

## *Self-Directed Learning* **Midwives Improve Adolescent FP/RH Services**

PRIME II's pilot program to improve the quality and accessibility of family planning and reproductive health services for adolescents in Ghana demonstrates that self-directed learning (SDL) can strengthen the performance of private-sector nurse-midwives in client-provider interaction (CPI) with adolescents. PRIME's innovative SDL approach combines self-paced individual instruction, peer support, and periodic facilitated group learning. Lessons learned in the pilot are being applied in scaling up the program and helping to shape a national private sector initiative to improve integrated safe motherhood and postabortion care services.



### **Reviewing Results in PRIME II**

Case Studies from:

- El Salvador
- Uganda
- Kenya
- Bangladesh
- India
- Rwanda
- **Ghana**
- Benin
- HIV/AIDS Integration
- PI Global Partnerships

### **Background**

Launched in 1999, the SDL project is a joint effort between the Ghana Registered Midwives Association (GRMA) and PRIME. The project was developed in response to a 1997 FP/RH assessment of GRMA midwives, which highlighted the needs for an FP/RH update; improved counseling and CPI skills; increased access to services for adolescents; and the application of national service policies, standards and protocols. GRMA and PRIME created a six-month SDL course that responds to the distinct learning needs of private-sector providers. Sixty midwives from the regions of Brong Ahafo, Eastern, and Ashanti participated in the course in 1999; the program—with an additional module on HIV counseling and testing—was extended to another 60 midwives from the same regions in 2000.

### **Interventions**

The SDL course is comprised of several interrelated learning components covering counseling, community outreach, family planning updates, and STI prevention. Six printed modules include reading, interactive activities and suggestions for applying new skills on the job, and self-assessments to help participants monitor their own learning. The midwives complete each module at their homes or workplaces over the course of a month. Each learner has a partner with whom she meets monthly to practice new skills and discuss the content and learning process. GRMA supervisors, trained by PRIME as facilitators, make monthly visits to the learner pairs to review and clarify new information, offer assistance in problem solving, and model desired counseling skills and behavior. Participants also gather during monthly GRMA business meetings to

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process new information and practice new skills. These gatherings offer opportunities for peers to share ideas and provide additional social support for learning.

## Results

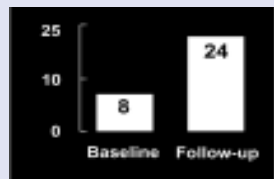
PRIME's pilot shows that SDL can be an effective tool in improving and expanding FP/RH services for adolescents. Baseline and follow-up evaluations of 28 pilot learners found that three times as many midwives were offering STD diagnosis and treatment to adolescents at follow-up (24 vs. 8). More than twice as many were offering emergency contraception (17 vs. 8), almost twice as many were providing condoms (25 vs. 14), and almost four times more were offering postabortion care to adolescents (14 vs. 4). All 28 of the midwives reported at follow-up that their service sites offered specialized services for adolescents, including alterations in the physical environment to ensure privacy. The evaluation also compared critical adolescent CPI skills of 30 midwives who participated in the SDL course with 30 midwives who did not participate. The learners had a significantly higher overall CPI observation score than the non-learners (74% vs. 54%). Learners outperformed non-learners in specific CPI-counseling competency areas such as ensuring confidentiality; using educational materials to educate clients; discussing the risks of sexuality, STDs and HIV/AIDS with adolescents; and inviting clients to bring others to the clinic for services.

GRMA sees tremendous potential for further application of this SDL approach that fosters increased professional collaboration and interest in reading and learning. SDL enables GRMA midwives to learn new skills and gain new expertise without having to forego income from their work for extended periods of time. As one midwife reports, “[SDL] affords me a way of continuously getting new knowledge and skills without always having to leave my clinic.” At the same time, PRIME II has learned important RTL lessons in implementing this pilot program: learner support systems must be effective in reinforcing on-the-job learning; facilitators must be well prepared and compensated for their work; materials need to be user-friendly, practical, thorough, and engaging.

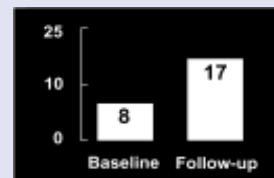
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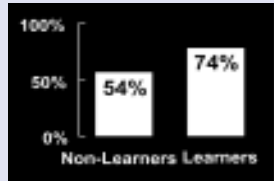
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**Midwives Offering STD  
Diagnosis and Treatment**



**Midwives Offering  
Emergency Contraception**



**Test Scores  
Client-Provider Interaction**



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