Knowledge, Attitude and Practice (KAP) of Family Planning among Married Women in Banteay Meanchey, Cambodia

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Abstract

Realizing the benefits of family planning, the government of Cambodia, along with other international organizations, has prioritized the family planning program since its introduction in 1991. However, only an approximate 7% of women were using modern contraceptive methods by 1997, and although this increased to 27% by 2005, Cambodia still has the lowest figures of all the Sub-Mekong region countries, which include Vietnam, Thailand, Laos, Myanmar and Cambodia.

A survey was conducted to study the Knowledge, Attitude, and Practice (KAP) of family planning in a community located in Banteay Meanchey, where unmet contraceptive need is highest. Structured interviews were performed with 139 married women in rural Cambodia, selected through a simple random sampling method. The collected data were used to ascertain the KAP of family planning among the married women in the study area. In addition, the reasons for discouraging or encouraging women to practice family planning were defined.

The results showed that knowledge of modern contraceptives among the respondents is universal, with 99% of women being aware of at least one modern method of contraceptive. The respondents and stakeholders showed a positive attitude in their support of family planning programs, and more than half of the respondents knew where to obtain contraceptive methods. Around 56% of the women were practicing family planning at the time the survey was conducted, with their main reasons being fertility desire despite the side effects of some methods, and to maintain their standard of living.

Keywords: contraceptives, family planning, fertility overview of family planning in Cambodia, KAP, side effects.

Overview

International non-government organizations (NGOs) began funding and managing Cambodia's first family planning services in 1991, making contraceptives available in the country for the first time (The Policy Project 2005). However, it was a small-

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scale program, and insufficient in raising public awareness of these services. After the International Conference on Population and Development (ICPD) in Cairo, Egypt, in 1994, international donor communities began to encourage the development of family planning programs, particularly in developing countries like Cambodia. In 1994, under the support of the United Nations Population Fund (UNFPA), the Cambodian government began to implement a family planning program, which included the introduction of a family planning service in health centers, family planning education, and the training of public health sector staff (The Policy Project 2005). The family planning program has become a priority field in the country's health strategy, and rather than being a stand-alone field, it became integrated into the National Reproductive Health Program (NRHP) in 1994, under the management of the Maternal and Child Health department of the Cambodian Ministry of Health (MoH). With the support of UNFPA, birth spacing methods were introduced in some pilot areas (MoH n.d.). Since then, the family planning program has been made available in health centers across Cambodia (The Policy Project 2005). More recently, the family planning service was announced as a prioritized field in the first set of goals to be devised by the National Health Strategic Plan 2008-2015. Family planning is listed under the Reproductive, Maternal, New Born and Child Health field (RMNCH) (MoH 2008).

With the support of international agencies, the following policies relating to reproductive health, with an emphasis on family planning, were set up to maintain a better status of health for women in Cambodia (MoH 2006):

Family Planning Related Policy in Cambodia

- National Birth Spacing Policy, 1994-1995
- National Policy and Strategies on Safe Motherhood, 1997
- Abortion Law, 1997
- National Policy for the Prevention of Mother-to-Child Transmission of HIV, 2001
- Policy on Voluntary and Confidential Counseling and Testing for HIV, 2002
- National Population Policy, 2003

The National Birth Spacing policy promotes the use of reversible methods of contraception, such as oral contraceptives, Depo Provera, condoms and Intra Uterine Devices (IUDs) (MoH n.d.). This policy encourages couples to access the full range of contraceptive services by increasing the range of reversible and affordable contraceptives. Abortion, however, is not considered a family planning method (The Policy Project 2005).

Since its introduction, the family planning service has been made available in both public and private sectors. For example, pills, injections, IUDs, condoms and Voluntary Surgical Contraception (VSC) have been made available at public health facilities and the clinics of NGOs. Implants have not been introduced in public facilities, but they are available from private practitioners and from NGO clinics (National Institute of Public Health [NIPH] 1999). In addition, some of these methods are widely distributed through social marketing programs in urban areas. The Ministry of Health tries to promote various contraceptive methods, and most have become widely available within urban areas.

Table 1: Family Planning Commodities Available in Different Sectors

Referral Hospital	Health Center	Health Post	CBD	NGO clinics	Pharmacies	Drug Store
IUD, VSC	Pills, Condoms, Injectable, IUDs	Pills, Condoms	Pills, Condoms	Pills, Condoms, Injectable, Implant, IUDs, VSC	Pills, Condoms, Injectable	Pills, Condoms

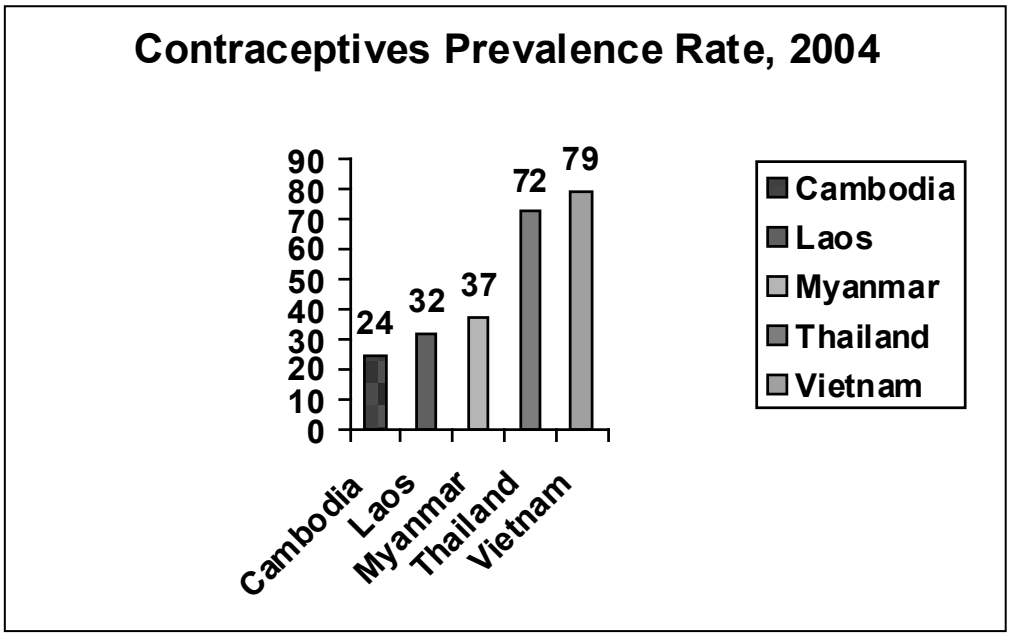
Source: Ministry of Health, 2007

In the public sector, the family planning commodities are distributed from the Central Medical Store (CMS) to Health Centers (HC), Health Posts and through Community Based Distribution (CBD) via the Operational District (OD). The distribution from CMS to OD is done on a quarterly basis, while the distribution from OD to health facilities is on a monthly basis (MoH, 2007).

In Cambodia, healthcare is not free. After health sector reforms in 1991, user fees were introduced in public health facilities in 1996. In addition, as health insurance has not yet been introduced as a nationwide coverage, health service utilization is mainly an out-of-pocket payment. The fee for contraceptives is subsidized by international donors, in cooperation with the government of Cambodia, which makes the market price more affordable for the population. The major international donors of family planning commodities are the German Government Bank, Kreditanstalt für Wiederaufbau (KfW), which supports the public and social marketing sectors, and USAID and DFID, which provide funds for family planning in the social marketing sector (MoH 2007). The fees for contraceptives vary by method. For example, the approximate cost of an IUD is 5000 Riel (US$ 1.25), while an injectable contraceptive is around 1000 Riel (US$ 0.25), a cycle of pills is 500 Riel (US$0.12), and condoms are 200 Riel (US$ 0.05) for eight pieces (MoH 2007). Though user fees have been implemented, waiving and exemption schemes are used when the client is unable to afford payment of contraceptive methods.

After many years of this introductory stage of family planning, the contraceptive prevalence rate has increased from 7% in 1995 to 19% in 2000 and 27% in 2005 (Domrei Research and Consulting, 2005; NIPH, NIS and ORC Macro 2006). Unfortunately, progress in the use of contraceptives has not increased to a satisfactory level. The global trend of contraceptive use has increased over the last 50 years. However, it remains low in some parts of the world, especially in developing countries like Cambodia in which the Contraceptive Prevalence Rate (CPR) is lower than the global average (WHO 2007). Compared to the countries in the Sub-Mekong region, the contraceptive prevalence rate in Cambodia is the lowest. According to the UNDP (2006), the rate of contraceptive use in Cambodia was 24% in 2004 compared to 32% in Laos, 37% in Myanmar, 72% in Thailand and 79% in Vietnam (Figure 1).

Figure 1: Contraceptive Prevalence Rate in Sub-Mekong Region Countries



Source: UNDP 2006.

Due to the benefits of family planning and its low prevalence among the Sub-Mekong region countries, it is one of the prioritized programs by the Ministry of Health in Cambodia. The Cambodian Government and many family planning experts and international institutions are actively promoting family planning due to the following benefits (World Bank 2003):

(1) reducing the number of pregnancies decreases the risk of maternal morbidity and mortality;
(2) avoiding the higher risk of pregnancies at higher parities; and
(3) By preventing unwanted pregnancies, illegal abortions may be avoided.

This survey aimed to clarify the KAP of family planning among married women in rural Cambodia, especially the factors that encourage or discourage women to adopt family planning methods.

Subjects and Methodology

The author is a former staff member of the Khmer Youth Association (KYA) and worked on the Reproductive Health Project, which focused on Cambodian women and contraceptive use. The survey was conducted using structured interviews in the Serey Sophoan community, located in Banteay Meanchey, northwest Cambodia. This area, bordering Thailand, has a large female population, and one of the highest rates of unmet need for family planning targets. In order to avoid bias, simple random sampling (SRS) was used in the survey because it ensures that each respondent has equal chance to be selected.

A questionnaire was drawn from two previous studies: the 1995 KAP survey

(Long et al 1996), and an unpublished study of a reproductive health survey conducted by the KYA (KYA 2007). The questions used in the two studies were combined to produce the synthesized questionnaire of this study. The interviews were conducted for about 15-20 minutes for each respondent. Two research assistants, who were former volunteers in reproductive health projects in the province, helped with the interview process. Data collection was conducted from 4 to 8 September 2008.

The questionnaire was designed in two sections: the first section covered the socioeconomic background of the respondents, and the second section inquired into the KAP of family planning. After interviews, the questionnaires were coded according to the villages in each commune where the interviews were conducted. Once the respondents were classified according to the geographic location and the codes for responses were defined, the Statistical Package for Social Science (SPSS) was used to examine the collected data.

Findings

Demographic characteristics of respondents

A total number of 139 married women aged from 18-49 years old were interviewed. The highest percentage of respondents was women in the age group of 25-29 which accounted for 31% of respondents. The number of respondents in the 30-35 and 35-39 age groups shared the same percentage of 19% respectively. The lowest percentage of respondents accounted for women in the 15-19 age group (1%). The mean age of respondents was 32.6 years old.

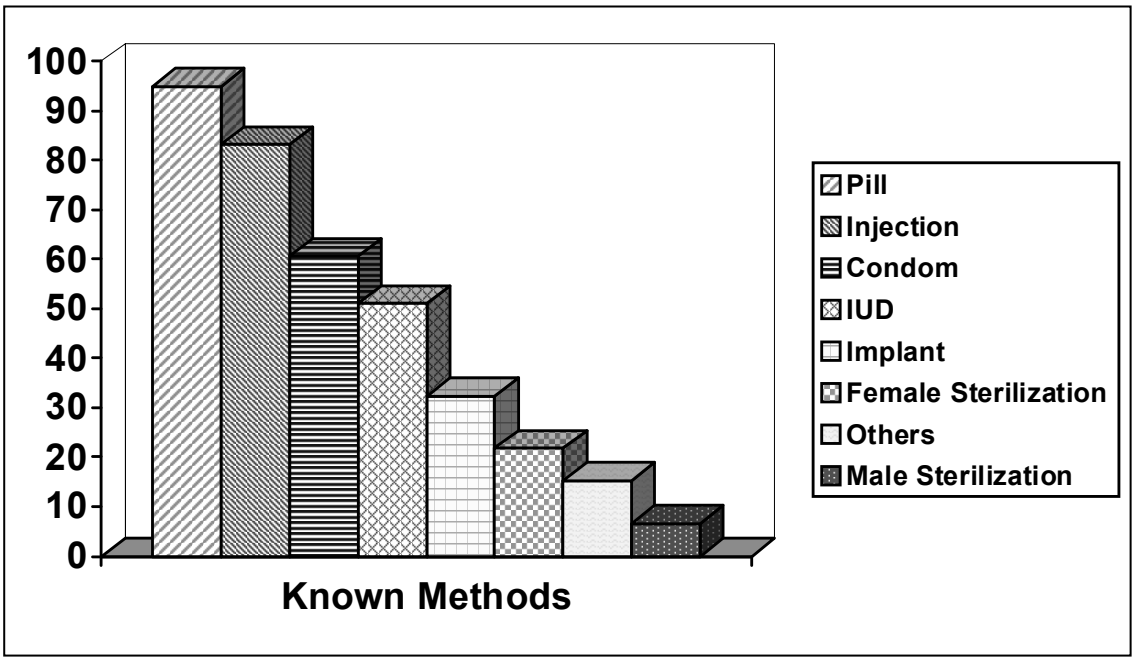
About 13% of respondents had received no schooling; 86% of respondents had enrolled in primary, secondary school and high school respectively. Only about 1% of respondents had entered university. The average number of years attending school was 5.7 for women and 7.5 for their husbands.

More than three-quarters of respondents had married between the ages of 15-24 and the mean age of getting married was 21.5 years. About 70% of respondents had one to three children in their family. Almost 25% of respondents had four to six children and less than 1% of respondents had more than seven children in the family.

Knowledge of contraceptives (Methods, source of information and source of services)

In this study, the knowledge of contraceptives refers to the number of contraceptive methods known, sources of information for family planning known, and the sources of family planning services known by respondents. The respondents were asked whether they had heard about contraceptives, and what type of contraceptive methods they were aware of. The types of reported methods were then recorded in the questionnaires. In addition, questions were asked regarding the source of information and the source of family planning services that were available to them.

Figure 2: Percentages of different contraceptive methods known by respondents



Knowledge of modern contraceptives was found to be universal: 99.3% of respondents had heard about contraceptives regardless of educational level and socioeconomic status. All except one woman (more than 99%) had heard about contraceptives and knew at least one modern method. Though this study reveals high knowledge of contraceptives among respondents, the knowledge varies from one method to another. The most popular methods known by respondents are the pill and injectable contraceptive, which accounted for 95% and 83% respectively. The condom is the third most popular method cited by respondents, followed by the IUD. However, male sterilization is the least well-known method for respondents. In addition, about 15% of respondents know other alternatives, which include traditional methods, such as calendar-based methods and withdrawal (Figure 2).

The source of this information was obtained by asking "where can you obtain information about contraceptives?" and "where do women go if they want to obtain family planning services?" The result shows that about 62% and 51.5% of respondents know at least one place where they can receive information about modern contraceptives, and at least one place where family planning services are available, respectively. A health center was the most cited source of information (56%) and source of family planning services (59%) respectively. A private clinic (18%) was the second option and a pharmacy (13%) the third option from which respondents said that they can receive family planning information (Table 2).

Table 2: Sources of contraceptive information and family planning services known by respondents

Place	Known as a source of information about Family Planning (%)	Known as a source of Family Planning Services (%)
Health Center	58.80	56.58
Private Clinic	18.08	14.45
Pharmacy	12.52	15.80
NGOs	4.60	5.70
Market	3.26	3.94
Other	2.74	3.53
	100	**100**

This study also found that information about family planning was mostly obtained through healthcare staff (67.4%); followed by TV (50.7%) and then via friends and radio (33% to 35% respectively). However, about 7%, 3.6% and 1.4% of respondents reported that their first source of family planning information was NGOs' pamphlets, parents or relatives, and teachers, respectively.

Attitudes toward addressing Family Planning

Attitude is the most difficult part to measure as it is characterized in a very abstract way. To gauge the attitudes toward contraceptives, it was noted in this study how the women volunteered to discuss family planning with other people in general, and how they felt when they heard or saw other people talking about family planning. In addition, stigmatization was established by asking respondents how serious it would be for the women if someone saw them seeking family planning services.

The results indicate that the women preferred to discuss family planning with their neighbors, husbands, doctors and close friends. Less than 10% of respondents had discussed family planning with other family members. In our sample, peer educators and village volunteers were the least popular group from which respondents sought family planning information. Also, it was noted that women often talked about family planning information with doctors as well as husbands and neighbors. This may be due to the good relations among the rural community in Cambodia. In addition, it can be inferred that both husband and wife tend to have better communication regarding family planning practices, or they may decide together the ideal number of children they should have in their family.

It is noticeable that respondents showed a positive attitude toward family planning. More than half of the respondents (52.8%) said that they considered family planning for the health of the mother and their children. Almost 35% said that women should know about family planning as it is a specific issue for women's health. In addition, 8.8% said they addressed family planning for their own standard of living. This may be due to the scarcity of resources, an environment in which children may be viewed as resource consumers who affect the living standard of the family. Though almost all respondents demonstrate positive attitudes in discussing family planning, some respondents disapprove of unmarried or single women discussing contraception. As mentioned by some respondents:

> For married women, it is normal to discuss contraceptives, but it is impolite for single women to discuss this. (Thirty-eight-year-old respondent, in Pras Ponlea village)
>
> Discussing about family planning does not affect culture, but it is not good for people who have not married yet to discuss [it]. (Forty-three year-old respondent, Ou Ambel village)

Practice of Family Planning

About 68% of respondents had previously used some modern contraceptive methods and 56% of respondents were using contraception at the time of the study. Among the current users, the majority were pill users (44.6%); second were respondents using the contraceptive injection method (38%); and only about 8% of respondents said that they were using condoms as a method of family planning. Implants, IUD and female sterilization all were used by less than 1.5%. None of the current users were using male sterilization and the traditional calendar methods were still popular among respondents (5.4%).

Among all respondents, 56% were using some method of modern contraceptives and 44% were not practicing any methods. Among the non-users, 32% did not intend to use them in the future either, with the main reason being fear of side effects (44%). Other reasons included, for example, that as some husbands were often working away from home, sex was infrequent so contraceptive use became unnecessary; use of traditional calendar methods; the desire to want more children; the husband's objection to use of contraceptives and finally a personal perception among respondents that the women themselves were not at risk of pregnancy. Almost 29% of current users were concerned about using modern methods due to their rumored side effects. However, there is likely no other choice or methods which do not have side effects.

Reasons for not using modern contraceptives

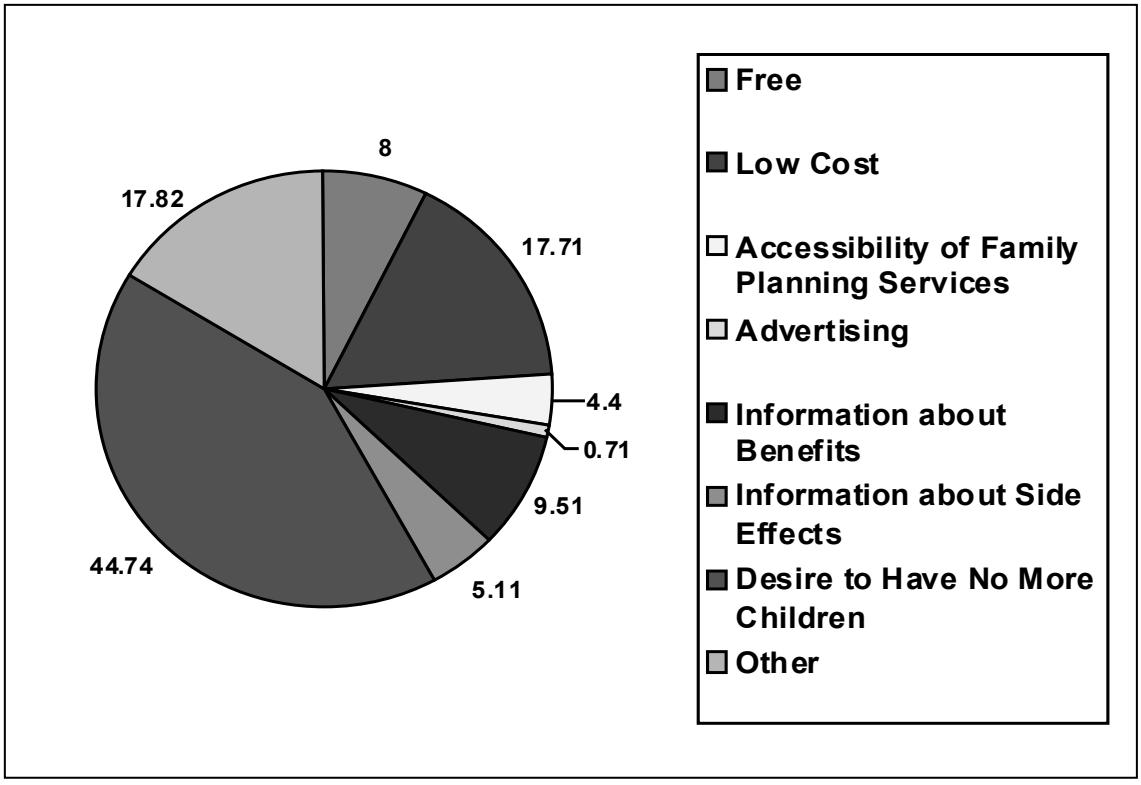
Side effects of the pill and contraceptive injection, and the desire for more children, were the main reasons for not using modern contraceptives. In addition, just over 10% of respondents mentioned disapproval by their husbands and relatives as a factor for not using modern methods. The respondents did not say whether possible feelings of public embarrassment or shame stemming from other people's opinions of their family planning practices influenced their choice to reject modern methods. In addition, local culture or social norms also did not appear to have any influence on the decision to use family planning. The cost of contraceptives and where to obtain them was not a barrier to the use of family planning. This may be due to the variety of available methods and the many sources of family planning services accessible around the study area. The majority of respondents used oral contraceptives which were cheaper than other methods and easy to obtain at the nearest health centers.

Factors encouraging women to practice family planning

The result of the question "what factors encourage women to use contraceptives?" illustrates that the main reason for using contraceptives is to limit the number of children. Almost

26% of women said that free or low cost contraceptives enabled accessible and long-term use. The other 10% of respondents mentioned that the various benefits of contraception use encouraged women to adopt family planning (Figure 3). Information about side effects, product advertising and increased publicity about family planning services did not have a strong influence on women in their family planning choices. About 18% mentioned they adopted family planning because they wanted to avoid a lower standard of living brought about by the costs of child-rearing, difficulty in looking after many children, needing more time to earn money and wanting to space out the births of their children. In addition, some women mentioned that the accessibility of contraceptives encouraged them to adopt family planning because it was convenient to obtain various forms of contraception at local health centers.

Figure 3: Factors encouraging women to use contraceptives



Discussion

Knowledge of any modern contraceptive method among respondents was found to be extremely high (99.3%). The Cambodia Demographic and Health Survey 2005 also showed similar results that 99% of married women knew of at least one method of modern contraceptive (NIPH, NIS, and ORC Macro 2006). Compared to the KAP survey conducted in 1995, knowledge of contraceptives among married women has increased by 10%. The results found in studies of Long et al., (1996), NIPH, NIS & ORC Macro (2001), NIPH, NIS & ORC Macro (2006) and the results of this study show that married women's knowledge on contraceptives is far broader than any time previously, and demonstrate that

family planning programs across the country have made a positive impact on the public awareness of modern contraceptives. In this study, evidence shows that more than half of the respondents understand that condom usage can be an effective contraceptive, whereas previously condoms were viewed only as a method for preventing HIV transmission (The Policy Project 2005). The knowledge of modern methods is high regardless of education level and socioeconomic status. Supporting this result is a USAID study of contraceptive trends in 35 developing countries (including Cambodia), which found that in most countries outside Sub-Saharan Africa, knowledge of modern contraception was universal among married women with almost no variation in knowledge by age, number of living children, urban-rural residence, regular exposure to mass media or household wealth status (USAID 2007).

Knowing where to receive family planning information and services was high among respondents, as 62% and 52% of respondents respectively knew at least one place to obtain family planning information and one place to access family planning services. Compared to a survey in 1995, knowledge relating to sources of information had increased by 29% and knowledge relating to family planning facilities had increased twofold. The local health center is the main source of family planning services and information. This shows a similar result to healthcare- client behavior presented in the Cambodia Demographic and Health Survey (CDHS) 2005 which found that, though private clinics are consistently the most popular source of private healthcare for both rural and urban users, the health center is the most popular source of health care sought among public facilities by residents in urban and rural areas (NIPH, NIS and ORC Macro 2006). The respondents' living standard is likely another reason why private clinics are less popular than public health centers in this study. In addition, it is probable that the proximity of health centers to the villages would make health centers more popular within the study areas.

Recently women have changed their attitudes toward contraception, and they now better understand the relationships between family planning and their own health, their children's health, and their overall quality of life. It is likely that family planning programs increased respondents' awareness about being able to have control over their own fertility, spacing out the births of their children and reducing the chance of unwanted pregnancies. It can be inferred from this study's findings that women are likely to desire a smaller family size in order to stay healthy, with more time to look after their children and to participate in the workforce. A study conducted by RACHA in 2001 found that women did not want more children because "looking after children kept the women busy, affected their incomes, living standard, family and health" (RACHA 2001: 4). Another possibility is that children may be regarded as resource consumers who affect the family's standard of living, especially in an environment where resources are scarce. A qualitative study conducted with slum residents in Phnom Penh city, Cambodia confirmed the same point: "If one reduces fertility there will be less children and it would be easier to earn a living" (Sotheary and Hay 2003).

Women showed positive attitudes to family planning programs. For example, women are willing to become involved in family planning education and independently seek out family planning information. There is no stigmatization or negative attitude to women who join family planning programs. Though women showed a supporting attitude towards family planning, this study does not clarify if this positive attitude will necessarily encourage women to practice contraceptive methods. However, there is an

assumption that those who show positive attitudes tend to use contraceptives sooner or later. Evidence from factor analysis showed that women who approved of family planning were twice as likely to be using contraceptives compared to those women who disapproved of contraceptive use (Odimegwu 1999).

Decisions to adopt family planning are influenced by the side effects of methods and the desired number of children. Though respondents are currently practicing contraceptive methods, fears of side effects and actual side effects still exist. Previous studies in Cambodia pointed out that many users experienced side effects from different methods, and that side effects are the common causes for either ceasing contraception altogether, or changing the type of contraceptive to a more traditional method which is less effective (Domrei Research and Consulting 2005; Sotheary and Hay 2003). Other research suggests that about 39% of women cite side effects as the major reason for stopping the use of contraception (Long et al., 1995) and 36% of women who do not intend to use contraception cite health concerns as a deterrent to contraceptive use (NIPH, NIS and Orc Macro 2006). For instance, "many users experienced vaginal bleeding, dizziness, palpitations, headache, weight loss or nausea from using [the] injection method" (RACHA 2001: 5). The side effects vary from one method to another and methods that require clinical services tend to have more side effects. For example, an IUD user mentioned that "When I carry something heavy I feel a dull pain in my womb and pelvis area. I do not dare…to work hard in the fields, to ride a bicycle" (MoH, n.d: 21). Side effects are the most commonly cited reasons for discontinuation of, or reluctance to use, contraception. Problems may result due to lack of medical advice; for instance, women may adopt the oral contraceptive method without proper instruction from health practitioners. Evidence shows that the majority of oral contraceptive users were taking the pill without receiving any counseling service about the contraception they were using, and about one third of pill users and contraceptive injection users in rural areas were ill-informed about the contraception they were using and its possible side effects (Long et al. 1995).

Conclusion and Recommendations

Regardless of socio-economic status, respondents have a high knowledge of, and a positive attitude towards, family planning. About half of the respondents were practicing some modern methods. However, negative attitudes persist towards young people or unmarried women using contraception. In addition, whether women practice family planning depends on many factors, and the most common factors are avoiding unwanted pregnancy or spacing out the number of children, the side effects of the methods, and the women's standard of living. If women want to have more children, or were unable to tolerate the side effects of the method itself, family planning would not be practiced. Side effects were the biggest concern for both current users and non-users.

Rumors about possible side effects deterred some women from using modern contraception, especially the pill and injectable contraceptive, and most users of these methods reported some experience of side effects. The government and family planning experts should deliver contraception counseling services, in which first-time contraceptive users can access accurate information about possible side effects, and current users can receive follow-up consultations where any concerns about side effects can be discussed and alternative options explored. The prevalence rate of contraceptives will not be increased through brand promotion alone, but with further education on how to use contraception

properly and effectively. In addition, family planning experts should prioritize further research and development into minimizing the side effects of contraception.

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