

AT A GLANCE

An estimated 4.5 million Cambodian women will be of reproductive age in 2015.

Cambodia's total fertility rate is 3.4 lifetime births per woman.

40% of women of reproductive age married or in a union currently use some form of contraception.

27.2% use a modern FP method.

25.1% of married women of reproductive age have an unmet need for contraception.

Addressing unmet need could avert approximately 100,000 unintended pregnancies, 18,000 abortions, and as many as 1,000 maternal deaths by 2015.

Only 5.8% of the total demand for FP is met by use of the most effective methods.

27.9% of all pregnancies are unintended.

MEETING NATIONAL GOALS AND PEOPLE'S NEEDS WITH LA/PMs

CURRENT TRENDS WILL NOT MEET NATIONAL GOALS

The Government of Cambodia's goal is to reach a modern contraceptive prevalence rate (CPR) of 60% by 2015 for married women of reproductive age. Achieving this goal is fundamental to slowing the nation's population growth, meeting national development goals, and helping its citizens achieve their reproductive health (RH) intentions.

However, Cambodia faces a daunting family planning (FP) challenge. While FP use rose during the first half of this decade, from 24% to 40%, nearly half of this increase was due to the use of traditional methods, which account for nearly one-third of all FP use. The unmet need for FP remains high, at 25.1% among married women. Meanwhile, the population continues to grow; by 2015, Cambodia will have an estimated 230,000 more married women of reproductive age than it has today, a 9% increase in just five years. To reach the national contraceptive goal, approximately 1.6 million married women will need to be served

in 2015, an increase of nearly 550,000 over the number of modern contraceptive users currently being served.

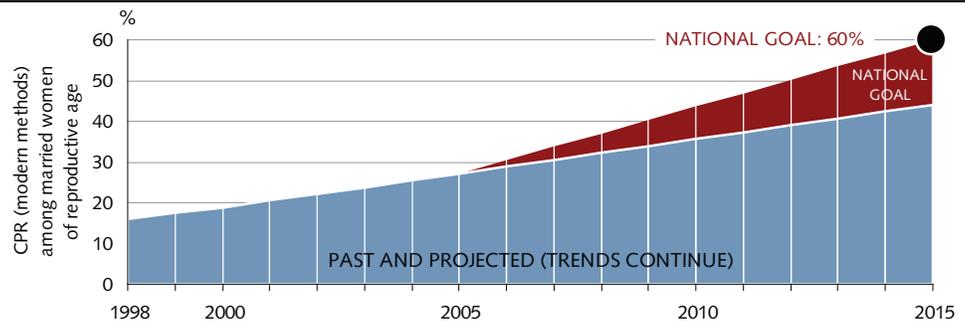
**Yet if the trend from 2000 to 2005 were to continue, by 2015 Cambodia would achieve a modern method CPR of 45.6%, with approximately 1.25 million modern FP users— about 75% of what it will take to reach the goal. (See Figure 1 below.)**

LA/PMs—A SMART PROGRAMMATIC INVESTMENT

Long-acting methods (IUDs and implants) and permanent methods (male and female sterilization) are the most effective of all FP methods. However, use of long-acting and permanent methods of contraception (LA/PMs) in Cambodia remains low, at less than 10% of the overall method mix. **If 10,000 current pill users (approximately 4% of the current number) were to switch to the IUD or implant, more than 2,500 unintended pregnancies could be averted over a five-year period.<sup>1</sup>**

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FIGURE 1: MEETING CAMBODIA'S NATIONAL GOALS<sup>2</sup>



<sup>1</sup> Calculation based on methodology described in Hubacher, D., et al. 2007. Contraceptive implants in Kenya: Current status and future prospects. *Contraception* 75(6):468–473.

<sup>2</sup> Sources: 1998, 2000, and 2005 Demographic and Health Surveys, Reality √ projections for intervening and future years, and Kingdom of Cambodia Health Strategic Plan: 2008-2015.

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**HELP PEOPLE ACHIEVE THEIR  
REPRODUCTIVE INTENTIONS**

Long-acting methods are suitable for all categories of women and can enable them to securely and conveniently fulfill any reproductive intention, whether delaying a first birth or spacing or limiting subsequent births; permanent methods are appropriate for those who have reached their desired fertility.

Though IUDs and hormonal implants are the most effective methods for women who want to space births, spacers in Cambodia are seven times as likely to be using less effective traditional methods as they are to be using long-acting methods. (See Figure 2 below.) Among limiters (women and couples who do not want any more children), twice as many are using traditional methods as are using LA/PMs. The majority of both spacers and limiters rely on short-acting methods (the pill, injectables, and condoms). The gap between couples' intentions and their FP use could be closed by increasing awareness of LA/PMs, correcting misinformation about them, and increasing their availability, to expand method choice.

**RESPOND TO CAMBODIA'S NEEDS**

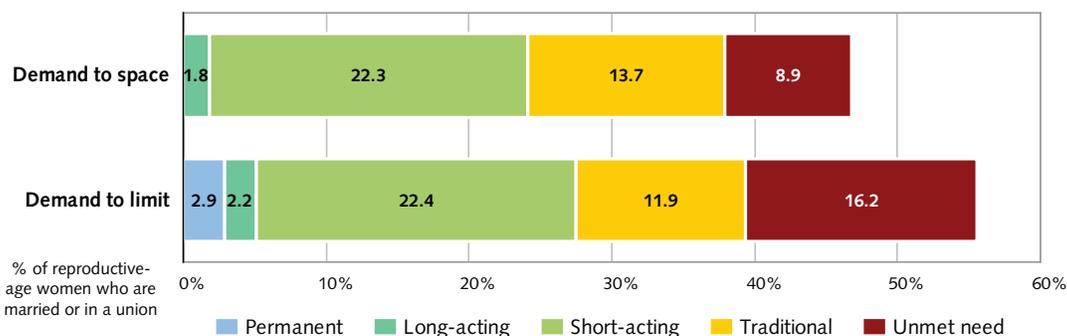
The RESPOND Project can help the Ministry of Health and the U.S. Agency for International Development Mission's implementing partners to improve reproductive health in Cambodia by adopting a holistic programming approach that results in:

- Skilled, motivated, well-supported LA/PM service providers
- Engaged communities and accurate information about LA/PMs, not only to increase knowledge, but also to improve the image of LA/PM services and users
- An improved policy and program environment for FP services

Some possible interventions include technical assistance to:

- Develop strategies to strengthen the capacity of the Reproductive and Child Health Alliance and other local groups to deliver IUD, implant, and sterilization services, to address the unmet need for limiting and spacing
- Undertake a study of LA/PM client decision making, as part of a multicountry effort, to make specific recommendations for Cambodia on ways to improve knowledge and use of FP, particularly of LA/PMs
- Strengthen postpartum and postabortion FP in the public, private, and/or nongovernmental sectors, using a documented and tested integration model to expand contraceptive options for postpartum and postabortion women
- Improve FP program planning by training program staff in Reality  $\sqrt{}$ , a cutting-edge forecasting, planning, and advocacy tool that generates realistic, evidence-based service, training, and commodity projections

**FIGURE 2: CAMBODIA'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)<sup>3</sup>**



<sup>3</sup> Source: 2005 Demographic and Health Survey.