Research

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KNOWLEDGE AND PRACTICES OF WOMEN ABOUT EMERGENCY CONTRACEPTION

SABERES E PRÁTICAS DE MULHERES ACERCA DA CONTRACEPÇÃO DE EMERGÊNCIA

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Abstract: The objective was identifying the knowledge and practices of women assisted in a Family Health Strategy regarding emergency contraception. Research with a qualitative, exploratory and descriptive approach developed in a Family Health Strategy located in a municipality in the State of Rio Grande do Sul, Brazil. The research participants were twenty adult women of childbearing age, between 18 and 49 years old, who were using hormonal contraceptive methods. Data analysis was performed using Thematic Analysis, which sought to identify recurring patterns and themes in the participants' responses. Three categories emerged from the collected data: (Mis)knowledge about emergency contraception, perceptions about efficacy, health benefits and risks, the practice of using emergency contraception. It was concluded that it is necessary to develop health education actions to expand information so that women can exercise their autonomy and right to choose.

Keywords: Primary Health Care; Health Care; Contraception; Contraceptives Postcoital; Women's Health.

Resumo: Objetivou-se identificar os saberes e práticas de mulheres assistidas em uma Estratégia Saúde da Família acerca da contracepção de emergência. Pesquisa de abordagem qualitativa, exploratória e descritiva, desenvolvida em uma Estratégia Saúde da Família localizada em um município do estado do

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Rio Grande do Sul, Brasil. As participantes da pesquisa foram vinte mulheres adultas em idade fértil, entre 18 e 49 anos, que estavam utilizando métodos contraceptivos hormonais. A análise dos dados foi realizada por meio da Análise Temática, que buscou identificar padrões e temas recorrentes nas respostas das participantes. Emergiram pelos dados coletados três categorias: (Des)conhecimento sobre a anticoncepção de emergência, percepções sobre eficácia, benefícios e riscos à saúde, a prática do uso da contracepção de emergência. Concluiu-se que é necessário o desenvolvimento de ações de educação em saúde a fim de ampliar as informações para que as mulheres possam exercer sua autonomia e direito de escolha.

Palavras-chave: Atenção primária à saúde; Atenção à saúde; Anticoncepção; Anticoncepcionais Pós-Coito; Saúde da Mulher.

1 Introduction

Prior to the implementation of the National Policy for Integral Care of Women's Health (PNAISM), the focus of health programs was mainly on the gestational and postpartum period. However, with the implementation of PNAISM, a more comprehensive model was established, able to meet the diverse needs of the female population (Rodrigues *et al*. 2021; Vigano; Laffin, 2019).

The PNAISM aims to ensure equal access to health services, considering the specific needs and comprehensiveness of women's care in the different phases of their lives (Vigano; Laffin, 2019) as well as providing women with greater autonomy and knowledge of the various contraceptive methods available, body and needs (Silveira; Paim; Adrião, 2019).

In the context of the Brazilian Unified Health System (SUS) and the PNAISM, the integrality of care has become essential when addressing issues related to women's sexual and reproductive health. Sexual health is understood as a free, pleasurable and safe experience that values identity and individual and interpersonal experiences, sexual orientation and gender, and covers actions related to reproductive planning (Brazil, 2016).

Reproductive planning, also known as family planning, encompasses a set of measures to regulate fertility, and the helping people to plan and control conception and birth. These actions are aimed at the whole society, with the aim of strengthening sexual and reproductive rights, empowering individuals in this context. Reproductive planning is approached in a clinical, preventive and educational way, offering information, methods and techniques for the regulation of fertility, according to the will of people (Teodoro *et al*. 2021).

In addition to the SUS offer options for care and prevention through contraceptive methods to prevent unplanned pregnancy, such as oral hormonal contraceptives (OHC), injectables, DIU, diaphragm, male and female condom, or emergency contraceptive pill, it is essential to provide women with detailed information about the risks and benefits of

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the chosen method, the appropriate duration of use, the possible changes in their physical and mental health, and, above all, the correct ways of use (Siqueira; Alves Filho, 2022).

In the context of contraceptive methods offered by SUS, the emergency contraception pill (ECP), composed of levonorgestrel (1.5 mg), the morning after pill, also popularly known as the morning after pill, is an available option. Emergency contraception (EC) is an effective and safe method to prevent unplanned pregnancy after an unprotected sexual intercourse (Amorim *et al*. 2023; Silva *et al*. 2019; Michie; Cameron, 2020).

Because emergency contraception is the only existing strategy to prevent pregnancy after sexual intercourse, access to this is an indispensable part of women's rights, anchored in sexual and reproductive rights. Certainly, the possibility of using it, when indicated, is a further resource for women and couples to prevent an unintended pregnancy in situations of failure or non-use of routine contraceptive method or in cases of sexual violence (Borges *et al*. 2021).

However, access to EC is often limited. This limitation is associated with the correct way of using this medication and how it acts on the body (Michie; Cameron, 2020). Therefore, it is up to the nurses to discuss this issue and inform the women, the objective of this study is to evaluate the role of reproductive planning in the health care system, considering that reproductive planning is one of the competencies to be performed by professionals working in Primary Health Care (PHC). In addition, education on emergency contraception should be provided to the entire population (Bonnema, 2023).

Therefore, understanding the knowledge and practices of women in relation to emergency contraception in FHS is essential for the development of actions that can promote reproductive health, to ensure access to effective contraceptive methods, including emergency contraception, and strengthen women's empowerment. In addition, this theme is one of the Health Research Priorities, as regards axis 10, which addresses the use of contraceptive methods and unplanned pregnancy (Brazil, 2018).

Given the above, this research has as guiding question: What are the knowledge and practices of women assisted in an FHS on emergency contraception? The objective is to identify the knowledge and practices of women assisted in a Family Health Strategy (FHS) about emergency contraception.

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2 Methodology

Qualitative, descriptive and exploratory research conducted in a Family Health Strategy (FHS), located in a city of the state of Rio Grande do Sul. The choice for this scenario was since the FHS is a reference in the service to women in the city, making an average of 80 weekly visits to female audience.

The participants were 20 women, between 18 and 43 years of age, who were individually invited by the principal investigator while waiting for a medical or nursing consultation in the FHS waiting room. To do this, the researcher established an informal conversation with each woman and, from that, identified whether she met the inclusion criteria or not. When he realized that yes, the researcher invited the woman to participate in the research. The sample was for convenience.

After the women agreed to participate, they were interviewed in a private room of the service, soon after completing the consultation. At the time of the interview, only the researcher and the participant remained in the room to avoid interference and ensure the privacy of the women. There were no refusals by the participants.

The researcher had no link with women, however, due to his participation in extensionist activities with the team at FHS, this allowed an approach with the scenario, so the women did not mind the presence of the researcher. The researcher who conducted the interviews assumed that women did not have adequate knowledge about the use of EC.

The inclusion criteria were women, from 18 years of age, using oral or injectable hormonal contraceptive methods, and that was being assisted in the health service where the research was carried out. And as exclusion criteria, those that presented some cognitive or communication deficit. No women were excluded from the study.

The women who agreed to participate in the research answered a structured script with questions related to their previous characterization, contemplating date of birth, education, marital status, parity and type of hormonal contraceptive used. After, the participants were subjected to questions, which are: What do you know about the morning-after pill? If you have already taken, at what time did you make use?

The period of data production occurred between January and March 2022. The interviews were audio recorded by a mobile phone and, subsequently, their content was transcribed in full in the Microsoft Word® program by the researcher. Transcripts were not returned to participants for comments or corrections. However, all transcripts were

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reviewed by the study's supervising professor to avoid discrepancies in information that might occur during the transcriptions.

The researcher had already experience in collecting data of the same nature, but even so, a pilot interview was held, which was not used in this study, to verify if the participant was able to understand the objective of the study, as well as whether the guiding questions were clear. This process involved the counselor and the student of the undergraduate course in nursing, who were part of the research group, to approach the deepening of qualitative interviews and data analysis. The interviews lasted between 17 and 35 minutes.

To ensure the anonymity of participants, the interviewees were coded with the letter "M" and a cardinal number related to the chronological order of data production. The inclusion of new participants was closed when the data saturation criterion was reached, that is, when the information became recurrent and there was no new information in the survey (Minayo, 2014).

From the transcripts of the interviews, the statements were submitted to thematic analysis (Minayo, 2014). The same systematically followed the steps provided, being them: stage of pre-analysis, in which the interviews were transcribed in the Microsoft Word® Program, in which it was possible to highlight the words, terms and/or expressions significant in the material exploration stage. After, the units of significance, thematic categories and themes were identified. And, at the end, there was the treatment of the results obtained and the interpretation of the data, as well as the discussion from publications that discuss the area of women's health.

The research was approved by the Ethics and Research Committee on December 7, 2021, under the Certificate of Presentation for Ethical Appreciation (CAEE) 53708621.3.0000.5306, number of the Opinion 5.151.514. For the development of the research, it was recommended the Resolution N 466/12 of the National Health Council of the Ministry of Health. It is noteworthy that all women who agreed to participate voluntarily signed the Informed Consent Form in two ways, one way was in the possession of the researcher and another, the participant. The participants' anonymity was guaranteed by means of numerical codes, omitting any data that could identify them.

For the elaboration and writing of the manuscript, we followed the criteria established in the Consolidated Criteria for Reporting Qualitative Studies (COREQ) (Souza *et al*. 2021).

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3 Results

The participants were 20 women, aged between 18 and 43 years old, of which eight had completed high school, four incomplete high school, one had completed elementary school, six elementary school incomplete and only one had technical course. Regarding marital status, five were single, three married and twelve in stable union. Of the twenty participants, only three had no children.

From the data analysis, three categories emerged: (mis)knowledge about emergency contraception, perceptions about efficacy, health benefits and risks, the practice of using emergency contraception.

3.1 (Mis)knowledge about emergency contraception

The women expressed that they do not have or have little knowledge about what is emergency contraception. In addition, the little information they received was through family members and not by health professionals:

> *"I've heard it, but I never understood how it works. I don't know much. I never took it. I think it makes the period go down. Not how it works. I was told [by friends] that it is abortifacient, and I am against it!" (M3)*

> *"I didn't know that there was this pill! I think a lot of people don't even know! And I also don't know what it does in our bodies. Whether anyone can take it or not." (M5)*

> *"I don't know anything about it [emergency contraception]. And whoever told me about it, that it exists, was a sister-in-law of mine. Here in the post they [health professionals] never said anything." (M16)*

However, only a few women have expressed already having knowledge about emergency contraception, but the knowledge of them is superficial, and the indication of use was not guided by health professionals. The knowledge they have was through friends, family and in school by teachers:

> *"To tell you the truth I don't know much not. I never took it! 'Cause I don't know if there's any reaction anymore. My sister took it once, because she had sex, so she said she wouldn't get pregnant if I did." (M4)*

> *"I've heard of it, but I never used it. My friends said there was this pill. It says that after the relationship, the next day, in case you forgot to take the pill or you have not taken it, then you go to the pharmacy to buy the next day. They say it avoids pregnancy, but I don't believe it does." (M11)*

> *"I know she makes the ovulation cut for woman and doesn't let the woman become fertile. In this case, it does not let the sperm fertilize the* ovum*" (M13)*
> *"I heard from some friends that there's an 80% chance you won't get pregnant. That is if you take it when you give 72 hours, I think that's it." (M20)*

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> *"My school teacher who told me that this existed." (M15)*

The women inferred that the approach to emergency contraception is performed by the FHS nurse only after they have already become pregnant. This denotes the lack of health education actions focused on preventing unplanned pregnancies:

> *"The nurse only talked to me when I found out my pregnancy. Then they asked me what I used to prevent myself and I said it was the morning after pill. Only then I told her that I did not understand how I had become pregnant if I was taking. Then she explained the question of 6 months and such. But I had to ask and explain this before I became pregnant, because then it is useless" (M12)*

> *"The one who talked to me about it was the nurse after I got pregnant with my second child by accident. And she told me in my prenatal consultation if I did not know. She said it was an excuse for me to have become pregnant! But it wasn't! At that time I didn't know. I had no education. And nobody told me about it, nor the nurse when I got pregnant with my first child. And the doctor does not even touch this subject with us!" (M13)*

Given the above, it is revealed that some women have no knowledge about emergency contraception, and those who have a superficial knowledge because they do not know in which conditions they can or cannot take the pill, as well as they do not know exactly what this medication does to the body and how to take it properly.

Their knowledge is derived from what friends, family and teachers taught them, thus evidencing the lack of guidance of health professionals. In addition, professionals only discuss emergency contraception after women have already become pregnant, taking away the possibility of preventing unplanned pregnancies.

3.2 Perceptions about efficacy, health benefits and risks

Although some women recognize the effectiveness of emergency contraception, many believe that it is not a safe method, that failures can occur and that it causes health risks:

> *"I think it's not safe, it's more of an illusion. Even more for those who don't know about it. I think it's something that should be more commented on. It didn't work for me!" (M12)*

> *"I know it's a bad thing for the whole cycle. That's what I felt on my skin! I think it doesn't do us any good. But at least it works, and that's the good side!" (M18)*

> *"I think that [pill] is a bit dubious, it's not 100% effective, because you're in your fertile period, then it won't solve much." (M7)*

Regarding the knowledge related to health risks, women infer that they know that there are, but do not know what these risks are, which make them afraid to take in case of need:

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> *"I think this morning pill is too bad, because sometimes it can work, how it can't work. She has many kinds of reactions, but which I cannot tell you." (M15)*

> *"I think the only good thing about taking this pill is that it doesn't get pregnant, because it must do a lot of harm to our health. A friend said it's like taking two whole packs of regular contraceptives. So imagine the hormone pump that must have this! I'd be afraid to take it" (M20)*

The women's statements denote insecurity before the use of the morning after pill, because it reveals that women are afraid to take due to possible health risks, although they do not know what those risks are. Also, they point out once again that they do not know the indication for the use of this medication. Therefore, the evidence points once again to the need to expand information for these women so that they make use of it correctly and feel safe when using.

3.3 The practice of using emergency contraception

Women report using the emergency contraception pill when condom rupture occurs or when they do not use, during the change of contraceptive and when they use antibiotics:

> *"Before I get pregnant, there was slip, we do not prevent during the relationship. So we looked up something on the internet that could help to avoid a pregnancy. And that's when we first got to know the pill, through Google, only it became a bit of a routine. We felt comfortable with that pill, and it happened several times and then I ended up getting pregnant even taking the morning after pill. I took it once a month, sometimes even twice." (M12)*
> *"I was not taking birth control because I was single, and the condom broke. So I took the morning-after pill." (M18)*

> *"I was taking injection, only that I was taking antibiotic and then I thought it cut the effect of the injection. So I had to take the morning after pill. I used it more than 3 times." (M15)*

> *"I used it in the birth control. Because I know that when you start taking it again, you must stay 30 days and use other care. He didn't use a condom" (M17)*

This category denotes that women usually use the morning-after pill when sexual intercourse occurs without the use of a condom or when the condom breaks, and they glimpse in the use of the possibility of not becoming pregnant. They also take the pill when they change their contraceptive and when it is necessary to use some kind of antibiotic. Therefore, it is possible to infer that the lack of condom use directly implies in the practice the use of emergency contraception. Also, it points to the need to expand information about when is indicated or not the use of the pill, because not all situations, as expressed by women, require starting emergency contraception.

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4 Discussion

Most women have superficial knowledge about emergency contraception. However, it is important to note that just hearing about the method does not necessarily imply having adequate information on how it works and its indications of use. Knowledge about emergency contraception usually comes from contact with friends or acquaintances, so it is essential to highlight that, at the same time that friends are pointed out as sources of information about the method, some of them can transmit misinformation, which can lead to incorrect use of it and ineffectiveness (Silva *et al*. 2023).

It is also evident that the search for information about EC by women occurs through searches on internet sites. However, it is important to note that online information, for the most part, is of low credibility and reliability and is written in a way that makes it difficult for those who read it to understand. This implies the need to actively educate people about what makes a credible or not a research source (Agrawal; Irwin; Dhillon-Smith, 2021).

Although most of the women interviewed have knowledge about the method, it is notable that there are still some who do not have it or feel fear and fear in using it. This highlights the importance of understanding their perception of emergency contraception and the need for guidance from health professionals (Silva *et al*. 2023).

The EC has been prescribed for decades, to minimize the risk of unplanned and unwanted pregnancy after unprotected sex, or in cases of common contraceptive failure, by forgetting use, or in cases of rape (Zaami *et al*. 2021). CE has evolved since the 1960s to allow better tolerance and adherence by women. Lower hormone doses and simplified use schemes make EC easy to use, and in addition it is available to the population without the need for prescription or medical prescription. Even in the face of these facilities, unfortunately, the EC is still underutilized, and it is necessary to strengthen information for the population to advance against resistance in its use (Kolanska *et al*. 2021).

During contraceptive counseling, the patient's choice and reproductive autonomy are fundamental aspects to be considered (Gilbert; Hoffman, 2021). It is the responsibility of health professionals to guide women in their use of EC, so that they feel safe for use and can exercise their autonomy in their decisions and choices.

The humanization and the provision of quality care are indispensable requirements for health interventions to be effective through the approach of needs,

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challenges and requests presented by women in health services. Providing quality health care is a continuous process that requires constant reflection on the actions, behaviors and behaviors of all those involved in the care relationship (Doricci; Guanaes-Lorenzi, 2021).

The role of nursing is an important way to consolidate the right to sexual and reproductive health care for women in Brazil (Rodrigues *et al*. 2023). Therefore, it is relevant investments in the training and qualification of health professionals, among these, highlight nurses, to expand the access and right of attention to women's sexual life.

The nurse should play a key role in contraception and in promoting women's reproductive health. It is the role of this professional to provide health education and advice on available contraceptive methods, including EC. It is up to them to offer post-counseling use, referral for additional care when needed and coordinate care to ensure that women receive necessary assistance and care (Rocha Gutmann *et al*., 2020).

In addition, these professionals should also promote women's autonomy by respecting their decision-making, provided they are informed about their own reproductive health (Rocha Gutmann *et al*. 2020). In this sense, it is essential to inform women about the risks and benefits of the chosen method, the appropriate duration of use, the changes that may occur in their physical and mental health, and, above all, the correct ways of use (Siqueira; Alves Filho, 2022).

Many women of reproductive age have little or incorrect information about family planning methods, because even knowing some types, they do not know of its availability or how it should be used properly (Maharajan *et al*. 2023). One study developed in Brazil shows that a good part of the population does not know about the correct administration, frequency of use, efficacy, mechanism of action, adverse effects and complications, and express that they believe that EC causes abortion, cancer, infertility and fetal malformations, showing that the knowledge about EC is not satisfactory. Having knowledge leads to a greater adherence to EC and the reduction in unplanned pregnancies (Monteiro *et al*. 2020), so the need to increasingly expand information to this population.

It is important to know that the most common adverse effects of EC are not serious. However, unusual adverse reactions such as anorexia, ectopic pregnancy, rash, chloasma, miscarriage and weight gain may occur. Also, seizure, febrile neutropenia, stroke, abdominal hernia, anaphylaxis, cancer, rupture of ovarian cyst, severe infections and suicidal ideation may occur (Leelakanok; Methaneethorn, 2020). There is no evidence that EC interferes with fetal development, miscarriage or stillbirth (Endler; Danielsson, 2022).

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Through the testimonies of some women, it was evidenced that the mode of use is not suitable, which compromises the effectiveness of the method. The effectiveness of emergency contraceptives (EC) is directly related to the time they are ingested after the sexual act, most effective when administered within a period of up to 72 hours after coitus. However, its effectiveness is significantly higher when used in the first 12 hours after intercourse, especially in the single dose option (Lacerda, Portela; Marques, 2019). Therefore, the need for adequate guidance by health professionals is reiterated.

EC is an effective alternative to prevent pregnancy after unprotected sex, but its effectiveness is not as high compared to other contraceptive methods. Therefore, it is not recommended for regular or routine use. It is important to note that even when used correctly, the morning-after pill may not be infallible and does not offer protection against sexually transmitted infections (Rebelo *et al*. 2021).

The choice of a suitable contraceptive method depends on a professional evaluation that is conducted with quality, ethics and respect to both the user and the partner. It is essential to take into account the social determinants and, above all, identify the method that best suits the needs of women, ensuring not only contraception, but also pleasure and safety during the sexual act (Franze et al., 2019). However, it is common the lack of option offered by SUS in choosing hormonal contraceptive, as well as women still have difficulties and fears when using hormonal contraceptives due to the lack of guidance from health professionals working in PHC (Monçalves *et al*. 2023).

Reproductive health care, which involves contraception, is fundamental to the public health system reducing barriers of access to all forms of contraception, including CE (O'neil; Aldanmaz; Altuntaş, 2022). Access barriers include low awareness, myths about their mechanisms of action, widespread misinformation and access to health services (Stein *et al*. 2022).

The emergency contraceptive method has been used in different situations, being associated with several factors, which include the search for an alternative after failure or forgetting of other contraceptive methods, residence in suburban areas, and the practice of weekly sexual intercourse (Leite *et al*. 2020).

EC should not be used as a daily contraceptive method, and despite the availability of several prevention options, women still resort to this last-choice alternative. The continuous use of this method raises doubts about its effectiveness in preventing pregnancy, and the fact that it contains high hormonal doses can cause undesirable risks and complications for women’s health, especially when consumed beyond the

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recommended (Pêgo; Chaves; Morais, 2021). Thus, it is intended only for occasional use and does not replace regular contraception (Béliard; Chabbert-Buffet; Pintiaux, 2020).

The data from this research revealed women's knowledge and practices about emergency contraception, including which showed that it is necessary to develop health education actions to expand information so that women can exercise autonomy, right of choice and empowerment over their actions and decisions. It also denotes the need for health professionals to advise on the correct way of use when needed.

The contribution of the study to the area highlights how this theme has been approached in the context of Primary Health Care (PHC), more specifically in the FHS, in which it points to the need for information about EC to this population in order to contribute to reproductive planning and unplanned pregnancy. Thus, it is essential to reflect on the principles of universality and comprehensiveness of care, which should be the pillars of primary health care services. In addition, the results of this research show limitations in how these principles have been guaranteed with regard to sexual health of women assisted.

As limitations, it is found that the women interviewed were assisted in a single health service, which does not allow to generalize this information. However, it does not minimize the relevance of the research, given the importance of the subject and the impact that can cause for women's health and life, which denotes the need to broaden discussions about this theme.

5 Final thoughts

All women have the right to use emergency contraception as soon as possible, both after unprotected sexual intercourse situations and in cases of failure to use other contraceptive methods. Access to emergency contraception is essential, as it can reduce unplanned pregnancies.

The selection of contraceptive method should always respect the autonomy of women, and it is up to health professionals working in PHC to ensure this right, as well as to resolve doubts, fears and stigmas that involve the use of emergency contraception. In addition, women's health consultations should offer opportunities for health education, promoting dialogue and knowledge exchange between health professionals and users. In this way, it must be ensured that women are properly informed to make decisions about their own health.

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The availability of emergency contraception is extremely important to help women in various situations, and it is essential that this resource is widely available for them. In the Brazilian context, it is still necessary to increase the offer of this method in health services, as well as discuss the indications for use to avoid risks to women's health. To achieve this goal, it is essential to continue disseminating information through educational materials and promote health actions, as well as the permanent education of health professionals working in PHC. This will help ensure that women have adequate access to this important contraceptive resource.

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