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Morning-after pill: a brief report on the main public policies used in emergency contraception

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Abstract: The results of this study shed some light on the structuring of demand for the so-called "morning-after pill in health services. The differentiated demand based on socioeconomic conditions is a reflection of a reproductive behavior segmented according to structures of income inequality, opportunities in education and regional development. People with lower socioeconomic levels are most affected because they have less access to effective contraception technologies, which explains in some way the concentration of demand for emergency contraception. Public policies should aim to improve access to this method, especially for adolescents and the underprivileged, in order to guarantee the right of people to freely dispose of their own bodies on reproductive issues. For this, the deepening of the available official information is increasingly necessary.

Keywords: Emergency contraception; morning-after pill; Public health.

1. Introduction

Emergency contraception refers to the methods that can be used by the woman in the days following having had a sexual relationship at risk of pregnancy in order to avoid it (CROXATTO, 2004). Since the 1970s, biomedical experimentation with high doses of hormones has been able to develop mechanisms to prevent pregnancy once the sexual act occurred, through the so-called Yuzpe method (YUZPE; SMITH, SMITH, SMITH, RADEMAKER, 1982). After a series of investigations, this method was replaced only by the use of levonorgestrel, given the adverse side effects of Yuzpe, and its lower efficacy in comparative terms (VON HERTZEN *et al.*, 2002).

2. Methodology

This is a study with data collection based on bibliographic data collection. For this survey, articles were retrieved in several databases such as The Clinical Contexts (PepsiCo) and SciELO Brazil. The inclusion criteria determined for the selection of articles were: texts available in full, articles in Portuguese and In English from 2019 to 2022; Master's dissertations and doctoral theses and articles in full that portray the Importance of contraceptive methods and especially the use of the morning-after pill. All opinions or unreferenced texts served as exclusion criteria in this study.

3. Results and Discussion

The mechanisms of action of levonorgestrel-based

emergency contraception have been extensively studied, and scientific evidence has fundamentally shown that this method has effects on both sperm migration to the egg and ovulation, particularly in the pre-fertilization phase. In relation to migration, it has been shown that this contraceptive method prevents sperm movement by altering the thickness of cervical mucus (CROXATTO, 1996), while hindering the sperm's aviator the egg (DURAND *et al.*, 2005). With regard to ovulation, evidence has shown that emergency contraception also acts by inhibiting this process, which prevents fertilization (SWAHN; WESTLUND, WESTLUND; HOHANNSSON, 1996).

However, the scientific community is currently debating a possible third mechanism of action, which would act after fertilization, that is, the alternation of the endometrium. Several investigations have sought empirical evidence that corroborates the action of levonorgestrel after the union of the egg and sperm, but this was not found (MENG *et al.*, 2010). However, this is discussed from positions that assume that the lack of scientific certainty on this point does not guarantee that emergency contraception does not necessarily affect the already fertilized egg (BUSQUETS, 2003; OYARZÚN, 2004).

This controversy not only has consequences within the world of science, but has triggered tensions in other fields and disciplines, such as law and politics. Thus, given the suspicion of the anti-anxieties effects of levonorgestrel, several sectors, many linked to the right and the Catholic Church, advocate the prohibition or criminalization of its use, while others, usually associated with feminist and feminine movements, demand its availability and access in public health services (MARTIN, 2004; DIDES, 2006; FAÚNDES *et al.*, 2007; HOUSES, 2009).

This climate of tension has led to a situation of high inequality in Latin America in relation to access to emergency contraception. According to a report by the Latin American Consortium for Emergency Contraception, the Latin American region has critical cases in which its distribution in public health services, such as Costa Rica, Peru and Honduras, has been penalized or banned, while in other countries, such as Mexico and Uruguay, current regulations guarantee access to virtually the entire user population (MORÁN FAÚNDES, 2010).

However, even in countries where the law establishes the delivery of emergency contraception, several studies have highlighted the existence of barriers related to the disinformation of medical personnel, ideological resistance or lack of resources, all of which reduce the distribution and accessibility to this method (FIGUEIREDO *et al.*, 2007; DE SOUZA BRANDÃO, 2009; MORÁN FAÚNDES, 2010).

In Chile, in 2006, a group of 31 parliamentarians filed a lawsuit with the Constitutional Court asking it to declare unconstitutional the National Fertility Regulation Standards, which included the distribution of emergency contraception in health services, known in the country as the "morning-after pill." The following year, the court declared emergency contraception unconstitutional, and was withdrawn from national health services. Global fertility rates (TFTs) have

experienced a sharp decline in Latin America since the 1970s (DONOSO; CARVAJAL; DOMÍNGUEZ, 2009).

In Brazil, the emergency contraceptive method is regulated by the Ministry of Health and approved by health surveillance and is commercially available under medical prescription. In addition, the EC is included by the Ministry of Health in the technical standards of Family Planning (1996) and Sexual Violence (1998) (ACOG, 2007).

Some authors state that emergency contraceptives still have a low incidence of use (MURAMOTO *et al.*, 2014) pointing out barriers to access, such as lack of information, cultural and moral aspects, requirement of medical prescription, price of products, and excessive concern of health professionals about the possibility of influencing the regular use of contraceptive methods, condom (WHO, 2012). Costa *et al.*, 2012, highlight that there is a lack of studies in Brazil on the prevalence of use of the method and its influence on the adoption of methods of contraception of continuous use, as well as the knowledge by women of the non-prevention of STD by the method.

Currently, the emergency contraception method is part of the Family Planning Rules as a way to guarantee the right of fertility control provided to women or couples, but its availability in the health system is not yet a reality in many localities. According to Souza and Brandão, 2012, there is resistance on the part of public services to make this method available due to the common sense that the EC would lead users, especially adolescents, to abandon other contraceptive methods of regular use, including condoms, a fact not confirmed by studies conducted, including this one.

4. Conclusions

It is evident that the high use of emergency contraception is motivated by the non-use or disruption of the condom and by the ease of purchase without the need for the presentation of a medical prescription. However, the importance of quality information in relation to the product is increasingly necessary for women to be able to use it properly, without abandoning the regular method and, mainly, without failing to use condoms, as it is the only effective method in the prevention of STDs. It is necessary that emergency contraception appears as support in STDs/HIV prevention campaigns, highlighting that, only in the event of condom rupture or sexual violence, the use of this method should be associated, thus avoiding an unplanned pregnancy.

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