

Provider-related factors influencing IUD insertion by trained midwives in Cambodia

Master thesis submitted to the Charité - Universitätsmedizin Berlin

In partial fulfillment of the requirements for the award of a

Master of Science degree in International Health

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Key words: IUD insertion, provider-related barriers, Cambodia

Abstract:

Background: Since 2005, training in IUD (intra-uterine device) insertion has been provided to 557 midwives in 283 health centers (HCs) with the support of the German Development Bank KfW in all Cambodian provinces. However, IUD prescription has remained low.

The purpose of this study is to understand the factors from the provider side that could explain the low IUD prescription and to evaluate the effectiveness of the IUD insertion training.

Methods: The study population was represented by the midwives who were trained with KfW support since 2005. The field study was divided in two arms. First, the quantitative arm was a representative cross-sectional survey: 142 midwives were interviewed using a structured questionnaire. The sampling was conducted as a two-stage random sampling. Second, the qualitative study arm included 20 semi-structured interviews. The sampling was purposive, involving midwives with both high and low level of performance in IUD insertion and from urban and rural settings. The interviews were recorded on tape, transcribed, and translated. The transcripts were first coded, the codes were later grouped into topics and analyzed for patterns.

Main results: A share of 15.2% of the HCs did not have materials for insertion and/or IUDs. In both arms it was found that there was confusion about contra-indications and there were concerns expressed about risks associated with IUD insertion. In the qualitative study, some midwives shared

misconceptions about the IUD; the follow-up was not clear. However, most midwives were aware of the working mechanisms and the advantages of the methods.

In the survey 9.2% stated they were reluctant to insert the IUD. A total of 7% of the midwives said they were not technically confident to insert the IUD; this might be an underestimation.

In the survey, 10% of the midwives with counseling instances did not counsel about the IUD at all. In the qualitative study, most midwives felt that the counseling was a difficult task, especially due to deeply-anchored misconceptions and rumors. However, they felt it was possible to overcome the rumors with good counseling skills.

Midwives stated that husbands and peers played a role in the decision for or against the IUD; education and knowledge were also considered as facilitators.

Conclusions: There was a lack of knowledge concerning certain clinical situations. There was also a fear of health risks associated with IUD insertion. Lack of materials and technical confidence played a role as well. Moreover, good counseling skills were a crucial element in promoting this method that is often surrounded by rumors and fears.

Recommendations: The materials for IUD insertion should be delivered as soon as possible after the training. During the training, contraindications and the follow-up strategy should be clarified; the IUD should be presented as a safe method. Short refresher trainings should be organized; ideally with practical experience. Emphasis should be placed on developing counseling skills, preferably jointly with practice. Greater promotion should be made at national and local level, including promotion involving husbands.