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Views on Family Planning and Long-Acting and Permanent Methods:

Insights from Cambodia

CONTEXT

Contraceptive prevalence has increased significantly in Cambodia over the past decade. Current use of contraceptives among married women aged 15-49 has more than doubled, from 24% in 2000 to 40% in 2005 and 51% in 2010 (NIS, DGH, & ICF Macro, 2011). Knowledge of family planning methods, including long-acting and permanent methods of contraception (LA/PMs), is at an all-time high. In 2010, 99.5% of women and men of reproductive age reported having heard of at least one contraceptive method (NIS, DGH, & ICF Macro, 2011).

Despite the overall gains in contraceptive prevalence, Cambodia missed its Millennium Development Goal (MDG) target for modern contraceptive prevalence by nearly nine percentage points in 2010: Its 2010 MDG target rate for modern-method prevalence was 44%, but actual modern-method prevalence was 35% in 2010 (NIS, DGH, & ICF Macro, 2011). In addition, the contraceptive method mix remains limited. The pill (15%) and the injectable (10%) continue to be the most widely used modern methods. Use of LA/PMs (e.g., the intrauterine device [IUD], the hormonal implant, and male and female sterilization) is quite low. Fewer than 6% of Cambodian women aged 15–49 were using an LA/PM, yet more than half of these women (53%) reported not wanting any more children (NIS, DGH, & ICF Macro, 2011).

At the same time, traditional method use has increased more rapidly than expected. The use of withdrawal (a much less effective method) increased dramatically; in 2010, 12% of married women aged 15–49 were using withdrawal, compared with only about 2% in 2000. Thus, withdrawal has become the second most commonly used family planning method in Cambodia (NIS, DGH, & ICF Macro, 2011).

In 2011 and 2012, The RESPOND Project conducted qualitative research in Cambodia, Malawi, and Nigeria to gain insights into the factors that may constrain the use of LA/PMs. These countries were chosen because they are USAID priority countries and because they represent not only geographic diversity, but also diversity in contraceptive prevalence and method mix. This brief reports

the results of the research in Cambodia and reviews some recommendations that the Cambodian government and nongovernmental organizations working in Cambodia should consider to meet the challenges inherent in attaining MDG No. 5.

RESEARCH METHODS

Fieldwork in Cambodia was carried out in August 2011 in a total of four districts in three provinces (two districts in Kandal, one in Pursat, and one in Battambang). The sites were chosen to reflect both urban-rural and provincial diversity. Researchers partnered with local Marie Stopies International (MSI) clinics to recruit LA/PM users in Kandal and Battambang provinces to take part in the study.[1] The study was conducted with five target groups: current female users of LA/PMs; women postpartum for at least six months and not currently using any method of contraception; women who have discontinued any contraceptive method in the past;[2] married men aged 25–45 (not married to the women in other focus groups); and providers of health care services. For the service provider focus groups, to reflect the services available to most Cambodians, the study included a range of providers. The two groups of service providers in Kandal Province consisted of village-level providers, including local drug sellers, community based distributors (CBDs), and village health volunteers (VHVs), who only administer or provide information on short-acting methods. In comparison, the two groups of service providers in Battambang and Pursat provinces included nurses and doctors from the local health centers, who provide a wider range of contraceptives. In total, 104 women, 37 men, and 31 service providers participated in the study.

The data were collected using key informant interviews, focus group discussions (FGDs), and in-depth interviews to develop a qualitative understanding of how people in Cambodia view family planning and LA/PMs. Free-listing and pile sorts were then used to assess if the attributes people associate with LA/PMs might hinder wider use of these methods. Service providers and community participants also carried out a service mapping exercise to gain insights into the availability and costs of services compared with people's perceptions. Qualitative data from the FGDs were coded and analysed using ATLAS.ti; the pile-sort analysis was performed with Anthropac 4.0.

Mapping health facilities in rural Cambodia

FINDINGS

Perceptions about the importance of family planning

For most participants, contraceptive use was synonymous with birth spacing. Few participants talked about contraceptive use as a strategy to stop having any more children. The most frequently cited reasons for birth spacing were economic: to have more time to earn a living, to reduce poverty, and to improve living conditions. Some participants also felt that by using contraceptives (and therefore having fewer children), they would have more time to look after the children they already had.

> *We space the births to make our family condition better; we are more impoverished if we do not space the births.*
>
> —Postpartum woman, Kandal Province

At the same time, a number of participants acknowledged that *because* they were poor, having many children made things difficult. As one male

[1] MSI is one of the main providers of LA/PMs in the country. Both Battambang and Kandal provinces have local MSI clinics.
[2] All of these women were married and aged 25–45.

participant articulated, if he were not so poor, he would have more children:

> *They space the births because they face shortages…. If I were rich, I wouldn't need to space the births and I would have a dozen children!*
>
> —Married man, Kandal Province

Another frequently cited reason to use family planning was to improve the health of mothers and children, both to reduce maternal and infant mortality and to improve the immediate health and appearance of the mother.

> *We have more time to take care of ourselves. We already look after our children and now we take care of ourselves. The women always need to be beautiful. If we are pregnant all the time, everything is over.*
>
> —Postpartum woman, Kandal Province

While respondents thought that having too many children or not enough time between births was socially unacceptable, they also frowned on having no or too few children. In addition, respondents mentioned "needing" rather than "wanting" more children. Children provide security in old age, in the absence of other social safety nets. In this context, fear of delayed return to fertility or fear of infertility are major concerns related to contraceptive methods.

Perceptions about family planning and LA/PMs

Awareness of contraceptive methods among the participants was high, although understanding of how methods worked varied. Understanding of modern methods, except for condoms, was generally poor, whereas the majority of participants felt that they had a good understanding of how traditional methods work. For many participants, the IUD and the implant (both called *kong* in Khmer) were particularly worrisome. A number of participants expressed fear that fat (*klanh*) may build up around the devices, making them hard or impossible to remove.

> *It has effects as the fat can wrap around the kong—and cause problems, I just heard from others.*
>
> —Postpartum woman, Battambang Province

> *In my opinion, I think that when we use the copper IUD for a very long time, I am afraid that some fat will build up around our uterus. When we want to remove it, it is not possible to remove it!*
>
> —Discontinuer, Battambang Province

Many participants believed that a woman with an IUD or implant could not work hard, so they felt that this method was particularly unsuitable for rural farming women.

> *[The IUD] is for the women who work in the garment factory. The garment factory workers mostly use the kong [IUD/implant] because they do not do anything hard except for work in the factory.*
>
> —Postpartum woman, Kandal Province

However, the participants had positive opinions about traditional methods, since they perceived that these methods have no side effects. Withdrawal was the most widely recongnized traditional method. In Khmer, the phrase for withdrawal, "chak teok kroa peang," translates as "pour water outside of the jar."

> *It depends on the individual. If they need children, they put it [sperm] inside; if they don't need children, they put it [sperm] outside.*
>
> —Married man, Kandal Province

Generally, the participants expressed faith in withdrawal when it is used correctly. They were happy that this method did not contain chemical substances or cause side effects. Additional benefits were that it is easily accessible in the home and that busy women who do not have time to obtain other methods can use it.

Perhaps most important, participants felt in control of withdrawal. Most participants felt that if the husband has good self-control and the couple trust each other, then this method is very effective. In the men's groups, one participant joked that men who used this method were very "skilled."

> *For withdrawal, we are both as husband and wife and have respect between us. That is why we choose to use this way.*
>
> —Postpartum woman, Pursat Province

Withdrawal doesn't affect our health; it is good and a natural method. If we can do it, it affects nothing. If we do it well, we are healthy and it affects nothing.

—Postpartum woman, Kandal Province

Many participants acknowledged that withdrawal is risky, as it is so dependent on the husband's self-control and could therefore result in unwanted pregnancy. Some female participants stated that they did not have confidence in this method because it depended on the man. As with the condom, men/husbands were in control of this method, and if they were drunk or if they lacked self-control, the woman would get pregnant.

For withdrawal I have no confidence if the husband is drunk!

—Postpartum woman, Pursat Province

That way, if the man does not agree to do that, he wants a baby and then he doesn't pull out his penis! Then he pours water into the jar!

—Postpartum woman, Battambang Province

On the other hand, the men were generally very positive about withdrawal, especially about the lack of side effects.

I have used this method [withdrawal] for a long time. Once we tried the contraceptive pills for one month, but my wife had a fever, so I changed to this method. There are no effects, and we don't feel any side effects. However, we always keep clean—we have never poured it out untidily.

—Married man, Kandal Province

The data show that current LA/PM users were better informed about all methods than were all other participants, except for the service providers. This is not just because they had experience with LA/PMs; the data also show that they had different background characteristics from the other groups. LA/PM users were less likely to live in rural areas, were better off economically, and were better educated. Because they had a better understanding of modern contraceptive methods, they were also less concerned with their side effects. The LA/PM users were most risk-averse about unintended pregnancy, which was reflected in a negative attitude toward withdrawal.

Somebody said that the IUD causes cancer. If we use the contraceptives, they do not cause cancer. I used it and for the first three months it caused a lot of blood, but after three months the blood was less.

—LA/PM user, Battambang Province

Experience with family planning and LA/PMs

The participants all shared a belief that for a contraceptive to work for an individual, the method has to be *trew* (meaning fitting/suitable for that person's body). The LA/PM users shared the same cultural understanding of *trew* as the other groups, and many of them had tried a number of different family planning methods to find a suitable one. However, instead of using a traditional method, such as withdrawal, if a modern method did not "fit" them, they were more likely to try another modern contraceptive method until they found one that suited their body and their needs. In general, LA/PM users were positive about their method of choice.

In contrast to the current LA/PM users, the other study participants had many concerns about the side effects of modern contraceptive methods. These participants were less willing to tolerate side effects, which were a major factor in discontinuation. Because of side effects, both real and perceived, fear that the method would not suit the body was a major concern. Prolonged or irregular bleeding, burning or irritation of the vagina (*roleak soboan*), weight loss, fever, and general sickness were cited as common concerns about modern methods. Participants viewed such side effects negatively and saw them as signs of bad health. Women thought that these perceived side effects indicated that method was not *trew* for them, and that continued use could lead to deeper problems, such as uterine cancer and infertility.

In addition to general concerns about modern contraception, there were many concerns and rumors specifically related to LA/PMs. The women expressed

the most worries about the IUD. Participants had particular concerns about the IUD's "turning" in the body (*krolaj kong*) and causing ectopic pregnancies. Instead of being seen as a benefit, the long-acting nature of the IUD in many cases presented a barrier to uptake: Participants feared that health practitioners would refuse to remove an IUD, even if it was not *trew* for them or when they wanted it taken out.

The implant was the least-known method, having only been recently introduced in Cambodia. It was also seen by some as an expensive method, suitable only for better-off families. Some participants questioned its ability to prevent pregnancy when placed in the arm.

On the other hand, female sterilization and male sterilization were often perceived as relatively healthy modern methods.

> *For female sterilization, there is no vaginal heavy bleeding. There are no side effects; there is no effect on the business. Either working hard or lightly—there is no effect at all with this method.*
>
> —Postpartum woman, Kandal Province

Community members in Cambodia discussing service availability

Participants were fearful of operations and medical procedures in general[3]; such fears were a significant obstacle to the uptake of both methods. Concerns about female sterilization included fear of ectopic pregnancy, cancer, "fat building up around the tubes," pain, bad temper, and burning or irritation of the uterus. Married men had the most concerns about female sterilization, including concerns about the surgery itself, infections, not being able to work hard, and the fact that it was permanent and expensive.

> *I most dislike the female sterilisation because it is permanent!*
>
> —Married man, Battambang Province

The FGD participants generally had mixed feelings about male sterilization. Like female sterilization, it was seen as a method of last resort for couples who were unable to use other methods. It was also viewed positively, as a way for husbands to share in family planning responsibilities.

> *I think that if a man uses this method, it means that he is worried about his wife's health and afraid of his wife being unhealthy. When they are afraid of their wife having difficulty, they use it. Some women do not suit methods. In my home town, a woman did not suit all methods, so her husband used it [male sterilization] and now she is normal.*
>
> —Postpartum woman, Kandal Province

The FGD participants were also very vocal about the negative effects of this method for the man. Many participants (both male and female) expressed the concern that a woman may persuade her husband to be sterilized, only to then leave him to be with another man, thus leaving the husband alone and unable to have children. Other negative consequences for the husband included loss of sexual desire and a belief that his penis will no longer be "strong." Furthermore, some men feared that they would be considered homosexual if they adopted this method and would be mocked if they could not have any more children.

[3] This may very well be a valid fear, given the generally low quality of Cambodian health care services.

Decision making

Recent campaigns have focused on raising awareness of modern contraceptive methods among nearly the entire population, but they have not yet addressed the concerns of most women about actual usage of these methods. Several studies have shown that Cambodian women are uncomfortable with the side effects of modern contraceptive methods, and this is the main reason why they discontinue use (Chap & Escoffier, 1996; Domrei Research and Consulting, 2005; Samandari, Speizer, & O'Connell, 2010; and Samandari & O'Connell, 2011). Findings from this study also show that women are afraid to place control of their contraceptive method in the hands of health practitioners.

Because of the lack of access and appropriate knowledge at the village level, even among women's service providers, it should be no surprise that women place such importance on *trew* and on their own body's reactions to a particular method. In this context, it is easy to understand how a simple method such as withdrawal, the most widely understood and least criticized family planning method among the study participants, can be highly appealing. Since withdrawal is seen as more natural, women seem willing to risk the higher pregnancy rate associated with it, to reduce their exposure to unfamiliar modern contraceptives.

Current LA/PM users expressed similar views. However, possibly because their education level was higher, their occupations were more diverse, and they had greater access to counselling services, they were better able to rationalize and cope with the side effects of modern contraceptives, so as to achieve their ultimate goal (spacing births).

While husbands did not seem to play a large part in initial contraceptive decision making, their role in discontinuation was more apparent. Married men had many concerns about side effects and worries about modern methods affecting their wives' health, possibly because of a lack of knowledge about female reproductive health. They also had strong opinions on which methods they did not want their wives to use. They felt very positively about withdrawal and saw it as an effective option, one that was much "safer" than modern contraceptive methods.

> *I do not allow my wife to use the IUD because I am afraid of it breaking or turning.*
>
> —Married man, Kandal Province

> *After taking the pill, she was in pain, hot and fever[ish]…. I told her to stop using that method by myself.*
>
> —Married man, Battambang Province

> *She used the contraceptive pills, but it was too hot, after then we used the condom. Now we are using withdrawal.*
>
> —Married man, Kandal Province

Availability and quality of services

Service delivery mapping illustrated that LA/PMs are less accessible than short-acting methods and highlighted that a lack of awareness about where to obtain LA/PMs is a barrier to their uptake. In addition, even for respondents who were aware of where they could obtain LA/PMs, travel time and transportation costs still presented barriers.

As mentioned earlier, the study included two very different types of service providers. The two service provider groups in Kandal Province consisted of village-level providers, including private drug sellers, CBDs, and VHVs, who only administer or provide information on short-acting methods. The two focus groups (one in Battambang and one in Pursat)

Women waiting for health services

consisted of local health center staff and private doctors. There were significant differences between these two types of providers in terms of knowledge and understanding of contraceptive methods.

The village-level providers shared many of the same myths and rumors about LA/PMs as the postpartum women and discontinuers. In addition, their understanding of LA/PMs was poor. The village-level providers stated that they only provide information about and offer the pill and injectable. This supports the study participants' perception that short-acting methods are much more easily accessible than other modern methods. Furthermore, if at the community level these providers are the first point of service for couples seeking family planning, the ideas that they reinforce are an obvious barrier toward uptake of LA/PMs.

The service provider groups in Battambang and Pursat, made up of health professionals, had a much better knowledge and understanding of all methods. They were able to differentiate between hormonal and nonhormonal methods and were dismissive of withdrawal as an unacceptable and ineffective contraceptive method. In terms of why so few Cambodian women seek LA/PMs, the Battambang providers cited lack of access, lack of information, cost, and rumors. The providers in Pursat believed that it was more to do with women not meeting national requirements or the doctor's criteria.[4]

A few female participants stated that the doctor told them that their womb was too short and therefore they would not be able to work hard with either the IUD or female sterilization (because it would break or the tubes would untie). According to the National Protocol, the IUD may not be inserted if a woman's uterus is smaller than 6.5 cm, due to the risk of high expulsion rates. However, for sterilization, there is no indication related to uterine size.

RECOMMENDATIONS

The findings from this study have important implications for efforts to strengthen the family planning program in Cambodia. This study shows that more needs to be done to make LA/PMs more accessible and appealing for rural Cambodian women and men, including the following:

- *Expand access to modern methods, including LA/PMs.* As the availability of LA/PMs at the village level is low, improved access to these methods is needed to support uptake among the rural population.
- *Improve training and awareness-raising programs for village-level health care providers,* many of whom share the same myths and misconceptions about family planning as the women they counsel.
- *Improve the IUD insertion and removal skills of both public- and private-sector health care providers.* This will improve public trust and confidence in their abilities, increase uptake of LA/PMs, and reduce side effects.
- *Strengthen family planning outreach and counseling services at the village level.* Many study participants acknowledged that they were using short-acting methods such as the injectable because they did not want any more children, whereas LA/PMs would be more suitable for them. Better counseling among rural populations on the various LA/PMs (including their advantages, disadvantages, and time and cost savings compared with short-acting and traditional methods) may increase the uptake of these methods by couples who have a genuine desire to have no more children.
- *Develop messages that directly address people's fears.* People need to be reassured about the effects of the various contraceptive methods (e.g., that LA/PMs will not undermine a woman's

[4] According to the Family Planning National Protocol (2008), a woman must have had at least one child to be fitted with the IUD. There are no policy restrictions for the implant. The criteria for female sterilization are much more restrictive: Sterilization may be performed on any woman with health problems for which a pregnancy would endanger her health. Otherwise, a woman under 30 years of age must have had at least three children to be able to use sterilization and her youngest child must be at least 2 years old. A woman older than 30 must have had at least two children, and the youngest child must be older than 2. For male sterilization, the man's wife must either have health problems for which a pregnancy would endanger her health or she must meet the same criteria as for female sterilization.

ability to work hard). The positive image that people have about withdrawal may in part reflect their lack of understanding about modern methods.

- *Disseminate positive messages.* LA/PMs can address many of the challenges that people face in using modern contraception, particularly the need to pay for short-acting methods and/or to travel to clinics for resupply. Such information needs to be communicated more clearly to couples in Cambodia.
- *Let early adopters tell their stories.* As suggested by the study participants themselves, behavior change communication campaigns should use positive experiences of LA/PM users and examples of real women (particularly rural working women) in promotional materials to dispel fears and make LA/PMs more appealing to rural Cambodians.
- *Develop outreach efforts that target men and/or couples.* Men are active participants in the family planning process, especially in decisions to discontinue a method, yet this study shows that men know less about modern methods and have more fears about side effects and safety.

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