This thesis is the first study that targets a combination of the knowledge, attitudes and experiences of young women in relation to the emergency contraceptive pill ECP, as well as associated behaviours and beliefs about sexual activity. Emergency contraception is an important and underutilized strategy that can be used in conjunction with other approaches to prevent unwanted pregnancies after unprotected sexual intercourse due to lack of contraceptive use, contraceptive failure or sexual assault.

This qualitative, interpretive study was conducted in 2 phases. In Phase 1 (the main phase) I conducted semi-structured interviews with 42 young women aged 14–24 years in a variety of settings in city and metropolitan Adelaide, South Australia. The participants included young women who were homeless, pregnant or attending clinics for contraceptive or other advice, as well as high school and university students. Only a third of the young women had ‘essential working knowledge’ – that is, knowledge about the existence, timing and availability of emergency contraception. Most participants had minimal ‘non-essential knowledge’ about emergency contraception, that is knowledge about its action in the body, side effects, composition, dose and interval, and efficacy. Friends, as well as magazines targeted at young women 12 - 20 years, were the greatest sources of information about emergency contraception, with health professionals, teachers and parents being poor sources of information. Comprehensive information about emergency contraception was rarely provided, even where emergency contraception was highlighted in health topics at school. Most participants approved of the use of emergency contraception and the majority would support wider access. The thirteen participants who had used emergency contraception had variable experiences with health professionals, many of which were negative.

Phase 2 of the study involved the researcher and a young woman research assistant making phone calls to ten Emergency Departments seeking assistance after ‘fictitious’ unprotected sex. This phase of the study revealed incomplete or inaccurate provision of information and referral to other services by some health professionals. On some occasions there was a difference in response that may be attributed to the age and perceived social status of the callers.