# Knowledge, Attitudes and Practices related to Sterilization

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Executive Summary

Sterilization has proven to be an effective permanent method of family planning with few side effects, but Cambodian people rarely select this method because of fears based in the many misconceptions that exist. It is important that Cambodians become aware of sterilization as a permanent method they can select when they have had all the children they want. Their awareness must be based on the facts about sterilization, not rumors and gossip. The objectives of this research were to identify and describe the knowledge, attitudes and practices around sterilization of women and men of reproductive age. The report summarizes the key findings of the recent research on knowledge, attitudes and practices of people on both temporary and permanent birth spacing methods. It was undertaken to help design the informational and promotional IEC materials on permanent methods.

Since this was qualitative research, the findings contained many details and nuances that are not captured in this summary report, as it would have been extremely time consuming to attempt to capture and explain the range of information collected during the research¹. To give readers a clearer sense of the key messages that were developed as a result of the research, a creative brief developed for two types of print materials for male audiences is included at the end of the report. A summary follows:

Data collected from Focus Group Discussions

- Men whose wives are over 30 years old have heard that Chang Sbone (Tie Uterus) for women and Kreav (Castration) for men is a permanent contraceptive method that will stop them from having more children. They would consider the method if they had the right information, including availability and price of the service. Men whose wives are under 30 years old are not clear about the method and sometimes think it is the same as Castration. (Since the Khmer word for vasectomy also means castration, this contributes to misunderstandings.)
- Women over 30 years of age have heard that Chang Sbone is a permanent method for women that will stop them from getting pregnant and Kreav is another method for men that will also stop them from having children. They would also consider the method if they had accurate information.

Data collected from Intercept Interviews

- Men and women over 30 years old are interested in this permanent method and may consider it if they have accurate information.
- Men and women under 30 years old are also interested in this permanent method, but want to continue with temporary birth spacing methods since they are still young and want more children.

¹ A more comprehensive and detailed report will be produced at a later date.
Pictures of Focus Group Discussions

Focus Group Discussion on Vasectomy in Kampot

Focus Group Discussion on Tubal Ligation in Kampot
Background

Even though Sterilization has been performed in Cambodia for some years and a number of Cambodian people have used this method, the method is still not understood by most Cambodians. Studies have shown that a significant portion (7%) of the population (Reference: KAP 95) uses a modern birth spacing method (e.g pills, Depo, IUD, Norplant, Condom) even when they have decided they have had all the children they need. Often these methods fail, either because people do not use them appropriately or because they discontinue when they don't have money to buy more supplies. This results in the birth of children they haven't planned for and can't afford, or the use of abortion as a birth spacing method. The average Cambodian family has from three to five children (Reference: census 96), and the average family size contributes to poverty, limited educational opportunities and health problems. Even though sterilization has been proven to be effective with very few side effects, Cambodian people rarely select this method because of fears and the many misconceptions that exist. It is very important that people become aware of Sterilization as a permanent method that they can select when they have all the children they plan for, thus improving their families' health and economic status.

Objectives

The objective of the research was to identify and describe knowledge, attitudes and practices on sterilization of women and men of reproductive age. The longer-term objective of the research is to produce IEC materials on sterilization.

Methodology

Two qualitative techniques were used, including Focus Group Discussions and Intercept Interviews.

- A total of 16 Focus Group Discussions were conducted with women. Among those, 8 group discussions were conducted with women under 30 years of age, and 8 groups were conducted with women over 30 years of age.
- A total of 16 Focus Group Discussions were conducted with men. Among those, 8 groups were with men whose wives were under 30 years old of age and 8 groups were with men whose wives are over 30 years of age.
- A total of 56 Intercept Interviews were conducted with women.
- A total of 36 Intercept Interviews were conducted with men.
- Although the surplus of 20 Intercept Interviews with women over men biases the sample between the two sexes, it also reflects the greater interest and responsibility that women take in controlling their fertility.

Criteria for Focus Group Participation:

For men: if their wives were under 30 years old, they must have had at least 3 children and the third child must have been at least 2 years old. If their wives were over 30 years old, they must have had at least 2 children and the second child must have been at least 2 years old.

For women: if they were under 30 years old, they must have had at least 3 children and the third child must have been at least 2 years old. And if they were over 30 years old, they must have had at least 2 children and the second child must have been at least 2 years old.
Knowledge, Attitudes and Practices related to Sterilization

Criteria for Participation in Intercept Interviews:

For the Intercept Interviews, both men and women who came for birth spacing services were selected for the interviews.

Findings from Focus Group Discussions

Profiles of Participants

For women, both groups under and over than 30 years of age had an average of 3 children and their occupations were house wives, farmers, food vendors, teachers and laborers. The majority of women over 30 years of age planned to have at least 4 children, while the women under 30 years of age didn’t mention how many children they planned to have. Both reported that having many children resulted in many problems. Reduced financial resources to buy food or pay for education and the health problems of both parents and children resulted in vicious cycle. Sickness and lack of education contributed to an inability to work and resulted in a further reduction in financial resources, making the family poorer and less healthy.

For men, both groups whose wives were under and over 30 years of age had an average of 3 children and their occupations were farmers, motor drivers, policemen, teachers, health professionals, construction workers, car technicians, food vendors, fishermen, and government staff. The majority of women (the men’s wives) over 30 years of age in Phnom Penh were reported to be working in the Garment factories or to have small business. Their children usually went to school or stayed with their grand parents (who lived together with them). For the majority of women (the men’s wives) less than 30 years of age, they were reported as not working. They stayed at home to take care of their children. Both groups reported that having many children resulted in many problems such as those described in the paragraph above. For the group of men whose wives were over 30 years old, they usually planned to have 2 children if they lived in Phnom Penh and 3 children if they lived in Kampot Province (because they could provide better care). The men whose wives were less than 30 years old reported that they had not yet planned for a number of children.

Knowledge, Attitude and Practices for Birth Spacing Methods

Both groups of women were aware of pills, depo, IUD, Norplant, condoms, the calendar method and withdrawal. They had learned about these methods from TV, radio, health professionals, RHAC Health Development Team (HDT) members, pharmacy staff and word-of-mouth communication from others. The most popular methods for both groups of women were pills and Depo because these methods were viewed as easy to use and inexpensive, and they could stop them at any time if they wanted to have children. The side effects from pills were described as "getting hot," losing or gaining weight, nausea, headaches and low energy. Women under 30 years old reported forgetting to take pills regularly because they were busy, and some discontinued when they did not have money to buy new supplies. When they took pills for a long time, they believed they would not get pregnant, would have difficulty during delivery, or would get uterine cancer. Some women used the Chinese monthly pill, and said it resulted in irregular menstruation. The older women said that the benefit of Depo was that they did not have to take it every day like pills, but the majority of women in both groups agreed that the side effect of Depo were vaginal bleeding, no menstruation, and "feeling hot." Some women in both groups mentioned using condoms and they were aware that condoms can prevent STDs and HIV/AIDS. A few women over 30 years old mentioned that because their husbands went away for a long period of time, they had become accustomed to using condoms for STD prevention, although they told their husbands that they used condoms for birth spacing. The majority of the women knew that the IUD is inserted in the uterus, but some believed that it could move inside the body. A few women in Kampot reported using
withdrawal or the calendar method because these methods are free and have no side effects. All women mentioned being responsible for the selection of birth spacing methods but that they needed to discuss their choices and get permission from their husbands.

Overall men felt that the women were responsible for birth spacing methods. They knew of birth spacing methods such as condoms, IUDs, pills, Depo, the calendar method, and withdrawal. Some of them knew Norplant. They became aware of these methods through TV, radio, word-of-mouth, outreach, and their wives. The most popular birth spacing method among men over 30 years old was the condom. They used condoms with their wives as a birth spacing method and with prostitutes for STD prevention. However, men less than 30 years old used the withdrawal method because they did like to use condoms and were afraid of the side effects of other birth spacing methods. The most popular birth spacing methods for their wives in both groups were pills and Depo; they said side effects of the pill were getting thin or fat, irregular menstruation, vaginal bleeding, feeling hot, and headaches. For Depo the side effects mentioned were irregular vaginal bleeding or no menstruation. For IUDs, they believed it could move inside the body or get rusty, which would give the women cancer. Some men in the younger group stated that when they have had enough children, they would stop having sex with their wives and go to prostitutes they did not know any birth spacing methods that they could use. At least one man in the group over 30 years old reported that his wife had had a tubal ligation, and a few others mentioned having relatives who had used tubal ligation as a permanent method of contraception.

**Knowledge, Attitude and Practices on Sterilization**

The majority of women over 30 years of age had heard about *chang sbone* (tie uterus) which women may have decide to have more easily after a difficult delivery since it will preclude future pregnancies. They knew *kreav* (castration) is another permanent method for men who don’t want any more children, but they did not know how it was done. The majority of women under 30 years old had heard about *kreav* and *chang sbone*, but they did not know which one was for men and which one was for women. They did know that these methods were permanent and would stop them from having any more children. Both groups knew of these methods from relatives who had used the methods in the past, from health professionals, or from Health Development Team (HDT) workers. Participants in the younger group also mentioned that they knew of these methods from TV and Radio. The fear and misconceptions within both groups were that women who have these methods before they are 35 years old will have mental problems, depression, need to rest up to 6 months, have vaginal bleeding, lack appetite, or become thinner or fatter. They also thought women who had had *chang sbone* might have an ectopic pregnancy and/or would not be able to have sex. Women in the under 30 mentioned group said that after having *chang sbone*, they could have children again when they wanted just by untying the tubes. Members in both groups were afraid of the surgery and said they did not want to have any scars. Participants in the younger group also mentioned that they fear having *chang sbone* because their attitudes will change (they will become like men), and then their husbands will go to prostitutes or divorce them. The majority of females would consider *chang sbone* if they had accurate information on the procedure (including where they can get it, the price...etc) and the side effects.

The majority of men over 30 years old had heard about *chang sbone* for women and *kreav* for men as permanent contraception methods that would stop them from having children. A few of the men whose wives were less than 30 years old were aware of these 2 birth spacing methods. Both groups had heard about these methods from their relatives, friends, and neighbors. Men whose wives were over 30 years old reported not knowing the process, the cost and where they could obtain these permanent methods. The majority of the participants in both groups had heard that after *kreav* they could become fat, become bad tempered, lose sexual drive or have a greater sexual drive, that the penis would die or not become erect, or that they would become stranger than “single men”(sex and work). Some members of the
groups agreed with these ideas and others disagreed. The group of men whose wives were over 30 years old would consider the permanent method if they had accurate information and the procedure were available for a price from $5 to $13. The groups of men whose wives were less than 30 years old were not clear about that permanent method and wondered whether it was the same as kreav (castration), but reported they would consider it. The younger group said this method would also result in financial benefits and they would not need to spend many times as birth spacing methods. The older group said they would not need to spend money for deliveries (children) and could concentrate on their work.

Data Collected through Intercept Interviews

A total of 56 Intercept Interviews were conducted with women from 19 to 46 years of age in Phnom Penh, Kampot and Pursat. In conformance with information received from the Focus Group Discussions, women over 30 years old usually had more than 3 children and planned to have no more children. Since the most popular methods of birth spacing were pills and Depo, this may indicate the need for long-term birth spacing methods. Some had not heard about permanent methods and some had. They needed general information if they were to consider this method, including how the procedure works, where it can be performed, the cost, effectiveness, and safety. Four out of 56 interviews were not complete. (For more detail, please refer to the chart.)

A total of 36 Intercept Interviews were conducted with men whose wives were between 18 and 49 years of age. Three out of 36 were single. The interviews were conducted in Phnom Penh, Kampot and Pursat. Those over 30 years old who had 3 or more children planned for one or no more children. The most popular birth spacing methods that their wives were using were Depo, pills, IUDs and Norplant, which is a long term birth spacing method. This information was consistent with the Focus Group Discussion information. If they had clear and accurate information about permanent methods, they might consider them when they have had enough children. (For detailed data, please refer to the chart provided.)

Channels of Communication

For the channels of communication, both groups of men and women in Phnom Penh said they would need the information about the permanent methods through both television and radio. Groups in Kampot said they would need the information about the methods through the government TVK television, through the government AM radio, and FM 95. All groups in Phnom Penh and Kampot said that they would need information about the permanent methods through the printed materials and community outreach.

Conclusions and Recommendations

Discussion

This research suggests that men and women over 30 years of age who have all the children they have planned for might consider sterilization as permanent method if they had accurate and sufficient information about the method. Men and women under 30 years old still want to continue with temporary birth spacing methods since they are still young and want more children. Therefore, there is a need to provide adequate information through the various communication channels identified suggested by the participants in the research.

The major messages that should be sent to audiences were also developed as a result of the research, and a creative brief for the print materials for men are included in the following pages as illustrations of the kinds of messages that should be sent.
Constraints

We had some difficulties with the Focus Group Discussions. Participants who came late interfered with the group process, making other participants unhappy. There were some difficulties in finding people who met the selection criteria, so fewer participants attended the focus group sessions than were planned. It was more difficult to identify men than women who could/would participate in the study. In general, the research team members did not have much knowledge and experience in qualitative methods research, and they need more training, especially on how to collect data using Focus Group Discussion and Intercept Interviews.
Creative Brief: Sterilization Picture Booklet (for Men)

Description of Audience

- Low literate/illiterate for people who don't know about sterilization.

Behavior Change Objective

- Increase awareness and interest

Obstacle to desire behavior change

- Afraid to have operation
- Afraid they will have problem after sterilization
- Afraid that it is Castration
- They don't know where to get these services

Audience contact point

- Health Center/Clinic, Clinic Volunteers/Community Outreach (Rural)
- Clients who come for other health reasons

Main Messages (positive benefits)

- Still healthy
- No more children
- Still able to work normally
- More time to work or make more money
- Enjoy sexual intercourse without being worried about having more children

Supporting Messages

- Not castration.
- No mental illness.
- Not impotent.
- Not irritable problem.
- Not fat

Creative Recommendations (tone, design, content)

- Focus on benefits-promotional
Creative Brief: Sterilization Leaflet (Men)

Description of Audience

- Literate people and low literate in counseling W/HW
- Who want more information/ are ready interested

Behavior Change Objective (remember: steps to behavior change)

- Give enough information to decide

Obstacles to desired behavior change

- When people ask for more information, providers do not know, and give the wrong information

Main Message

- Still healthy
- No more children
- Still able to work normally
- More time to work or make more money
- Enjoy sexual intercourse without being worried to have more children

Support Message

- Not castration
- No mental illness
- Not impotent
- Not irritable problem
- Not fat

Creative Recommendations (tome, design, content)

- Focus on benefits - promotional.
Knowledge, Attitudes and Practices related to Sterilization

Screening Questionnaire and Moderator's Topic Guide

Focus Group Discussion Guideline

Introduction
- Greeting
- Introduce your self as a moderator
- Explain the purpose of the focus group discussion
- Ask for participants permission to record
- Stress confidentiality

Warm up
- What is your name
- How many children do you have
- What about you.... How many children have you plan for...? What about you....
- Tell me a little about your children, how do they effect your life, Did you plan to have more children...
- Summarize: So children make you...

Knowledge awareness and practices on birth spacing methods
- Let’s take a little time to discuss the different ways, families, especially women, use to plan when to have children... Any other way......(probe, probe..)
- In your opinion which are the most common methods used by women, why...
- Has anyone in the group used any of these methods, what were/are some of your experiences, why did you select this method...
- What about you, which methods have you used, why..
Summarize: So women use these methods in order to plan when to have children......

Awareness/ knowledge on permanent methods
- Now what about the women who have all the children they want is there a method they can use that will stop them from having children forever...
- How many of you have heard of this method, can you tell us a little about it, where did you hear about this method... Anyone else....probe
- How many of you know of someone or a friend who had this method done...
- Where did she has it done, how long ago, how does she feel about using this method
Summarize: So.....

Attitude/feelings towards permanent methods
- How many of you have thought that when you have all the children you want, will you consider this method..
- What made you consider this method....., What about you..
- Being that this method is permanent, meaning you will not be able to have more children forever, how did you feel about this method...
- How would you husband/wife feel if you decided to use this method...
Summarize: ..... 

Channel of communication
- If you were considering this method but you were reluctant to have it became you didn’t know enough about the method...
- What would you want to know that would give you enough information to make the right decision, what about you....

**********
Knowledge, Attitudes and Practices related to Sterilization

1. c h B F b B a b k h t r h t

2. et m b g b n a k E d l B B m e F ú a j a y en H? et b g G a c R a b ' b h B m e F ú a j a y en H e T? et b g B m e F ú a j a y en H B N a? et man G R N a d g y e T o t e T? B û a y amb B a a b B a a b K a t; e G a y n y a y e G a y ) an e R c h l

3. et m b g N a s Ál B G K N a ë d l F a b e F m e F ú a j a y en H e T? et e K a n e F i à n A e n G N a? e B l N a? et Kay man G a r m ï y ag N a b m e F ú a j a y en H?

s r b e s c k ð

4. ey b G a c s r b f a e b G B a @ Rs f d l man k b R K b R K a n e h y e h y m i c g ) a n k b t e T a e T o t K N E t K t B m e F ú a j a y en H.

G a k b k r i y a n g a r m ï e l V F b B a b b k h t r h t

1. et m b g b n G R k g c h b a n j a n K t f a n g c a b y k v F e n H e R k a y B b a y b g man k b R K b R K a n e h y

2. et e N a e B l N a ë d l e F b G a y K t B m e F ú a j a y en H? c h b g Rs k a g en H?

3. et b g G a c m a n l T B a b m a n k b e R c h e T o t ) a n e T ? et b g man G a r m ï y ag N a b b a h m e F ú a j a y en H? e h t G a

4. et b b g R s man G a r m ï y a g e m c e b b g R s c t T T Y y k m e F ú a j a y en H?

R b B a c K a s n a b M a k J M g

e b s n C a b e g e p t G a r m ï e l V F e n H b e n p g e n A m a n K a r s k e s B e B a b b g m i n T a n ) a n T T Y B t man R K b R K a n B V F e n H e t b N b j B t man e b b N a ë d l e F b G a y b g G a c s B c c t ?
## INTERCEPT INTERVIEW QUESTIONNAIRE

(WOMEN)

<table>
<thead>
<tr>
<th>Interview site</th>
<th>Date</th>
<th>Name of interviewer</th>
<th>Number of interview</th>
</tr>
</thead>
</table>

1. How old are you ..............................................  
2. What is your occupation ......................................  
3. How many children do you have  ......................................  
4. How old is your oldest child  ......................................  
5. How old is your youngest child ......................................  
6. Why are you here today ........................................................  
7. Are you currently using a BS method  Yes ........... No ............  
   a. If yes, which method are you using  .......................................................  
   b. How long have you used this method ...........................................................  
   c. Why did you select this method .................................................................  
   d. Are you satisfied  Yes ........ No ............  
   e. If no, why not .............................................................................  
8. Are you planning to have any more children  Yes ........ No ............  
   a. If yes, how many  ............................................................................  
9. Have you heard about sterilization  Yes ........ No ...... (if no go to question 11)  
   a. If yes where did you hear it from ..............................................................  
   b. What do you think about this method ........................................................  
10. If you have all the children you wanted, would you consider sterilization as a permanent  
    method of BS  Yes ........ No ............  
    a. If yes, when are you planning to have this method .........................................  
    b. If no, why not .............................................................................................
11. What do you want / need to know more about this method to make you comfortable to consider it in the future

................................................................................................................................................

12. How do you want this information to reach you:

   a. Television ..................

   b. Radio ..................

   c. News papers ..................

   d. Short stories ..................

   e. Educators .......... Counselors .......... Clinic staff .......... Other .................

   **Thank you very much for your time !**
INTERCEPT INTERVIEW QUESTIONNAIRE

(MEN)

Interview site ________________________________ Date ________________________________

Name of interviewer __________________________ Number of interview ____________

1. Do you have a partner Yes .............. No ..............
   a. If no finish the interview
   b. If yes, how old is your partner ........................................

2. How many children do you have ........................................

3. How old is your older child ........................................

4. How old is your youngest child ........................................

5. Why are you here today ....................................................

6. Are you currently using a BS method Yes ............ No ............
   a. If yes, which method are you using ..................................
   b. How long have you used this method ................................
   c. Why did you select this method ........................................
   d. Are you satisfied Yes ............. No .............
   e. If no, is your partner currently using a BS method Yes ........... No .........
   f. If yes, which one ........................................
   g. How long has she being using this method .........................

7. Do you plan to have any more children Yes ............. No .............
   a. If yes, how many ........................................

8. Have you heard about sterilization Yes ............ No ............
   a. If yes, where did you hear it from ..................................

9. What do you think about this method ..................................

10. If you have all the children you wanted would you consider sterilization as a permanent method of BS Yes ............. No .............
Knowledge, Attitudes and Practices related to Sterilization

a. If yes, when are you planning to have it ............................................

b. If no, why not ........................................................................

11. What do you want / need to know more about this method that will make you comfortable to consider having it in the future

................................................................................................................................................

12. How would you like this information to reach you:

   a. Television ...............................

   b. Radio ...............................

   c. News papers ...............................

   d. Short stories ...............................

   e. Educators ............... Counselors ............... Clinic staff ............... Other ...............

   **Thank you very much for your time!**

   ***************
Knowledge, Attitudes and Practices related to Sterilization

1. et bgRs Gay bọnq ū fb y?  
2. et bgRs Ro k b mbr b GEdr?  
3. et bgRs man k b bọn n ak eh y?  
4. et k b b b g GGay bọnq ū fb y?  
5. c Hb deBAG ay bọnq ū dr?  
6. bg mk Ten Hman k ar GEdr?  
7. b c b, n Hg man eBG h meF ūa y Bnūark EN t G Edr T?  
   cas man  
   cas G TeT  
   -eb G TeT's thg gr As MY g  
   k - eb man/et bg eBG h meF ūa y G Edr  
   x - et bg eBt aBg b Bl N amk?  
   K - eh t G Van Cab g eBG eBs y k meF ūa y h ūj?  
    X - et bg eBt c t Bb waeT?  
    cas Bb c t b  
    cas mBb c t T  
    g - eb mBb c t T eh t G V  
    c - eh t G mBb mman eBG h meF ūa y Bnūark EN t?  
    8. et bg man K bg c g) ank deT Edrb et?  
    cas eg) an T ot  
    et mnc g) an T et  
    -eb man K bg c g) ank de T ot /et bg c g) an bọn n ak Edr?
9. et b g Fø b Edl B meFüa ay b BaAb k MN t Cæor grh U EdreT? cas Føb; eT minEdl eT  
   - eb minEdl eTs bhbg Ø eTAe M NT l l |
   k - eb Fø b / et B B N ank?
   x - et b g y l y ag N aEdrc B Ah meFüa ay en aH?

10. eb b g m a n k U Rb c M M Edl b g c g) an eh y et b g c g e b b meFüa ay b B aAb k MN t rh U e n H
    Ed re T? cas e g eRo l eT min c g e Ro eT
    k - eb t g e Ro b b g n g K t f æRo b en A e B l N aEdr?
    x - eb min c g e Ro b et eh t G W b g min c g e Ro?

11. et B t m a n s B h meFüa ay b B aAb k MN t Cæor grh U G W b Edl b g R t U k a r n g c g d g e d m, l
    p as b b G a m N n g C M j u ( b g c g e R a s meFüa) ay en H e n A e B l x ag m w?

12. et b g c g) a n B t man Tal h gj( dl b g t a m ry ³ G Edr?
   k - T b T s S n _
   x - v T úú
   K - k aë t t
   X - er Og x b
   g - G G G b r M
   G r b b b W Sa
   b b A k K b k
   ep S g ² e T o t

s bh Ef g G N l r K N c b B a H arc U r b h p b ey ab l r b s b g R s l j

06/15/00
Knowledge, Attitudes and Practices related to Sterilization

1- et bg man RKY areh y b en A?
   eb K b b Balb k ars Mas n
   eb man/et RKY arb g Gay b oq a b y

2- et bg Rk b mwr bg G Edr?

3- et bg man k b b q a n ak eh y?

4- et k b b g b g Gay b oq a b y?

5- c H de BAG ay b n q a b dr?

6- bg mk T en H man k ar G Edr?

7- b c b, n en Hb g man eRb meF üa) ay B n üark B N t G Edr T?

-----------

K- ehtu GVI) an Cab ge RCs er h y k meF üa) ay h g y?

-----------

X- et bg eB j c t èR vae T?

-----------

C- et RKY arb g man eRb meF üa) ay B n üark B N t Ed re T?

-----------

Gt C n eP T Rb a
Knowledge, Attitudes and Practices related to Sterilization

8. et bgcYKáyjlaKsúKtBtEtEt? l'acgaJear et
9. et bgcYKáyjlaKsúKtBtEtEt? l'acgaJear et
10. et bgcYKáyjlaKsúKtBtEtEt? l'acgaJear et
11. et bgcYKáyjlaKsúKtBtEtEt? l'acgaJear et
12. et bgcYKáyjlaKsúKtBtEtEt? l'acgaJear et
13. et bgcYKáyjlaKsúKtBtEtEt? l'acgaJear et

knowledge, attitudes and practices related to sterilization
### Data for men's group from intercept interviews in Phnom Penh, Pusat and Kampot

**Date:** August 04-06, 1999

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**WANT TO KNOW INFORMATION**

* General information (Price, place, advantage and side effects)
Note: 3 participants were single that we did not include.
### Data for women's group from intercept interviews in Phnom Penh, Pusat and Kampot

**Date:** August 04-06, 1999

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WANT TO KNOW INFORMATION
* General information (Price, place, advantage and side effects)