

Knowledge and availability of the emergency contraceptive pills: an Italian women survey

U. Indraccolo¹, A. C. Castiglio², R. Di Iorio³, A. Favilli⁴, P. Greco¹, P. Fedeli⁵, S. R. Indraccolo²

¹Department of Morphology, Surgery and Experimental Medicine, Section of Obstetrics and Gynecology, University of Ferrara, Ferrara

²Department of Gynecological and Urological Sciences, "Sapienza" University of Rome, Rome

³Department of Medical and Surgical Sciences and Translational Medicine, "Sapienza" University of Rome, Rome

⁴Complex Operative Unit of Obstetrics and Gynecology, "Alto Tevere" Hospital of Città di Castello, ASL 1 Umbria

⁵School of Law, Legal medicine. University of Camerino (Italy)

Summary

Aim: Assessing to what extent do Italian women actually know about the emergency contraceptive pills and about their availability. **Materials and Methods:** A 12-questions questionnaire was organized to investigate the knowledge about the emergency contraceptive pills in a sample of Italian women. The sample was built by sending the questionnaire on time, by using the Computer Assisted Web Interviewing (CAWI). Both open and closed answers were collected. **Results:** 1,580 eligible women fully answered the questionnaire. It appears that women still face some difficulties to obtain emergency contraceptive pills and have poor knowledge about how the post-coital pills work, and how they can obtain them in Italy. The difficulties to obtain emergency contraceptive pills seems to be in relation to the pharmacologists' resistance to provide them. Women's perception of the pharmacologists' resistance to provide pills is unspecific. **Conclusion:** The pharmacologists' resistance to provide pills should be best investigated, as ethical goals and liability issues could be both involved.

Key words: Emergency contraceptive pills; Liability; Computer Assisted Web Interviewing (CAWI).

Introduction

Emergency contraception refers to methods of contraception that can be used to prevent pregnancy after sexual intercourse at risk for fertilization. These are recommended for use within five days, but are more effective the sooner they are used after the act of intercourse. Both pills and intrauterine copper devices are recommended for emergency contraception, and it is not acknowledged these provoke abortion [1].

Emergency contraceptive pills (post coital pills) prevent pregnancy by preventing or delaying ovulation. There are no absolute contraindications for using emergency contraceptive pills at any age of a fertile woman aiming to prevent an unintended pregnancy [1]. Two pills have been registered worldwide as emergency contraceptives. The first one is the levonorgestrel-based pill, while the second one is the ulipristal-acetate based pill (also called "five day-pill"). Both are effective in preventing the fertilization with similar pregnancy rate [2, 3]. Side effects of emergency contraceptive pills are not common, mild, and do not need further medications [1].

In Italy, both levonorgestrel-based and ulipristal-acetate pills are bought at the pharmacy. From 2011 to 2015, the ulipristal-acetate pill was available with some restrictions: it was mandatory a medical prescription and a negative

pregnancy blood sample test. After 2015, the medical prescription for ulipristal-acetate pill is only mandatory for less than 18-year-old women (without pregnancy test), and, since 2016, same kind of prescription to younger women is needed for the levonorgestrel pill. In summary, the Italian law has been organized with the aim to facilitate availability to emergency contraception for preventing unwanted pregnancy. However, in the past, the suspicion that both emergency pills could provoke abortion (by interfering with the implant processes) still causes many religious concerns among physicians and pharmacologists, leading to hamper the availability of the emergency contraception.

The aim of the following investigation is to assess to what extent do Italian women know about the emergency contraceptive pills and about their availability.

Materials and Methods

A 12-question questionnaire was organized to investigate the knowledge about the emergency contraceptive pills in a sample of Italian women. The questions' scheme was adapted according to the questionnaire already administered to women and pharmacists in 2015 [4]. The 2015 questionnaire aimed to assess the ulipristal-acetate pill availability in Italy after the Italian governmental change in the prescription of emergency contraceptive ulipristal-acetate pill.

The questions of the current questionnaire are listed in Table 1

Table 1. — *List of questions and rates of answers.*

Question 1. Do you think is right that the women plan the pregnancy?		
- Yes	1541 (97.5%)	
- No	39 (2.5%)	
Question 2. Are you in favour to the oral contraceptive use?		
- Yes	1497 (94.7%)	If no, why?
- No	83 (5.3%)	- Religious believing 14 (16.9%)
		- Harmful for the health 55 (66.3%)
		- I do not know 7 (8.4%)
		- Others 7 (8.4%)
Question 3. Do you know the “post coital” pill?		
- Yes	1573 (99.6%)	
- No	7 (0.4%)	
Question 4. Which “post coital” pill do you know?		
- Levonorgestrel pill (trade name)	372 (23.5%)	Detail of answers for “others”:
- Ulipristal acetate (trade name)	224 (14.2%)	- Estroprogestinic pills 3 (75.0%)
- Both levonorgestrel and ulipristal acetate pill	33 (2.1%)	- RU486 1 (25.0%)
- I do not know	947 (59.9%)	
- Others	4 (0.3%)	
Question 5. How many time did you take the “post coital” pill?		
- Never	1000 (63.3%)	
- 1	366 (23.2%)	
- 2	144 (9.1%)	
- 3 or more	70 (4.4%)	
Question 6. Do you think that the “post coital” pill is:		
- Useful	1146 (72.5%)	Detail of answers for “others”:
- Useless	287 (18.2%)	- Useful but harmful 55 (37.4%)
- Others	147 (9.3%)	- I do not know 18 (12.2%)
		- To be used cautiously 56 (38.1%)
		- Unnecessary 9 (6.1%)
		- To be banned 8 (5.4%)
		- It causes abortions 1 (0.7%)
Question 7. In your opinion, is the “post coital” pill easily available?		
- Very easily	197 (12.5%)	If you answered hardly or very hardly, why?*
- Quite easily	629 (39.8%)	- Pharmacologists resistance 192 (25.5%)
- Hardly	421 (26.6%)	- It's hard to obtain the prescription within 24 hours 224 (29.7%)
- Very hardly	122 (7.7%)	- Pharmacologists want the prescription 185 (24.6%)
- I do not know	211 (13.4%)	- A pregnancy test is needed 8 (1.1%)
		- I do not know 111 (14.7%)
		- Conscience objection of the physicians or pharmacologists 25 (3.3%)
		- Others 8 (1.1%)
Question 8. In your opinion, how does the “post coital” pill work?		
- Causing abortion	545 (34.5%)	Detail for “others”
- Interfering with ovulation	638 (40.4%)	- I do not know 315 (79.4%)
- Others	397 (25.1%)	- Blocking the onset of the pregnancy 30 (7.6%)
		- Causing menstruation 7 (1.8%)
		- Killing or blocking the spermatozoa 3 (0.08%)
		- Blocking the pregnancy implant 42 (10.6%)
Question 9. Do you know that, if the pregnancy is implanted on the uterine wall, the “post coital” pill could not work?		
- Yes	974 (61.6%)	
- No	606 (38.4%)	
Question 10. The last available “post coital” pill name is “trade name” (ulipristal acetate). It is also called 5-days pill. From your knowledge, do you know if the medical doctor prescription is needed to buy it?		
- Yes	277 (17.5%)	
- No	568 (35.9%)	
- I do not know	735 (46.5%)	
Question 11. In your opinion, do women face resistance by pharmacologists for obtaining the “5-days pill”, despite the medical doctor prescription is not needed?		
- A lot of resistance	110 (7.0%)	
- Quite resistance	513 (32.5%)	
- Little resistance	233 (14.7%)	
- No resistance	102 (6.5%)	
- I do not know	622 (39.4%)	
Question 12. In your opinion, why the pharmacologists make resistance to provide the 5-days pill?		
- They are against abortion/conscience objection	572 (36.2%)	Detail for “others”
- It is harmful	404 (25.6%)	- They would that a physician ascertain the health wellness 2 (9.1%)
- They want prescription	176 (11.1%)	- Defensive policy 2 (9.1%)
- Religious believing	23 (1.5%)	- They do not want to exceed in the assumption 11 (50.0%)
- I do not know	383 (24.2%)	- Because the prescription is mandatory 2 (9.1%)
- Others	22 (1.4%)	- To empower in using the drug 4 (18.2%)
		- Because it is expensive 1 (4.5%)

and were administered from the first to the last one. Responders did not know the succeeding question before answering the previous one, thereby avoiding conditioning. The answers are both closed and open, providing the chance to give comments or to answer with open statements to the questions. For questions 2 and 7, an additional question was queried in case of the answer “no” (Question 2) or “hardly” and “very hardly” (Question 7). The concepts expressed in the open answers were summarized and aggregated, when appropriate. The questionnaire was administered in Italian language between April 2018 and August 2018.

Women enrolled were between 18- and 40-years-old and they could not be neither physicians nor pharmacists. The sample was built by sending the questionnaire by e-mail, by using the Computer Assisted Web Interviewing (CAWI). The questionnaire was built by using “Google moduli”. The link of the questionnaire form was sent by e-mails or by Facebook and WhatsApp contacts of one of the Author (Anna Clara Castigliero) of this paper. People contacted were invited to share the questionnaire by using the same social-network way. An additional way of administration of the questionnaire was through direct interview, in crowded places, drawn by Anna Clara Castigliero. Women were invited to communicate some information (age, education, place of Italy where they were from, parity, previous pregnancy interruption), along with the answers to the questionnaire. All data were treated anonymously according to Italian law. Incomplete questionnaires or information and questionnaires with nonsense open answers were rejected. The answers and the general information of women were crossed in order to find relationships in a univariate way. Chi-square test was used for comparisons, with a p -value set at ≤ 0.01 for significance.

Results

1,490 questionnaires were sent by the CAWI technique, while 182 were collected by direct interview. Among them, 1,580 eligible women fully answered to the questionnaire (1,419 online and 161 direct interview).

Table 1 reports rates of each answer for each question, along with details of open answers. Tables 2 and 3 report crude numbers and rates of age, education, place of Italy where the women were from, parity and previous pregnancy interruption in the first lines. The Tables also report answering rate according to general information provided by women (age, education, place of Italy where the women were from, parity, and previous pregnancy interruption) along with univariate comparisons. Significant results indicated that age and/or education and/or place of Italy where the women were from and/or parity and/or previous pregnancy interruption conditioned the answers rates.

As it appears in Tables 2 and 3, the majority of interviewed were young (between 18- and 24-years old) and 79.7% were under 30 years. Therefore, the majority of interviewed were students, with middle or secondary school bachelor and they did have not had previous pregnancies (higher proportion of nulliparas and with no previous pregnancy interruption). Concerning the place of Italy where the women were from, the sampling was overall homogeneous, with a higher prevalence of respondents from the center of Italy. A smallest quote of respondents were not Italian, but

lived in Italy and participated to the Italian health system. It was chosen to provide data even for this small proportion of patients.

The wide majority of interviewed feel it is appropriate to plan a pregnancy (Question 1). Education and parity significantly condition the rates of answers. Additionally, the wide majority of interviewed are in favour of oral contraceptive use (Question 2). The wide majority of women know the “post-coital pill” (Question 3), despite many respondents do not know both pills (Question 4), and someone mistakes the abortive pill (RU486) or the common contraceptive pill with the emergency contraceptive pill (Table 1). Less than an half of women disclosed they have taken the emergency contraception pill (Question 5). Age, place of Italy, education, and previous pregnancy interruption condition the rates of answers. Assessing answers of Question 6, it appears that a consistent proportion of respondents (18.2%) think that the “post-coital pill” is useless, and 9.3% provided other answers, suggesting poor knowledge of the “post-coital pills” or own religious beliefs (Table 1). Place of Italy where women were from conditioned the rates of answers. A quite large proportion of women found it difficult to obtain the “post-coital pill” (Question 7). Reasons seems linked with the need of the prescription (Table 1).

More than an half of the interviewed did not know how the emergency contraceptive pills works (Question 8). Age, place of Italy where the women were from, and parity affected the rate of answers. The answers given to the Question 9 confirm that women poorly know how the emergency contraceptive pills work. The Questions from 10 to 12 investigate how difficult is to obtain the five-day pill and why. It seems that the need of prescription is sometimes advocated to create resistance to give the pill, while the resistance of the pharmacologists to provide the pill seems unspecific. Age, place of Italy where the women were from, and parity affected the rate of answers for Questions 10, 11, and 12.

Discussion

Information from the current questionnaire should be retained for improving the knowledge on the availability of the emergency contraceptive pills in Italy. As reported below, in 2015 [4], a similar online interview of Italian women and pharmacists had highlighted that the availability of ulipristal acetate pill and of the post-coital pills overall was difficult due to resistance of pharmacists to provide them. Results from the current questionnaire, drawn in 2018, confirm that the behavior of the Italian pharmacists remain unchanged from the women’s point of view, despite the diffusion of the knowledge that the post-coital pills are safe and easily available. The resistance of Italian pharmacists does not seem linked only to religious concern, or, in case of religious concern, it cannot be excluded that it is

Table 2. — Descriptive and inferential statistics. Sub-groups analyses for each question.

	Age				Place of Italy				Education			Panty		Previous pregnancy interruption	
	18-24	25-30	31-35	35-40	North	Middle	South	Foreigner	Middle school	Secondary school	University degree	Nulliparity	Multiparity	Yes	No
Question 1	P=0.267														
Yes	771 48.8%	489 30.9%	168 10.6%	152 9.6%	463 29.3%	618 39.1%	483 30.6%	16 1.0%	88 5.6%	770 48.7%	722 46.0%	1272 80.5%	308 19.5%	98 6.2%	1482 93.8%
No	756 98.1%	475 97.1%	162 96.4%	148 97.4%	454 98.1%	603 97.6%	469 97.1%	15 93.8%	78 88.6%	754 97.9%	709 98.2%	1250 98.3%	291 94.5%	92 93.9%	1449 97.8%
	15 1.9%	14 2.9%	6 3.6%	4 2.6%	9 1.9%	15 2.4%	14 2.9%	1 6.3%	10 11.4%	16 2.1%	13 1.8%	22 1.7%	17 5.5%	6 6.1%	35 2.2%
	P=0.825														
Question 2	P=0.001														
Favored	735 95.3%	458 93.7%	163 97.0%	141 92.8%	450 95.3%	586 94.8%	446 92.3%	15 93.8%	81 97.0%	731 94.9%	685 94.9%	1208 95%	289 93.8%	92 93.9%	1405 94.8%
Unfavored	36 4.7%	31 6.8%	5 3.0%	11 7.2%	13 2.8%	32 3.2%	37 7.7%	1 6.3%	7 8.0%	39 5.1%	37 5.1%	64 5.0%	19 6.2%	6 6.1%	77 5.2%
	P=0.504														
Question 3	P=0.013														
Yes	768 99.6%	487 99.6%	166 98.8%	151 99.3%	463 100%	614 99.4%	480 99.4%	16 100%	87 98.9%	767 99.6%	719 99.6%	1269 99.8%	304 98.7%	98 100%	1475 99.3%
No	3 0.4%	2 0.4%	2 1.2%	1 0.7%	0	4 0.6%	3 0.6%	0	1 1.1%	3 0.4%	3 0.4%	3 0.2%	4 1.3%	0	7 0.5%
	P=0.803														
Question 4	P=0.518														
Levonorgestrel	153 19.8%	144 29.4%	44 26.2%	31 20.4%	96 20.7%	134 21.7%	139 28.8%	3 18.8%	10 11.4%	169 21.9%	193 26.7%	313 24.6%	59 19.2%	31 31.6%	341 23.0%
Ulipristal	137 17.8%	64 13.1%	16 9.5%	7 4.6%	79 17.1%	90 14.6%	51 10.6%	4 25.0%	15 17.0%	116 15.1%	95 12.9%	195 15.3%	29 9.4%	12 12.2%	212 14.3%
Both	18 2.3%	12 2.4%	3 1.9%	0	12 2.6%	8 1.3%	15 2.7%	0	1 1.1%	17 2.4%	17 2.4%	30 2.4%	3 1.0%	3 3.1%	50 2.0%
I do not know	461 59.8%	268 54.8%	105 62.5%	113 74.3%	276 59.6%	383 62.0%	279 57.8%	9 36.3%	61 69.3%	469 60.9%	417 57.8%	730 57.4%	217 70.5%	51 52.0%	896 60.5%
Other	2 0.3%	1 0.2%	0	1 0.7%	0	3 0.5%	1 0.2%	0	1 1.1%	1 0.1%	2 0.3%	4 0.3%	0	1 1.0%	3 0.2%
	P=0.001														
Question 5	P=0.001														
Never	524 68.0%	267 54.6%	96 57.1%	113 74.3%	288 62.2%	395 63.9%	309 64.0%	8 30.0%	60 68.2%	516 67.0%	424 58.7%	792 62.3%	208 67.5%	40 40.8%	960 64.8%
1	155 20.1%	139 28.4%	42 25.0%	30 19.7%	119 25.7%	145 23.5%	99 20.7%	3 18.8%	21 23.9%	158 20.5%	187 25.9%	263 23.0%	73 23.7%	35 35.7%	331 23.3%
2	63 8.2%	51 10.4%	23 13.7%	7 4.6%	36 7.8%	56 9.1%	48 9.9%	4 25.0%	6 6.8%	62 8.1%	76 10.5%	124 9.7%	20 6.5%	14 14.3%	130 8.8%
3 or more	29 3.8%	32 6.3%	7 4.2%	2 1.3%	20 4.3%	22 3.6%	27 4.4%	1 6.3%	1 1.1%	34 4.4%	35 4.8%	63 5.0%	7 2.3%	9 9.2%	61 4.1%
	P=0.059														
Question 6	P=0.001														
Useful	559 72.5%	357 73.0%	126 75.0%	104 68.4%	363 78.4%	447 72.3%	324 67.1%	12 75.0%	59 67.0%	556 72.2%	531 73.5%	933 73.3%	213 69.2%	77 78.6%	1069 72.1%
Useless	141 18.3%	82 16.8%	27 16.1%	37 24.3%	62 13.4%	101 16.3%	122 25.3%	2 12.5%	21 23.9%	140 18.2%	126 17.5%	221 17.4%	66 21.4%	19 19.4%	268 18.1%
Other	71 9.2%	50 10.2%	15 8.9%	11 7.2%	38 8.2%	70 11.3%	37 7.7%	2 12.5%	8 9.1%	74 9.6%	65 9.0%	118 9.3%	29 9.4%	2 2.0%	145 9.8%
	P=0.213														
Question 7	P=0.661														
Very easy	110 14.3%	56 11.5%	18 10.7%	13 8.6%	66 14.3%	68 11.0%	58 12.0%	5 31.3%	12 13.6%	104 13.5%	81 11.2%	159 12.5%	38 12.3%	11 11.2%	186 12.6%
Quite easy	330 42.8%	204 41.7%	52 31.0%	43 28.3%	198 42.8%	236 38.2%	191 39.5%	4 25.0%	33 37.5%	321 41.7%	275 38.1%	526 41.4%	103 33.4%	30 30.6%	599 40.4%
Hard	195 25.3%	144 29.4%	53 31.5%	29 19.1%	115 24.8%	158 25.6%	140 29.4%	6 37.5%	15 17.0%	183 23.8%	223 30.9%	352 27.7%	69 22.4%	32 32.7%	389 26.2%
Very hard	48 6.2%	41 8.4%	10 6.0%	23 15.1%	52 6.9%	57 9.2%	52 6.6%	1 6.3%	4 4.5%	56 7.3%	62 8.6%	94 7.4%	28 9.1%	14 14.3%	108 7.5%
I do not know	88 11.4%	44 9.0%	35 20.8%	44 28.9%	52 11.2%	99 16.0%	60 12.4%	0	24 27.3%	106 13.8%	81 11.2%	141 11.1%	70 22.7%	11 11.2%	200 13.5%
	P=0.001														

Table 3. — Descriptive and inferential statistics. Sub-groups analyses for each question (following).

	Age							Place of Italy				Education				Panty			Previous pregnancy interruption											
	18-24		25-30		31-35		35-40		North	Middle	South	Foreigner	Middle school	Secondary school	University degree	Nulliparity	Multiparity	Multiparity	Yes	No										
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%										
Question 8	P<0.001																													
Causing abortion	157	32.1%	127	27.4%	75	49.3%	127	27.4%	252	40.8%	162	33.5%	4	25.0%	30	34.1%	271	35.2%	244	33.8%	414	37.5%	131	42.5%	42	42.9%	503	33.9%		
Interf. with ovulation	347	45.0%	214	43.8%	51	30.4%	26	17.1%	234	50.5%	185	38.3%	6	37.5%	25	28.4%	323	41.9%	290	40.2%	567	44.6%	71	23.1%	37	37.8%	601	40.6%		
Other	173	22.4%	118	24.1%	55	32.7%	51	33.6%	102	22.0%	153	28.2%	6	37.5%	33	37.5%	176	22.9%	188	26.0%	291	22.9%	106	34.4%	19	19.4%	378	25.5%		
	P<0.001																													
Question 9	P<0.001																													
Yes	502	65.1%	326	66.7%	78	46.4%	68	44.7%	311	67.2%	344	55.7%	305	63.1%	14	87.5%	45	51.1%	473	61.4%	456	63.2%	844	66.4%	130	42.2%	62	63.3%	912	61.5%
No	269	34.9%	163	33.3%	90	53.6%	84	55.3%	152	32.8%	274	44.3%	178	36.9%	2	12.5%	43	48.9%	297	38.6%	266	36.8%	428	33.6%	178	57.8%	36	36.7%	570	38.5%
	P<0.001																													
Question 10	P<0.001																													
Yes	113	14.7%	88	18.0%	38	22.6%	38	25.0%	60	13.0%	126	20.4%	86	17.8%	5	31.3%	24	27.3%	121	15.7%	132	18.3%	215	16.9%	62	20.1%	27	27.6%	250	16.9%
No	319	41.4%	172	35.2%	43	25.6%	34	22.4%	215	46.4%	194	31.4%	153	31.7%	6	37.5%	23	26.1%	274	35.6%	271	37.5%	499	39.2%	69	22.4%	37	37.8%	531	35.8%
I do not know	339	44.0%	229	46.8%	87	51.8%	80	52.6%	188	40.6%	298	48.2%	244	50.5%	5	31.5%	41	46.6%	375	48.7%	319	44.2%	558	43.9%	177	57.5%	34	34.7%	701	47.3%
	P<0.001																													
Question 11	P<0.001																													
A lot of resistance	48	6.2%	31	6.3%	15	8.9%	16	10.5%	35	7.6%	42	6.8%	33	6.8%	0	0%	7	8.0%	43	5.6%	60	8.3%	87	6.8%	23	7.5%	14	14.3%	96	6.5%
Quite resistance	282	36.6%	165	33.7%	39	23.2%	27	17.8%	183	39.5%	181	29.3%	142	29.4%	7	43.8%	21	23.9%	235	30.5%	257	35.6%	455	35.8%	58	18.8%	27	27.6%	486	32.8%
Little resistance	147	19.1%	55	11.2%	17	10.1%	14	9.2%	72	15.5%	90	14.6%	71	14.7%	0	0%	16	18.2%	132	17.1%	85	11.8%	200	15.7%	33	10.7%	16	16.3%	217	14.6%
No resistance	51	6.6%	32	6.5%	13	7.7%	6	3.9%	29	6.3%	36	5.8%	34	7.0%	3	18.8%	9	10.2%	59	7.7%	34	4.7%	81	6.4%	21	6.8%	7	7.1%	95	6.4%
I do not know	243	31.5%	206	42.1%	84	50.0%	89	58.6%	144	31.1%	269	43.5%	203	42.0%	6	37.5%	35	39.8%	301	39.1%	286	39.6%	449	35.3%	173	56.2%	34	34.7%	588	39.7%
	P<0.001																													
Question 12	P<0.001																													
Against interruption	307	39.8%	181	37.0%	47	28.0%	37	24.3%	200	43.2%	206	33.3%	162	33.5%	4	25.0%	20	22.7%	265	34.4%	287	39.8%	502	39.5%	70	22.7%	40	40.8%	532	35.9%
It is dangerous	222	28.8%	116	23.7%	39	23.2%	27	17.8%	108	23.3%	146	23.6%	145	30.0%	5	31.3%	19	21.6%	215	27.9%	170	23.5%	341	26.8%	63	20.5%	22	22.4%	382	25.8%
Want prescription	65	8.4%	69	14.1%	13	7.7%	29	19.1%	42	9.1%	76	12.3%	55	11.4%	3	18.8%	12	13.6%	71	9.2%	93	12.9%	134	10.5%	42	13.6%	17	17.3%	159	10.7%
Religious Believing	12	1.6%	5	1.0%	4	2.4%	2	1.3%	7	1.5%	10	1.6%	6	1.2%	0	0%	1	1.1%	10	1.3%	12	1.7%	18	1.4%	5	1.6%	0	0%	23	1.6%
I do not know	156	20.2%	111	22.7%	61	36.3%	55	36.2%	90	19.4%	177	28.6%	112	23.2%	4	25.0%	34	38.6%	199	25.8%	130	20.8%	258	20.3%	125	40.6%	18	18.4%	365	24.6%
Others	9	1.2%	7	23.9%	4	2.4%	2	1.3%	16	3.5%	3	0.5%	3	0.6%	0	0%	2	2.3%	10	1.3%	10	1.4%	19	1.5%	3	1.0%	1	1.0%	21	1.4%
	P<0.001																													
	P<0.001																													

advocated to avoid providing emergency contraception. It is unclear if such a kind of resistance of the pharmacists could favor the misunderstanding of emergency contraception for women, who feel that the pharmacists are aware that the pills are dangerous. Poor knowledge of emergency contraceptive pills seems in relation to age, education, and place of Italy where respondents were from (rates of answers for Question 6, 7, and 8). It could be supposed that, if women were not well informed about the emergency contraceptive pills, they referred to pharmacists for counseling on the post-coital pills, and, for avoiding liability, the pharmacists delegate the counseling to physicians by querying the prescription of emergency contraception. As in Italy, the jurisprudence orientation has acknowledged that the pharmacist has not liability if he carefully follows the prescription of the physicians [5]; can the pharmacist pose resistance for the emergency contraception to be a “defensive pharmacology?” Recently, in United States, Lio *et al.* [6] have reported that the discomfort of pharmacists to provide contraception was linked to concern on liability, confirming similar behavior previously suggested by Hilverding *et al.* [7] and by Rodriguez *et al.* [8] in case of pharmacists’ prescription of contraceptives. Moreover, since 2014, Italian pharmacists have also acknowledged that the prescription of some drugs is needed to avoid abuse, minimize risks, and educate patients on the correct use of medicines [9], thereby achieving their ethical goal of providing the best drugs administration. Therefore, it could be supposed that the current resistance of pharmacists to provide emergency contraception would involve at least ethic, religious, and liability issues in Italy.

Conclusion

The current study provides evidence that a proportion of women in Italy still have difficulties to obtain post-coital pills despite governmental dispositions for allowing an easier emergency contraception. Poor knowledge of both the

emergency contraception and of how to obtain the drugs have been proved. Additionally, a pharmacists’ resistance to provide pills is involved in the phenomenon. Pharmacists’ concerns to provide emergency contraception should be best investigated from a juridical point of view.

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Corresponding Author:

U. INDRACCOLO, MD, PhD.

Via P.Veronese 2/c

06024 Gubbio, PG (Italy)

e-mail: ugo.indraccolo@libero.it