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## **Results of a Follow-up Study on Reproductive Health Training in Ferghana Oblast, Uzbekistan**

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**March 2001  
Ferghana Oblast, Uzbekistan**



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## I. Introduction

The *ZdravPlus* project, funded by USAID and implemented by Abt Associates, Inc., is working with the Government of Uzbekistan to improve the quality and efficiency of health services. The project works in Fergana Oblast to support health sector reform as well as training, limited provision of equipment and strengthened management of primary health care services through Selskiye Vrachebniye Punkty (SVPs).

In 1998/99, under the prior *ZdravReform* project, training in reproductive health was conducted for 180 health providers (both physicians and midlevel personnel) in three pilot rayons in Fergana Oblast. Under the new project, reproductive health training is to be expanded to additional rayons in Fergana. The purpose of this study was to assess the strengths and weaknesses of the prior training in an effort to make the new round as effective as possible. The results are being used to modify the earlier training design.

## II. Methodology

The study was conducted in the three pilot rayons in Fergana (Beshariq, Yazyavan and Kuva) between November 28 and December 2, 2000. It was undertaken jointly by the Uzbekistan Center for Reproductive Health and the *ZdravPlus* project. Both parties collaborated in the development of the study instruments; the Center for Reproductive Health was responsible for data collection; and *ZdravPlus* analyzed the data and prepared this report.

At the request of *ZdravPlus* staff, coordinators from the three rayons invited physicians and mid-level personnel to participate in the study when they came to the rayon center for a regular meeting. Approximately 60 percent of the providers trained in reproductive health in 1998/99 participated: 47 doctors and 57 mid level personnel. These included pediatricians, therapists, nurses and midwives. Gynecologists were not included, since they had not received training under the prior project.

The study consisted of two parts:

- A multiple-choice questionnaire, based largely on the pre- and post-test used during the original training, sought to identify providers' level of knowledge and skills on key aspects of service provision. The questionnaire included topics that providers often consider problematical, such as the precautions and side effects associated with various contraceptive methods, rules for taking oral contraceptives, how to "catch up" on missed pills and conditions for use of the lactational amenorrhea method (LAM). (The questionnaire is included as Annex 1.) Some questions had more than one correct answer and, in these cases, any one correct answer was considered sufficient for a correct score. Forty-seven physicians and 57 midlevel personnel completed the questionnaire.
- Three focus group discussions were conducted in each rayon to ascertain the health workers' needs and desires in terms of the knowledge and skills they thought they needed. (The discussion guide appears as Annex 2.) One hundred and four health workers participated in the focus groups, 43 doctors and 61 mid-level personnel.

The same instruments were used for all types of providers.

The study was intended to gather information quickly as a prelude to a new round of training. The sample was not scientific, the tools were not carefully refined and the methodology was not meticulous. Accordingly, the results should be viewed with caution.

## III. Findings

In general, the training conducted by the *ZdravReform* project was remarkably effective, judging by providers' knowledge approximately two years later—particularly considering that the training course lasted only five days. The mean score for doctors on the multiple-choice questionnaire was 75 percent

and, interestingly, for mid-level personnel it was slightly higher, at 78.5 percent. For most questions, the physicians and mid-level staff had remarkably similar scores (see question-by-question scores in Annex 3), but the doctors knew better what to do if side effects occur with combined oral contraceptives (COCs), while mid-level staff scored higher on IUD indications and side effects, the rules for use of LAM and some questions on pill-use.

### **A. Results of the Multiple-Choice Questionnaire**

The multiple-choice questionnaire showed that there is virtually universal understanding among both physicians and mid-level staff that birth spacing improves maternal and child health. Almost all the respondents also recognized that the purpose of counseling is to provide full and precise information to clients and to have a bilateral conversation. They also knew that providers dispel rumors by giving clients correct information on the subject of the rumors. And the entire sample understood that improved quality of care leads to increased demand for services.

Knowledge of **injectables** was quite high. Virtually all the doctors and nurses knew how often to administer Depo-Provera and about three quarters had accurate information about precautions against use of this method. Approximately two-thirds knew that injectables can decrease the risk of anemia and that they may be used for prolonged periods of three to five years. A somewhat similar proportion (70 percent of mid-level staff and 66 percent of physicians) had correct information about side effects. Most also knew the appropriate procedures involved in switching from Depo-Provera to Noristerat.

With respect to **oral contraceptives**, only a little over half the sample knew that pills contain female hormones, probably indicating a poor knowledge of how this method works. A little over three-quarters of the sample—somewhat more nurses than physicians—knew that long-term use of COCs lowers the risk of cancer in the reproductive system. There was an excellent understanding that pills may be taken for extended periods—as long as they are needed—but less than half of the sample knew that there is no need to change the type of pill used. More mid-level staff than physicians knew that the type of pill does not need to be changed over time: 48 percent versus 40 percent.

All the respondents were familiar with the side effects that may occur with COCs, but knowledge of what should be done about them was weak, with only about a third knowing that the woman can continue taking the pills because side effects usually disappear in a month or two. (Somewhat more doctors than mid-level staff—38 percent versus 33 percent—knew what to do in the case of side effects.) In addition, less than 40 percent knew the precautions against using combined oral contraceptives and, critically, about two-thirds of the sample did not know the warning signs.

Virtually all the respondents knew what to do if a woman missed one or two pills, but less than half of mid-level staff (43 percent) and just 25 percent of doctors knew that, if a client forgot three pills, she should discard the rest of the pack and use condoms to prevent pregnancy.

All the respondents knew which contraceptive methods are appropriate for women who are breastfeeding. However, only a little more than half (56 percent) of the physicians and 73 percent of the mid-level personnel knew the rules for using **the lactational amenorrhea method (LAM)**.

The questionnaire included relatively few questions on **IUDs**, since it was assumed that most providers had considerable knowledge of, and experience with, this method. The results confirmed that almost the entire sample was familiar with the procedures to be performed before insertion of an IUD and the mid-level staff had a very good appreciation of indications for IUD-use and the kinds of side effects that may occur. In the case of the doctors, however, just 67 percent knew the indications for IUD-use and 60 percent were familiar with side effects.

Less than a third of the sample knew that **voluntary surgical sterilization** requires the consent of relatives and can be performed within 48 hours after childbirth.

## B. Results of the Focus Groups

Both physicians and mid-level personnel reported in the focus groups that they increased their knowledge of a range of contraceptive methods during the training and are now able to provide these methods. Prior to the 1998/99 training, many considered the IUD to be the only method that did not pose risks for women's health and the future development of the child.

The **doctors** said that they had received a lot of useful knowledge and skills in reproductive health and had gained valuable experience. However, they also noted their desire to learn about:

- Reproductive anatomy and physiology;
- Depo-Provera and its side effects, specifically what should be done in cases of bleeding;
- Changing contraceptive methods;
- Counseling risk groups and adolescents;
- Management of pregnant women (observation); and
- Extragenital diagnosis and treatment.

In addition, they expressed a need for informational materials, both for the population and for themselves as health care providers.

One of the most striking findings from the focus groups was that the physicians expressed concern that gynecologists are promoting the IUD. They reported that when they help a woman decide on a method of contraception, that decision was often overturned by the gynecologist—in favor of an IUD. They recommended that some action be taken, since gynecologists are the main providers of reproductive health services and their opinions are widely respected.

The **mid-level personnel** reported that the past training gave them knowledge on different contraceptive methods that made them much more comfortable in providing information and services related to reproductive health. They said that, as a result, they have been able to provide services to women, help them choose a contraceptive method, provide patronage and educate their communities on reproductive health. They also mentioned that oral and injectable contraceptives have become more popular and that the number of IUD-users had been gradually decreasing.

Mid-level personnel said that women are often more willing to talk to them than to doctors—although they pointed out that that depended on the extent to which a woman trusted a specific doctor. They—particularly the midwives—believe that in some cases they know more than physicians, especially concerning IUDs, counseling, and contraceptive side effects, because they deal with these issues more frequently. Judging from the results of the multiple-choice questionnaire, this perception has some merit.

The mid-level staff expressed the wish to have additional knowledge and skills in order to provide better services in reproductive health and suggested that the project conduct more practical classes. Specific areas that they wanted to see addressed in future training were:

- Information on reproductive anatomy and physiology,
- Information on prenatal observation and prenatal patronage;
- Counseling on different contraceptive methods, on how to “catch up” on missed pills and how to change methods;

- Information on preventing the side effects associated with COCs was a particular concern, with the participants expressing the desire to know how to prevent these side effects; and
- Information on community group counseling.

## IV. Implications for Future Training

Providers' knowledge in many areas is strong and needs little or no reinforcement. These areas are:

- The health rationale for reproductive health services
- The purpose of counseling
- The rationale for improving the quality of care
- IUD procedures
- COC side effects

Providers also have basic knowledge about barrier methods, but the questionnaire didn't explore whether they know how they should be used.

The following modifications to the past training are recommended, based on the results of this study.

### A. Training for Physicians

Reproductive **anatomy and physiology** needs to be covered.

There should be more emphasis on **how hormonal contraceptives work**. This may be easier for doctors to understand when they have a better grasp of anatomy and physiology.

Improved methods are needed to teach about **oral contraceptives**, specifically the following topics:

- Their health benefits and risks
- Indications and precautions for use
- Managing side effects
- Warning signs and how to educate clients about them
- What to do if a client forgets three or more pills
- No need to change type of pills when used over time

Although the doctors' knowledge of **injectables** was relatively good, past training should be strengthened in the following areas:

- The role of injectables in reducing the risk of anemia
- Indications and precautions for use
- Side effects (specifically what should be done in cases of bleeding) and their management.

Doctors need a better understanding of the indications and precautions of **IUD**-use, possible side effects and how to deal with them.

Although the current reproductive health training focuses on reversible methods of contraception, it briefly addresses **voluntary surgical sterilization** and it is clear that doctors' knowledge of the conditions for this procedure are weak.

Finally, the doctors requested information about **changing contraceptive methods** and also **how to counsel risk groups and adolescents**, indicating a need for future training to examine the needs of special populations.

They also expressed a need for information and training on two topics beyond the scope of ZdravPlus' current reproductive health training, namely the management of pregnant women and extragenital diagnosis and treatment. These are topics that should be kept in mind for future training.

## **B. Training for Mid-Level Staff**

Future training for mid-level staff needs much the same kinds of modifications as those called for in the doctors' training. Specifically:

- Reproductive **anatomy and physiology** needs to be covered;
- There should be more emphasis on **how hormonal contraceptives work**;
- Improved methods are needed to teach about **oral contraceptives**, covering the same topics mentioned for doctors. In addition, mid-level staffs' belief that side effects can be prevented should be addressed;
- The past training on **injectables** should be strengthened in the same ways outlined for the doctors' training;
- The training course's brief coverage of **voluntary surgical sterilization** needs to address the conditions for performance of this procedure;
- Mid-level staff, like the physicians, also requested information about **changing contraceptive methods**.

Significantly, mid-level staff asked for training on a number of topics related to counseling and community education, including counseling on different contraceptive methods, providing information to community groups and prenatal patronage. Viewed in the context of mid-level staffs' good understanding of issues related to counseling in reproductive health—such as indications and precautions for use of various methods, side effects of these methods and rules for use of LAM—there appear to be grounds to look to mid-level staff as the primary counselors and community educators on reproductive health topics. Such an approach could enhance the image of mid-level staff, while having the additional merit of giving doctors more time to focus on clinical issues. It also implies separate training courses for physicians and mid-level staff.

Although the focus groups with mid-level personnel merely raised the need for training to be practical—and did not emphasize this point—it is worth mentioning that future training should focus on the information and skills providers need to actually do their jobs. Theoretical knowledge is valuable but training needs to have a strong focus on practicing the skills needed on the job.

1. Another important point to emerge from the focus groups, while not related to the content of training, was the need articulated by the doctors for materials for their own use as well as for the population.
2. All these issues are being taken into account in modifying the past training design.

## Annex 1: Multiple Choice Questionnaire

Name of your facility \_\_\_\_\_

What is your job title? \_\_\_\_\_

Instructions: Place a check mark alongside the correct statements; there may be more than one correct answer for each question

1. Having an interval between childbirths means
  - waiting several years before having the next child
  - limiting the number of children in a family
  - reducing birthrate
  
2. The interval between childbirths is useful because:
  - it increases the rate of overall national population growth
  - it improves the health of both the mother and her child
  - it improves a family's economic situation
  
3. What birth control methods can a woman and her partner use if she is breast-feeding a baby over six weeks old?
  - IUD
  - Condom
  - Foam
  - Depo-Provera
  - Pills
  
4. How often should you give Depo-Provera shots?
  - Every three months
  - Every month
  - Every two months
  - Every six months
  
5. You can cope with rumors by
  - encouraging patients to talk with their neighbors

- convincing patients watch TV spots
  - giving patients advice in technical terms
  - giving patients correct information about the content of rumors
6. How long may one take hormonal pills for?
- 1 year
  - 6 months
  - 5 years
  - as long as they are needed
7. Should the type of hormonal pills be changed when used continuously?
- Yes
  - No
  - I don't know
8. Hormonal pills contain:
- Male hormones
  - Male and female hormones
  - I don't know
  - Female hormones
9. Combined oral contraceptives:
- Provide some protection from inflammation of the organs in the true pelvis
  - Are recommended to be used with intervals between each cycle of use
  - Lowers the risk of cancer in the organs of the reproductive system when used long-term
10. Injections:
- When used, anemia decreases
  - Are never used by breastfeeding mothers
  - May be used for prolonged periods of time (3 to 5 years)

11. Surgical sterilization:

- results in the cessation of the childbearing functions
- requires the consent of relatives (in-laws, parents)
- can be performed within the first 48 hours after childbirth

12. What rules should be followed when using the method of lactational amenorrhea?

- The mother should breastfeed her child as often as possible.
- The mother should breastfeed her child every four hours during the day and every six hours at night.
- The child should be given some additional nutrition.
- The child should be younger than six months.
- If the child is older than six months, then the mother should use another method of contraception.
- The mother's menstrual period should not have returned

13. Barrier methods

- are used only by men
- condoms protect from HIV
- spermicides may be used without assistance of the health provider

14. Quality of care:

- The quality of rendered services may be improved only through considerable financial expenditures.
- The improvement of quality of rendered services leads to increase in demand for these services in the area of reproductive health.
- The quality will only affect the improvement of the conditions of the medical facility rather than the indicators of reproductive health.

15. Counseling is:

- encouraging a client to use a certain method of contraception;
- delivering a lecture to the patient;
- providing full and precise information in a polite and caring manner
- a bilateral conversation with the client;

- reciting facts about contraception.

16. What side effects evolve during the use of combined oral contraceptives?

- Nausea
- Weight gain
- Headache and dizziness
- Bloody discharge during the period between menses

17. What should be done if side effects evolve?

- Stop taking the pills.
- Continue taking pills, because these side effects will disappear in a month or two.
- Have a break between periods of taking pills.

18. What warning signs of using combined oral contraceptives do you know?

- Cramps
- Sharp chest pains and breathlessness
- Severe dizziness which causes sight and speech disorders
- Dizziness and diarrhea
- Sharp leg pains (in calves and thighs)
- Tenderness of mammary glands and bloody discharge between menses

19. Who should not use combined oral contraceptives?

- Pregnant women
- Smokers over 35 years of age
- Women with arterial blood pressure over 180/100
- Women suffering from a severe form of diabetes, complicated by vascular disorders
- Women suffering from migraines
- Women who have cancer in their family anamnesis

20. If you forgot to take one pill you should:

- Take two pills the next evening, and then one pill every night

- Throw away the pack and start a new one
  - Take one pill as soon as you remember and then take two pills every night
21. If you forgot to take two pills you should:
- Take two pills the next evening, take two pills again the next evening and then take one pill every night (use condoms until the next menstruation)
  - Throw away the pack and start a new one
  - Check blood pressure, pulse and then take one pill a day as usual
22. If you forgot to take three pills you should:
- Take two pills for the next three days, and then take one pill a day
  - Throw away the rest of the pills and start using condoms
  - Finish the pack and start a new one
23. In order to change from Depo-Provera to Noristerat you should
- shoot another kind of injection at the regular time
  - have a several month interval between the change of medications
  - shoot another kind of injection ten days after the regular date
24. What are possible side effects in the use of injections?
- Bleeding between menstruations for the first several months
  - Amenorrhea may evolve
  - Slight weight gain
  - Headaches
  - Nausea and vomiting
25. Who should not use injections?
- Pregnant women
  - Women who have breast cancer
  - Women suffering from viral hepatitis and liver tumor
  - Women suffering from the severe form of hepatitis

- Breastfeeding women
- Women who have colds

26. What should be done before inserting IUD?

- Microscopy of vaginal smears
- Gynecological check-up
- Ultra-sound examination of the uterus
- Obtaining relatives' consent

27. What side effects are observed in using IUDs?

- More painful and gushing menses
- Possible bleeding between menses
- Women suffering from STDs become more susceptible to small pelvis inflammation
- The IUD can fall out from the uterus into vagina
- The IUD can get into stomach

28. IUD

- may be used by breastfeeding women
- does not prevent inflammation of organs in the small pelvis
- reduces blood loss during menses
- may be used by women who suffer from chronic inflammation of kidneys, joints and other organs

## Annex 2: Focus Group Discussion Guide

1. What services do you provide for women of child-bearing ages in relation to your work? \_\_\_\_\_
2. If you are not providing RH services, why not? \_\_\_\_\_
3. Did you receive the short-term training on reproductive health? If so, then in which year? \_\_\_\_\_
4. What impact did this training have on your further work? \_\_\_\_\_
5. State what practical skills and knowledge you obtained for your work with the population? \_\_\_\_\_
6. What was redundant in the curriculum? \_\_\_\_\_
7. In the area of reproductive health what additional knowledge would you like to gain? \_\_\_\_\_
8. Do you think it is necessary for you to receive training in certain skills related to providing services for women? If so, then what kind of skills? \_\_\_\_\_
9. What topics can we include in our trainings that will be interesting and useful in your future work? \_\_\_\_\_
10. Would you be able to use these skills in practice? \_\_\_\_\_
11. In your experience, are clients beginning to take responsibility for choosing a method of contraception? \_\_\_\_\_
12. How long does it usually take you to counsel/talk with a patient/couple on the questions related to reproductive health? \_\_\_\_\_
13. What kind of complications exist in your area with the different methods of contraception (IUD, Pills, injectables, condoms) \_\_\_\_\_
14. What time, in your opinion, is convenient for patient consultation? \_\_\_\_\_
15. Do you have a chance to provide services during that time? \_\_\_\_\_
16. Were you instructed as to how present information on:
  - Follow-up visits for patients
  - Changing methods of contraception
  - Side effects
17. Do you know whether other staff (doctors & midwives) at your SVP have received RH training? \_\_\_\_\_

### Annex 3: Results of the Multiple-Choice Questionnaire

Questions	% of Answers that were Correct	
	Doctors	Mid-Level Staff
1	98	96
2	100	100
3	100	100
4	98	99
5	97	95
6	97	96
7	40	48
8	53	55
9	76	80
10	35	38
11	32	28
12	56	73
13	100	100
14	100	100
15	99	99
16	100	100
17	38	33
18	66	64
19	38	38
20	100	100
21	99	99
22	25	43
23	90	90
24	66	70
25	73	75
26	98	98
27	60	92
28	67	90
<b>Mean score</b>	<b>75%</b>	<b>78.5%</b>