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FINAL TECHNICAL REPORT

Award Numbers: I88.18A and I89.15A

Project Title: Introduction of the T-Cu 380A in the State of Sao Paulo: Implementation of a Training Program and Evaluation of its Performance Compared with that of the T-Cu 200B.

Period: May 1, 1988 - December 31, 1989

Principal Investigator: Lic. Margarita Diaz

CEMICAMP

1. INTRODUCTION.

Family Planning has been incorporated as an important component of the Program of Integrated Women's Health Care by the Secretariat of Health of the State of Sao Paulo. The main problem that authorities are facing for actually implementing the program, according to high standards of quality, is the lack of professionals adequately trained for providing informed free choice to potential users.

Related to IUDs, the problem is still worse. There are only a few physicians properly trained to use them and there are only a few clinics able to give training. Consequently, the prevalence of use of IUDs is very low; approximately 1% of all married women use IUD.

Currently we have the possibility of using a second generation Copper IUD, T-Cu 380A, the most effective Copper IUD available. We think that the incorporation of this IUD to the contraceptive options of the population of the State of Sao Paulo will have a positive effect on contraceptive mix and women's health.

2. OBJECTIVES.

General.

- To contribute to improving the quality of care in Family Planning through the introduction of a safe and highly effective method by properly trained personnel.

Specific.

- To develop a training curriculum both for physicians and counselors on contraceptive technology, including detailed information on the T-Cu 380A.
- To capacitate six centers to become training centers.
- To develop and adapt IEC materials.
- To evaluate the training program.
- To undertake a collaborative study comparing the acceptability and performance of the T-Cu 380A with the T-Cu 200B that is the most widely used IUD in the state.
- To train physicians and counselors of the regions of the centers implemented.

3. PREPARATION OF THE PROTOCOL, STUDY FORMS, IEC MATERIALS AND THE CVRRICULUM FOR TRAINING.

The first draft of the protocol and forms to be used in the study were prepared by CEMICAMP and revised with all the partipating investigators, responsibles for the training centers. IEC materials were prepared at CEMICAMP, by the principal investigator with the technical assistance of Ms. Margot Zimmerman and Nancy Newton, from PATH.

4. INITIAL TRAINING.

Once the training curriculum was discussed and defined, a pilot training course, with the participation of the personnel of CEMICAMP was undertaken. After that pilot training, final modifications were done to the curriculum.

The actual training for physicians of the six centers to be implemented as training centers was undertaken in February 1989 and counselors were trained in April.

During training, the protocol designed for the comparative study was revised.

5. CLINICAL AND TRAINING ACTIVITIES.

Clinical activities were initiated by the end of April.

4.1. Participating clinics.

Clinic # 1: Campinas.
Physician : Aarao Mendes Pinto Neto.
Counselors: Eliana P. Nunes.
Sara Castro.

Clinic # 2: Ribeirao Preto.
Physician : Martha Edna H. Diogenes Yazile.
Counselors: Julieta de Oliveira.
Marina Candida Nunes.

Clinic # 3: Sao Paulo - Hospital das Clinicas.
Physician : Nilson Roberto de Melo.
Counselors: Mara da Penha Tadeu Valsechi.
Sosue Miura.

Clinic # 4: Sao Paulo - Maternidade Escola Vila Nova Cachoerinha.
Physician : Jorge Rubin.

Counselors: Susana Denicol.
Monica Ludmer.

Clinic # 5: Marilia.
Physician : Wilson Roberto Otoboni.
Counselors: Maria Cristina Guimaraes da Costa.
Maria Solange Medeiros.

Clinic # 6: Sao Paulo - Escola Paulista de Medicina.
Physician : Fabio Araujo De Melo.
Counselors: Celia Regina Rodrigues.
Silvana Manini.

4.2. Clinical Comparative Study.

All the clinics initiated the insertions oof both IUDs, offering them as free options, with the objective of testing their relative acceptance.

Some clinics had some delays in initiating actual activities for local administrative problems. Insertions and removals per month in each clinic is attached (Appendix 1). The relative acceptance of the T-Cu 380A has been higher than the one of the T-Cu 200.

4.3. Monitoring.

Clinical activities are being monitored through continuous revision of the forms at CEMICAMP and by monitoring visits.

The main problem found was the great delay in initiating the enrollment in the clinic of Ribeirao Preto. In several opportunities, Dr. Edna, responsible for the clinic, stated that the problem was that women in Ribeirao Preto were rejecting IUDs.

During the monitoring visit, the counseling procedures were reviewed and the conclusion was that the problem resided in the way how IUDs were presented to potential users and also to administrative problems in the flow of patients in the clinic.

After that visit, counseling procedures were changed and the acceptance of IUDs began to increase slow but constantly.

4.4. Multiplication of training.

CEMICAMP/UNICAMP has continued offering training for physicians and other health workers. Four training courses,were given up to the end of 1989.

I. April 24 through 27.
Participants: 18 people. Physicians and counselors from

Santo Andre, SP, Sao Jose do Rio Preto, SP, and CAISM, Campinas, SP. Trainers: Margarita Diaz and Patricia Goodson.

II. September 25 through 27.
Participants: 18 people. Physicians, Nurses and Counselors from the Health Network of the Secretariat of Health of Campinas. Trainers: Margarita Diaz and Patricia Goodson.

III. October 16 through 18.
Participants: 17 people. Physicians and counselors from the Secretariat of Health of Santo Andre, SP.
Trainers: Margarita Diaz and Debora Bossemeyer.

IV. December 11 through 13.
Participants: 19 people.
Participants: Physicians, Psychologists, and Educators from the Municipal Health Network of Campinas, SP, and from Maceio, AL. Trainers: Margarita Diaz and Debora Bossemeyer.

The clinic of Ribeirao Preto and Maternidade Escola Vila Nova Cachoerinha also performed training courses for health workers in their regions.

The Maternidade Vila Nova Cachoerinha performed three trainings, September 6 to 9, October 3 to 6, and October 17 to 20 for physicians , psychologists, counselors and educators. More than 60 people were trained.

Ribeirao Preto performed only one training course for Physicians, Nurses and Social Workers of the Secretariat of Social Action of the State of Ceara.

5. COMMENTS.

The main objective of this project, to contribute to increase the quality of services in family planning, through the incorporation of the T-Cu 380A to the available options has been partially met.

Training of physicians and counselors has influenced the attitude of several health workers on the IUD and, potentially at least, this change of attitude would have in the long run, a positive influence on the acceptance and effective inclusion of the T-Cu 380A to the family planning programs in the state of Sao Paulo.

All physicians and counselors trained have stated, after the training course, to be willing to begin using the T-Cu 380A in

their clinics, but this has been effective only in some of them.

Several factors can explain this situation, for example:

- The T-Cu 380A is still not registered in Brazil. Even though the T-Cu 200B and the Multiload 250 are already approved, Promed, the licensee of the T-Cu 200B in Brazil, has failed until now in registering the new model.

Due to this situation, some institutions, mainly those belonging to the official network, have not access to the method, that is available only through donations. Promed has reinitiated the process of registration and has received positive signals that this time it would be approved, but it is impossible to predict, with some degree of certainty, when this approval would be effective.

- Inadequate selection of trainees. The six centers offering training have little or nul influence in the selection of candidates for training. For that reason, frequently the trainees sent by the institutions are not those who are going to effectively work in the field. When this is the case, trainees do not implement the activities in their clinics after training. In other opportunities the trainee is well chosen but a short time after training is removed of the position, leaving the responsibility of running the clinic to a physician not properly trained.

- Lack of influence of counselors. Even though all the family planning clinics in Brazil have counselors, frequently they do not have any influence on choice. It is common that counselors give lectures to women but the method to be used is decided by the physician. This authoritarian attitude is still very frequent.

Last but not least, most family planning clinics do not consider quality of care issues at a high priority. Free choice, is theoretically respected but, in practice, choice is strongly influenced by physicians. At this respect, there are still a great amount of physicians that have negative "feelings", not scientifically based, against IUDs, that are transmitted to potential users, limiting the acceptance of the method.

Anyway, training of physicians and counselors on the use of the T-Cu 380A as an additional option in family planning clinics, is contributing to increase its prevalence of use, very slowly, and through this mechanism will contribute to increase the number of women satisfied with the method chosen. An additional benefit is an increase of the quality of the use of the other methods. Training on the use of IUDs as a free option among other methods, necessarily leads to a better knowledge of the other methods and better orientation to potential users.

During 1990, if the requested renewal of this project is approved, approximately 300 people will be trained. Monitoring of the training centers would be maintained, to guarantee the maintenance of high quality standards.

Simultaneously, CEMICAMP, through another grant from PATH, will train physicians and counselors in the Northeastern region, following the same methodology.

We hope that if a significant number of physicians and other health workers are propperly trained on IUD use, a significant change in its prevalence should be attained.

The only serious problem still not solved is the lack of official approval of this IUD. It is clear that if this new IUD is not officially approved, its availability will be restricted and the increase of number of trained health workers will not have the expected effect.

Physicians participating in clinical studies with the method should be encouraged to publish and report their results, in Brazilian journals and congresses, as a contribution to the process of approval of the method by the MOH.

APPENDIX 1

COMPARATIVE STUDY T-Cu 380A vs T-Cu 200B

INSERTIONS AND REMOVALS BY CLINIC

	INSERTIONS	REMOVALS
CLINIC # 1 Campinas		
T-Cu 380A	306	43
T-Cu 200B	296	35
CLINIC # 2 Ribeirao Preto		
T-Cu 380A	30	0
T-Cu 200B	4	0
CLINIC # 3 USP Sao Paulo		
T-Cu 380A	94	2
T-Cu 200B	97	5
CLINIC # 5 V.N. Cachoerinha, SP		
T-Cu 380A	178	10
T-Cu 200B	22	0
CLINIC # 8 Marilia		
T-Cu 380A	30	3
T-Cu 200B	37	5
CLINIC # 9 Escola Paulista, SP		
T-Cu 380A	44	0
T-Cu 200B	38	1
TOTAL		
T-Cu 380A	682	58
T-Cu 200B	494	46

CEMICAMP, Campinas, SP.

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