only a small proportion had ever been married. Nearly two-thirds of participants had ever been pregnant. Participants perceived a median 50% chance that they would become pregnant the next time they had vaginal intercourse without using birth control (not shown), and half of all participants felt that becoming pregnant in the next year would be “bad” or “very bad.” About a third of sexually active participants had unprotected sex in the 30 days before baseline, and they had done so a median of three times (not shown).

The most popular birth control methods were the pill and depot medroxyprogesterone acetate (the injectable); 24% of participants used more than one method (68% of these reported using condoms and the pill; not shown). Although more than two-thirds of participants reported that they were “very” or “somewhat” familiar with emergency contraception, fewer than one-fifth had previously taken it. Among those participants, the median number of times they had used emergency contraception was one (not shown). When asked how long after unprotected vaginal intercourse emergency contraception remains effective, nearly half of participants correctly indicated 72 hours, a third said 24 hours or less and a quarter reported that they did not know (not shown).

Despite the written policy of the clinics, only 38% of women attending the advance access clinics recalled clinic staff’s offering them emergency contraception at a previous visit, while 7% at emergent access clinics recalled such an offer (Table 1). Among participants who reported having been offered emergency contraception, 86% had accepted the pills.

Emergency Contraception Use

Unprotected sex in the past 30 days was reported in 45% of the phone surveys, but emergency contraception use in the past 30 days was reported in only 4% (159 surveys). In all, 113 women (16% of the total) reported recent emergency contraception use in at least one phone survey (25% of participants attending advance access clinics and 8% of participants attending emergent access clinics). Of these 113 participants, 69% reported using emergency contraception in one survey only, 22% in two surveys, 8% in three surveys and 1% in four surveys. Of the 159 occasions of emergency contraception use, 20 were in consecutive months.

Participants who reported having used emergency contraception in the past 30 days were asked why they had used it (Table 2). In slightly more than half of the occasions on which emergency contraception was used, women cited the reason that no birth control method had been used during sex.

In nearly three in 10 cases, the cited reason was a problem with the birth control method used (in more than half of these cases, a condom either slipped off or broke). In nearly three-quarters of the occasions on which emergency contraception was used, the drug had been obtained from a clinic, doctor or nurse the woman had previously visited. Nearly every instance of use had occurred within 72 hours of unprotected intercourse; three-quarters had occurred within 24 hours. Side effects, the most common of which was nausea, were noted in approximately one-third of instances of emergency contraception use.

A total of 1,549 surveys reported unprotected sex in the past 30 days but did not report emergency contraception use. Reasons given for not having used emergency contraception included that the participant “believed [she] could not get pregnant” (26%), “wanted to get pregnant” (10%), “couldn’t get emergency contraception” (10%) or was “opposed to emergency contraception” (10%); 44% of cases were due to an unspecified reason (not shown).

Characteristics Associated with Use

In univariate logistic regression analyses, baseline characteristics significantly associated with an increased likelihood of emergency contraception use in the past 30 days included reporting “other” race or ethnicity (as opposed to non-Hispanic black), receiving income from a partner and having been offered advance emergency contraception at a previous clinic visit (Table 3). Additionally, the likelihood of having used emergency contraception in the