

The Provider Perspective for IUDs

Why is it important to address provider's perspective?

Clearly providers have a pivotal role in provision of IUDs. They provide the counseling, the insertion and removal. But also importantly they serve as "gatekeepers" since their attitudes influence whether and how clients use IUDs. Thus they can make or break program efforts. For a program to be successful it must somehow address the wants and needs of providers. So how can they be motivated to provide IUDs as we would like?

Who are providers and what motivates them?

Providers should be seen as individuals who represent a wide range of personalities and characteristics including gender, age, race, and social class. They have likes, dislikes, fears, biases and human needs. Certain characteristics can lead to better performance such as work ethic, altruism, technical competence, a problem-solving disposition, self-efficacy for the task, organizational ability and a human propensity to connect with clients. They are motivated by the same things as everyone else including monetary rewards, peer influences, interest, status, control and comfort, recognition and appreciation.

IUD providers can come from a wide variety of health cadres including midwives, physicians, nurses, auxiliary nurses and medical officers. Importantly to one degree or another they are influenced by the "medical culture" which has certain characters including: strong sense of hierarchy and conservatism in service delivery practices, a high priority for technical procedures, a tendency to insulate staff from clientele, vesting the provider with the role of decision-making. Providers also have a strong tendency to personalize their particular experiences. If they get satisfaction from an experience with a client, they will build on it. If they have a bad experience, they will actively avoid even the risk of such an experience. They can be blamed for something they do, but not so much for something they don't do.

Why might provider find providing IUDS unattractive?

Some of the main reasons are listed below:

- More work
- Disruption of routine
- Lack of training

- Lack of confidence and self-efficacy
- Loss of skills from lack of practice
- Misconceptions
- Lack of equipment and supplies
- Concern about risk (to themselves and other clients) of infection including HIV
- Bad experience with side effects
- Not wanting to be blamed for untoward consequences

One of the most important disincentives for providers is that counseling and insertion entail more work; particularly in view of the popularity of injectables and oral contraceptives, it generally easier just to provide one of them. Moreover, especially when IUD insertions are infrequent, interrupting the clinic rhythm to take on the different and more considerable clinical task of providing an IUD can be daunting to busy clinic staff. Another major issue relates to competence and confidence. In principle many kinds of health staff can be trained to provide IUDs well. However, doing such a procedure inside the boundaries of the human body is actually something that many nursing and auxiliary nursing staff (as opposed to midwives and physicians) are not used to or confident about. Moreover, gaining experience and confidence during training is often limited, because IUD insertions are infrequent. And in practice, sometimes something of a vicious cycle occurs because providers with limited experience tend to shy away from IUD insertions, and lose skills and confidence even more.

Providers also may suffer from misconceptions about the IUD. Common misconceptions are an exaggerated sense of the risk of pelvic infection and that the IUD acts an abortifacient. Also providers may be concerned about risk of infections for themselves and for other clients. And lastly, while most clients who receive IUDs do well and are highly satisfied, an important percentage will have definite albeit manageable side effects such as bleeding and pain. Providers may not want to have to deal with such problems.

How to address the provider perspective?

Clearly the provider perspective is multi-faceted, but the first step is to understand the specifics of the providers in your program. Although there are important disincentives to IUD provision, there are also important incentives. Medical procedures are viewed very positively by the medical culture, and many providers will see the important advantages of IUDs and the important service they can provide to clients. If disruption of work is an issue, then work flows can be designed to accommodate the disruption. If lack of supplies is a problem, then supplies must be addressed. If skills are weak, then refresher training or enhanced supervision may be in order. If providers have misconceptions, their perceptions should be discussed and clarified. If providers are worried about vulnerability to infection, then infection prevention should be strengthened. If a particular cadre of provider is more effective, then emphasis can be invested in that cadre.

Finding, nurturing and building on successful providers

The previous programmatic strategy was often to try to train and support many providers as widely as possible. However, current thinking is that it makes more sense to focus on fewer quality sites, invest in them, grow them and use them as centers for further training and expansion. Part of the approach is to find motivated competent IUD providers who are already providing good service even in circumstances where other providers are not. Among other things, they tend to build up a satisfied clientele that serves to attract other potential users. The key then is to support these “positive deviants” and use them as trainers, mentors and role models for others.