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Health Education and Literacy Regarding the Copper IUD: An Experience Report from a Primary Health Care Unit in the Northern Region of the Federal District

Health Education and Health Literacy on the Copper Intrauterine Device: An Experience Report in a Primary Health Care Unit in the Northern Region of the Federal District, Brazil

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Summary

Sexual and reproductive health is a fundamental right and a strategic axis of Primary Health Care (PHC), especially with regard to reproductive planning and women's autonomy. The copper intrauterine device (IUD) is a long-acting, safe, and effective reversible contraceptive method that is available free of charge through the Brazilian Unified Health System (SUS).

However, barriers related to access to information and low health literacy still limit its use, especially in areas of greater social vulnerability. This study aims to report the experience of developing and implementing educational material about the copper IUD in a Primary Health Care Unit in the northern region of the Federal District, conducted by a resident physician in Family and Community Medicine. This is a qualitative and descriptive study, in the form of an experience report, which describes the stages of constructing an informative booklet based on scientific evidence, its validation with the health team and users, and its application in the territory. The results showed good receptivity from users and professionals, as well as a significant increase in adherence to the waiting list for IUD insertion. The experience demonstrated that health literacy actions favor the understanding of information, strengthen women's autonomy, and promote equity in care. It is concluded that educational strategies adapted to the local reality constitute powerful tools for the realization of sexual and reproductive rights and for strengthening primary health care as a space for health promotion and citizenship.

Keywords: Health literacy. Health education. Intrauterine device. Reproductive planning. Family planning.

Abstract

Sexual and reproductive health is a fundamental right and a strategic pillar of Primary Health Care (PHC), particularly regarding reproductive planning and women's autonomy. The copper intrauterine device (IUD) is a long-acting reversible contraceptive method that is safe, effective, and provided free of charge by Brazil's Unified Health System (SUS). However, barriers related to access to information and low health literacy still limit its use, especially in socially vulnerable territories. This study aims to report the experience of developing and implementing an educational material on the copper IUD in a Primary Health Care Unit in the northern region of the Federal District, conducted by a resident physician in Family and Community Medicine. This is a qualitative and descriptive study, in the form of an experience report, which describes the stages of developing an evidence-based informational booklet, its validation with the health care team and users, and its application in the territory. The results showed good acceptance among users and health professionals, as well as a significant increase in adherence to the waiting list for IUD insertion. The experience demonstrated that health literacy actions improve understanding of information, strengthen women's autonomy, and promote equity in care. It is concluded that educational strategies adapted to the local context are

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powerful tools for the realization of sexual and reproductive rights and for strengthening PHC as a space for health promotion and citizenship.

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1. Introduction

Sexual and reproductive health is a broad concept that encompasses physical well-being, mental and social aspects related to sexuality and reproduction. It involves not only The absence of disease, but also the ability to exercise free, informed, and safe choices. about one's own body and reproductive life. In this sense, it includes access to health services of quality, respect for sexual and reproductive rights, autonomy in decision-making, and the promotion of education and support necessary for conscious and effective reproductive planning (SOARES FONSECA, 2021).

Public policies focused on women's health in Brazil are guided by guidelines that... They guarantee comprehensive care and sexual and reproductive rights. The National Policy Comprehensive Women's Health Care (PNAISM), established in 2004, sets out promotional actions, Prevention and comprehensive care at all stages of life, with a focus on gender equality and autonomy. female empowerment and the reduction of social inequalities. In line with this, the Basic Care Notebook no. 26 – Sexual and Reproductive Health operationalizes the principles of the PNAISM in care. Primary Health Care (PHC), guiding humanized care practices related to planning. Family, prenatal, childbirth, postpartum and prevention of STIs (BRAZIL, 2013).

These guidelines reinforce the strategic role of primary health care as the main gateway to...

Implementation of sexual and reproductive health actions recommended by the SUS (Brazilian Public Health System). In this context, Primary Health Care is... responsible for offering comprehensive and humane reproductive and sexual planning, including various contraceptive methods, among them the free insertion of the Intrauterine Device. (IUD), as provided for in the primary care services portfolio (BRAZIL, 2020).

The Intrauterine Device (IUD) is a long-acting reversible contraceptive method. characterized by its high effectiveness, exhibiting failure rates of less than 0.4% in the first year. of use. This is a low-complexity procedure that can be performed in maternity wards, gynecology clinics or Basic Health Units (UBS), according to the availability of trained professionals and appropriate materials. In addition, the IUD can be... inserted at any point in the reproductive cycle, provided there are no clinical contraindications, constituting a safe, accessible and effective option for reproductive planning within the scope of the Unified Health System (SUS) (BARRETO, 2021; BRAZIL, 2018).

Furthermore, the scientific literature has not shown any difference in performance between professionals. Doctors and nurses are involved in performing the procedure, provided that the professional is qualified to do so.

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the performance of the procedure (BRAZIL, 2023).

In this sense, it is observed that the success of actions aimed at reproductive planning

It depends not only on the availability of contraceptive methods and the training of healthcare teams, but also...
also the level of health literacy in the population, which influences understanding and decision-making.
Informed decision-making and adherence to care practices.

The term *health literacy* was first mentioned in 1959 by Dixon, as a strategy.

Community-based approaches to improve healthcare. In 1974, Simonds revisited the concept, proposing-
as a goal of health education at all levels of education. In Brazil, the term is translated from
various forms, such as "health literacy," "health literacy," and "health literacy skills."

(MARY and
al., 2022).

Health literacy (HL) is defined by the World Health Organization (WHO) as:

"A person's ability to obtain health information, process it, and act upon it. Health literacy skills include basic reading, writing, math, and the ability to communicate and ask questions. Health literacy also requires functional skills such as recognizing risk, sorting through conflicting information, making health-related decisions, navigating often complex health systems, and 'speaking up' for change when the health system structure and government policies do not adequately meet community needs. People's health literacy shapes their health behaviors and choices and, ultimately, their health and well-being (WHO, 2010, p. 9)."

The LS, according to the August 2020 update from the Department of Health and Human Services.
Humans in the United States refers to the individual's ability to find, understand, and apply
Health information and services to make decisions and take actions aimed at self-care and that of others.
other people. The most recent definitions prioritize the effective use of information, going beyond
simple understanding, and they highlight the importance of well-informed decisions, rather than just...
appropriate. From a public health perspective, it is understood that both individuals and organizations
They can use their skills in LS to promote health.
from their communities (HELLEN, 2021).

Therefore, LS is directly related to health promotion, disease prevention, and...
individual capacity to access, understand and use basic information about services
health. Research indicates that the inappropriate use of these services can lead to negative consequences.
such as high hospitalization rates, lower adherence to treatments, and increased incidence of diseases.
chronic, etc. (FARIAS et al., 2024).

In this sense, primary health care plays a strategic role in strengthening health literacy.
and, through its longitudinal nature, it is able to identify local difficulties related to
understanding the information provided (BRAZIL, 2017).

Therefore, it is essential that healthcare professionals recognize the need to assess

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the level of understanding of each user before carrying out any educational intervention or providing guidelines, ensuring that the information transmitted is adequate, clear and objective (DUARTE, 2015).

2. Objectives

2.1. General Objective

This work aims to report the experience of a medical resident.

Family and Community Health Worker, part of a Family Health Team (eSF) in the area of vulnerability of the Federal District, through the creation of informative material about the copper intrauterine device.

In this way, the aim is also to contribute to guaranteeing the rights of female users, with emphasis on expanding access to information through health literacy strategies and in qualified offer of copper intrauterine device insertion. The aim is to promote the Full exercise of women's sexual and reproductive rights, ensuring autonomy and equality. in the care.

2.2. Specific Objectives

- To provide the population with easy access to information regarding the copper IUD, as well as its insertion;
- Identify the main difficulties faced by the community in relation to access and Understanding health information;
- To legitimize the technical capacity of the family health team in performing the procedure;
- To provide broader and more appropriate reproductive planning for the assigned population of UBS, guaranteeing access to women's sexual and reproductive rights.

3. Methodology

This is a qualitative and descriptive study, developed in the form of an experience report. which describes the process of creating informational material in a Primary Health Care Unit. located in the northern region of the Federal District. The material was produced by a resident physician in Family and Community Medicine, with the goal of expanding access to information and promoting the sexual and reproductive rights of the female users assigned to the unit.

The work was conducted in a Basic Health Unit linked to the Health Strategy of Family, in a territory marked by significant social vulnerabilities, low levels of schooling and difficulties in understanding information related to sexual health and reproductive. The team consisted of a resident physician in Family and Community Medicine,

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One nurse, two health technicians, and two community health workers.

The study followed the recommendations for descriptive intervention research in a territory. ascribed, encompassing the stages of planning, material development, and validation. Preliminary assessment with professionals and users, followed by implementation.

Based on a search of scientific databases, such as: PubMed/MEDLINE, LILACS, A review was conducted on the topic of health literacy and intrauterine devices using SciELO. copper, seeking a correlation with primary health care.

For this purpose, the following controlled terms in English (MeSH Terms) were used. corresponding to the Health Sciences Descriptors (DeCS): health literacy, education in health, health communication, health promotion, practice-based education, device Copper intrauterine device, long-acting reversible contraception, family planning.

Finally, this article did not require approval from the Research Ethics Committee (REC), as it is a matter of... from an account of an experience that does not involve data capable of identifying the participants, limiting itself to describing the author's professional experiences.

4. Results and Discussion

The work was structured following a theoretical discussion of the residency program on Literacy. Nonviolence in Healthcare. One of the topics discussed in the roundtable discussion, composed of doctors. For residents and family and community physicians, it was about creating a health resource that can... To inform, communicate, and capture the user's attention.

The work was developed in stages. Initially, the scope was defined. The theoretical basis of the primer, with the *Technical Manual for Healthcare Professionals* as its main reference : *DIU with Copper TCu 380A*. Next, the production of the material began, using the tool. Canva. Subsequently, the initial proposal was presented to the preceptors of the medical residency program, to fellow resident physicians and the healthcare team, composed of a nurse, technicians of nursing staff and community health workers, with the goal of making adjustments and gathering suggestions. for content improvement.

Thus, based on the concepts discussed in the discussion group and the *feedback* obtained in the previous stage... Previously, a round of tests was conducted with users in the office, through the application of an unstructured questionnaire. The questions addressed aspects of health literacy, including: whether the text of the primer was easy to understand; whether the explanations about the copper IUD were clear. were clear; whether the reading provided more information about the method; whether it helped to clarify pre-existing doubts; whether there was confusing, incomplete, or incorrect information. The organization of the material and aspects that could be modified were also evaluated. to facilitate understanding, as well as suggestions on parts that could be included or removed. A

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Based on the results obtained, changes were made to the booklet, making the content more...

Accessible and attractive to female users.

In addition, a pamphlet was created to be displayed in strategic locations within the unit. By Finally, a fundamental element of both the primer and the pamphlet, and essential for guaranteeing the Regarding women's sexual and reproductive rights, a link was made available to a form. Google, where it was possible to register your name on the unit's waiting list for IUD insertion.

The users showed good receptiveness to the booklet and its content. presented, with reports indicating that the information was clear, objective, and easy to understand. Furthermore, the topic was received positively by the unit's professionals. The discussion and implementation of the IUD insertion list was addressed.

Among the difficulties encountered during the development of the work, the following stands out: The complexity of translating technical information about the copper IUD into accessible language. to the users, which required multiple revisions of the content. Added to this was the time constraint of the professionals involved, since the elaboration, discussion and validation of the material took place concurrently with the professional's care activities, which may have reduced the possibility greater dedication to refining the primer. Furthermore, the availability of the users to Participating in the testing phase in the doctor's office setting proved to be variable, which may have impacted the representativeness of the feedback obtained.

Over a 60-day period, the waiting list for IUD insertion registered 76 users. This result highlights the importance of disseminating health information and making it easily accessible. to the services offered by the SUS, as a way to guarantee the exercise of sexual rights and reproductive.

Therefore, in the reality of primary health care, especially in territories marked by vulnerabilities In social and educational contexts, health literacy becomes an instrument for equity. By adapting the Language, educational materials, and communication strategies adapted to the local context, professionals They facilitate the understanding of information, making it more accessible and effective. This practice It also fosters the bond between the team and the community, strengthening trust and engagement. users in health prevention and promotion actions (BRAZIL, 2021).

Furthermore, health literacy is directly related to the exercise of citizenship and to the effective implementation of the rights provided for in the Federal Constitution and the guidelines of the SUS (Brazilian Public Health System). Well-being of users Informed people are better able to understand their rights, recognize the importance of prevention and To demand the provision of quality services. Thus, investing in health literacy initiatives within the UBS means not only promoting knowledge, but also strengthening social protagonism and social control in health (SØRENSEN et al., 2012).

5. Final considerations

Aiming to broaden access to information for UBS users, a informative booklet containing guidelines on the copper IUD, with the aim of empowering them to... decision-making and strengthening their protagonism in their own health care. In this sense, it was observed if well received by both the users and the health team.

It is clear that investing in health literacy initiatives at primary health care units contributes to the consolidation of the principles of the Unified Health System: universality, comprehensiveness, and equity. This represents a fundamental step towards building more humanized and inclusive care. emancipatory.

Furthermore, successful health literacy experiences can be replicated in other settings. contexts of Primary Health Care, such as the monitoring of pregnant and postpartum women, the care to the health of the elderly and the screening of delays in child development, expanding the reach of education. in health, strengthening the active participation of the population and promoting more caring practices. consistent and effective.

Despite the promising results presented, this experience report presents some... Limitations that should be considered when interpreting the findings. The small sample size. and the short follow-up period limit the generalizability of the results and the evaluation of long-term impacts. Furthermore, a specific approach for patients was not considered. illiterate people, which restricts accessibility and inclusion in health literacy. The lack of The availability of financial resources, time, and materials hindered the production of the product. educational, and the absence of a structured questionnaire for obtaining patient feedback. compromised the systematic analysis of the perception and effectiveness of the developed material. Recognizing These limitations are essential for guiding improvements in future experiments and strengthening the practice of Health education in primary health care.

The project has demonstrated significant contributions to the practice of Family Medicine and Community, highlighting the potential of health literacy as a tool for empowerment. of person-centered care and promotion of user autonomy. Experience reaffirms the The strategic role of the family doctor as a health educator, mediator of knowledge, and agent. of social transformation in the territory. Furthermore, the methodology developed shows potential for... continuity and expansion, and can be applied to other themes or different aspects of health. sexual and reproductive health, such as family planning and prevention of sexually transmitted infections. transmissible diseases, monitoring of menopause, and adapted to different audiences and contexts, including, For example, illiterate patients.

Finally, considering the experience gained, it becomes evident that health education is... an ongoing process that demands constant updating, skilled listening, and commitment to

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the reality of the territory. For the future, it is recommended to invest in the development of materials that are still...
more inclusive, taking into account different levels of literacy, incorporating audiovisual resources,
Simplified language and accessible alternatives for illiterate people. Furthermore, the creation of
more systematic assessment tools, such as structured questionnaires, focus groups or discussion groups.
Regular conversations can improve the monitoring of the effectiveness of actions and guide adjustments.
more precise. The importance of strengthening partnerships between professionals, managers and
community, in order to broaden the reach of initiatives and consolidate sustainable educational practices.
in Primary Health Care.

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