

WOMEN AND ORAL CONTRACEPTIVES: REFLECTIONS FOR NURSING

MULHERES E ANTICONCEPCIONAL ORAL: REFLEXÕES PARA A ENFERMAGEM

*MUJERES Y ANTICONCEPTIVOS ORALES: REFLEXIONES PARA LA
ENFERMEIRA*

 Gabriela Machado Guimarães¹,  Gersa Ventura Ferreira²,  Elayne Arantes Elias³

ABSTRACT

Objective: To identify the main risk factors for the use of hormonal contraceptives; To understand the main side effects of oral contraceptives; and To describe the repercussions on the lives of women using them.

Methods: Research with 19 women who use hormonal oral contraceptives through individual interviews. Data were interpreted using Bardin Content Analysis. **Results:** Most of them were advised by a gynecologist regarding the use of contraceptives. Headache and edema were the most reported symptoms. All of them are aware of the benefits and harms of using contraceptives, but there was a lack of guidance regarding the risks of using them. **Conclusion:** A thorough consultation is essential, with the exercise of reproductive planning and guidance on the use, effects and risks of contraceptives, actions that can and should be performed by a nurse trained in care, communication and education in women's health.

Keywords: *Women; Hormonal Contraception; Nursing.*

RESUMO

Objetivo: Identificar os principais fatores de risco do uso do anticoncepcional hormonal; compreender os principais efeitos colaterais dos anticoncepcionais orais; e descrever as repercussões na vida das mulheres em uso deles. **Métodos:** Pesquisa com 19 mulheres que utilizam anticoncepcionais orais hormonais através de entrevistas individuais. A interpretação dos dados foi pela Análise de Conteúdo de Bardin. **Resultados:** A maioria foi orientada por um médico ginecologista quanto ao uso do anticoncepcional. A cefaleia e o edema foram os sintomas mais relatados. Todas sabem dos benefícios e malefícios do uso dos anticoncepcionais, mas faltou orientação quanto ao risco do uso deles. **Conclusão:** É imprescindível a consulta minuciosa, com o exercício do planejamento reprodutivo e com a orientação sobre o uso, os efeitos e os riscos sobre os anticoncepcionais, ações que podem e devem ser realizadas pelo enfermeiro capacitado para o cuidado, a comunicação e a educação em saúde feminina.

Descritores: *Mulheres; Contracepção Hormonal; Enfermagem.*

RESUMEN


Objetivo: Identificar los principales factores de riesgo para el uso de anticonceptivos hormonales; Comprender los principales efectos secundarios de los anticonceptivos orales; y describir las repercusiones en la vida de las mujeres al utilizarlas. **Métodos:** Investigación con 19 mujeres usuarias de anticonceptivos orales hormonales mediante entrevistas individuales. La interpretación de los datos se realizó mediante el análisis de contenido de Bardin. **Resultados:** La mayoría fueron asesorados por un ginecólogo sobre el uso de anticonceptivos. Los síntomas más reportados fueron dolor de cabeza y edema. Todo el mundo conoce los beneficios y los daños del uso de anticonceptivos, pero falta orientación respecto a los riesgos de su uso. **Conclusión:** Es imprescindible una consulta exhaustiva, con ejercicio de planificación reproductiva y orientación sobre el uso, efectos y riesgos de los anticonceptivos, acciones que pueden y deben ser realizadas por una enfermera capacitada en atención, comunicación y educación en salud de la mujer.

Descriptores: *Mujeres; Anticoncepción Hormonal; Enfermería.*

INTRODUCTION

The most widely adopted method of contraception in the world is the use of oral hormonal contraceptive (OHCC), with a high level of effectiveness in preventing pregnancy and consequently in reproductive/family planning. This method can be used

¹ Faculdade de Ciências, Educação, Saúde, Pesquisa e Gestão (CENSUPEG). São Fidelis/RJ - Brasil. 

² Faculdade de Ciências, Educação, Saúde, Pesquisa e Gestão (CENSUPEG). São Fidelis/RJ - Brasil. 

³ Faculdade de Ciências, Educação, Saúde, Pesquisa e Gestão (CENSUPEG), Corpo de Bombeiros Militar do Estado do Rio de Janeiro, Campos dos Goytacazes/RJ - Brasil. 

alone or combined with a barrier method (condom) in situations of greater effectiveness and prevention of sexually transmitted infections (STI). Hormonal contraceptives work by inhibiting ovulation and altering cervical mucus and the chemical structure of the endometrium. They can use only progestogen, being the oral progestogen pills (OPPs) and are considered low risk to women's health, for example: norethisterone, desogestrel or drospirenone. Or they can be combined oral contraceptives (COCs), using progesterone and estrogen (in the form of ethinylestradiol), in the version of: estriol, estradiol and estrone¹.

In addition to their contraceptive function, these pills are also used in the treatment of dysmenorrhea, premenstrual tension, acne, endometrial and ovarian cancer, among other conditions. This is due to the sex hormones being more regulated by synthetic substances. As the effects are particular to each woman, it is necessary to pay attention to the prescription of the oral hormonal contraceptive, because it is not indicated in situations such as: advanced age, hypertension, smoking, other hormonal pathologies and risk of thrombosis. Thus, the evaluation of risk factors by the doctor and/or nurse in the consultation enables the search for the best OHCC and lower risk for women².

The action of these synthetic hormones consists basically in inhibiting ovulation and hindering the occurrence of fertilization and a question that deserves attention is the neglect to use the barrier method, which is the one that prevents the transmission of STIs. Some factors also need to be considered, such as: contraceptive failure due to inappropriate use, increased risk of myocardial infarction (AMI) and cerebrovascular accident (CVA), the occurrence of venous thromboembolic events, uterine bleeding and the occurrence of as body weight increase, mood swing, breast and abdominal pain, blood pressure change and headache³.

Ensuring the success of the use of OHCC depends on public policies that allow equitable and informed access to contraceptive method. Reproductive planning is a strategy that also increases women's knowledge and allows free choice, in Brazil, inequalities and low education levels are seen as an obstacle to the choice of contraceptive methods. Data show that white women with higher education are the ones who use oral contraceptive and double protection in the South and Southeastern regions⁴.

It is important to choose freely and informed the method that best suits the reality and needs of women, however, this will also depend on the knowledge and evaluation of the side effects and adverse effects caused by OHCC. Therefore, professional guidance and proper prescription are ways to minimize harm and improve the health of the woman who opts for oral contraceptive, since the risks and side effects are considered in the literature, but the individual characteristics of each woman stand out for reproductive health monitoring⁵.

This study is justified by the fulfillment of the goals of the Sustainable Development Goals (SDGs) that deal with the reduction of female mortality, resulting, for example, from unsafe abortions and the exercise of sexual and reproductive rights in Brazil. This is done by defending women's freedom of sexuality and reproduction and ensuring qualified access to sexual and reproductive health services, including contraception⁶.

The guiding question was: What are the repercussions, side effects and risk factors for the use of oral contraceptives? Objectives: To identify the main risk factors related to the use of the hormonal pill; Understand the main side effects of oral contraceptives; and Describe the repercussions on the lives of women using oral contraceptives.

METHODS

This is a descriptive research with exploratory nature and quantitative-qualitative approach carried out in the period from December 22, 2022 to January 20, 2023, in the city of São Fidélis, RJ. The participants were women who use hormonal oral contraceptives. The inclusion criterion was: women aged between 18 and 35 years who use oral contraceptives. As an exclusion criterion: women aged 36 years or older and/or with any physical or mental difficulty that would hinder the participation in the study.

The participants were chosen randomly, following the Snowball technique. This technique uses reference chains, does not prioritize a completely closed sampling and allows the description of lived experiences. Through an initial intermediary participant, also called as seed, located by the researcher, other people with the necessary profile for the research are also located by indicating one to others⁷.

Thus, the field stage began with the invitation to the first woman, who indicated others successively. There was no pre-established number of participants and the interviews ceased when it was possible to achieve the research objectives, the moment called saturation point. It is when the findings are already sufficient and do not generate new properties or themes, being no longer necessary to proceed with the collection of new data⁸. There was no specific data collection scenario and the women chose the place of conducting the interviews. In the field stage, the Informed Consent Form (ICF) was read and signed and the interview was initiated using a semi-structured questionnaire with open and closed questions.

The interpretation of the data was based on Laurence Bardin's Content Analysis. This is configured as a set of techniques for analyzing communications and describing the content of messages. It is structured in three stages, namely: pre-analysis (reading, choice of documents and alignment of objectives); exploration of the material (creation of categories); treatment of the results (interpretation)⁹.

This research follows the ethical recommendations of the Resolution n° 466/2012 of the National Health Council and was approved by the Research Ethics Committee appointed by *Plataforma Brasil* under the number of opinion 5.836.433 and CAAE number 64030222.5.0000.5244.

RESULTS

The participants were 19 women aged between 18 and 35 years, but only one belonged to the age group of 18 to 25 years. The rest were between 26 and 35 years old. 52.6% of those interviewed had children. The age of the menarche was between 12 and 14 years. At the time of the interview, 31.6% of them were using OHCC. The most used OHCC were *Elani* and *Tamisa*.

THE DETERMINING FACTORS FOR THE USE OF ORAL HORMONAL CONTRACEPTIVES

There was a predominance in the use of OHCC by women between 26 and 35 years. As for schooling, most of them (57.9%) have Higher Education and the rest, High School. In the report of comorbidities, the majority (94.7%) reported not having any nor making continuous use of another medication. Regarding guidance, 84.2% of the women were advised by a gynecologist about the use of OHCC, 5.3% made use on their own and 10.5% received information from friends. None was guided by the professional nurse.

The majority (52.6%) chose OHCC because it was easy to buy and take the drug.

CONDITIONING FACTORS FOR THE USE OF ORAL HORMONAL CONTRACEPTIVES

All women reported knowing what an OHCC is. The time of use of OHCC was below 10 years for 57.9% of women and more than 10 years for 42.1% of them. As for the purpose of oral contraceptive use, 84.2% of women use to prevent pregnancy, 5.3% use to regulate the menstrual cycle and 10.5% of women use for both.

Regarding the side effects of OHCC, 21% of women reported no effect. Headache was the symptom most reported by participants (63.2%), followed by edema (52.6%), anxiety (42.1%), decreased menstruation (31.6%), hair loss (31.6%), acne (10.5%) and mood change (10.5%).

About having some side effect, 42.1% of the women stated that it interferes in their daily life. Another important fact was that, of those who had a side effect, only 15.8% talked to the doctor about what happened. None of them has undergone thrombosis, Cerebrovascular Accident (CVA) or cancer.

WOMEN'S KNOWLEDGE ABOUT ORAL HORMONAL CONTRACEPTIVES

Almost all participants (89.47%) know the contraceptive methods offered by the public network. About the most effective method, 68.4% of them consider the Intrauterine Device (IUD) as such.

All women realize the benefits and harms of using OHCC. However, 63.2% of the interviewees were not informed about the risk of using OHCC, only 31.6% of them. Although many have not been guided, the majority (94.7%) know the risks of OHCC.

Given the risks that OHCC cause, 89.5% of women would change their contraceptive method. In this change, 68.4% of them would switch to the IUD.

When asked if they would like to change their quality of life if they do not have it, in relation to the risks of OHCC, 52.6% answered positively.

DISCUSSION

The use of oral hormonal contraceptives for the purpose of preventing pregnancy (most reported) and regulating the menstrual cycle corroborates the need for effective reproductive planning, a term that has been replacing family planning (regulation of fertility and progeny, exercised by the woman, by the man or by the couple), because it can be carried out independently of the constitution of a traditional nuclear family. This planning, carried out in the Primary Care and focused on sexual and reproductive health, requires organization of health services for contraception and conception/reproduction in an integral assistance that considers the sociocultural context of women. The Ministry of

Health recommends not only planning orientation, but that it be developed in educational, clinical and counseling activities¹⁰.

Although many women receive guidance, these contraceptives are widely used for their ease of purchase and use. They have an accessible value to the population and do not require a prescription for purchase in commercial pharmacies, increasing self-medication and, consequently, inappropriate use of method¹¹. Hence the importance of nursing consultation, where the nurse should promote autonomy in the informed choice of method, as well as its correct use in contraception actions, while emphasizing the prevention of sexually transmitted infections, absent in most methods.

Another reason for this purchase is also the unavailability of oral contraceptives or the variety of methods in the public network and the need to go through the consultation with the professional to receive them free of charge. Hence the importance of reproductive planning and the availability and inclusion of a variety of contraceptive alternatives in public health services, providing for the different needs of users¹⁰.

Even with the increasingly successful performance of nurses in women's health consultations, most women still seek medical care and guidance. In this study, for example, no woman was counseled by a nurse, who is a professional qualified to prescribe the contraceptive method and provide adequate guidance on the choice of the woman, the possible side effects and risks of prolonged use of the drug. In addition, the nurse should also investigate the entire history of the woman, identifying possible risk factors such as smoking, obesity, high blood pressure, sedentary lifestyle and thromboembolic events, as well as monitoring and managing clinical changes (edema, pain or any other) related to contraceptive use¹¹.

The lack of professional guidance regarding the risks of OHCC directs that this situation receive an urgent intervention in health services, since estrogen and ethinylestradiol hormones can favor the formation of thrombin in the blood stream and, consequently, raise coagulation levels. Such occurrence is a risk for hypertensive women and/or with other cardiovascular pathologies, which may cause thrombosis events and CVA in the use of OHCC¹².

Despite the lack of guidance on the risks of OHCC, women know their characteristics, benefits, harms and risks. This finding may be related to these women having a higher level of schooling. The "schooling" factor is a facilitator in the knowledge about: schedules, side effects and beginning of the use of the method, since the low schooling hinders the applicability of the guidelines and the appropriate choice. Free and informed decision-making, knowledge of and access to contraceptive methods, taking into account the state of health and the financial and social situation, are essential for adequate and effective fertility regulation¹³.

A study conducted with university women demonstrated the knowledge of most of them about some precautions when taking hormonal oral contraceptives, such as restriction of concomitant intake with other drugs and how to proceed in the occurrence of vomiting, diarrhea and forgetfulness so as not to reduce the efficiency of the pill⁵. This finding corroborates the knowledge facilitated by people with higher education.

The evidence that most of the interviewees do not have comorbidities, have had no episodes of CVA, thrombosis or cancer and do not use any other medication

continuously demonstrates good health. However, knowing the risks of using OHCC would improve their quality of life. It is essential to evaluate the woman, even if healthy, for predisposition to cardiovascular diseases when using hormonal contraceptives, because the risk of thrombosis increases¹⁴.

Therefore, the prescription of OHCC and other contraceptive methods should be based on the physical, cultural, social and economic conditions, making it possible to comply with public health policies. In addition, it is necessary to consider the history of individual and family/hereditary health for satisfactory adherence, the exercise of family/reproductive planning, and the minimization of these ways¹⁴.

The most reported side effects of OHCC use are headache and edema, which interferes with women's daily lives. Data indicate that women suffer some change after starting the use of oral contraceptives, some of them being body weight increase, mood change, edema, hypotension, vertigo, acne, among others⁵.

Such effects, headache, increased uterine bleeding, vascular problems, decreased libido, illness, malaise and others are reported as unpleasant consequences associated with the use of the contraceptive pill for a long time, since the beginning of the availability of this method in Brazil, in the 70s¹⁵.

Even with these consequences, few women report this type of discomfort to the doctor. Some reasons for this lack of reporting and, consequently, absence of intervention, are the negligence, non-listening and normalization of these effects by health professionals and public health policy makers, what is a paradox, because the care/advice in sexual and reproductive has the role of positively influencing contraceptive decisions by women. Moreover, knowledge about the management of contraception requires skills acquired by women through systematic actions, dialogue and support from health professionals¹⁵.

As for these repercussions, there were no reports of episodes of worsening health while using oral contraceptive, however, the lack of complete information about the risks of the use of OHCC by doctors and the restriction of consultations on sexual and reproductive health to this professional are points to be reevaluated, since the nurse is also qualified for such, which widens access to services.

Regarding the minimization of these effects, in follow-up consultations, the nurse must monitor the clinical changes and identify any adverse events that occur and for this, need to develop competent and consistent practices regarding the attribution of the use of hormonal contraceptives by women and promote systematic, safe and satisfactory care, since the consultation in women's health promotes greater contact and bond between the professional and the user¹¹.

Many women who use hormonal oral contraceptives know the other contraceptive methods, consider the IUD more effective and would change from OHCC to it. This knowledge about the methods is best obtained through health professionals, especially nurses, although in this study, none has been guided by one. The analysis of this fact is relevant, because the role of nurses in primary care is as important as that of other professional categories. It highlights the promotion, prevention, health protection and health education, considering the co-responsibility and autonomy of women. Its primary role is in the nursing consultation, in full care and other actions such as: prescription of

medications (according to protocol), home visit, supply control and coordination of the work of community health agents and nursing teams¹⁶.

The IUD can be inserted by qualified/trained nurses, according to the COFEN Resolution n. 0690/2022. This is in line with the reproductive planning, aiming to guarantee universal access to sexual and reproductive health services, one of the actions of the Sustainable Development Goals (SDGs). A study on the insertion of the IUD in Primary Health Care in Brazil demonstrated the evidence of the physician in such conduct. It is necessary that health management make available the input, that women are oriented and stimulated as to the method, still underutilized in Brazil and that the insertion of the IUD is expanded, since nurses are legally supported and can promote a skilled and qualified assistance in sexual and reproductive health¹⁷.

The role of the nurse in sexual and reproductive health is configured in Primary Care (PC) with the practice of health care and education based on qualified and humanized assistance, since the PC is the "gateway" to health services. The actions of nurses should be directed towards holistic care and strengthening women's autonomy, considering social, environmental and psychological factors and using an indispensable tool, which is communication¹⁸.

CONCLUSION

The participants showed no risk factors for diseases related to the use of OHCC, showing good health conditions, since most are of reproductive age. Nevertheless, the consultation with the historical and clinical research of each woman is essential, as well as the exercise of reproductive planning, actions carried out by the qualified nurse.

The main reported side effects were headache, edema, mood swings, irregular vaginal bleeding, changes in libido, hair loss, acne and anxiety. Women using OHCC must be guided and attentive to the occurrence of these effects and the possible repercussions in their lives.

The study can contribute to increase the visibility of nurses for sexual and reproductive health consultations, encourage women's confidence in this professional and exercise the actions of reproductive planning. Thus, women will have the opportunity to acquire greater knowledge about the methods, risks, side effects and their effectiveness, highlighting the nurse's assistentialist and educational actions.

It should be noted that, in addition to the opportunity to choose the best contraceptive method through nursing consultations, nurses must also pay attention to the particularities and individuality of each woman and use the tool of communication in health care and education. Last but not least, that the nurse working in sexual and reproductive health is covered by public policies and health management in training and empowerment for comprehensive health care of women.

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