



# IMPROVING PROVIDER FACTORS

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Nuriye Ortayli, MD  
Istanbul University.



# SERVICE DELIVERY

## Study Design

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- Multinational study (1995-7): Colombia, Philippines, Turkey.
- Different types of clinic settings in each country.

In TURKEY:

- MOH, FP Clinic at a Maternity Hospital
- University Well-woman Clinic
- Private Hospital
- Private Clinic



# PROVIDER TRAINING

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## 5 day workshop (all study staff);

- Contraceptive technology update
- Quality of care
- Increasing awareness of gender roles, values related to sexuality in counseling.
- Specifics of the diaphragm.

## **Hands-on clinical training:**

- Two days clinical training at each facility to fit diaphragms on volunteers.



# STUDY ASSESSMENT

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After one year of the study;

- Several FGDs with users, discontinuers, partners and other method users
- In-depth interviews with some of the providers in the study
- One focus group with GPs outside the study (Izmir)
- One focus group with obstetricians + residents outside the study (Istanbul)

# PREJUDICES

## of NON-PARTICIPANT PROVIDERS

(Users' FGDs)

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- *" A gynecologist told me that it could slip into my womb. I became very anxious" (user)*
- *"A female gynecologist told me that it has been used 50 years ago, during the war. It is out of date now". "I know she is not telling the truth, but still it is very irritating. You should organize meetings and inform all physicians about diaphragm" (user).*



# PREJUDICES of N-PP(Istanbul)

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## The Diaphragm will:

- Not be effective against pregnancy  
*"The diaphragm without spermicide is only 60% effective"*
- Have negative effects on sexual pleasure  
*"It covers cervix. It will cause orgasm problems, decreased sexual pleasure" (female resident)*
- Not be accepted by women in Turkey  
*"Diaphragm is not very suitable for Turkey. It is suitable for women living in America or Europe, who are not married, do not have a stable relationship, with low frequency of intercourse."*



# PREJUDICES OF N-PPs

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## The Diaphragm will:

- Not be accepted because of cultural taboos related to touching ones genitals

*" I do not think women from rural areas will be able to use it. Masturbation is considered to be a taboo, so touching her genitals will not be acceptable for her or her family. Plus there is religion. One has to douche after intercourse"*

*" Very difficult to use for someone with a regular sex life"*



# PREJUDICES of N-PPs

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- Time- consuming, intimidating)

*"I do not think I will be able to provide diaphragm (in the future). You have to explain a lot of things. It is going to take a lot of time. I have to refer her, which I would not like to do".*  
(male, ob in residency).

- Lack information

*" We do not know anything about diaphragm. I know it only from textbooks. I have never seen nor heard anyone using it."*

*" I have never seen a diaphragm. How does it look like?"*



# IMPROVING ACCEPTABILITY AMONG N-P GPs (Izmir)

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They had a three-hour orientation meeting 6 months earlier. They were asked to refer interested clients to the study clinic.

- Better informed:

*"comes in different sizes" "doesnot affect intercourse" "it has to remain in place for 6 hours" "no douching before 6 hrs" "can remain in for 24 hrs, but not longer" "it can be used for 2-3 years"*

- Lack of clinical skills:

Not one of them could insert a diaphragm on pelvic model.



# PREJUDICES of N-P GPs (Izmir)

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## The Diaphragm is:

- **Used by Educated Women:**
  - *that intellectual types (use it)"*
  - *" I was surprised when a woman was interested in the diaphragm after seeing the posters. She was only a secondary school graduate".*
- **Used by Unmarried Women**
  - *"Single woman may be better candidates". "intercourse dependent, touching genitals may be intimidating".*
- **Intimidating**
  - *" It's a foreign body in your vagina. Women will get obsessed with it".*



# STUDY CLINIC STAFF

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- Obstetricians, GPs, nurses, midwives, one physiotherapist.
- All the counseling was conducted by nurses
- At two public sector hospitals teaching insertions was done by physicians.
- At private clinic by a midwife, at private hospital by a physiotherapist
- Only one male obstetrician (at the private hospital) and he delegated teaching of insertions to a female physiotherapist as he said “this was too intimidating”.



# PROVIDERS in the STUDY

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- Providers have changed considerably during the process of training and much more during provision of diaphragm:
  - *" The first time I saw a diaphragm I did not like it. My dislike decreased when I learned how it was inserted and removed. As the study progressed and I started seeing satisfied users, I got used to the diaphragm" .*
  - Some became users themselves, they referred friends for use.



# TIPS FOR PROVIDING DIAPHRAGMS

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- Always use a small size diaphragm in counseling.
- Use pelvic models, to practice insertion of the diaphragm; it helps in understanding the anatomy
- Women with self-confidence learn how to use a diaphragm faster, so during counseling try to help women gain this confidence
- Use of clinic time depends on the client. With trained providers insertion/removal may take as little as 10 minutes.



# TRAINING is VITAL

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## PREJUDICES ABOUT DIAPHRAGM THAT CAN BE OVERCOME BY TRAINING:

- Has a low efficacy
- Will have negative effects on sexual pleasure
- Won't be accepted by women
- Be difficult to provide
- Be difficult to use because of size and shape
- Not be accepted because of cultural taboos
- Is for educated people only
- For unmarried women



# TRAINING is VITAL

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## AFTER TRAINING PROVIDERS;

- Modified their ways of working
- Gave clients more information and opportunities to ask questions
- Claimed they were more tolerant – this benefited not only diaphragm users but all of their clients
- Helped clients gain knowledge about their bodies using a mirror to show their cervix or an anatomic model to facilitate better insertion and removal of the diaphragm



# AVAILABILITY of DIAPHRAGM

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- Still unregistered, therefore not accessible through usual contraceptive outlets:
  - Pharmacies
  - MOH/FP clinics



# PROBLEMS of REGISTRATION

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- DIAPHRAGM is a DEVICE
- Spermicide is a MEDICATION.



# PROBLEMS of REGISTRATION: DIAPHRAGM

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- Cheap and reusable.
- Relatively small market share
- Requires provider training.



# PROBLEMS of REGISTRATION: SPERMICIDE

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- Main money-bringing item.
- As it is a medication, requires a long registration process (and MONEY).
- Shelf-life is short making distribution problematic, esp for small scale companies.