



The Indiscriminate Use of an Emergency Contraceptive Pill in the Light of the Integrated Literature Review

Bruno Vilas Boas Dias^{1*}, Jaciara Andrade da Silva², Luciene das Virgens da Cruz² and Samanta de Souza Antognetti²

Affiliation

¹Department of Nursing, Padre Anchieta University Center, Campo Limpo Paulista Faculty, Jundiaí-SP, Brazil

²Department Scholars of Nursing, Padre Anchieta University Center, Jundiaí-SP, Brazil

*Corresponding author: Bruno Vilas Boas Dias, Department of Nursing, Padre Anchieta University Center, Campo Limpo Paulista University Center, Brazil, Tel: +55114527-3444, E-mail: bruno.dias@anchieta.br

Citation: Dias BVB, Silva JAD, Da Cruz LV and Antognetti SDS. The indiscriminate use of an emergency contraceptive pill in the light of the integrated literature review (2019) *Nursing and Health Care* 4: 57-61.

Received: Oct 29, 2019

Accepted: Nov 18, 2019

Published: Nov 20, 2019

Copyright: © 2019 Boas Dias VB, et al., This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Objective: To identify through literature what has caused the indiscriminate use of emergency contraceptives.

Method: Bibliographic study of articles published from 2013 to 2019, found in the databases; Bdenf, Lilacs and SciELO, with inclusion and exclusion criteria when 16 articles were selected.

Results: The main factors pointed out by the study as a cause for the use of abortion pills were low education, disadvantaged family income with a minimum wage level equal to or less than three minimum wages and the untruthfulness of information acquired in basic health units.

Conclusion: It highlights the need to terminate an unwanted pregnancy leading women to misuse of pills that can lead to miscarriage or cause greater harm to women's health who in addition to the pills also seek alternative services such as clandestine clinics to perform abortion and increasing the risk of death due to complications of the procedure.

Keywords: Unwanted pregnancy, Emergency contraception, Asexual intercourse, Postcoital contraception.

Abbreviations: STI- Sexually transmitted infections, LILACS- Literatura Latino-Americana e do Caribe em Ciências da Saúde, MEDLINE- Medical Literature Analysis and Retrieval System Online, SciELO- Scientific Electronic Library on Line, OECD- Organization for Economic Cooperation and Development.

Introduction

Unwanted pregnancy is a worldwide public health problem that can be explained by discontinuing the use of available contraceptive methods, which for the most part have adverse effects that directly affect women's health. Despite the high preventive efficacy, contraceptive pills were replaced by the contraceptive method by subcutaneous implant in the 1960s; however, it was replaced by the subdermal implant due to reports of difficulty in removing them. This implant stood out for its high efficacy and ease of removal. It is an implant that comes in a single 4 cm stem that releases 68 mg/day of Etonogestrel, valid for 3 years, failure rate less than 0.1% and aims to achieve complete suspension of ovulation throughout the period of use by endometrial atrophy and cervical mucus thickening thus inhibiting sperm penetration through the cervix uterus [1].

However the high cost and side effects caused by the use of implants such as: changes in bleeding patterns, acnes, emotional lability and weight gain are causes of the low diffusion of this method in Brazil. Therefore, the increase in the rate of unwanted pregnancy is due to the misuse of contraceptive methods and the withdrawal or financial difficulty to adhere to the subdermal implant [1].

According to the ministry of Health women have rights and needs that go beyond pregnancy and childbirth, require actions that provide improvements in health, and clear guidance on contraceptive methods

would benefit to avoid potential health problems. Unwanted pregnancy is often one of the causes that lead women to misuse, overuse abortion pills and clandestine abortion methods in order to terminate their pregnancies [2]. As women seeking these methods are more pronounced in women with low education, which implies a lack of guidance and seeking care, women with better education and higher financial status seek specialized clinics where there are more conditions and hygiene thus reducing the risk of mortality from infections and others [3].

Emergency Contraception (EC) has been increasingly used. This contraceptive method, better known as "postcoital contraception" or by its popular name "morning after pill", acts on the body to prevent the often unwanted pregnancy that comes with an unprotected sex act. Its action is effective for a short time after intercourse; its composition employs a concentration of hormones, unlike contraceptives that prevent before happening or during sexual intercourse. The main indications for EC are frequent situations such as asexual intercourse without contraceptive use, sexual violence, presumed failure in the routine method or inappropriate use of contraception [3].

Due to the many difficulties women encounter in trying to access the emergency pill, a search is initiated that is facilitated by pharmacists and clerks who point out the relatively low cost (to Brazil, R\$ 20,00 or

Citation: Boas Dias VB, Silva JAD, Cruz LDVD and Antognetti SDS. The Indiscriminate Use of an Emergency Contraceptive Pill in the Light of the Integrated Literature Review (2019) *Nursing and Health Care* 4: 57-61.



about \$ 4.98) and non-compliance with the standard required by health surveillance, which requires the presentation of a prescription for the sale of emergency pills, in addition, do not provide information on drug side effects, guidelines on exposure to Sexually Transmitted Infections (STI) transmitted by unprotected sex and an ethical debate is set up regarding this easy access [4]. Given the harm that the indiscriminate use of emergency contraception can cause women, it is necessary to investigate the causes that lead these women to choose this means of contraception. It makes sure that women are receiving sufficient and necessary information for effective and less harmful use.

Objective

Identify by integrative literature review the reasons for the indiscriminate use of emergency contraception.

Method

Integrative literature review, performed through the databases: Brazilian Nursing Database (BDENF), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Scientific Electronic Library on Line (SciELO). Five descriptors were defined: contraception, women's health, unintended pregnancy, teenage pregnancy, and non-steroidal abortives that were associated with peers, using the term boolean "and".

The search took place from October 2018 to October 2019. For the selection of articles, the following inclusion criteria were considered: original research related to the objective of the study, in full, in Portuguese language published between 2013 and 2019. The editorials, dissertations and theses were excluded.

Results

We found 490 articles between platforms Lilacs, Bdenf and SciELO in Medline platform no articles were found. Sixteen articles were selected. The selected articles were based on the inclusion and exclusion criteria presented in the method. Indiscriminate selling of the pill shows the change in how to avoid pregnancy. It should theoretically be used in emergency cases such as condom breakage or rape. However, it has become a "solution" to sexual relations, often without a condom (**Table 1**).

Many factors were identified that motivate the large consumption of the pills. In general, people's lack of information about their use and the consequences of self-medication are emerging. It is possible to identify among them the predominant factors for the indiscriminate use of abortion pills such as: low family income, low level of education, unwanted pregnancy and lack of information or even incorrect information in health facilities. The results are consistent because the selected surveys as can be seen in **Table 2** in method were performed with large samples. Importantly, in the results, abortive pill and postcoital pill are considered the same thing.

Discussion

The reproductive capacity of adolescents is evidenced by biological factors such as changes in puberty. However, that does not mean that they are prepared to experience these changes. These facts open a window of possibilities for unexpected occurrences, as unprotected sex can lead to STI or unwanted pregnancies. Among these factors, there are also the characteristics of adolescence such as impulsivity, egocentric thinking, age of first sexual intercourse, lack of information about contraception, whether or not attending school, the number of partners and the belief that contraceptives can get fat and decrease pleasure [5].

During adolescence, a pregnancy imposes limits on future opportunities, significantly affecting adolescent development and has a direct link with poverty and low education even though there is a

network that provides clarifications related to sexuality. These links in the network are very important in health promotion and prevention, but talking about sex or something related are still taboos that need to be broken. The promotion of self-care by free choice to promote their health and well-being and to adopt promotion and prevention measures, controlling risk factors and acquiring healthy habits are very important tools in the role of the united basic health [6,7].

Keywords	Base	Articles	
		Found	Selected
Contraception and Women's health	Lilacs	102	4
Contraception and Pregnancy, Unwanted	Lilacs	39	1
Contraception and Pregnancy in Adolescence	Lilacs	145	1
Contraception and Abortifacient Agents, Nonsteroidal	Lilacs	0	0
Women's health and Pregnancy, Unwanted	Lilacs	8	0
Women's health and Pregnancy in Adolescence	Lilacs	39	1
Women's health and Abortifacient Agents, Nonsteroidal	Lilacs	0	0
Pregnancy, Unwanted and Pregnancy in Adolescence	Lilacs	61	0
Pregnancy, Unwanted and Abortifacient Agents, Nonsteroidal	Lilacs	0	0
Pregnancy in Adolescence and Abortifacient Agents, Nonsteroidal	Lilacs	0	0
Contraception and Women's health	Bdenf	31	3
Contraception and Pregnancy, Unwanted	Bdenf	0	0
Contraception and Pregnancy in Adolescence	Bdenf	13	2
Contraception and Abortifacient Agents, Nonsteroidal	Bdenf	0	0
Women's health and Pregnancy, Unwanted	Bdenf	2	0
Women's health and Pregnancy in Adolescence	Bdenf	15	1
Women's health and Abortifacient Agents, Nonsteroidal	Bdenf	0	0
Pregnancy, Unwanted and Pregnancy in Adolescence	Bdenf	0	0
Pregnancy, Unwanted and Abortifacient Agents, Nonsteroidal	Bdenf	0	0
Pregnancy in Adolescence and Abortifacient Agents, Nonsteroidal	Bdenf	0	0
Contraception and Women's health	SciELO	15	1
Contraception and Pregnancy, Unwanted	SciELO	0	0
Contraception and Pregnancy in Adolescence	SciELO	12	0
Contraception and Abortifacient Agents, Nonsteroidal	SciELO	0	0
Women's health and Pregnancy, Unwanted	SciELO	0	0
Women's health and Pregnancy in Adolescence	SciELO	8	2
Women's health and Abortifacient Agents, Nonsteroidal	SciELO	0	0
Pregnancy, Unwanted and Pregnancy in Adolescence	SciELO	0	0
Pregnancy, Unwanted and Abortifacient Agents, Nonsteroidal	SciELO	0	0
Pregnancy in Adolescence and Abortifacient Agents, Nonsteroidal	SciELO	0	0

Table 1: Presentation of the descriptors, bases and articles found and selected.

Citation: Boas Dias VB, Silva JAD, Cruz LDVD and Antognetti SDS. The Indiscriminate Use of an Emergency Contraceptive Pill in the Light of the Integrated Literature Review (2019) *Nursing and Health Care* 4: 57-61.



Base	Year/Author	Theme	Method	Conclusion
SciELO	2016. Medeiros, et al. [15]	Women's experience of contraception from a gender perspective	Qualitative research.n: 15 Women.	Medicalization of the body.
SciELO	2013. Domingos, et al. [10]	Experience of women with teenage abortion due to mother imposition.	Qualitative research. n: seven Women.	Mother-centered abortion decision.
SciELO	2014. Barbaro, et al. [12]	Prenatal care for adolescents and the attributes of Primary Health Care.	Quantitative research. n: 36 profesionais.	Professional training can be a strategy to qualify health care in counseling on contraception for adolescents.
Bdenf	2015. Lima, et al. [19]	Use of contraceptive methods by users of a Teresina-PI basic health unit	Quantitative research. n: 100 Women.	Knowledge about contraceptive methods, correct use and their usefulness.
Bdenf	2016. Sousa, et al. [17]	The hospitalized postpartum woman facing the prevention of pregnancy: possibilities and limits of nursing.	Qualitative research. n: 15 puerperal women in the housing unit.	Reproductive planning and control of your own body for pregnancies.
Bdenf	2016. Alves, et al. [9]	Use of contraceptive methods and factors related to pregnancy planning among puerperal women.	Quantitative research. n: 100 pureperal.	Programs that guide and guarantee women's right to choose the ideal method for reproduction.
Bdenf	2017. Lima, et al [7]	Self-care of adolescents in the puerperal period: application of Orem Theory.	Qualitative research. n: seven primiparous teenage mothers	Need for knowledge about contraception for adolescents.
Bdenf	2014. Carmo, et al. [16]	Quantitative analysis of teenage pregnancy in a city of Minas Gerais.	Quantitative research. n: 104 teenage	Need to answer questions about contraceptive methods for adolescents.
Bdenf	2016. Costa, et al. [6]	Knowledge, attitudes and practices on contraception for adolescents.	Quantitative research. n: 570 teenager.	Beginning of sexual experiences without knowledge and attitudes that encourage them to contraception.
Lilacs	2014. Spinelli, et al. [8]	Characteristics of emergency contraception supply in the basic health network of Recife, Northeast Brazil.	Observational research. n: 250 professionals.	No guidance and disclosure of Emergency Contraception by health services.
Lilacs	2013. Marin, et al. [14]	Knowledge of women workers in the clothing sector about contraceptive methods.	Quantitative research. n: 23 Women.	Knowledge that the population has about contraceptive methods.
Lilacs	2018. Sarmento, at al.[20]	Sexual behaviors and the use of contraceptive methods in health university students.	Quantitative research.n: 266 students.	The use of alcohol and other drugs related to contraception.
Lilacs	2014. Pereira, et al. [18]	Sexual health and contraceptive practices in university students: a descriptive study.	Quantitative research. n: 80 college girls	Determinants considered in studies on sexual and reproductive health by health professionals who provide planning care to college students.
Lilacs	2015. Gondim, et al. [13]	Accessibility of adolescents to sources of sexual and reproductive health information.	Quantitative research. n: 90 students.	The school as the main space for participation in educational activities on sexual and reproductive health among adolescents.
Lilacs	2014. Patias, et al. [5]	Sexarche, information and use of contraceptive methods: comparison between adolescents.	Quantitative research. n:100 teenager.	The groups differ in the use of contraceptive methods in subsequent sex.
Lilacs	2017. Zanettini, et al. [11]	The interfaces of the experiences of the first experience of adolescent and adult mothers.	Qualitative research. n: 11 mothers.	Meaning of motherhood, affection, attachment and the main challenges.

Table 2: Presentation of article selection base on year/author, theme, method and conclusion.

A study conducted in Recife (Brazil) shows that the availability of Emergency Contraception is in accordance with state and municipal strategy, but there is no effective offer made. One of the possibilities for this reality is the predominance of the Catholic religion in the region, which considers it an abortifacient drug, influencing women in the decision about its use. To investigate the level of information offered to women, another study conducted in Scotland found that while information on this method is provided in pharmacies, only a minority adopt a regular contraceptive method after using Emergency Contraception.

This fact is directly linked to family planning, because in yet another study on the use of contraceptive methods and factors related to pregnancy planning among puerperal women; it was evident that most participants did not plan the last pregnancy, even those who had not a low level of education or low income [8,9]. The adolescent population shows a vulnerability to the use of this pill. More than 10% of those born worldwide are teenagers between 15 and 19 years old. Each year in the 28 countries of the Organization for Economic Cooperation and Development (OECD), at least 1.25 million become pregnant. Of these, about half a million seek abortion.

One study identified a pattern of risky behavior for sexual and reproductive health, including unplanned pregnancy. It becomes a major sexual and reproductive health problem when it is also unwanted. In this phase, the adolescent faces problems during the insertion in the sexual life due to the fear of losing their autonomy, but mainly related to the family sphere. Parental dependence and lack of feeling sharing and sexual orientation [10].

Teenage pregnancy is an experience that has numerous disadvantages than it would in an adult. Changing paradigms, changes in the physical body, the way you think and see the world, lose educational opportunities, less work opportunities, and psychological conflicts. In a study conducted on the first experience of teenage mothers, it shows that when pregnancy is not something planned and expected, they go into a state of emotional shock when faced with the news. One of the points mentioned as difficulty would be the difficulty of not being able to leave home as before. The fun and time that was once dedicated to herself from then on would be for baby care. Thus evidencing in this speech the concern with herself and the baby [11].

In the same study cited above, there is the surprise of primary mother adolescents receiving family support. As mentioned in the same, in the past, the traditional families mostly devoted a differentiated support to male children. While females married early and were closely linked to the home environment. Historically the woman brings this mark in the social and family relationship. Therefore, a teenage pregnancy reflects for them as a loss of their freedom and autonomy, as well as the difficulties already mentioned. It is possible to conclude this after mentioning that the adult mothers who testified in this study, in addition to having an expected pregnancy, already had the support of family and those involved. As indeed, for these the support was intense and the news of the pregnancy was without conflicts and tensions [11].

Increasing the coverage of family health units along with professional training may improve health care qualifications, as the percentage of adolescent parturients has increased over the years. (34.6% from 2000 to 2005). The main risk for these adolescents, besides being biological, can be associated with social situation, lack of information and lack of emotional competence. In another study, it states that epidemiological research is important for the elaboration of public policies, for the



definition of programs for this public. The biggest concern is the sexual and reproductive health of adolescents that exposes them to the risk of unwanted pregnancy and sexually transmitted diseases [12,13].

Despite the increase in contraceptive distribution in the Unified Health System, very little is said about adverse effects, correct use and drug interaction, with this, many users end up giving up the method. However, the guarantee of the provision of assistance in reproductive planning is established, and the state is responsible for promoting full access and the health management body to provide assistance in full.

In the study where information and use of contraceptive methods compared among adolescents, showed a higher percentage of responses associated with the use or infrequent contraceptive methods (85% indicated to use sometimes and 8% never used). When asked about having already received information about contraception 96% of pregnant women and 98% of non-pregnant women answered yes. However, the quality of the information received by these young women is questioned, since in the group of pregnant women the use of contraceptives is frequent [5,14,15].

The sexual and reproductive behavior of the human being is related to the educational level of the same, those who are more dedicated to the studies make use of contraceptive methods avoiding the unwanted pregnancy and/or STI. The use of contraceptive methods is directly related to the level of knowledge. Condoms are more commonly used by students in the early grades, while those at the end of the course opt more for oral contraceptives claiming a more stable love relationship. Through a study carried out shows that most adolescents did not complete elementary school or high school and only a small part of these adolescents continued their studies, through these studies indicates that low education is directly related to teenage pregnancy [16-18].

Most women have some knowledge about contraceptive methods, but do not negate the lack of information on these methods, so it is necessary a greater professional and user interaction to increase freedom of choice, increase confidence and the knowledge between professional and client since nurses play a fundamental role in the Family Health Strategy and family planning. However, undergraduates in health care, with an average age of 20.5 years, despite the knowledge of contraceptive methods, inform male condoms as the main preventive method, but with the use of alcohol and other drugs, they increase their exposure to pregnancy and pregnancy. STI due to unpredictable sex [19,20].

The health professional who prescribes contraception or emergency contraception for an adolescent does not violate the law and does not violate ethical principles, but it is the health professional's duty to pay attention to the sexual and reproductive health of adolescents. And the resource for proper counseling is family planning, which is an integral part of women's care [21].

The family health strategy added to family planning presents a set of actions outlined by the Ministry of Health that aims to guarantee the couple's right to the planned conception and or contraception of their children. Rights guaranteed from Law n.º 9,263 of January 12, 1996 and provides resources for sex education, quality reproductive health, contraceptive methods, and socio-educational programs that practitioners should use to raise awareness of those in need of information to avoid medicalization and unpleasant consequences to health [22].

According to the ministry of health's team of experts, the most commonly used emergency contraception pills are 0.75 or 1.5 mg levonogestrel, marketed as: Diad; Dopo; H time; Neodia Pilem; Postinor; Pozato and Prevention. However, such drugs have no scientific studies to prove their effectiveness. They are inexpensive and a study of the compositions and possible side effects is suggested before use in emergency contraception [23]. Emergency contraception

is a controversial subject full of ethical, political and ideological controversies, relating fears from the beginning of human life to possible changes in sexual behavior but needs to be debated for the awareness of professionals and society [24].

Conclusion

The main reason for the misuse of abortion pills has still been the unwanted pregnancy, both by adolescents and women in adulthood, due to lack of information, guidance and even carelessness. Then begins the "desperate" search for the pills, which would at first solve the "problem" caused by themselves, without imagining the grievance and complications caused by the misuse of these medications.

Indiscriminate use of abortion pills is also associated with women with low income and low education. Many women do not use contraception, increasing pregnancy rates and the incidence of STI. Thus, with little knowledge and lack of information, facilitates the excessive use of abortion pills and even illegal means such as seeking clandestine clinics to terminate pregnancy, where there is no hygiene, increasing the risk of infections and even leading to death.

References

1. Moraes MST, Oliveira RC, Santos JM, Lucena Junior RP, Queiroz JRC, et al. Adverse effects on contraceptive implant users (2015) *Femina* 43.
2. Protocols of Primary Care: Women's Health. Ministry of Health, Syrian-Lebanese Institute of Education and Research (2016) Ministry of Health, Brazil.
3. Santos ACA, Rocha RDL, Nery IS and Silva JCP. "Goodbye Hormones": Conceptions about body and contraception from the perspective of young women (2018) University of São Paulo, Brazil.
4. Brandão ER, Cabral CS, Ventura M, Oiava SP, Bastos LL, et al. "Hormone bomb": risks of emergency contraception from the perspective of pharmacy attendants in Rio de Janeiro, Brazil (2016) *Cad Saúde Pública Rio de Janeiro* 32: e00136615. <https://doi.org/10.1590/0102-311x00136615>
5. Patias ND and Dias ACG. First sexual intercourse, information and contraceptive use: a comparison between adolescents (2014) *Psico-USF, Brag Pauli* 19: 13-22.
6. Costa GPO, Guerra AQS and Araújo ACPF. Knowledge, attitudes, and practices on previous use of contraceptive methods among pregnant teenagers (2016) *J res fundam care* 8: 3597-3608.
7. Lima GKS, Santos AAP, Silva JMO, Comassetto I, Correia SR, et al. Self-care of adolescents in the puerperal period: application of the orem theory (2017) *J of Nurs* 11: 4217-25.
8. Spinelli MBAS, Souza AI, Vanderlei LCM and Vidal SA. Emergency contraception supply on primary health care in Recife, Northeastern Brazil (2014) *S0061úde Soc São Paulo* 1: 227-237. <http://dx.doi.org/10.1590/S0104-12902014000100018>
9. Alves MO, Perreira BDM, Dias FA, Mendes LC, Elias TC, et al. Use of contraceptive methods and factors related to pregnancy planning among puerperas (2016) *Rev Enferm UFSM* 6: 424-433.
10. Domingos SRF, Merighi MAB, Jesus MC and Oliveira DM. The experience of women with abortion during adolescence as demanded by their mothers (2013) *Rev Latino-Am Enferm* 21: 899-905. <http://dx.doi.org/10.1590/S0104-11692013000400010>
11. Zenettini A, Souza JB and Aguiar DM. The interfaces of adolescent and adult mothers first experience (2017) *Rev Enferm Cent-Oest Mine* 7: e1987. <https://doi.org/10.19175/recom.v7i0.1987>
12. Barbaro MC, Lettiere A and Nakano AMS. Prenatal care for adolescents and the attributes of primary health care (2014) *Rev Latino-Am Enferm* 22: 1-7. <http://dx.doi.org/10.1590/0104-1169.3035.2390>



13. Gondim PS, Souto NF, Moreira CB, Cruz MEC, Caetano FHP, et al. Accessibility of adolescents to sources of information on sexual and reproductive health (2015) *J Hum Grow Deve* 25: 50-53. <http://dx.doi.org/10.7322/jhgd.96767>
14. Marin C, Albuquerque AAB and Fontes KB. Knowledge of women workers in the clothing industry about contraceptive (2013) *Arq Cienc Saúde UNIPAR* 17: 159-162. <https://doi.org/10.25110/arqsaude.v17i3.2013.5065>
15. Medeiros TFR, Santos SMP, Xavier AG, Gonçalves RL, Mariz SR, et al. Women's experience with contraception from the perspective of gender (2016) *Rev Gaúcha Enferm* 37: e57350.
16. Carmo SS, Livramento DE, Paulino Neto HF and Zeferino MGM. Quantitative analysis regarding pregnancy in adolescence in a municipality in minas gerais (2014) *Cogi Enfer* 19: 740-746. <https://doi.org/10.1590/1983-1447.2016.02.57350x>
17. Sousa SC, Leão DCMR, Vieira BDG, Alves VH, Rodrigues DP, et al. The puerperal woman hospitalized facing the prevention of pregnancy: possibilities and limits of nursing (2016) *Rev enferm UFPE* 10: 3560-3566.
18. Pereira ALF, Penna LHG, Pires EC and Amado DC. Sexual and birth control health practices among female undergraduates: a descriptive study (2014) *Braz J Nurs* 13: 25-35. <https://doi.org/10.5935/1676-4285.20144066>
19. Lima PVC, Rocha RDL, Nery IS and Silva JCP. Use of contraceptive methods by users of a basic health unit (2015) *Rev enferm UFPI* 4: 11-18.
20. Sarmento MSRA, Sales JCS, Silva Junior FJGS and Parente ACM. Sexual behaviors and the use of contraceptive methods among undergraduate female students of the health area (2018) *Nurs J Min Gera* 22: e-1112. <http://www.dx.doi.org/10.5935/1415-2762.20180040>
21. [Ministry of Health. Emergency contraception: questions and answers for health professionals, 2010 Brazil.](#)
22. Lacerda JOS, Portela FS and Marques MS. The indiscriminate use of emergency contraception: a systematic review of the literature (2019) *Rev Mult Psic* 13: 379-386.
23. [Pinheiro P. Next pill leaves: How to take, effects and rate of effectiveness.](#)
24. Wannmacher L. Emergency contraception: evidence versus prejudice, Rational drug use: selected topics (2005) *Brasilia*, 2: 1-6.

