on unintended pregnancy and abortion found no association, demonstrating that easier access to EC does not increase risk taking.

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While EC access have been facilitated, there are still several issues surrounding pharmacies. For example, a study conducted in 2014 [15] concluded that the request for and the dispensation of EC in pharmacies could be difficult times for a young woman because of moral judgments, lack of information and inconsistent messages. In a Swiss study using simulated clients requesting an EC [16], only 56% of pharmacists addressed STIs with EC and, when it was done, it was essentially to state that condoms were the most effective way to prevent STIs.

This qualitative study aims to explore experiences and feelings of young women who had gone to a pharmacy in the French-speaking part of Switzerland to obtain an EC.

Materials and methods

We conducted an exploratory qualitative research in the canton of Vaud (French-Speaking part of Switzerland) using semi-structured individual interviews and an interview guide with open-ended questions. Face-to-face interviews are particularly suitable to explore and study personal and sensitive topics [17,18]. The interviews were conducted from April to August 2019 and lasted between 20 and 90 minutes, depending on the number of EC taken. Each participant received an information letter and signed a consent form before starting the discussion. Each participant received a gift card worth the equivalent of 40 US$.

An online ad was posted on a job recruitment website for youths (for 15–22 year-olds) and was shared by the first participants in their network and through social media. This ad called for young women aged 14 and over who had been in a pharmacy in the canton of Vaud to obtain an EC between 2014 and 2019. The limit of 2014 was the year of the introduction of a new form of EC and the release of a position paper in Switzerland recalling some important points regarding its dispensation, including the right for young girls under the age of 16 to

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have access to EC. We stopped recruiting as we reached saturation of the themes we aimed to address.

The Cantonal Ethics Committee verified the protocol [#Req-2019-00117]. According to the Federal Act on Research involving Human Beings, interviews could be carried out without the informed parental consent if the adolescent was at least 14 years old. Young women with personal difficulties could be referred to support institutions or to support and care units. Although no problem leading to an emergency intervention was reported during interviews, some information was given to avoid misunderstandings or false beliefs at the end of the interview.

Discussions were audio-recorded, anonymously transcribed verbatim and then deleted. To ensure anonymity, all identification elements (first name, town, etc.) were removed during transcription.

Data analysis

Using MAXQDA (Version 20.0.08), we performed a thematic content analysis with an inductive approach to extract the different themes and dimensions brought up by the participants and focus on subjective interpretations and meanings [19]. The main themes are based on the interview grid, but the sub-themes come directly from the participants' discourse and have evolved and developed over the course of the interviews and shared experiences. This method uses a classification and categorization process. First, the first author read the transcripts several times to obtain a general overview. Second, she created codes by labeling sections and defined quotes based on significant patterns. Third, she combined and merged similar codes to form thematic categories relevant to the research aims. Based on coding definitions, other authors reviewed the first analysis, highlighted divergences and identified

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additional themes. Authors discussed discrepancies until reaching consensus. Quotes were translated from French into English by the first author.

Results

Thirty interviews were conducted. Mean age at interview was 19.8 years [15-25][1], mean number of EC taken was 2.2 [1-5] with most participants reporting 1 or 2 EC (n=21) and mean age at first EC in pharmacy was 17.7 [14-22]. The median duration between the age at first EC request and the age at the interview for this study was 2 years [0-6], 2 years or less for 22 participants. For this paper, results focus on two different steps in the dispensation process: the request at the pharmacy counter and the interview conducted by a pharmacist. For the pharmacy counter, participants talked about the EC request and the answer of the professional. For the interview process, themes defined were the aim of the interview and the questions asked, the information and prevention issues, privacy issue and the interviewer's role.

The pharmacy counter

The request

Some of the participants reported that the most difficult moment in the process was the request at the pharmacy counter, mainly due to the presence of other clients and lack of privacy. *" […] I think the most embarrassing moment in the experience is when you are at the front [at the counter] and you have to ask, because the counters are always close [to each other], so the customers are very close [to each other] […]. " (14 year-old[2]).* This discomfort would also come from not knowing how to request an EC at the counter. *"[…] Like something [an information] on how emergency contraception is delivered in pharmacies: the*

[1] Number whiting brackets are [Min – Max]
[2] Age at first EC demand in pharmacy

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price, where to get it, how to ask. Even that: 'how to ask?' […]. We do not really know! " (18 year-old). This situation led some participants to think about how to request EC differently: with a code name, notify of one's arrival by telephone or make an appointment online. *"Otherwise [...] a system on the Internet: 'I'm coming at 10:30 to take emergency contraception.' [...] Then like that there is no need to do the stage of saying it with people at the counter [...]." (18 years old)*

The answer

Sometimes the discomfort was caused or increased by the pharmacists' answer at the counter, accentuating privacy issues. *"[...] I was there 'I would like an emergency contraception' (low voice). He said 'Ah yes, an emergency contraception, okay!' (loud voice) […]."(19 year-old).* Discretion efforts from pharmacists were highly appreciated. *"[...] The pharmacist who welcomed me was not the one who did it (the interview). So she went to ask her colleague and [...] she took her aside. Actually, she did not talk in front of the other customers." (22 year-old)*

Often, the person to whom the request was made at the counter was not the person who conducted the interview afterwards. Sometimes this switch was not understood by the participants, leading to additional discomfort. *"Then, they called for the pharmacist in chief I think. […] The person at the counter called for someone else, which is sometimes also a little embarrassing because we talk to the person and then 'Wait two seconds, could someone come (speaking loudly)?' [...]. " (19 year-old).* This lack of explanation sometimes brought anxiety regarding the dispensation of the EC itself. *"Especially at the beginning when they seemed quite shocked [about the age] and then they told me that they were going to look for a pharmacist. I thought I was not going to receive it [the EC] […]." (14 year-old)*

Eligibility review and interview process

The aim of the interview and the questions

Reassurance was considered as a very important aspect of the interview. *“ […] I would have needed someone to tell me: 'It is not a big deal, there is no problem.', because I think it was apparent on my face that I was not very well and she […] did not say anything heartwarming, she just said: 'Ok, what happened?'. ” (18 year-old).*

Some participants did not know that the process included an interview, whereas knowing its existence made it easier. *“[...] The second time I already knew that there would be this interview […] and I was a little calmer. I told myself 'Well, I know they will ask these kinds of questions'[...].” (20 year-old)*

The way of conducting the interview was not homogeneous. Some pharmacists gave the document to fill out, others completed it themselves by asking the questions orally which, for some participants, was more embarrassing. *“He did not ask me many questions, I was pretty shy at the time so I was really half peeing in my pants, so he did the right thing by giving me the sheet and telling me 'Fill it in!' [...].” (15 year-old)*

Information and prevention issues

The interview aimed to give some information on contraception use and STI. However, sometimes, the interview focused on the question-part only without additional information. *“No, she just told me to come back if I vomited, […] but otherwise she did not tell me anything.” (18 year-old).* When a longer discussion was conducted, some participants appreciated receiving information. *“He told me that I could go to a family planning to do some screening tests and then he asked me if I had contraception and since I did not have any, he advised me […].” (14 year-old).*

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However, some participants reported that it was not the best moment to have such a discussion or that it was not the pharmacist’s role. *“[...] I don’t know, maybe they (pharmacists) have training on this subject, but I would see myself doing it more in a family planning [...].” (20 year-old).* Some participants thought that it would be better if the pill was taken before starting a prevention discussion. Indeed, young women focused only on taking EC, especially given the time elapsed between the intercourse and the dispensation, and more general information would not be received positively or not heard in such a stressful situation. *“[...] Maybe, give the pill at the beginning and then do the prevention because I remember he gave it to me at the end and first, he talked to me and I wasn't very focused on the discussion because [...] I had this kind of clock in my head that was like 'You have this much time left!' and it was a little stressful [...].” (16 year-old)*

Several participants reported that they would have appreciated receiving information about EC itself, knowing what it contained, how it worked, side effects, even if the package insert was sometimes given. *“[...] Maybe more talk about what this pill is because, even now, I do not really know. I just know that it allows me not to have children [...].” (18 year-old)*

In addition, some participants highlighted data protection issues as they did not know where their data would be kept and for what purpose. *“[...] I ask myself the question of what they do with that because [...] I imagined things that it could be useful for but per se I do not know at all what it is for.” (17 year-old)*

Privacy issue

Some of the participants had to answer the eligibility questions at the counter directly and were not isolated to answer the questions. *“Actually it was at the counter so it is quite embarrassing, because you say to yourself: 'Well, if there is someone who is coming by...' and you have to answer some pretty personal questions [...].” (18 year-old)*

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The majority of participants were escorted, most often, in a private back room. Opinions were divided regarding this isolation. Some participants appreciated filling out the questionnaire and answering the questions without having to deal with the presence of other people around. However, this isolation also led to negative reactions like the risk of being noticed. *"[...] It is a bit weird to come out from behind the pharmacy or from behind the counter." (20 year-old).* In addition to some inappropriate arrangements (no table or chair) or the passing through of other employees in the location of the interview, some participants did not appreciate this isolation because it made them feel guilty, especially due to the lack of explanation. *"I find interesting to take the person to another room to fill out the form but, at the same time [...], you are told in a clear and neat way that what you have done is something that is not harmless, and that we [pharmacists and clients] are going to talk about it and write that on paper[...]." (18 year-old).*

The interviewer's role

Opinions and experiences were mixed about participating in the interview with a woman or a man. Indeed, some participants considered that women were more able to conduct such an interview because of sharing sexual characteristics and experiences. For others, a man might be more neutral and less emotional during such a moment, making the client feel more comfortable. Thus, a bad experience would be mainly related to the attitude of the person, regardless of the gender. *"[...] Well I think that with a man it can also go very well, but I think it was more really the person who was problematic [...] and not really the sex of the person [...]." (18 year-old)*

Despite the embarrassment that young women could feel during the EC dispensation process in the pharmacy, some participants reported no direct judgment from the professionals creating a climate of trust and confidence. *"He seemed to be saying 'Ah, no problem. Ah, but*

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no you know there is no need for you to justify yourself.', And he was not saying it in a strict tone, but with a smile 'Here it is! Have a good evening!' so he was very calm about that." (20 year-old). In this perspective, congratulating the young woman for her arrival would also reduce the embarrassment and reassure her. "[...] She (her best friend) was in a good pharmacy, one hadn't judged her [...] because she was 14 years old, on the contrary, one had rather congratulated her because she had come to a pharmacy and she had thought about doing that rather than letting it happen and it turns into an abortion or something else […]." (22 years old).

For some participants, even if no direct judgments were reported, some non-verbal communication postures made them feel uncomfortable. *"[...] I felt judged because she looked a bit like that [she mimics the face and gaze without smiling] [...]." (14 year-old).* In relation to this feeling, some participants explained that it was perhaps because they did not feel well in this situation and that they perceived negative judgements because of their own emotional state at the time. *"[...] I was just telling myself that this lady was going to judge me, […] whereas, in the end, of course not [...]." (18 year-old)*

On the other hand, some participants reported direct and inappropriate judgements. While some remarks were on the number of EC taken, the fact of not taking contraception or not knowing how to use a condom, more personal comments were also reported. *"[...] He asked me when was the unprotected intercourse and I said 'It was 30 minutes ago [...].'. He laughed [...]. And then [...] he assumed that since I was coming alone, it was a one-night stand [...], he told me that we could not protect ourselves like that by just taking the morning-after pill […]. And then when I told him that I had a boyfriend [...] but that he had gone to work [...] he said: 'I hope he works because he will have to take care of this new little family […]'." (18 year-old).*

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With these types of comments, several participants felt guilty, that they had to take responsibility for their acts and that they were being judged for them, even if they took EC as a last resort. *“[...] He said to me 'Why do you need it?' and then I said "I take the pill and I forgot it so I used a condom but the condom broke […]. So, you see, I do not take it lightly, it is really the last resort!" […] Several times he came back on the details and […] he said to me 'But was it an old condom? You didn’t check it […]? Because, normally, it doesn’t break. And what about your pill, how come you forgot it?' [...]. ” (16 year-old).*

Although judgments were also reported by older girls, girls under the age of 16 reported judgements that were directly associated to their age. *“[...] It was a little embarrassing because I tried to be discreet but the women spoke to me very loudly and […] when I said I was 14, they repeated it out loud and suddenly, everyone was looking at me, it was very embarrassing and then we went behind and then the main pharmacist […] asked me a few questions about […] the fact that I was 14 years old and it was very young to take it [EC] […].” (14 year-old).* In addition, remarks were considered easier to manage at an older age thanks to maturity and the ability to take a step back.

Regarding this fear of being judged, whether these judgments were anticipated or experienced, some participants reported that they lied or will lie to avoid such remarks. Another strategy was to change pharmacies to avoid comments on the number of EC in particular. Some participants who reported judgements admitted that they would think twice before going back to a pharmacy for EC. *“I understand the process and I find that it is very good because it is true that it [EC] is not something to be taken lightly. But I think they can be nicer [...]. After that, I did not go back to the pharmacy […], it was not very pleasant and it does not make you want to go back at all.” (16 year-old)*

Discussion

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Findings and interpretation

This exploratory study presents several elements requiring the adaptation of practices in order to prevent them from becoming barriers for adolescents and young adults (AYA) to access EC. Providing EC through pharmacies is a great opportunity but concerns are regularly expressed by young women about privacy, embarrassment and judgement in the pharmacy context regarding contraception use [20].

In the present study, experiences were sometimes negative due to lack of information and transparency regarding the dispensation process. Lack of information was reported for almost all of the steps: how to request the EC, the change of persons between the request and the interview, the existence of an interview and questions, the location, data collection and use, etc. In addition to accentuating discomfort, lack of clear information could lead to unfounded beliefs [21], which, in turn, may risk leading to the decision not to go to a pharmacy or not to use EC.

The interview and the protocol that pharmacists must follow have also the aim of giving educational and preventive information. A checklist is made available to ensure that the information is given: means of contraception, STI, gynecological checks, side effects etc. In this study, very few participants received this kind of information and, when it was the case, information often focused solely on the risk of vomiting. This result is in line with a study [21] reporting that the main information given by pharmacists during the dispensation process was how to take the EC. Moreover, in another study [16], only one pharmacist out of 68 discussed and recommended STI testing. Regarding specifically vomiting, it is interesting to note that this side effect remains rare for LNG and UPA (0.3% according to a recent review [22]). Several hypotheses can be imagined in relation to this point: either the training given to the pharmacists emphasizes the risk of vomiting, or the pharmacists are concerned that EC

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works for the young woman, or this information is easier to give, as it is concrete and not sensitive. As previously described [21], a strong demand emerged from our results to obtain information on the drug itself and how it works on female cycle, beyond side effects like vomit

Nonetheless, our results also show that for some participants the interview was not the best moment for engaging in a longer discussion, mainly because of the stress of not ingesting the EC on time. It is therefore important to reassure young women in order to open the discussion. The client could be offered the choice to determine whether she wished to discuss before or after taking EC. Another strategy would be to open a discussion on certain subjects and guide them to places or websites suitable for answering their questions.

Several participants reported having perceived or received moral judgements from pharmacists. This was already reported in previous studies [15,20,21]. Some participants also admitted that they anticipated such judgments because of the discomfort surrounding EC request in general. It is absolutely necessary to make health professionals aware of this problem. This awareness must also be done with women directly to avoid initial discomfort and because these judgments could be assimilated by them as truths and lead to fear of reaching out for EC. In this line, 50% of women participating in a study [21] reported that the need for EC could be considered as a lack of responsibility.

Strengths and weaknesses

The strengths of this study are to have recruited participants with different experiences on EC dispensation and to explore the different steps of EC request and dispensation, facilitating narratives. Thanks to this study, we were able to explore part of the experience of service users, an experience that is not often considered in evaluation and that may greatly differ from the perception that professionals may have of good care. However, some limitations

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need to be discussed. Firstly, our findings are based on self-report and we cannot assure that there was no voluntary and selection bias as AYA with negative experiences may have a greater need to share them. However, both negative and positive experiences were reported in our sample. . Secondly, the median duration between the first EC request and the day of the interview for this study cannot exclude a recall bias but this difference was small. Thirdly, in the canton of Vaud, there are currently about 250 pharmacies. Our results therefore do not reflect all practices, but they do provide an initial exploratory approach to the issues surrounding the dispensation of EC in such places. Fourthly, our sample did not include anyone who asked for EC but did not receive it. However, we assume that refusal rates remain low in view of the policy of liberalization of the EC in Switzerland.

Relevance of the findings: implications for clinicians and policy-makers/health care providers

Pharmacists are key resources and EC dispensation in pharmacy an opportunity for promoting safe sexual health. In two Swedish studies [23,24] (Sweden offers EC over-the-counter), the majority of young women interviewed reported that they would prefer a behind-the-counter system in order to access counseling. As mentioned above, previous studies[1,4,5,9-14] have already shown that easier access to EC was not associated with greater risk taking in terms of non-use of contraception or unintended pregnancy, one study [9] even concluding that it seemed "[…] unreasonable to restrict their access to clinics" (p.54). However, to facilitate dialog, reduce discomfort and offer positive experiences, comments or behaviors that may lead to shame, stigma and judgement feelings must end and taboo around EC must be broken. In this line, AYA knowledge on EC, including procedure clarification for the request, must also be improved as it seems that the participants' discomfort was often related to the unknown and misunderstanding of certain steps. This was also highlighted in a Canadian study [25] conducted among 15-29-year-old women who reported "[…] that knowing more about it would have helped to reduce their feelings of guilt

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and shame." (p.16). Improving AYA knowledge is essential, but such knowledge will be insufficient if there are still barriers, including the perceived or misread ones, to the dispensation [15,23]. Thus, on the other hand, pharmacists need to be aware of young women's feelings and concerns about EC request and ensure that they can support them positively. Finally and globally, health professionals and policies could participate to the demystification of the EC procurement and EC itself to counter the shame and embarrassment that females might feel and that could influence their experiences. Indeed, even in countries that have EC over-the-counter in pharmacies, feelings of embarrassment, shame and guilt have been reported by women [23,25].

Unanswered questions and future research

To better understand negative experiences and improve support, pharmacists' perception and feelings should also be included in the understanding of this process and the elaboration of solutions [16]. Obtaining such data would allow the experiences and feelings of each person to be put into perspective. In addition, by using an exploratory sequential approach in a mixed-methods research, the experiences collected through these individual interviews could lead to the creation of a questionnaire to attempt an initial generalization of the results. Prevention and awareness around this demand and dispensation of EC in pharmacy could then be tailored to certain aspects.

Consideration should be given to how to assess the quality of counseling related to the EC dispensation in pharmacy. Similarly, while young people's knowledge could be improved through sex education in schools, other mediums and channels may need to be considered, such as video information spots, more extensive signage, or social networks.

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ACCEPTED VERSION

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