

# Exploring the media coverage of emergency contraception in Canada

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## Abstract

**Background:** Emergency contraceptives are medications/devices used after sex to reduce the risk of pregnancy. Progestin-only emergency contraception, such as Plan B®, has long been available over-the-counter in Canada. However, research has shown that emergency contraception (EC) is underutilized and misinformation abounds. Portrayal of EC in the media may be one factor influencing these overarching dynamics.

**Methods:** We analyzed the coverage of EC from 2003-2013 (inclusive) in the Toronto Star and Winnipeg Free Press. Using a range of search terms, we identified all articles published during the study period. We analyzed the content of articles for medical accuracy, frame, and key themes.

**Results:** Media coverage on EC has decreased since 2003 and fewer medical inaccuracies exist in recent articles than earlier ones. An overarching theme throughout decade was accessibility. A common theme from articles published during the transition of EC from behind-the-counter to over-the-counter status centered on the role of pharmacists. Finally articles did not tend to portray EC negatively unless they were editorials.

**Conclusion:** In recent years a new method of EC, ulipristal acetate (UPA), has been introduced in Europe and the US. Although UPA is not currently available in Canada, the medication is poised to enter the market in the next five years. Understanding the media coverage of EC will shed light on the way the media may frame UPA upon registration. This could be of value to stakeholders working to expand access to emergency contraceptives in Canada.

## Context

Emergency contraception refers to all drugs and devices utilized after intercourse to prevent pregnancy. The two major branches of EC are intrauterine devices (IUDs) and hormonal emergency contraceptive pills (ECPs). Progestin-only ECPs are the most commonly used form of emergency contraception (EC) and can be taken within 120 hours of the sexual encounter. In Canada the four major ECP brands are Plan B®, NorLevo®, Option 2®, and Next Choice®.

ECPs are currently available over the counter in all provinces, except Saskatchewan and Quebec. Between 2003 to 2013, EC transitioned from being a prescription only medication, to having behind-the-counter status, to finally becoming available over-the-counter.

Currently there is a new non-hormonal ECP on the market in Europe and the United States called ulipristal acetate (UPA). Branded as ellaOne® and ella®, UPA is poised to enter the Canadian market in the next five years. Understanding how the media has portrayed EC could shed light on how UPA will be covered in the media upon registration.



## Methods

### Step 1

- Attain access to the online archives of two major English-language newspapers in Canada
- Toronto Star
- Winnipeg Free Press
- Newspaper purposively chosen to reflect provincial and audience diversity

### Step 2

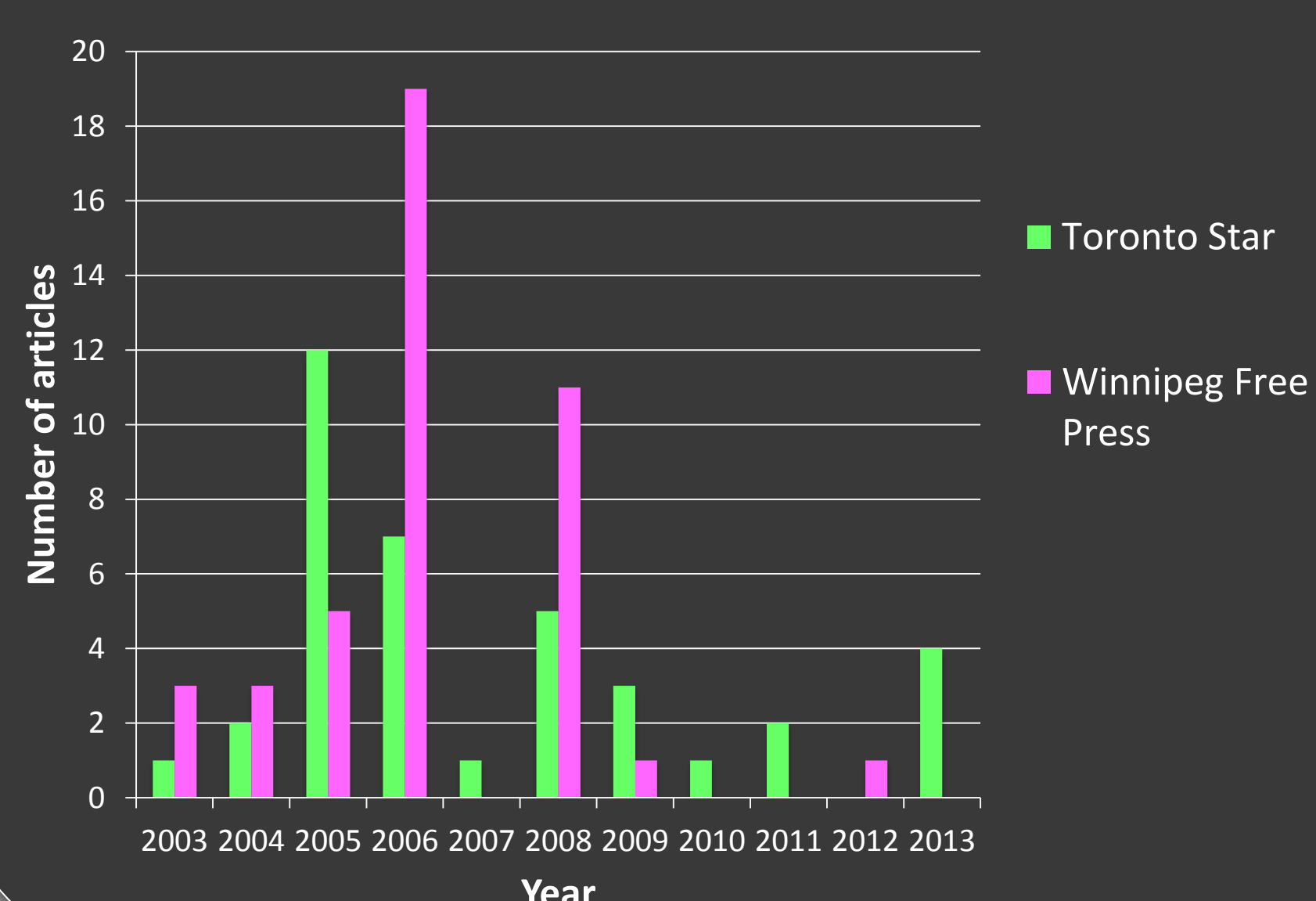
- Search archives for all articles containing one or more of the following terms
- Emergency contraception
- Morning after pill
- Post-coital contraception
- UPA
- ellaOne
- ella
- Plan B

### Step 3

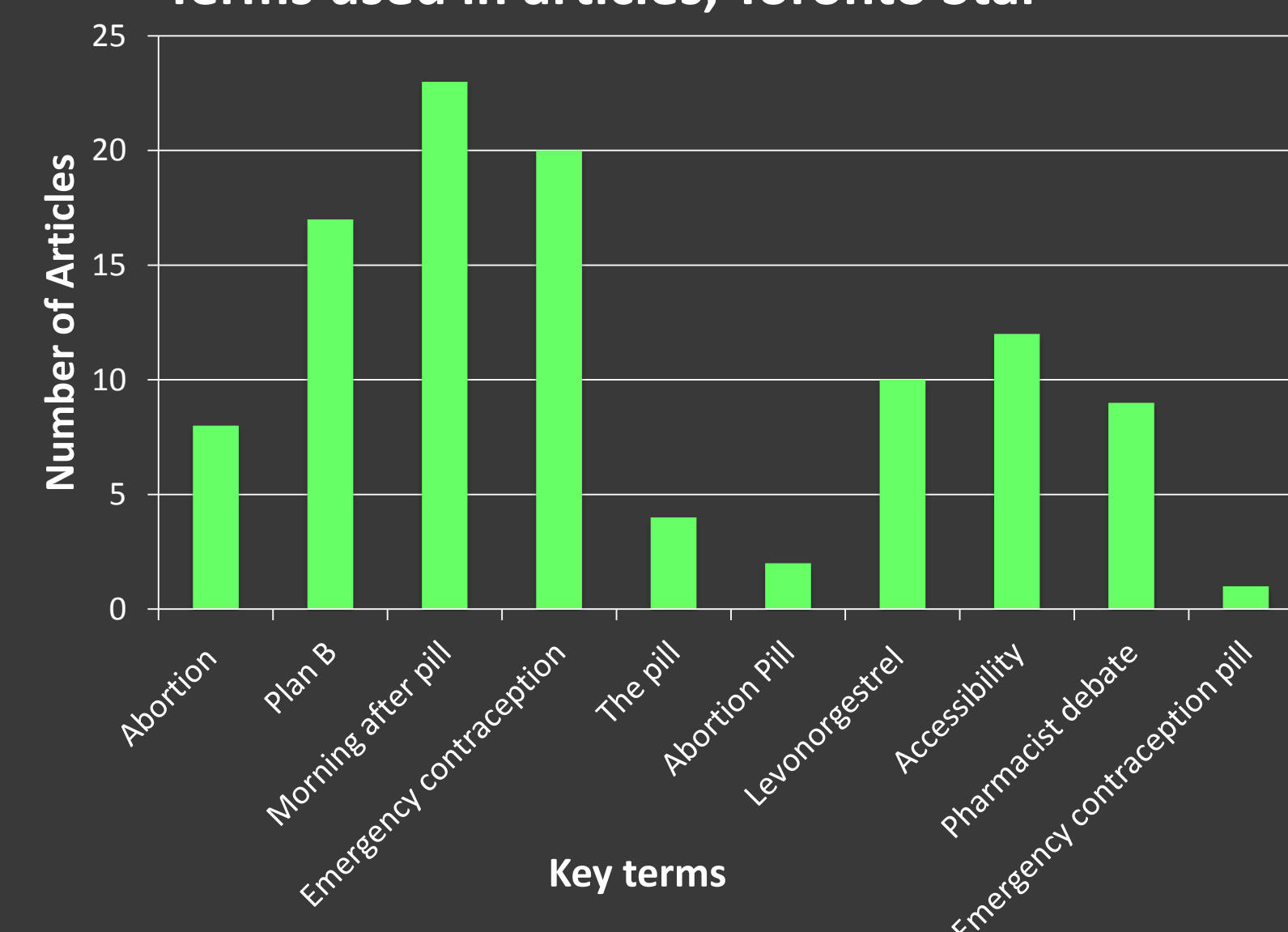
- Code and categorize articles based on
- Terms used for EC
- Type of article
- Year of Publication
- Analyze content for major themes including
- Medical accuracy
- Frame
- Portrayal of EC

## Results

Number of articles on EC, by year



Terms used in articles, Toronto Star



**86 articles focused on EC**

- 38 from the Toronto Star
- 43 from the Winnipeg Free Press

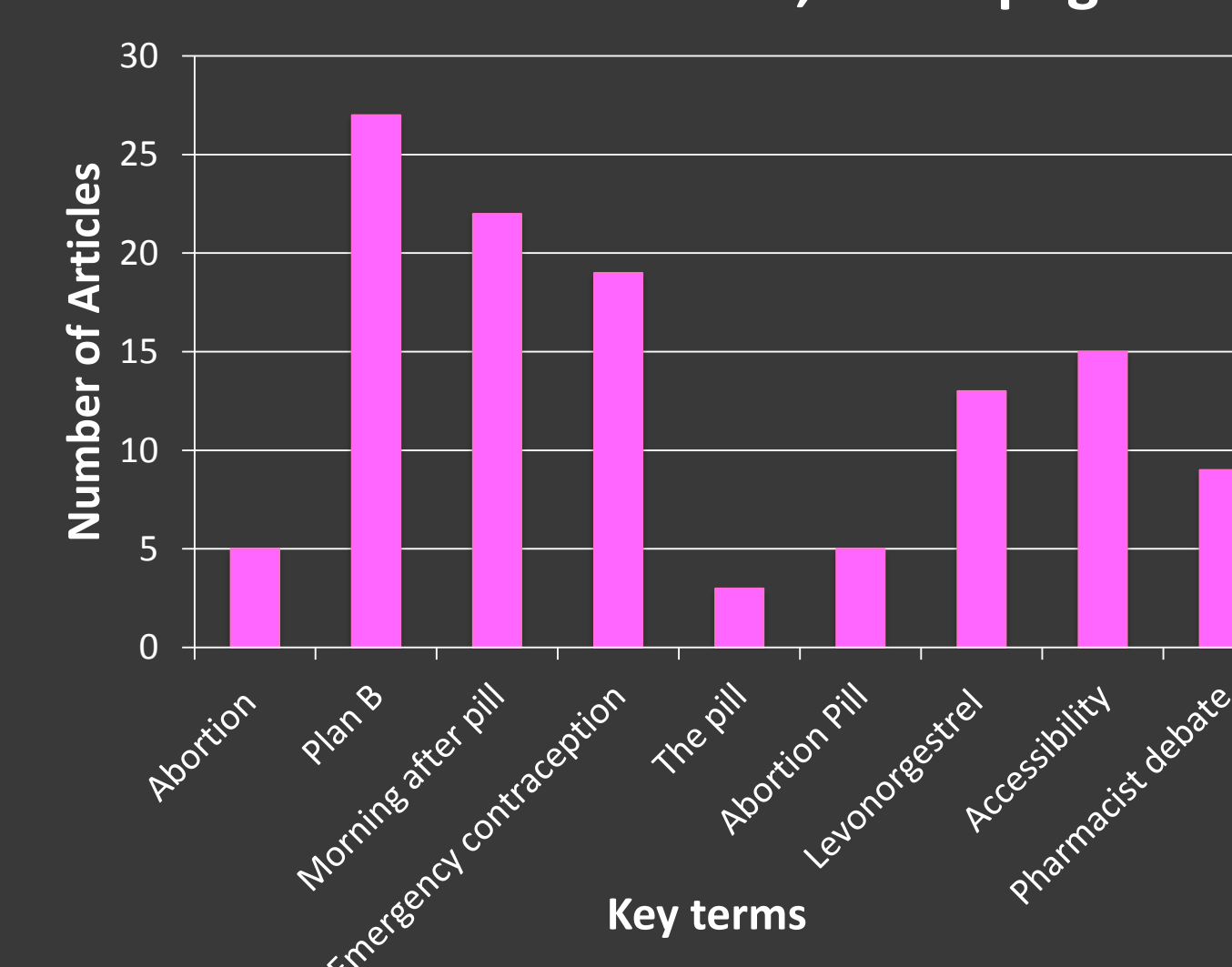
**14 articles focused on countries other than Canada**

- 8 on the US
- 3 on Europe
- 1 on Latin America

**Of the 86 articles**

- 19 were editorials or letters to the editors
- 21 did not the focus on EC

Terms used in articles, Winnipeg Free Press



Medical accuracy of EC articles, by year



## Key themes

### Accessibility

Of the 86 articles included in the study, 25 focused on issues related to access. Articles between 2004-2006 (inclusive) were more focused on access than other years of the study period and corresponds with the regulatory status change. The increase in the cost of EC after the medication became available over-the-counter was often included in these articles.

### Pharmacist role in counseling & questioning patients

Corresponding with the switch from behind-the-counter to over-the-counter status was a concentration of articles on the role of the pharmacist. Articles centered on the type of counseling that pharmacists should provide in the regulation era as well as women's experiences being questioned. With the exception of a small number of editorials, most of the 22 articles were critical of pharmacists routinely questioning women seeking EC.

### Medical accuracy

Article containing medical inaccuracies were concentrated in the 2003-2006 period. Common errors included references to EC as an abortifacient medication, claims that expanded access to EC would lead to a population level reduction in the abortion rate, and misinformation regarding the efficacy, mechanism of action, and long term consequences of EC use.

## Discussion

- Medical accuracy evolved over time and older, out-of-date information about efficacy and timeframe for use were eventually replaced with current evidence
- Articles that presented a negative frame for EC were more likely to be editorials and often claimed that EC causes an abortion and increased access to EC leads to promiscuity
- Articles with a negative frame were more likely to use the phrase "morning after pill" than articles with a neutral or positive frame. Use of this popular but medically inaccurate phrase can lead to confusion and may contribute to stigma and shame
- More recent articles explore the issue of cost and the unintended consequence of deregulating the medication
- Although the Toronto Star published more articles focused on EC in the international context than the Winnipeg Free Press, there were no other major differences between the articles of the two newspapers with respect to content or themes
- Very few articles referenced UPA, ella, or ellaOne
- Efforts to engage with both local and national media prior to the introduction of the medication appear warranted
- In addition to providing medically accurate information about UPA to journalists and editorial staff, advocates of bringing UPA to the Canadian market may want to focus on the issues of access, including cost, and the role of pharmacists

## References

1. Lalitkumar, P. G. L., Berger, C., & Gemzell-Danielsson, K. (2013). Emergency Contraception. *Best Practice & Research Clinical Endocrinology & Metabolism*, 27(1), 91-101. doi: 10.1016/j.beem.2012.09.003
2. International Consortium for Emergency Contraception. (n.d.a). EC Status and Availability: Canada. Retrieved March 4, 2014 from <http://www.cecinfo.org/country-by-country-information/status-availability-database/countries/canada/>

A full list of references is available upon request

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