



Acceptance of Family Planning Methods among women coming to referral hospitals for abortion and post abortion care in Cambodia

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Rationale

- CPR is low: 27%
- High unmet need for family planning (FP) methods among married women: 25%
- MMR is high: 472/100,000 live births (CDHS 2005)
- Death from abortion complication contributed for 13% (WHO estimation 2003)

Objective

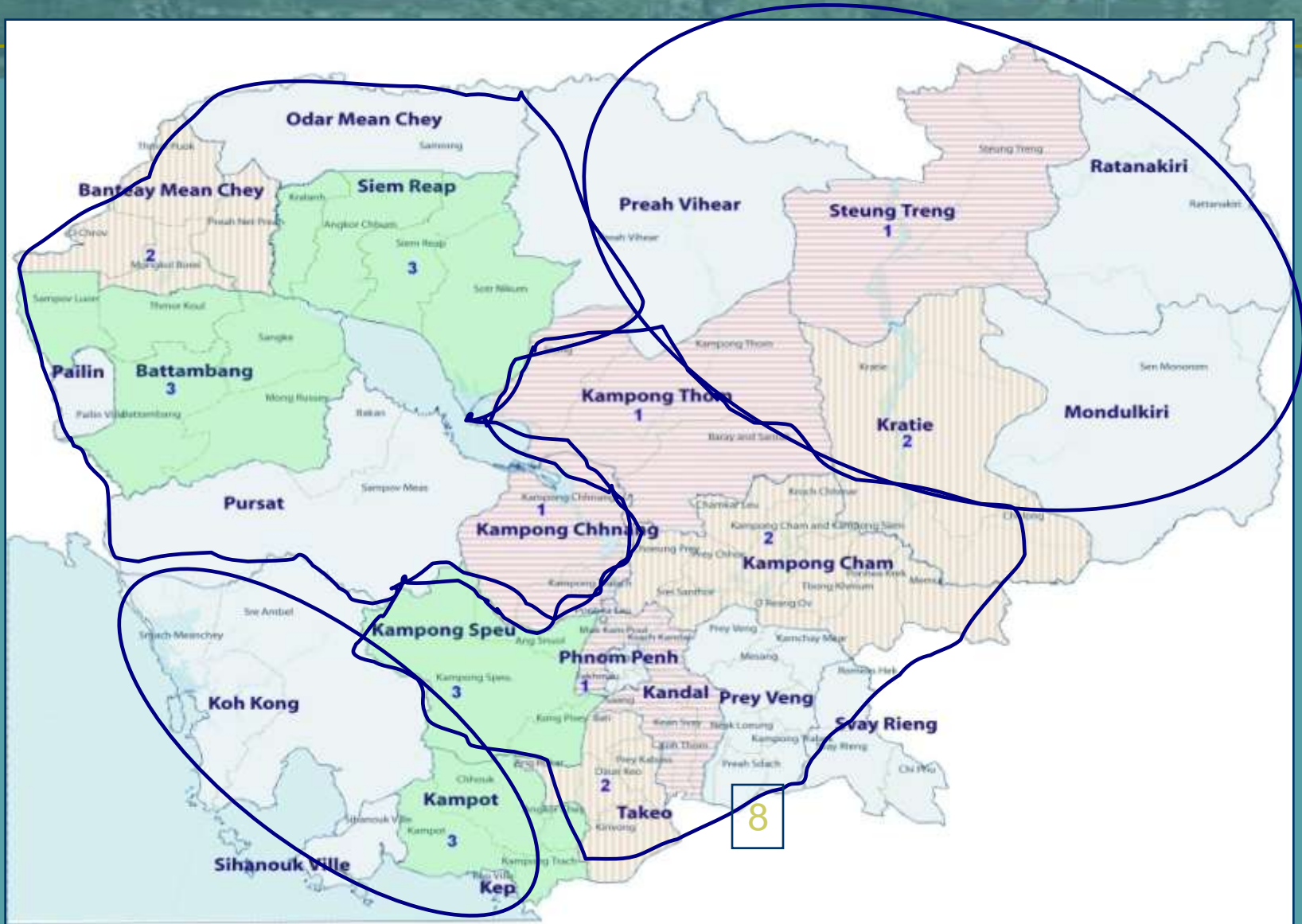
Primary objective

- To determine if availability at FP counselling and service or refer for FP at HCs, will increase acceptance of FP for abortion and post-abortion, compared to the current system, where all family planning counselling and services are provided at health centres.

Secondary objectives

- To measure knowledge of post-abortion clients about family planning methods.
- To understand issues related to FP such as: the use, side effect and accessibility of the service.
- Measure the prevalence of repeat abortion.

Site selection



N	Provincial RH	CAC/PAC (BS counseling)
1	Phnom Penh	√
2	Kandal	
3	Prey Veng	
4	Svay Rieng	
5	Kampong Speu	
6	Kampong Cham	√
7	Kampong Thom	√
8	Takeo	√
9	Odor Meanchey	
10	BTM	
11	Siem Reap	√
12	Pailin	
13	Battambang	√
14	Pursat	√
15	Kampong Chhang	
16	Koh kong	
17	Sihanouk vill	
18	Kampot	√
19	Kep	
20	Preah vihea	
21	Stung Treng	
22	Rattanak Kiri	
23	Mondul Kiri	
24	Kratie	

Design and Methodology

General outline:

- Multistage Cluster Sampling
- 8RHs will randomly allocated to 3 different groups
 - Group 1: FP counseling and Methods
 - Group 2: FP counseling and refer to HCs for service
 - Group 3: Current program
- Subject will be followed-up at 3 and 12 months after procedure

Subject selection

- All abortion and post abortion women who come to seek care at selected RHs during the study period are eligible.
- Exclusion criteria: Women who do not live in the catchment area of selected provincial RHs.

Description of intervention

- Train MWs in the intervention model 1&2 in FP methods and counseling.
- Midwife counseling on FP to post abortion procedure women and seek consent for participation in the research.
- FU to client conducted at 3 and 12 months after procedure.

Data management and Analysis

- ❑ Data collection: using questionnaire by trained interviewer.
- ❑ Duration of intervention and subject recruitment is 9 months period.
- ❑ Data entry: Using Epi-Info program version 6.04b with double entry.
- ❑ Data cleaning.
- ❑ Data analysis.

Duration of the project

Activity	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Project preparation	■							
Subject recruitment and intervention		■	■	■				
Subject follow up and data collection			■	■	■	■	■	■
Data analysis								■
Report writing and dissemination								■

Budget

1- Personnel cost:

- Principal investigators and co-investigator
- Midwives at intervention model RHs
- Interviewers
- Data collection supervisors
- Financial officer

2- Training cost:

- Training cost for midwife on BS counseling and method
- Training of data collector and supervisor

3- Travel cost:

- Travel for project management team
- Travel for data collection supervisors
- Travel for data collectors at 3months and 12 months follow up to women.

4- Other cost

- Communication fee
- Small gifts
- Dissemination workshop
- Equipment need for the study

References

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- ❑ Kenya, Solo, and her colleagues, 1999.
- ❑ Delvaux T, Crabbé F, Sopheap Seng, Laga M. The need for family planning and safe abortion services among women sex workers seeking STI care in Cambodia. *Reproductive Health Matters* 2003; 11: 88-95.
- ❑ National Need Assessment of Abortion services in Cambodia. Tung Rathavy, Tamara Fetters, Jill Sherman, Samphon Vothanak, Cambodia, 2005.