

The emergency contraceptive pill rescheduled: a focus group study of women's knowledge, attitudes and experiences

Melissa Hobbs, Angela J Taft, Lisa H Amir

Abstract

Background and methodology The levonorgestrel-containing emergency contraceptive pill (ECP), amongst other strategies, has the potential to assist in reducing unintended pregnancy and abortion rates. Since the rescheduling of the ECP in January 2004 to over-the-counter (OTC) status from pharmacies in Australia, there is little information about Australian women's ECP knowledge, attitudes or practice. The aim of the study was to explore Australian women's knowledge of, attitudes towards and experiences of using the ECP, particularly since it has been available OTC. This paper reports a qualitative study using six focus groups, which were conducted between February and June 2007 in four Australian states with 29 women aged 16–29 years.

Results Participants had a lack of specific knowledge about the ECP. Most were positive about the ECP being available OTC, however some expressed concerns about younger women misusing it. Women's experiences

obtaining the ECP from the pharmacy were both positive and negative. Most women said they would use the ECP again if required and would recommend it to a friend. Pharmacists were seen as important suppliers of the ECP but women felt it was not their role to provide advice about contraception or sexually transmitted infections.

Discussion and conclusions The findings from this study confirm views from other studies, which suggest that although women have some concerns in relation to OTC supply of the ECP, they believe that the deregulation of the ECP is a positive step. The data also suggest that women need to be provided with more information and education about the ECP.

Keywords attitudes, emergency contraceptive pill, experiences, knowledge, over-the-counter, qualitative research

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Introduction

On 1 January 2004, the emergency contraceptive pill (ECP), containing 1.5 mg levonorgestrel, was rescheduled from S4 to S3 status and became available over-the-counter (OTC) from pharmacies in Australia. As the ECP is more effective the sooner it is taken after unprotected sexual intercourse, and most effective within 72 hours,¹ access is a crucial issue. By rescheduling the ECP, it was hoped that women could obtain it with greater ease within the narrow time frame recommended for its use.

Rates of unplanned and unwanted pregnancies in Australia are a public health concern. Teenage women faced with an unplanned pregnancy often decide to terminate the pregnancy;^{2,3} at least 50% of unintended teenage pregnancies end in abortion.⁴ An Australian population survey indicated that 22.6% of Australian women aged 16–59 years have had one or more abortions, including one in three of those aged 20–29 years.⁵ Reducing unintended pregnancy and abortion, particularly in teenage women, is high on the agenda both in Australia and overseas.^{4,6,7} The ECP, amongst other strategies, has the potential to assist in reducing unintended pregnancy and abortion rates, although as yet this potential has been unrealised.^{8,9}

Although emergency contraception has been on the global market for several decades and the ECP available in Australia for over a decade, women have limited knowledge about its use.^{10–13} Very few studies in Australia

Key message points

- Women believe that the deregulation of the emergency contraceptive pill (ECP) is a positive step as it improves access, which is viewed as the most important issue.
- Barriers to ECP use reported by the women included embarrassment, lack of privacy, fear of being judged and cost.
- Women need to be provided with more information and education in relation to the ECP but do not wish to have sexually transmitted infection or contraceptive advice delivered by the pharmacist.

have examined women's knowledge, attitudes and experiences of using the ECP prior to its rescheduling, and there have been no published studies in Australia since the ECP became available OTC. Prior to the rescheduling, a study in Melbourne¹⁴ and another in New South Wales¹⁵ with women attending for pregnancy counselling or seeking termination of pregnancy found that although most of the women had heard of the 'morning after pill', very few had tried to obtain it in an attempt to prevent the current pregnancy.

The aim of this qualitative study was to use focus groups to explore Australian women's knowledge, attitudes and experiences of the ECP, since it has been available OTC. These qualitative data assisted in the development of a national survey to investigate the knowledge, attitudes and use of the ECP by a random sample of Australian women, conducted in mid-2008.

Methods

Focus groups were used for this study because they are a particularly useful method to explore people's knowledge and experiences and can be used to find out not only what people think but also how and why they think the way they do.¹⁶ As this is a sensitive topic, it was considered that a group dynamic could be more likely to generate discussion

Mother & Child Health Research, La Trobe University, Melbourne, Australia

Melissa Hobbs, BA, MPH, *Research Officer*

Angela J Taft, PhD, *Senior Research Fellow*

Lisa H Amir, MBBS, PhD, *Senior Research Fellow*

Correspondence to: Ms Melissa Hobbs, Mother & Child Health Research, La Trobe University, 324–328 Little Lonsdale Street, Melbourne, Victoria 3000, Australia.
E-mail: melissa.hobbs@latrobe.edu.au

than individual interviews. As Morgan and Krueger argue, by using focus groups, “researchers can examine motivation with a degree of complexity that is typically not available with other methods” (p.16),¹⁷ creating a “cuing phenomenon that has the potential for extracting more information than other methods” (p.17).¹⁷

Recruitment

The major industry partner for the study was Sexual Health and Family Planning Australia (SH&FPA), a federated organisation consisting of family planning organisations (FPOs) in each state and territory. Women were recruited from four states in which the FPO agreed to run a focus group. Women were also recruited from the School of Physiotherapy and School of Nursing and Midwifery at La Trobe University in Melbourne, Australia.

Women clients of participating FPOs both in Victoria and interstate, and students from La Trobe University who had used or had wanted to use the ECP, were invited to participate in the study. Women had to be able to read and understand English and be aged between 16 and 52 years to be eligible.

Family planning organisations

In the reception area of participating FPOs, eligible women clients were handed a laminated card which briefly explained the project, and were told to hand the card to the nurse who would briefly tell them more about the study. If the woman expressed an interest in participating in the study she was provided with an information sheet and consent form. Women were contacted within a week of recruitment and informed about the date, time and location of the focus group. Recruitment in each state varied slightly according to the way in which the clinic operated.

La Trobe University

Students from the School of Nursing and Midwifery and School of Physiotherapy were informed about the study in lectures and tutorials. Introductory letters were distributed to all female students, inviting them to participate in a focus group. Students were requested to contact the researcher, whose details appeared on the letter, should they be interested in participating in the study. Interested women were contacted within 2 weeks of recruitment and informed about the details of the focus group.

Data collection

Focus group questions were developed, informed by the relevant literature. A topic guide included 13 semi-structured open-ended questions; three questions related to women’s knowledge about the ECP, four questions about their experience of obtaining and using the ECP and six questions about their attitudes towards the ECP. A short 11-item questionnaire was also used to collect demographic details.

Six focus groups with between three and nine participants in each group ($n = 29$) were held between February and June 2007. The groups were divided by age (under 25 years and 25 years and over) in an attempt to allow younger and older participants to feel more comfortable and to talk more freely and openly about their experiences in front of women of a similar age. Three focus groups were conducted in Melbourne and three were interstate, at Family Planning Brisbane, Darwin and Newcastle. The Melbourne focus groups were conducted at Family Planning Victoria (FPV), the Action Centre, which is part of FPV and is for young people aged up to 25 years, and La Trobe University. Each focus group lasted approximately 60 minutes.

Data analysis

Demographic data collected at each focus group are presented as descriptive statistics. All focus groups were transcribed and the transcriptions were checked against the audiotape for accuracy. Focus group data were analysed by thematic analysis, which involves identifying themes that emerge from the data.¹⁸ The first stage of analysis involved open coding or identifying basic themes, where particular words or phrases were listed and grouped together then organised into categories of similar issues. Finally, these categories were interpreted across the focus groups “to determine the range of experiences as well as the dominant experiences that participants had offered” (p. 110).¹⁷ Extensive reading and re-reading of the transcripts was undertaken to ensure that all basic themes were identified.

Ethical approval

Ethics approval for the study was obtained from La Trobe University, Monash University, Deakin University and FPV, on behalf of SH&FPA.

Results

Twenty-nine women agreed to participate in the focus groups. Twenty-seven women had used the ECP and two women had not used the ECP but had helped friends obtain it. Their demographic characteristics are presented in Table 1.

Table 1 Demographic characteristics of women in the focus groups ($n = 29$)

Characteristic	<i>n</i>
Age (years)	
16–20	13
21–25	14
26–30	2
Marital status	
Single and never married	9
Married	3
Living with a partner	4
Have intimate partner but not living together	13
Country of birth	
Australia	25
Other country	4
Language spoken at home	
English	27
Other	2
Education	
Completed secondary school to Year 12	25
Did not complete secondary school	2
Currently attending secondary school	2
Further study	
Finished a degree	4
Currently completing a degree	16
Currently completing a diploma	2
Completed an apprenticeship or traineeship	1
None of these	3
Other	3
Employment situation	
Employed full-time	5
Employed part-time/casual	15
Student (full-time or part-time)	8
Home duties	1
Manage on available income	
It is impossible	1
It is difficult all the time	7
It is difficult some of the time	14
It is not too bad	4
It is easy	3
Religion	
Christian	14
Muslim	1
Other	1
None	13

Half ($n = 14$) of the women were aged between 21 and 25 years and there were no women under 17 years of age. The largest subgroups of women were those who were in an intimate relationship but not living with a partner ($n = 13$); were born in Australia ($n = 25$); spoke English at home ($n = 27$); had completed secondary school to Year 12 ($n = 25$); were currently completing a degree ($n = 16$) and were of Christian religion ($n = 14$).

Knowledge

Lack of specific knowledge

Lack of specific knowledge about the ECP was a common theme in all the focus groups. Women were asked if they knew how the ECP works; how it is taken; how long after unprotected sex it can be taken for it to be effective; and how effective they think the ECP is. Some of the women had very little idea about its mode of action:

"I don't know, I'm kind of remembering kind of not, but is it something that it kills the sperm inside, something like that?" [Brisbane, 21-year-old, Speaker 1]

"The ovaries, it will just clean out your ovaries." [Brisbane, 24-year-old, Speaker 3]

Because many of the women were unsure about the mechanism of action of the ECP, there was some confusion about whether it acted before or after implantation and therefore whether or not it was an abortifacient (agent which causes abortion).

Inadequate information and education

Inadequate information and education about the ECP was another recurring theme in the focus groups. Most women learned about the ECP at school in sex education, although other sources of information included religious education at school; magazines; doctor; older sister, friend, parent or older woman; worked in a pharmacy; word of mouth and television. Some women, however, reported having no education about the ECP at school.

"I went to a Catholic high school and I don't think we learnt about it, about the morning after pill. Yes, you know what, I definitely did from friends [learnt about the ECP]. Because we never had anyone come in and talk about FPA [Family Planning Association] because basically it was against everything that they taught. So, if someone comes from a Catholic background, they definitely didn't learn about it." [Newcastle, 22-year-old, Speaker 1]

Some of the women commented on their male friends' lack of knowledge about the ECP.

Most of the women expressed the view that there was a need to increase awareness about the ECP because there is very little available information about it.

"You really have to find it out from another person. There's definitely no sort of outside information about it." [Action Centre, 17-year-old, Speaker 1]

When asked "Ideally, from where would you like to have learnt about the ECP?" the majority of women said that they would like to have been educated about it at school from an independent body, rather than from a teacher or staff member with whom they are familiar.

Experiences

Lack of privacy

A lack of privacy in the pharmacy was frequently expressed by women and was clearly a concern for them. Feelings of awkwardness and embarrassment as a result of this lack of privacy were a common experience for women.

"I think it is kind of awkward because when the chemist does bring out some little form and takes you over to the side, like you do notice that other people in the chemist are looking." [Action Centre, 17-year-old, Speaker 3]

"... and I was like all flushed and embarrassed standing there." [Box Hill, 25-year-old, Speaker 1]

Wanting anonymity was a commonly held view by women. Some spoke of deliberately avoiding known pharmacies when obtaining the ECP.

"Well I'm from Tassie [Tasmania] and I would never go in my home town because I know everyone that works in the pharmacy so I just wouldn't go there whereas over here I didn't have a problem going to someone coz I know they don't know me or know my family." [La Trobe University, 20-year-old, Speaker 2]

Pharmacist role

A number of women expressed the view that the pharmacist was an appropriate provider of the ECP, however it was not the role of the pharmacist to provide women with advice about regular contraception and/or STIs. Most of the women felt they were at the pharmacy to obtain the ECP and were not receptive to contraceptive advice or information about STIs, wanting the experience at the pharmacy to be as brief as possible.

"I wouldn't expect that from a pharmacist. Like if I wanted to talk to someone about, you know, proper contraception, then I'd go and talk to my own GP or come to somewhere like here [Family Planning]." [Newcastle, 22-year-old, Speaker 1]

"I find it easier to just be able to go in there and have them ask the questions relating to the morning after pill because I think most people are fairly aware of the risks of infections anyway, so you know that." [Box Hill, 25-year-old, Speaker 2]

A number of women described the experience of obtaining the ECP as "easy", "simple" and "straight forward", but claimed they were somewhat surprised and felt confronted at having to answer the pharmacist's questions.

"[The pharmacist] asked me if I had a boyfriend, like he said to me, 'Oh like was that with your partner or did you know the person?' Or something along those lines. I remember being quite taken aback and thinking that's none of your business but I wanted to get out of there so quick and I was like, 'Yeah it was'. And he was like 'Well, were you protected from STDs? Or something like that.'" [Newcastle, 22-year-old, Speaker 1]

Negative outcome of taking the ECP

Some of the women reported experiencing side effects such as nausea, headache, lethargy and bleeding after taking the ECP, and some voiced the concern that taking the ECP had affected their period.

"I was fine in regards to actually taking the pill but when my period did finally come it was really heavy and really, really painful. Like I don't get period pains and I was getting them, it was like going through labour again sort of thing." [Darwin, 21-year-old, Speaker 5]

Two women mentioned failure of the ECP: one woman had become pregnant and another had a friend who had become pregnant after using the ECP.

"That was the one time I took it and I know for a fact that's the only time I could've got pregnant. I took it straight

away, first thing the next morning and I have got a son ... so I wasn't very happy." [Newcastle, 22-year-old, Speaker 3]

Attitudes

Advantages of OTC supply

All the women were in favour of OTC supply of the ECP. Faster and more direct access was considered the main issue, particularly on Sundays and for women living in rural and remote locations. Not having to make an appointment with the doctor was considered a very big advantage.

"I'd say an advantage would be – I mean it's obviously a lot easier to access – so in the situation where you might have had unprotected sex or a condom broke or something like that, you're more likely to go and get the morning after pill as opposed to saying, 'Oh it will be right, I won't worry about it, I just can't be bothered going to the doctors and dealing with it'." [Newcastle, 22-year-old, Speaker 1]

Other advantages that were mentioned include giving women control over their contraception, less need for terminations, a better alternative for women who may have been raped, and not having to tell parents about it.

"I think it gives women more control over whether they become pregnant or not. It's giving control earlier in the process." [Darwin, 21-year-old, Speaker 5]

"Less need for girls to have a termination. Although it's not a license to go 'Hey I can go and have unprotected sex whenever I want and it's OK because I can just take this pill'. It's a much better alternative for girls who have had an accident or had something happen to them even, you know, been raped or something. Instead of having to go through the trauma of finding out they're pregnant and going and having a termination." [Darwin, 24-year-old, Speaker 2]

Disadvantages of OTC supply

There were, however, some concerns raised about the disadvantages of OTC availability of the ECP, particularly with regard to the effect it might have on sexual and contraceptive behaviour. Some of the women were concerned that 'other' women, usually referring to younger women, might misuse the ECP by having more unprotected sex.

"I think a disadvantage might be that because it is so easy to access now, it might encourage young girls or whoever to have unprotected sex and think, 'Oh I'll just go to the chemist in the morning'." [Newcastle, 22-year-old, Speaker 1]

Cost was considered to be both a positive and negative barrier; too expensive for some, which was considered a problem if a woman needs to use the ECP but cannot afford it. Conversely, many of the women considered it a good thing to be expensive because then young women would not misuse it by using it as regular contraception. By "young women" they said that they were referring to women aged under 18 years.

"I don't think you want it to be really cheap because then it just ups the possibility of opening it up as an alternative form of contraception." [Darwin, 21-year-old, Speaker 4]

Future use

When asked about future use, the majority of women stated that they would use the ECP again if the situation arose, however they would not plan to use it. However, the women expressed mixed views about buying emergency

contraception in advance. Some felt it might encourage women to have more unprotected intercourse.

"I reckon that kind of ... encourages that 'Oh it's OK, I'm safe the next day anyway' kind of thing. I reckon if you don't really have it then you're not going ... to just take advantage of it." [Brisbane, 17-year-old, Speaker 2]

Others felt that it was a good idea to have a supply of the ECP at home for women living in rural and remote areas where there may not be a pharmacy open on a Sunday.

"Although I guess we all live in the city where you can just go to the chemist. In a rural area it might not be a bad thing to have in the cupboard in case." [Darwin, 21-year-old, Speaker 4]

Most women said that they would recommend the ECP to a friend to use if required, but that they would warn them that it was an emergency measure only. All the women felt that to take the ECP was a preferable option than becoming pregnant and having a termination.

"I would just say, you know, take it if you don't want to get pregnant. It's the best solution. It's better than getting an abortion say or something like that. Having to go through that. I'd say just do it if you don't want to get pregnant." [Family Planning Victoria, 29-year-old, Speaker 3]

Discussion

The women who participated in this first Australian study since rescheduling of the ECP spoke freely and openly about their experiences and views and there was easy interaction between participants. The fact that the women had the shared experience of having taken the ECP probably contributed to this easy interaction and a feeling of being understood by the other participants.

Apart from two of the women, our sample was a group of ECP users. They were a well-educated group, under 30 years of age and living in metropolitan areas. They were women who volunteered their time and were happy to talk about their experiences of using the ECP, but they will not represent all women who use the ECP. They also do not represent the views of women who may know about the ECP but for whatever reason have not used it, nor do they represent the views of less educated women who may know very little about the ECP or may not have heard of it. However, their demographic profile is similar to that of the users of the ECP in a national representative survey conducted in Australia prior to deregulation.⁵

The data from these focus groups are resonant with the themes from the literature in terms of women's knowledge, attitudes and experiences of the ECP. According to the literature, women are predominantly in favour of being able to purchase the ECP from the pharmacy without a prescription and feel the major advantages include increased access, convenience and anonymity.^{19–22} The most common concern about OTC supply is that increased availability will mean that some 'other' women may misuse it,^{22,23} despite evidence which refutes this concern.^{23–27} Another concern is the lack of privacy in the pharmacy when obtaining the ECP.²⁸

According to our focus group data, when obtaining the ECP from the pharmacy, women want privacy and anonymity, a non-judgmental approach from pharmacists and information, only as required. There is a belief that women are in a receptive frame of mind when obtaining the ECP from the pharmacy, and thus the pharmacy consultation could be used opportunistically to counsel women about the use of regular contraception.⁹ It has been stated that the ECP

could contribute its greatest public health benefit in this way.⁹ Our respondents, however, did not agree, wanting the pharmacy experience to be as brief as possible and not wishing to be counselled about STIs and/or regular contraception by the pharmacist unless they request it.

Conclusions

In conclusion, these results confirm views from other studies on this issue, which suggest that although women have some concerns in relation to OTC supply of the ECP, they believe that its deregulation is a positive step as it improves women's access to it. The data also suggest that women need to be provided with more information and education in relation to the ECP, as this is critical in raising awareness about a subject which has been described as "the best-kept secret in contraception" (p. 729).²⁹

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Competing interests None identified.

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Successful Scientific Writing: A Step-By-Step Guide for the Biological and Medical Sciences (3rd edn). Janice R Matthews, Robert W Matthews. Cambridge, UK: Cambridge University Press, 2007. ISBN-13: 978-0-52169-927-3. Price: £19.99. Pages: 256 (spiralbound)

I really enjoyed reading this book. It is a handy book with all the necessary chapters and exercises to train undergraduate and postgraduate candidates in biomedical sciences in the art of scientific writing. I am sure clinicians will also find the book very helpful, although they would need to access local information sources and databases to gain maximum benefit.

The spiral binding makes it easy to read and carry around. The eight chapters flow easily from conception of a topic, through the research, the writing process and the possible ethical and legal pitfalls one may encounter when submitting a piece of scientific writing for publication. There is a chapter on improving word choice and syntax style that will help immensely in improving the readability and appeal of written material.

Throughout the book, the authors have emphasised the need for planning and organisation, whether drafting, writing, presenting or publishing the material. In particular, they give sound advice on how to

avoid even accidental plagiarism. I enjoyed doing the exercises after each chapter although the temptation to look at the answers was great!

Postgraduate medical trainees who want to use this book as a guide will benefit from involving a clinical librarian to ensure they use the appropriate databases and search strategies for their research.

Reviewed by **Neelima Deshpande**, MRCOG, MFSRH Staff Grade Doctor in Family Planning and Psychosexual Therapist, Heart of Birmingham Teaching Primary Care Trust (HoBTPCT), Birmingham, UK