

REVIEW

School adolescents' knowledge of emergency contraception: an integrative review

HIGHLIGHTS

1. Adolescents are aware of emergency contraception, but misconceptions persist.
2. Misinformation and sociocultural factors hinder its proper use.
3. Informal sources predominate over professional and school guidance.
4. School is essential for expanding knowledge and preventing pregnancy.

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ABSTRACT

Objective: To analyze the scientific evidence on school adolescents' knowledge of emergency contraception. **Method:** Integrative literature review conducted between March and December 2025, in the databases of the Virtual Health Library, MEDLINE/PubMed, SciELO, CINAHL, Cochrane, Scopus and Web of Science. **Results:** 474 publications were identified, of which 14 articles comprised the final sample. It was evident that, although many adolescents have heard about emergency contraception, misconceptions persist regarding its mechanism of action and the appropriate time for its use. Insufficient sexual education among young people and little knowledge about family planning were predicted by informal sources of information and sociocultural and regional aspects. **Conclusion:** The findings reinforce the importance of strengthening policies that encourage sexual education in schools, with the active participation of healthcare professionals in mediating knowledge and promoting the safe and conscious use of emergency contraception among adolescents.

DESCRIPTORS: Students; Adolescent; Sexual Health; Knowledge; Contraceptives, Postcoital.

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INTRODUCTION

The World Health Organization (WHO) defines adolescence as the period between 10 and 19 years of age, a transitional phase from childhood to adulthood, during which young people undergo significant transformations and face physiological, psychological, and social challenges, culminating in the characteristics of an adult¹⁻².

In the context of public health, the adolescent population presents significant vulnerabilities related to sexual and reproductive health, especially in low- and middle-income countries. Teenage pregnancy remains a relevant problem, associated with social inequalities, barriers to access to health services, and gaps in the provision of qualified information³. In Brazil, recent data indicated that this scenario persists, with 289,093 births registered among adolescents aged 15 to 19 and 13,932 among girls aged 10 to 14 in 2023⁴.

Furthermore, early sexual initiation is a reality among schoolchildren, which reinforces the need for continuous educational strategies⁵. In this sense, evidence suggests that comprehensive, evidence-based sex education is one of the main strategies for promoting health and preventing risky behaviors in this population⁶, as the absence of adequate knowledge can expose them to a high risk of unplanned pregnancy, unsafe abortion, and Sexually Transmitted Infections (STIs), including HIV/AIDS⁷.

In Brazil, the Unified Health System (SUS) provides some contraceptive methods free of charge, including Emergency Contraception (EC)⁸. EC, also known as the morning-after pill, was more widely included among the contraceptive methods provided by the Brazilian Ministry of Health (MS) starting in 2003, with the National Policy for Comprehensive Women's Health Care⁹.

EC is a synthetic progestogen derived from progesterone that can be found in two pharmaceutical presentations: in a single dose or in two tablets, showing effectiveness when used up to 72 hours after sexual intercourse¹⁰⁻¹¹. It has the function of preventing or delaying the fertilization of the egg with the sperm or modifying the intrauterine environment and altering the viscosity of the cervical mucus, resulting in modification in sperm motility¹².

Adolescents' sexual and reproductive health is part of the global sustainable development agenda, especially Sustainable Development Goal 3 (SDG3), which provides for the reduction of maternal mortality and universal access to sexual and reproductive health services, including family planning, information and education^{3,13}. In this context, EC should be understood not only as a post-coital contraceptive method, but as a complementary strategy for the prevention of unplanned pregnancies, especially when there is failure, inadequate use, or absence of another contraceptive method. Thus, gaps in adolescents' knowledge about its indication, safety, mechanism of action, and appropriate time of use can compromise the exercise of sexual and reproductive rights and hinder progress toward goals related to maternal health and universal access to contraception.

In this sense, the school environment emerges as an ideal setting to provide support, since it is a privileged place to promote health education, expand knowledge, and change habits, guaranteeing them access to information on sexual and reproductive health¹⁴. The inclusion of health professionals in the school context is indispensable, since they are trained to attend to adolescents, a public that frequents health services less frequently¹⁵⁻¹⁶.

In this context, the role of the nurse in addressing issues related to sexual health stands out, contributing to the provision of qualified information, strengthening the bond with adolescents, and promoting evidence-based educational practices¹⁷.

Thus, it becomes relevant to understand how this knowledge has been addressed in the scientific literature to support the most effective educational strategies in the school environment and in health services. Therefore, this study aimed to analyze the scientific evidence on school adolescents' knowledge of EC.

METHOD

This is an integrative literature review, a research method that allows the synthesis of multiple published studies and enables the analysis of relevant research that supports decision-making and the improvement of clinical practice¹⁸. The study was characterized by six stages: 1 - Development of the guiding question; 2 - Literature search; 3 - Data collection; 4 - Critical analysis of the included studies; 5 - Results discussion and 6 - Knowledge synthesis, respectively¹⁹.

In the first stage, the guiding question was structured based on the PICO (Population, Interest and Context) strategy²⁰, being defined as: Population (P) - school adolescents; Interest (I) - knowledge about EC; Context (Co) - school environment. The use of this strategy allows delimiting the elements of the investigation and guiding the construction of the bibliographic search, contributing to the systematic retrieval of relevant scientific evidence²¹. Thus, the following question was formulated: What is the scientific evidence regarding school adolescents' knowledge of EC?

The search for studies was carried out in March and updated in December 2025, through the *Portal de Periódicos da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (CAPES), with access via the Federated Academic Community (CAFe). The following databases were consulted: Virtual Health Library (VHL), PubMed/MEDLINE, Scientific Electronic Library Online (SciELO), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Library, Scopus and Web of Science.

Controlled and uncontrolled descriptors were used, obtained from the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH), combined using the Boolean operators AND and OR. The search strategy was carried out in each database as described in Chart 1.

Chart 1. Search strategy employed in the databases used. Arapiraca, Alagoas, Brazil, 2025

Database	Search strategy
VHL	("Adolescents" OR "Teenagers" OR "Youth" OR "Students") AND ("Sex Education" OR "Sexual Education" OR "Reproductive Health" OR "Sexual Health") AND ("Knowledge" OR "Awareness" OR "Comprehension" OR "Perception" OR "Attitudes") AND ("Contraceptive Postcoital" OR "Emergency Contraceptive" OR "Morning After Pill")
SciELO	
MEDLINE/PubMed	
Web of Science	
Cochrane	
Scopus	
CINAHL	

Source: The authors (2025).

The eligibility criteria defined for selecting the articles included: primary studies available in full, without restriction of language or publication period. Review studies of any nature (literature, integrative, systematic, scoping, narrative, meta-syntheses and

meta-analyses), editorials, letters to the editor, dissertations, theses and publications that did not answer the guiding question were excluded.

The identified records were exported to the Rayyan® manager, used for removing duplicates and organizing the screening. Studies were selected in two stages: reading the titles and abstracts and, subsequently, reading the full text of potentially eligible articles. The process was conducted by two reviewers independently, with disagreements resolved by consensus.

For data extraction, an instrument was developed containing the following variables: authors, year of publication, country, objective, methodological design, and main results. The critical analysis of the studies was carried out considering the methodological characteristics and the quality of the evidence presented. Recognizing the importance of methodological quality and strength of evidence to support clinical practice, the included studies were classified according to the levels of evidence proposed by the National Institute for Health and Care Excellence²² for clinical questions related to etiology and prognosis.

The synthesis of knowledge was carried out descriptively, allowing the main findings to be organized into thematic categories related to adolescents' knowledge of EC. The process of identifying, screening, eligibility, and inclusion of studies was presented using a flowchart adapted from the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)²³, ensuring the study's transparency and reproducibility. As this is a review study, ethical approval was not required.

RESULTS

A total of 474 publications were extracted from the databases, of which 460 were excluded: 238 because they were duplicates and 222 because they did not meet the inclusion criteria. In the end, 14 studies comprised the sample for this review. Figure 1 describes the process followed for the identification, screening, eligibility, and inclusion of studies, based on the PRISMA flowchart.

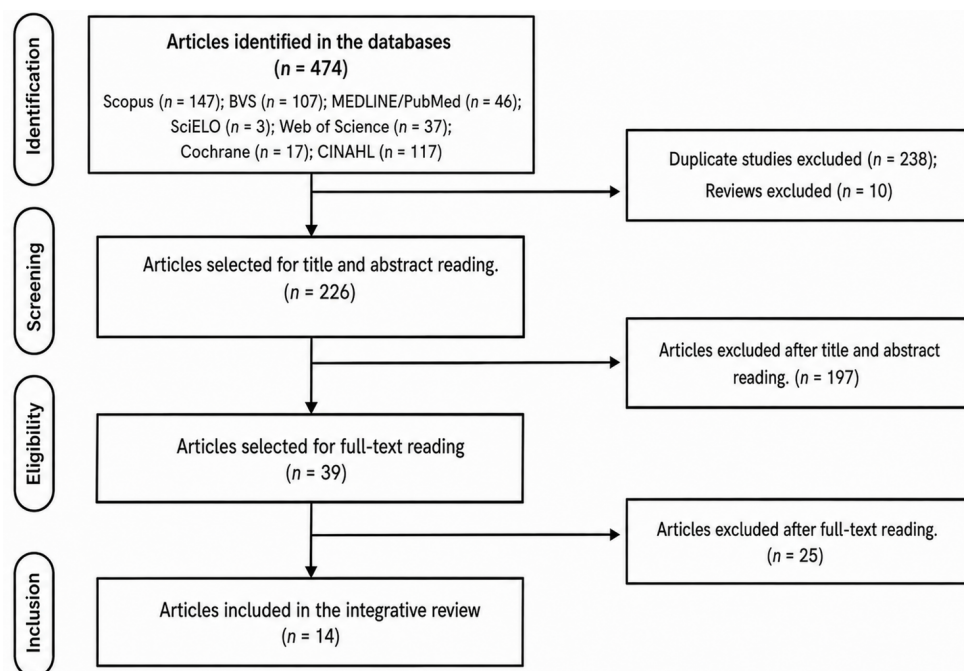


Figure 1. Flowchart of the selection of primary studies included in the integrative review. Arapiraca, Alagoas, Brazil, 2025

Source: Adapted from the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA, 2020) model.

Of the 14 studies included in this review, most were published in 2009, 2012, and 2021, with two publications in each year ($n = 2$ each). English was the most prevalent language, with 10 publications, followed by Portuguese and Spanish, with two publications each, and Korean, with one publication.

Regarding the methodological design, cross-sectional studies were the most prevalent ($n = 11$), followed by quasi-experimental studies ($n = 3$). As for the objectives of the studies, the articles generally focused on assessing adolescents' knowledge in a school setting about EC, with an emphasis on students' level of knowledge.

Chart 2. Summary table of studies included in the integrative review by year, country of publication, method, and level of evidence. Arapiraca, Alagoas, Brazil, 2025

Id*	Year of publication	Country of publication	Method/approach	LE*
E1 ²⁴	2021	Chile	Descriptive cross-sectional study	IV
E2 ²⁵	2021	Nigeria	Qualitative cross-sectional study	IV
E3 ²⁶	2020	Ethiopia	Cross-sectional study	IV
E4 ²⁷	2019	Ethiopia	Cross-sectional study	IV
E5 ²⁸	2017	Ethiopia	Quantitative cross-sectional study	IV
E6 ²⁹	2012	South Africa	Qualitative descriptive study	IV
E7 ³⁰	2012	Brazil	Experimental descriptive study	IV
E8 ³¹	2009	South Korea	Cross-sectional study	IV
E9 ³²	2009	Spain	Quasi-experimental controlled study	III
E10 ³³	2008	Netherlands	Quasi-experimental controlled study	III
E11 ³⁴	2006	Sweden	Quasi-experimental intervention study	III
E12 ³⁵	2000	Canada	Cross-sectional study	IV
E13 ³⁶	1999	Finland	Cross-sectional study	IV
E14 ³⁷	1996	United Kingdom	Cross-sectional study	IV

Note: Id* (Identification) and LE* (Level of Evidence).

Source: The authors (2025).

The included studies showed that adolescents' knowledge about EC was heterogeneous, varying according to sociocultural and geographical context. Although many participants had already heard about the method, gaps in knowledge were predominantly observed regarding the appropriate duration of use, mechanism of action, effectiveness, safety, and possible adverse effects, including its association with the prevention of STIs, infertility, and the replacement of regular contraceptive methods. The main sources of information reported by adolescents were the internet, media, friends, family, and teachers, with less participation from health services and professionals in the educational process.

Chart 3. Summary table of the main results related to EC from the studies included in the integrative review. Arapiraca, Alagoas, Brazil, 2025

Id*	Main results related to EC
E1 ²⁴	80.9% stated they were aware of the free availability of EC, while 11.1% stated they had already used it. 91.3% of respondents considered it necessary to obtain more information.
E2 ²⁵	Most adolescents demonstrated knowledge about contraceptive methods, their use, and their mechanisms of action.
E3 ²⁶	54.8% of participants showed good knowledge about EC, and 40.5% of sexually active participants used EC after unprotected sex. Good knowledge and use of EC were influenced by factors such as school year, dialogue with parents about reproductive health, and the presence of a partner.
E4 ²⁷	Slightly more than half of the participants showed limited knowledge about EC.
E5 ²⁸	11th and 12th grade students did not know the exact time to take EC.
E6 ²⁹	The interviewees were aware of the different contraceptive methods that can prevent pregnancy. However, most did not know about EC and the intrauterine device.
E7 ³⁰	87.8% of adolescents know about EC and how to use it, 28.8% have already used it; the average use per adolescent was three times, and it occurred correctly. EC was not used by all adolescents who had their first sexual encounter or other unprotected sexual relations.
E8 ³¹	The average scores for knowledge, attitude, and intention about EC were low; 45% of participants received education on the subject; 77.5% showed interest in obtaining more information about the method.
E9 ³²	There was a statistically significant association between the intervention and increased knowledge about contraceptive methods, especially about the post-coital pill.
E10 ³³	The use of an educational pop-up increased accurate knowledge about the duration of EC effectiveness by up to 372%. However, there were mixed results regarding knowledge about the concept of EC and where to obtain it.
E11 ³⁴	Knowledge and attitudes toward condoms and EC improved after the intervention, but use remained stable. The most important source of information about EC changed from "friends" to "school" after the intervention.
E12 ³⁵	80% knew about EC, although only 8% knew the usage period; 42% had heard about EC at school. 18% did not use any contraceptive method in their last sexual encounter. Only 2% had ever used EC.
E13 ³⁶	Knowledge about EC among adolescents averaged 4.74 points; 45% had received education on the subject; 77.5% showed interest in learning more. Factors such as school year, having a partner, and dialogue with parents were associated with greater knowledge and use of EC.
E14 ³⁷	93% of adolescents aged 14 to 16 had heard of EC. Knowledge of the correct time limits was low, with sexually active girls being the most informed. 82.5% of students believed that EC was effective, but 35.5% thought it was more dangerous than the oral contraceptive pill.

Note: Id* (Identification).

Source: The authors (2025).

DISCUSSION

The findings of this review showed that adolescents' knowledge about EC remains marked by inconsistencies, since, although many adolescents reported having heard about EC, gaps persist regarding the duration of use, mechanism of action, effectiveness, and safety, indicating significant weaknesses in the sexual and reproductive health education of this population.

This pattern is not exclusive to adolescence. A study conducted with Brazilian female university students identified that, although 99.6% of participants had heard of EC, only 0.2% indicated the maximum usage time of 120 hours, and 25.7% still considered it abortive, a misconception present even among those who had already used the method. Furthermore, most obtained information through friends (62.7%) and advertisements (24.4%), while health professionals were cited by only 18.0% of participants³⁸.

This scenario suggests that access to information is fragmented and often disconnected from evidence-based guidance. Literacy in sexual and reproductive health is essential for adolescents to transform available information into the ability to make safe decisions. In this perspective, a multicenter study conducted with adolescents in public schools in Ethiopia identified that 74.5% of participants had limited literacy in sexual and reproductive health, demonstrating that insufficient qualified knowledge about sexual health is not an isolated phenomenon³⁹.

The study also showed that health professionals and reading books were sources of information associated with significantly higher levels of literacy, while the ability to afford health care also proved to be a factor associated with better performance³⁹. These findings converge with the data from this review, in which informal sources, such as the internet, television, friends and family, predominated as sources of information on EC, while health professionals were rarely cited as a reference for guidance.

The discrepancy between familiarity with EC and adequate knowledge about its use is a recurring finding in the literature and is not limited to the context of the studies analyzed. A review study identified that limited knowledge about sexual and reproductive health is a significant cause of reduced access to contraception and safe reproductive health services, also showing that, although parents, health professionals, and teachers were cited as reliable sources of information, adolescents obtained most of their information from their peers and other family members⁴⁰.

This pattern is also observed in a study conducted with adolescents in the United States, in which, although many participants had already heard about EC, misconceptions persisted, such as associating EC with the abortion pill, understanding that it could be used as a regular contraceptive method, believing that it would prevent STIs, and doubts about infertility as a possible adverse effect⁴¹. These findings reinforce that familiarity with the method does not guarantee sufficient knowledge for its correct and timely use.

The influence of inequalities in access to qualified information and contraceptive methods is also evidenced in the international literature. Adolescents from low- and middle-income countries face specific barriers to obtaining and using contraceptives correctly and consistently, including legal and political restrictions, sociocultural norms, stigma, costs, low confidentiality in services, fear of adverse effects, and geographical difficulties of access⁴².

Furthermore, recent analyses on equity in family planning demonstrate that, although there have been advances in access to contraceptive methods, significant disparities persist between regions, countries, and population subgroups, especially those subject to discriminatory practices in national programs⁴³. These findings reinforce that knowledge gaps regarding EC are not homogeneous, but reflect structural conditions that limit equitable access to health education and sexual and reproductive health services.

In this sense, the results were consistent with evidence that pointed to comprehensive sexuality education as an essential strategy to improve knowledge, reduce misconceptions, and promote safer decisions in sexual and reproductive health⁶. The WHO also highlights that barriers to access to information and sexual and

reproductive health services contribute to increased vulnerabilities among adolescents, especially in contexts of inequality³.

Comprehensive sexual education, when linked to accessible and responsive sexual and reproductive health services that meet the needs of adolescents, can contribute to better outcomes in this population. In a study conducted with female school adolescents, the provision of comprehensive sexual education linked to sexual and reproductive health services was associated with a reduction in early and unintended pregnancies, as well as promoting better sexual and reproductive health outcomes⁴⁴. This finding supports the need for strategies that are not limited to the transmission of information, but that integrate education, access to services, and adequate support for adolescents.

The findings of this review indicated that adolescents' knowledge of EC cannot be understood in isolation, being strongly influenced by the social determinants of health. Insufficient knowledge about contraceptive methods can contribute to the persistence of unmet contraceptive needs, especially among adolescents in contexts of greater social vulnerability.

The difficulty in understanding when and how to use EC, coupled with barriers to accessing health services, can contribute to the late or inappropriate use of the method, reducing its effectiveness in preventing unplanned pregnancies. This scenario becomes even more relevant when considering the impact of teenage pregnancy on health, education, and social development indicators³.

This discussion is also related to the global sustainable development goals, which include reducing maternal mortality and universal access to sexual and reproductive health, including family planning, information, and education¹³. In this context, gaps in knowledge about contraceptive methods, such as EC, can hinder the achievement of these goals, as it undermines adolescents' autonomy in making informed decisions about their reproductive health.

In this sense, the school environment constitutes a strategic space for interventions in sexual and reproductive health, as it allows for regular access by adolescents and promotes continuous educational actions. In Brazil, the School Health Program (PSE) represents a strategy for integrating health and education, allowing for the articulation between health professionals, the school community, and students for health promotion and disease prevention⁴⁵.

The work of health professionals, especially nurses, in the school context has proven fundamental to improving educational actions. Evidence has indicated that the presence of these professionals favors the development of evidence-based interventions, strengthens the bond with adolescents, and creates safe spaces for dialogue about sexuality¹⁷. Moreover, the nurse's role contributes to the identification of doubts, myths, and barriers related to the use of contraceptive methods, which allows for more targeted and effective interventions.

From the perspective of public policies, the findings of this review reinforce the need to strengthen initiatives that promote comprehensive and evidence-based sexual education, integrated with health services and the school context. Expanding access to quality information, coupled with the availability of contraceptive methods, is an essential element for promoting adolescent autonomy and reducing adverse outcomes, such as unplanned pregnancies.

Thus, implementing intersectoral actions involving schools, health services, and the community is a fundamental strategy to address the knowledge gaps identified in this review. These actions should be continuous, culturally sensitive, and adapted to the needs of adolescents, to promote the safe and appropriate use of EC and contribute to improving sexual and reproductive health indicators.

CONCLUSION

This review's findings showed that, although EC is widely known among school adolescents, significant gaps persist regarding its proper use, especially in relation to the duration of use, the mechanism of action, and its safety. These gaps reflect the predominance of fragmented information and unequal access to qualified content, highlighting the need to strengthen educational strategies aimed at this population.

In this context, the importance of intersectoral actions that integrate schools and health services stands out, with the active participation of qualified professionals, especially nurses, in promoting sexual and reproductive health. Such strategies can help expand evidence-based knowledge, promote the appropriate use of EC, and reduce adverse outcomes, such as unplanned pregnancies.

Finally, this study's findings reinforce the need to develop new research and interventions that consider the sociocultural specificities of adolescents, aiming to improve healthcare practices and strengthen public policies focused on promoting sexual and reproductive health.

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