REPRODUCTIVE HEALTH

1. Reproductive Health and Family Planning

Definition:

- Reproductive Health is related to all matters of the reproductive system, which affects the ability of people to safely reproduce, and the freedom to decide when they want to have children and how many.
- Family planning connotes conception control to avoid pregnancy and abortion, but it also includes efforts of couples to induce pregnancy.

Women in urban areas have less than 3 children on average withthe TFR being 2.8; while women in rural areas tend to have more than 3 children on average, with the TFR being in 2005.[1] The difference is due to many factors, such as knowledge and access to information to health issues, availability of health services, knowledge on how to use birth spacing methods, and lack of resources for accessing health services. Especially in the provinces, traditional desires for more children to take care of elders in their old age result in the increased burden of having many small children to support in the early years, which contribute to decreased health levels and increased poverty.

The number of more children that families want is connected to their current number of their living children. So, about half (46 percent) of married women with 2 living children do not want any more children, and two-thirds (68 percent) of married women with 3 living children do not want any more[2]. About one-third of married women use a modern way to prevent pregnancy or births.[3]

The prevalence of modern contraceptive use has increased over the past 5 years, from 19.9 percent to 33.7 percent in 2005[4].

Currently, modern birth spacing products that are available in Cambodia include two hormonal contraceptives, pills and injections, and condoms. The pill is a tablet used to prevent pregnancy and is the most popular form of family planning.

[1] July 2006. Cambodia Demographic and Health Survey 2005. Preliminary Report. National Institute of Public Health, Ministry of Health. Phnom Penh, Cambodia.
[2] CDHS 2005 Prelim Report
[3] CDHS 2005 Prelim Report
[4] CDHS 2005 Prelim Report

- Pills: About of 19,4 percent[5] of women aged 15-49 use daily pills. Regular use of contaceptive pills results in satisfactory outcome of family planning. However, some people do suffer minor side effects, and this leads to rumors and misconceptions about its usage. Some side effects can be reduced by taking the pill regularly and on-schedule, or by changing the type of pill being used.
- Injectables: Some women (15 percent of all women aged 15-49)[6] prefer the injection, since it only needs to be injected every three-months, rather than having to take the pill everyday. The injection is currently available at all health centers and some pharmacies, whose staffs have been trained in its use.
- Condoms: This form of pregnancy and HIV/STI prevention is easy to access and can be quickly and cheaply found in pharmacies, mini-shops and gas stations. It is also available through all health centers. The prevalence of male condom use is 4.8 percent among all women aged 15-49 and that of female condom use is only 0.1 percent among all women aged 15-49[7]. Some people feel that using condoms with their spouses or partners shows mistrust. However, condoms are one of the cheapest and easiest methods, and it provides double protection (protects against pregnancy and against HIV/AIDs and other STIs).

There are also long term contraceptive methods to prevent pregnancy, such as Inter-Uterine Device (IUD) and Vasectomy (VSC) for young couples or for older couples who want no more children. These methods can be accessed through referral hospitals.

What can we do?

- Provide educational and training workshops on reproductive health to local community councils and to both men and women so that they understand about reproductive rights and how to use contraceptive methods.
- Support family planning services.
- Establish reproductive health services so that young people can access easily and without discrimination.
- Disseminate family planning information through community councils, especially through the Women's and Children's Focal Points (WCFP).
- Refer individuals in need of family planning services to the community based distributors, local health centres, or referral hospitals.
- Sensitise responsibility of men and women regarding issues related to reproductive health and family planning.

[5] CDHS 2005 Prelim Report
[6] CDHS 2005 Prelim Report
[7] CDHS 2005 Prelim Report

- Empower women on issues of reproductive choice including contraceptive use.
- Improve access to public health services among poor women, especially through financial and transportation support.
- Assist in setting up and support Village Health Support Group (VHSG) and provide financial, material and transportation support.
- Assist in setting up and support Health Centre Management Committee (HCMC).

2. Pregnancy Care 'Antenatal Care' (ANC)

Care provided by a trained professional is important for monitoring a woman's pregnancy in order to reduce risk during pregnancy and delivery and to ensure a woman gets referred to proper care if a problem arises. Some problems are not easy to detect, and it is very important that a properly trained health staff does the ANC check-up, as a traditional birth attendant does not have all of the necessary equipment, supplies or knowledge for thoroughly check-up.

Photo: Prof. Dr. Sann Chansoeun

Early antenatal care and regular check-ups are recommended for the best pregnancy results. Antenatal care includes taking the mother's blood pressure, urine and blood samples, and giving iron tablets and anti-malaria pills for preventing pregnancy related complications. Tetanus Toxoid injections are good to prevent neonatal tetanus of the baby caused by unclean tools such as glass, a knife or scissors used to cut the umbilical cord. If the baby catches tetanus, then 70-90 percent[8] of them would die. Furthermore, two doses of tetanus monthly during early pregnancy can prevent tetanus among newborns and mothers almost 100 percent.

Two-thirds of women (69.3 percent) who gave births in the last 5 years received ANC at least once from a doctor, nurse, or midwife[9]. Ninety percent of women with a secondary education received antenatal care, compared to 70.6 percent of women with primary education and to 49.9 percent of women with no education[10]. This means that the use of ANC is closely related to the mother's educational level, knowledge, and poverty.

What can we do?

- Disseminate information on the importance of antenatal care with a trained health staff through Commune Councils, especially through the Women's and Children's Focal Points
- Improve the quality and accessibility of reproductive and maternal health services, especially by targeting rural and remote areas and vulnerable groups
- Support midwives and motivate them to work in rural and remote areas.
- Improve access to public health services among poor women, especially through financial support to cover fees and transport costs.
- Refer pregnant women to give births at health centre or referral hospital for preventative and any needed medical care.
- Empower women on issues of reproductive choice including visits to HC.

[8] CDHS 2000
[9] CDHS 2000
[10] CDHS 2005 Prelim report, p15.

- Educate pregnant women on possible difficulties and risks of their pregnancy.
- Facilitate timely services for pregnant women and when she is giving birth, e.g., by supporting transportation needs.

3. Deliveries with Skilled Health Professional

It is important that all deliveries are attended by a skilled health care professional– midwife, nurse, or doctor. Proper monitoring, medical care and clean surroundings during delivery can reduce complications and infections for the mother and baby. Although 69 percent of mothers received pregnancy care from a trained health provider for their most recent birth, fewer than half of babies (43.8 percent) are delivered by a health professional and slightly above one half of babies (55.4 percent) are delivered by a traditional birth attendant. The majority of births in Cambodia are still delivered at home (78.2 percent) and fewer births occurred at a health facility (22 percent)[11]. Births delivered at a health facility increases as mothers' educational level increases. One out of ten births to women with no education was delivered at a health facility, whereas nearly five in ten births born to women with at least some secondary schooling were delivered at a health facility.[12] This could be explained by a combination of higher education leading the mother to understand the benefits of giving birth in a health facility, as well as by being financially able to pay for the costs of visiting the health facility. More women with no education reported costs as a barrier to seeking health care.[13]

Photos : JICA project for improving MCH service in Rural Areas in Cambodia

The CDHS 2005 showed that some mothers who were living in rural and remote areas wanted to give birth with trained health care providers. However, many women continued to give births with traditional birth attendants due to financial constrains, long distance to health facilities, poor road conditions, and shortage of trained health providers, especially midwives in rural areas[14].

What can we do?

- Provide local transports at a fixed low price for quick referral of pregnant women in an emergency, as well as for midwives to visit pregnant women in more remote areas and hard-reaching areas along rivers and lakes.

[11] CDHS 2005 Prelim report
[12] CDHS 2005 Prelim report, p15
[13] CDHS 2000
[14] Delivering into Good Hands

- Refer pregnant women to local health centre or operational district hospital for any needed medical care.
- Support health care services for young mothers.
- Disseminate information on the importance of delivering with a health professional through commune councils and WCFP.
- Support and raise awareness of village midwives on health issues and encourage them to communicate these issues directly to villagers.

4. Postnatal Care

After giving birth, mothers should receive postnatal care from health professionals to insure that the mothers are not at any risk after delivery and babies are healthy and receiving needed medical care. Mothers may face many problems after giving birth and sometimes these problems are fatal. On the other hand, the newborn can also encounter problems if they are not properly checked up and followed up regularly. According to CDHS 2005, the majority of maternal and postnatal deaths occurred within the first 48 hours after delivery. Therefore, medical interventions should be primarily rendered during this postnatal period. CDHS 2005 data also showed that 64 percent of women received postnatal care within the crucial first two days of delivery. Higher educated women were more likely to receive postnatal care than their counterparts of lower education, for example, eighty-two percent of women with secondary or higher education received postnatal care within two days of delivery.

Photos : JICA project for improving MCH service in Rural Areas in Cambodia

What can we do?

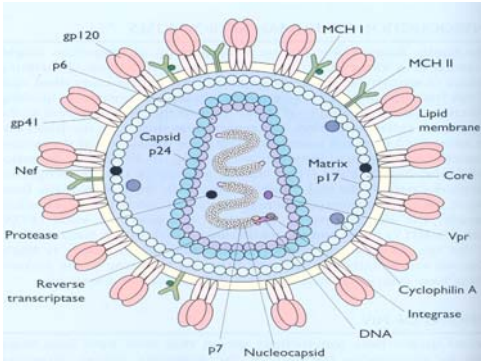
- Disseminate information on the importance of postnatal care and at least 3-times check-up health professionals through grassroots meetings in the village or in the commune.
- Improve the quality of health services for indentified target groups, such as those in remote areas and vulnerable.
- Advocate midwives to work in rural areas and in remote areas.
- Send both mothers and the newborns for health check-up at health centres at least 3 times after delivery.
- Establish commune funds to support midwives' postnatal care follow-up activities and to cover costs associated with emergent transfer of mothers and/or newborns from remote areas to nearby health centres or referral hospitals.

5. HIV/AIDs

Definition:

- **HIV/**AIDS **stands for** (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome)
- HIV attacks the body's immune system. By weakening the body's defences against disease, HIV makes the body vulnerable to a number of potentially life-threatening infections and cancers. HIV is infectious, which means it can be transmitted from one person to another.
- AIDS is the life-threatening latest stage of HIV infection, when the immune system is extremely weak.

A healthy-looking person can be HIV infected, and the infection can be transmitted by having sex, injection, blood transfusion, or from a mother to the newborn in several ways: during pregnancy, delivery and breastfeeding. It cannot be transmitted through shaking hands; hugging; kissing; coughing or sneezing; using a public phone; visiting a hospital; sharing food or drinks, sharing a toilet, a shower, or a swimming pool; getting a mosquito bite; or working, socialising, or living side-by-side with HIV-positive people. One cannot tell if someone has HIV from his visual appearance because they often do not look sick.[15] HIV/AIDS infection rate is high among high-risk groups, such as sex workers and their clients. HIV/AIDs infection is also found in Cambodian families.



Ways to avoid HIV/AIDS:

- Use condoms
- Have only one partner or limit sexual partners
- Abstinence
- Do not share needles or blades
- Use safe blood for transfusion

Ninety nine percent of Cambodians have heard of AIDS and 48 percent of women say that they know someone personally who has AIDS or who has died of AIDS.[16] Given the high levels of awareness of HIV/AIDS in both urban and rural areas, it is not surprising that 81 percent of women and 92 percent of men know a way to avoid HIV/AIDS. Women in urban areas and women who have more education are more likely to know about HIV and ways to

[15] CDHS 2005
[16] UNAIDS 2006

avoid it than other women do. Adolescents and young people are poorly informed about sexuality, reproductive health and the consequences of unprotected sex. While 53 percent have been educated about HIV/AIDS at school, 42 percent of young people out of school have not[17].

The HIV/AIDS prevalence rate among adults aged 15-49 was decreased from 2.0 percent in 1998 to 0.9 percent in 2006. In urban areas, HIV/AIDS prevalence rate was 1.1 percent; this figure was higher than that in rural areas (only 0.8 percent in 2006)[18]. The prevalence rate was 14 percent among sex workers and 0.9 percent among pregnant women[19]. Asian Epidemic Mode (AEM) estimated that in Cambodia the number of persons contracted HIV/AIDS was about 61,400 persons in 2007, among them32,200 were women and 29,200 were men. In 2010, this figure was 51,200 persons; and among them 26,800 were women and 24,400 were men[20].

What can we do?

- Disseminate information about HIV/AIDS through Commune Councils.
- Promote safe sex practices, especially limiting partners and condom use.
- Establish youth-friendly HIV/AIDS advice, counselling and treatment.
- Encourage people living with HIV/AIDS to seek health services at health centre, or operational district hospital.
- Support health services and provide interventions to prevent the spread of HIV/AIDS among all target groups, especially in the communes.
- Support and improve programs for people living with and affected by HIV/AIDS (PLWHA) with emphasis on community-based care.
- Sensitise men and women on their joint responsibility in reproductive health and family planning.

[17] Oct 2005. Achieving the Cambodia Millennium Development Goals 2005 Update. Poverty Monitoring and Analysis, Ministry of Planning. Phnom Penh, Cambodia.
[18] National Center for HIV/AIDs, Dermatology and STD: Annual Report 2006
[19] National Center for HIV/AIDs, Dermatology and STD: Annual Report 2006
[20] National Center for HIV/AIDs, Dermatology and STD: Annual Report 2007