Changing Reproductive Health Practices In Jordan

Basma, a young ambitious midwife working at a primary health care center in Tafileh in Southern Jordan, has always been keen on talking to her clients and catering to their needs. "I counsel them to the best of my knowledge and provide them with latest advice and information so that they can learn how to listen to what their body needs and improve their overall health," says the very enthusiastic and dedicated Basma.

An experienced midwife, Basma performs a wide range of duties at the clinic. She counsels her patients on contraceptive methods, provides expecting mothers with essential information pertaining to their pregnancy, delivers babies, and advises mothers on childcare and nourishment.

The IUD is the most widely used contraceptive method among Jordanian women and is the method chosen by an estimated twenty-four percent of all family planning users. However, like all midwives in Jordan, the only task Basma cannot perform is the insertion of a IUD. Jordanian law does not allow midwives to perform this procedure. Although physicians are abundant in Jordan, there is a shortage of female physicians at primary health care centers, especially in remote areas. This posed a problem since clients prefer female service providers.



Photo: PHCI

Basma demonstrates infection prevention and quality control to her colleagues.

USAID and the Maternal and Child Health (MCH) Department of the Jordanian Ministry of Health had to find solutions to this problem that is affecting the total contraceptive prevalence rate. For the past three years, USAID has been working with MCH to allow midwives to insert IUDs. The Minister of Health gave approval for conducting a pilot study to assess the feasibility of this measure before changing the law.

As a first step, a training program was conducted for midwives to provide them with theoretical and practical training on IUD insertion. The selection process for the pilot focused on clinics which lacked female physicians and were only serviced by midwives. After the training, the midwives returned to their clinics to perform at least 20 IUD insertions under further supervision from a trained reproductive health provider before they were certified to perform the procedure on their own.

Jordanian midwives believe that the Jordanian Government's decision to allow them to insert IUDs is a sensible one since midwives are allowed to deliver babies, which is more complex and risky than inserting IUDs.

Given the success of the pilot project, the Ministry of Health will continue midwife training to provide this service to Jordanian women, thus addressing the access problem to female providers.

Basma, one of twenty-eight Jordanian midwives who participated in the training, is now able to provide IUD services. Being a woman and coming from the same background has been a pivotal aspect in her successful approach. "I don't provide this service unless I have fully advised my client and made sure that she has selected this method from the wide-range of available contraceptive methods based on careful counseling," says Basma.

