CAMBODIAN WOMEN'S PERCEPTIONS OF
FERTILITY AND CONTRACEPTION

NATIONAL MOTHER AND CHILD HEALTH CENTRE
CAMBODIAN RESEARCHERS FOR DEVELOPMENT

RATTANA PHVONG CHAP. MD
CLAIRE F. ESCOFFIER, MA

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1. BACKGROUND AND FRAMEWORK OF THE STUDY

With around 10.5 million people in 1995, Cambodia's population density is low (averaging about 56 people per square km) but the annual growth rate of 2.5% is very high. Until 1991, Government policies were pronatalist. However in the last four years, the Government has acknowledged that short birth intervals can damage the health of mothers and children, and that safe motherhood programmes, including child spacing, can help cut infant and maternal mortality. According to the latest estimates, the total fertility rate is 4.9 children per woman. Maternal mortality is high, between 5 and 8 maternal deaths per 1000 live births. In 1994, birth-spacing was accepted as an objective by the Government and a birth spacing programme was planned for 5 provinces.

As a precursor to a national birth-spacing programme, a Knowledge, Attitude and Practice (KAP) survey on fertility control contraception was done by Save the Children-UK. A total of 4,544 currently married women aged 15 to 45 were interviewed. There follow some of the KAP survey findings which give a picture of the current contraceptive use in 1995.

* The contraceptive prevalence rate is very low in Cambodia. Just 13% of married women said they are currently using some form of contraception and 7% of respondents reported using a modern method.
* Only one third of all women were able to identify correctly the fertile period, in the menstrual cycle.
* The main reasons for discontinuing a method are the perceived side-effects (39%) or serious complications (5%).
* Among the current contraceptive users, 44% of the couples were using natural contraceptive methods (sexual abstinence (34%) and withdrawal (10%) Modern contraceptive methods (56%) were used as follows:

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<thead>
<tr>
<th>Method</th>
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<tr>
<td>Injectables</td>
<td>18.4</td>
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<td>IUD</td>
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<td>Sterilization</td>
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<td>Daily pill</td>
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<td>Condom</td>
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<td>Monthly pill</td>
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A qualitative survey was conducted simultaneously with the quantitative KAP survey. It aimed to increase understanding of how Cambodian women perceive contraceptive use, both natural and modern. Modern methods included in the study were the IUD, the pill, Depo Provera and condoms.

FRAMEWORK OF THE STUDY

This study was carried out in conjunction with four other studies looking at different aspects of "Women in socio-economic transition". These studies were initiated after a workshop held in Thailand in June 1994 aiming to compare the impact of a changing economy on women's health, education, decision-making and migration in four countries of the region: China, Vietnam, Laos and Cambodia. One of the main objectives of these studies was to train a group of Cambodian women in research, bringing into focus issues to be addressed at the Fourth World Conference on Women held in Beijing in September 1995. Another goal was to identify women interested in qualitative research in the hope that they would later benefit from further training in or outside the country.

For the "health team", the initial plan was to start a small study with only 2 staff of the National Mother and Child Health Centre (NMCHC). Research would take place in their workplace with a few interviews done in a community-based center. Phase I, which had a strong training component, was supervised by a medical anthropologist whose role was to initiate and coordinate the research, and to provide guidance to the field researchers. Phase II, planned for 1996, aims to further the initial study by extending the research to rural areas and addressing additional topics identified during Phase I.

Limitations:

The main problem during this study was the lack of time that the staff could devote to the research itself. The interviewers were working in a birth-spacing clinic within a National Health Institute and had numerous other commitments while carrying on the research.

An exhaustive investigation of women's vision of fertility would have required a much longer study. We are aware that we run the risk of oversimplifying local theories and inherited belief systems.
We hope this study will not give a simplistic and distorted view of a complex and rich reality and that further in-depth study will be able to confirm our findings.

II. OBJECTIVES AND METHODOLOGY

The first objective was to attempt to understand how Cambodian women think about modern and natural birth-spacing methods and the various factors influencing the choice of birth-spacing methods.

The second objective was to train the staff of the National Mother and Child Institute in qualitative research methods in order to create an interest in the field of research.

The third objective was to use the study’s results to identify, relevant messages which could be integrated into a campaign promoting information about birth-spacing methods and their side-effects.

The main themes addressed were:
1. Perceptions of natural and modern contraceptive methods by users, non-users and those who have discontinued use, with a focus on the perceived or feared side-effects of the methods.

2. Perceptions of fertility (menstruation and its relation with fecundity, representation of reproductive organs and functions, conception and fertilisation).

In qualitative research, unlike in quantitative surveys, information is not related simply to the number of individuals interviewed Statistical- sampling of the population is not the issue - rather, researchers are looking for a variety of views, contrasting, for example, contraceptive users with non users, young women with older women, the rich with the poor, those who live in rural areas with urban women, those who had several children with those who had less. Women were deliberately selected for interview according to their education level (none, primary or secondary), and the contraceptive method they used (IUD, pill, Depo-Provera or condom). There was also a spatial distinction, women were interviewed either in the birth-spacing clinic or maternity ward of the 7 January hospital, or at a community-based center located 30 minute drive from Phnom-Penh.
III. PROFILE OF THE RESPONDENTS

Sixty semi-structured interviews were performed with married women of reproductive age. Twenty-four contraceptive users were interviewed at the birth-spacing clinic in Phnom-Penh, twenty-four potential users at the maternity ward and twelve at the peri-urban community-based distribution centre (users and those who had discontinued use). The mean age of the 60 women interviewed was 33.5 years. They had between one and seven children alive and an average of 3.4 children alive.

One third of the women had no schooling at all, 28 had some years of primary education and 12 had secondary education. One third of the women were housewives, sixteen were farmers, eleven were petty traders and four women were teachers.

Twenty-six women (43%) had lost young children - 21 women lost one child, 4 women lost 2 children and 2 women lost 3 children. Thirty-five per cent of the women using contraceptives wanted to space their children. These "spacers" had on average 1.8 children and wished to have between 2 and 4 children (only 1 wanted five children).

Sixty-five per cent of the women using modern contraceptives did not want to have any more children. These "limiters" had on average 4.1 children and wanted to use contraceptives until their menopause.

CURRENT CONTRACEPTIVE USE:

19 women were currently taking the daily pill, 13 were using Depo-Provera and 11 women were using an IUD. Only one couple was using condoms. Five women were in their post-partum period and six women interviewed at the maternity ward came for an abortion; one woman had her 10th abortion. One woman had a tubal ligation and four women wanted to have more children.

Fifty-five percent of the women were first time contraceptive users. Among those who had given up use:
- 10 women had previously used an IUD
- 6 had used condoms for a short period
- 7 women had used the pill (5 used the daily pill and 2 the monthly pill)
- 9 women had used "natural methods" (6 used "Khmer wine" or herbal medicine, 4 unsuccessfully tried methods such as coital withdrawal or periodic abstinence

IV. CULTURAL VIEWS ON FECUNDITY

The KAP survey has shown that "natural" contraceptive methods such as periodic abstinence (34.2%), withdrawal (9.6%) and Khmer medicine (1.7%) were counting for 45% of contraceptive methods currently used. Before looking at “periodic abstinence” as such, it seems relevant to try to identify the concepts Cambodian women hold about menstruation and fertility (keeping in mind that the short time allocated for the study did not allow an exhaustive analysis).

A. MENSTRUATION AND SEXUAL ABSTINENCE

All traditional societies, including Khmer society, have naturalistic views of the functioning (growth and decay) of the body. The body is seen as a microcosm and the menstrual flow marks the rhythms of the life cycle. The proper Khmer word used for menstruation is RODEU and derives from the Sanskrit RITU meaning SEASON. The woman is seen as an element of nature having a natural regular rhythm influenced by seasonal variations and cosmic influences such as those of the moon or other planets. The term RODEU, though not always used to describe the menstrual period, is however always used to describe menstrual blood (CHEAM RODEU). When the menstrual flow is "red, abundant, and odorless", it is welcomed by women as proof of a proper functioning of the body. Abundant bleeding is associated with fertility and good health. Besides its appearance, the regularity and the "right" amount of the menstrual flow are the two other signs of a healthy body.

Menstruation and delivery allow the renewing, the changing of the old or "dead blood". New fresh blood provides strength, beauty and restores a woman's health.
On the other hand, sterile women are often perceived—as having poor health because they do not experience repeated bleeding. So women monitor the quantity, the quality and the regularity of the menstrual flow quite carefully. Any changes or modifications raise fears and anxiety about health. We will see later that the intake of any chemical contraceptives (Depo-Provera or the pill) or the intrusion of a foreign body (IUD or condom) in the womb will raise immediate concern and suspicion and will be seen as disturbing the natural harmonious balance.

In the conception of Cambodian women, the menstrual period (RODEU) is not limited to the bleeding period (4 to 5 days). Women say it continues for 3 to 7 days after the flow of blood has ended. During these days, the body is considered as "unclean" since some residue or "bad blood" (CHEAM AAKRAK) is believed to be retained within the body despite the drying up of the flow. If the body is considered as "unclean", it is not seen as "impure" as in other Asian societies. (In Khmer, the word BORISOT (PURE) is only used to describe the state of virginity of a young girl before marriage). In their daily life, menstruating women are not restricted in their movement or activities. They can go to the pagoda, pray and bring food to the monks. At home, they share the conjugal bed as usual and do not seem to be particularly ostracised except in rare circumstances. During the post-bleeding period, "bad blood" must be evacuated as soon as possible and should not encounter any obstacle. Bad blood is released from the body through the vagina (poetically called in khmer the "golden door" (TWIYA MEAS). During these days, it is not advised to "take a full bath because water will get inside the skin and cause the skin to wrinkle quickly or to have an ugly look, Women must clean their body with a wet cloth", according to one respondent.

Women are very concerned with the brightness of their complexion and give their skin special care during the menstrual period. Interfering with the outlet of "bad blood" is believed to be dangerous and the release of sperm into the womb is seen as an obstacle which will have dramatic consequences for the health of both partners and for any offspring begotten during this prohibited period.

**SEXUAL ABSTINENCE: THE LONGER, THE BETTER**

Thus, during the days a woman "is in season" (MIEN RODEU), post-menstrual sexual abstinence (TAAM RUAM DAMNEIK) is observed. The entire monthly length of observed sexual abstinence
varies between 7 and 14 days (according to the length of the bleeding and of the perceived period of "uncleanness"). Older women recommend abstinence for 7 days after the end of the flow as ideal. "The longer sexual abstinence is observed, the better it is for recovering one's health" assert older women. The same rationale lies behind post-partum abstinence, and an abstinence of five months is recommended as necessary to recover good health.

**REASONS FOR OBSERVING SEXUAL ABSTINENCE**

If a few women said they observe sexual abstinence by habit, tradition or because their mother or old people told them to do so. The majority or women interviewed gave health as the first reason to observe post-menstrual sexual abstinence.

Many women said they "were tired, sleepy" or "were feeling nauseous like in an early stage of pregnancy" during and after their periods. Besides a general fatigue, most of them felt their womb (SBOUN) was weak and "needed rest". This weakness of the womb was believed to be caused by the loss, sometimes heavy, of the menstrual blood and by the strong pump-like movement of the womb that women believe is required to evacuate the menstrual flow.

As seen earlier, the body is not considered as clean (MEUN SHAT) until seven days after the end of the flow due to the presence of the "bad blood" in the body and this is the other major reason expressed by women to observe sexual abstinence.

Resuming intercourse before the set date will damage the weakened womb Women said the retention of the "bad blood" within the womb would surely provoke an abdominal lump (DOM PUAH) which could eventually degenerate into a “tumor or a cancer”. For some women, the mixing of the "male water of pleasure" (sperm) with the "bad blood" would cause endless bleeding or strong haemorrhages which would undoubtedly cause their death.

Another consequence of resuming intercourse during the prohibited period is that "contagious diseases" (CHLAANG ROOK) are believed to appear if the sperm encounters the remaining "bad blood". During the post-bleeding period, the woman's health is seen as poor and the womb as weak. During this time, the womb is still "open" and microbes (MEEROOK) can easily enter the open womb. Women are then prone to catch diseases - many cited leprosy or syphilis, although
they could not say more about these terrible plagues which would certainly occur if the taboo was broken.

Men also fear for their own health and are ready to respect their wife's will concerning the length of the sexual abstinence. If the "male substance" is seen as provoking the onset of contagious diseases while encountering the bad blood, it is also seen as dangerous for the SBOUN. Sperm can provoke an inflammation (ROLIA) of the uterus and therefore permanent damage to the woman's health. Husbands were not interviewed in this study, but according to women, they seemed to believe that their "male substance" was harmful to their wife's health. Women said their husbands were willing to observe this long abstinence to respect their wives' health. Besides the risks of terrible dangers occurring to both partners if the taboo was broken, there are also risks for the offspring to be. A child begotten during this prohibited intercourse would certainly be born abnormal, women said.

Besides "health concerns" raised by women to maintain their physical health, many women mentioned their lack of interest in sex just after their periods. They "did not feel like sleeping with their husband" or they say they were "tired of sleeping with their husband". This lack of libido expressed by women in terms of fatigue or lack of feelings was clear. Some women prefer to sleep quietly for a few days....is the strict observance of sexual abstinence (TAAM RUEM DAMNEIK) a condition for a total recovery of one's health? The perceived need to observe sexual abstinence is culturally constructed. It encompasses moral and religious precepts such as the observance of sexual abstinence on holy days (TNGAY SEUL). These prescriptions are reinforced by older women who foresee all kinds of drastic consequences if one breaks the taboo. Older women recommend intercourse as infrequently as possible. This recommended behaviour is viewed as a sign of respect and love from the husband towards his wife. In a society where child-bearing and deliveries are seen as potential life-threatening events, is the observance of sexual abstinence a preventive measure aiming at lengthening a woman's life expectancy? Have the repeated long periods of sexual abstinence (post-menstrual and post-partum) any influence on the sexual behaviour of the male partner? If so, to what extent?

B. MENSTRUAL BLOOD AND FERTILITY
Besides all the reasons described above to observe post-menstrual sexual abstinence, the prevention of unwanted pregnancies is often mentioned. However, before getting further into the explanation of sexual abstinence as a birth-spacing method, the perceived relationship between menstrual blood and the fertile period has to be clarified.

Local theory, in common with most traditional societies, closely associates menstrual blood with fertility. The KAP survey has shown than 5 percent of women interviewed thought that pregnancy could occur either just before the period (2.7%), during the period (1.4%) or right after (11%) the menstrual flow. (75% of the women say they “did not know” about the fertile period. It seems to us that admitting ignorance is a convenient response which avoids the risk of a woman losing face by giving the wrong answer.

According to the local point of view, the fertile period lasts around 14 days. The SBOUN, which literally means womb, is believed to start opening a few days before menstruation. The womb is completely open during the blood flow, and it closes slowly during the following 7 days after the end of the visible bleeding. While the SBOUN is open, it can release the “female water of pleasure” (TEUK KAAM SREI) which can mix with the “male water of pleasure” (TEUK KAAM PRO). Male and female “water of pleasure” will mix and conception will occur. After 7 days, the SBOUN closes totally and conception cannot occur anymore since the “male substance” cannot mix with the “female substance”. For the believers of the local theory, sexual abstinence, coital withdrawal or any kinds of temporary contraceptives are seen as redundant after the 7th day following the menstrual flow.

The local theory is therefore in total contradiction with the western biomedical theory asserting that the fertility period occurs at mid-cycle. It is only during the 17th century that the ovulation process was discovered in Europe and it took decades before it was accepted. A modern theory even when “scientifically” true is not always accepted and believed when it is not in harmony with the inherited belief system. Therefore, even after rational explanations about ovulation, many questions arise for women who used to think that the fertile period occurs during and after menstruation: How can the fertile period occur if the womb is closed? How can the sperm penetrate into the woman’s womb? Must sexual abstinence be observed twice a month: after the period and mid-cycle? When is intercourse be safe if one wants to use natural methods to avoid pregnancy?
Thus the modern theory creates a lot of confusion among women who had until then a coherent and clear view on fertility and conception based on the Buddhist scriptures. In our study, the few women who have been in contact with the theory of ovulation said that they "heard" about it, not that they "knew" about it, which suggests that they were not fully convinced. One can imagine the difficulties met by the health staff attempting to explain the modern theories about conception, fertilisation and how modern contraceptives work. What term should they use when referring to the "ovula"? A tiny egg or the "female principle of life" commonly used in Khmer to define the creative female substance Cambodian medical workers themselves have to accommodate the modern and local theories in order to provide rational and consistent information to their clients.

Interestingly, the interviews show that the correct knowledge of the fertile period together with a higher level of education had absolutely no influence on the actual length of post-menstrual sexual abstinence. The duration of sexual abstinence varies between 3 and 10 days and is set according to the woman's own criteria of cleanliness, restored health or level of libido, not according to their knowledge of the ovulation period or of biomedical theories. Women who believe that conception can occur only around the menstruation period abstain from sex during that time and use no contraception around ovulation, and many unwanted pregnancies result. The failure of sexual abstinence in preventing pregnancy might be one of the explanations for the very high number of abortions which seem to occur.

V. PERCEPTION OF MODERN CONTRACEPTIVES

Natural methods are favoured by women since they do not affect the regularity and the abundance of the menstrual flow, sign of a harmonious balance and health. However, these methods have a high failure rate and women now have recourse to modern contraceptive methods known to be more reliable and efficient but to have numerous side-effects. The KAP survey revealed that side-effects and serious complications accounted for 45 percent of the reasons given for discontinuing a method. Our study focuses on the perception of sixty current (or previous) users of one of the four modern methods of contraception offered by the national programme. It investigates the perceived or anticipated side-effects and complications of each method by users and non-users. We looked at the interpretation of physiological side-effects (reported or feared) which influenced the choice and risk of discontinuation of a method.
THE CONCEPT OF APPROPRIATENESS (TREW)

Before looking at women's perception of the four modern contraceptive methods, it is important to mention that many women said that, whatever the method chosen, the contraceptive method had to fit (TREW) their body. In Khmer, the term TREW has various meanings which have in common the notion of rightness, suitability, fitness, appropriateness. When applied to modern contraceptive methods, the concept deals with the positive or negative reaction on the body resulting from its use. Women choose to use one method hoping that the method will "suit their body".

The initial choice for using a method is often influenced by relatives or friends who have experienced positive effects of the method chosen. For instance, some Depo-Provera users felt and claimed that they became "nice, fat and healthy" after taking the injection. These benefits provided by the injection are seen as suiting the body well and therefore the method can be pursued without any danger. This concept of "appropriateness" determines whether women continue to use a method over the long term. Women who feel that a contraceptive does not suit them (MEUN TREW) will quickly stop a method. They feel that they lose weight, become thinner and thinner, become unhealthy and that the method is detrimental to their health. Weight loss and poor appetite are closely associated with looking sickly, being poor and growing old.

Weight gain, on the other hand, is strongly associated with beauty, good health and high social status and is therefore gratefully accepted by women. Weight gain makes women look more "beautiful, healthy and wealthy". Being plump proves that a woman is well-fed, and her own social status is therefore enhanced. Complexion is also an important criterion of beauty and a "brighter skin" is highly praised. The Khmer definition of health is not limited to physical well-being but includes mental satisfaction and happiness. One might ask if trustworthy contraception contributes to happiness.

It is clear that the health effects of contraceptives are carefully considered before choosing a method, and that the rumours about the benefits of a method and the opinion of close relatives are an important factor in that choice. If a method is seen as damaging health, it is promptly discontinued, especially if no information has been given about the possible side-effects.

A. HORMONAL CONTRACEPTIVES
Two hormonal contraceptives are currently available to women: the injectable or Depo-Provera and the daily pill. The monthly pill is available in Cambodia but is not included in the national programme. It is however increasingly popular. In our study most of the women using Depo-Provera were "limiters". They had on average 3.5 children and were determined not to bear any more children.

Hormonal contraceptives block the ovulation process and induce modifications of the menstrual flow. Although all women have an idea of the womb, few know of the existence and the role of the hormones. Changes in the menstrual flow or in the blood thickness will be attributed to the "strong power" (CIET TNAM) of these chemical products.

I. THE POWER OF THE INJECTABLE

The action of the injectable Depo-Provera is known to be strong and powerful and to induce modifications of the menstrual flow. For some women, "The medicine is so strong that it can make the uterus melt" (RUML1E SBOUN). If the womb dissolves and disappears, conception cannot occur and sterility will result. Some women mention that the heating power of the Depo Provera will not cause the uterus to melt but to wither (SBOUN SAVAT). In this case too, the "female substance" will dry up and the withered womb will prevent the development of the embryo. The womb is viewed as drying up like a flower or a plant under the scorching sun and the lack of fluids will induce permanent sterility.

Women attempt to find rational explanations to amenorrhea which is one of the most frequent reported side-effect of Depo Provera (especially during the first months following the injection). Women fear that blood retention will result in an abdominal lump (DOM PUAH) which might develop into a tumor or a cancer in the future.

Medical staffs have to deal with the doubts, fears and anxieties of women (and undoubtedly their own) concerning the absence of menstrual flow. Where does all the blood accumulate? Is it dangerous for the health? In order to explain this phenomenon, the amenorrhea resulting from the injectable is often compared to the amenorrhea of the menopause.
"Menopause is a condition in which women have no periods because their womb has withered but menopaused women are still healthy. Women using Depo Provera should not worry for their health" asserts the health staff. These explanations given by medical workers who find it hard to explain the complexity of hormonal changes to ordinary women is simple, easy to grasp and convenient. Depo Provera is mostly used by women who do not want any more children and are happy to accept the analogy of menopause because it fits well with their motives in using contraception. However, making simplistic analogies to make women "understand better" is not without danger; some women believe they have entered the menopause and are more than surprised when a few months after discontinuing the injection they realise they are pregnant again. The analogy with an early menopause should be carefully rethought.

If the "melting power" of Depo Provera is seen as causing amenorrhea by shrinking withering and therefore sterilising the womb, Depo Provera is seen as endowed with a strong "heating power". Chemical products are perceived as emitting a strong heat. This heat is believed to induce changes in blood thickness and cause abnormal bleeding such as permanent spotting or abundant haemorrhages. This well-known reported side-effect of the injection observed mainly during the first months after the injection was one of the main reasons for discontinuing this method. Until very recently, medical staff performed curettage in order to stop the bleeding. Unnecessary, expensive and painful curettages were performed by health staff convinced (?) that they were needed. It seems that these practices have contributed, at least in urban areas, to the bad reputation of Depo Provera, complications of which are seen as financially costly. One woman had to go for a hysterectomy after heavy bleeding which, as it was explained to her, was caused by "the bursting of a lump" (DOM) due to the accumulation of blood in the womb. The woman had to sell her land to pay for the surgery.

One might question the usefulness to give scientific, rational explanations to people whose traditional beliefs about health are at odds with the crude biomedical reality. Clients also are not always keen to hear matter-of-fact information about the potential side-effects of a contraceptive; they may be discouraged from using a method if counseling is inadequate. Medical workers should be aware that oversimplified information can lead to unexpected consequences.

II. THE HEATING ACTION OF THE PILL (C1ET KDAW TNAM KAPI KAMNEUT)
In this study we interviewed 22 pill users and 21 non users. Of the 22 pill users, only 7 said they were entirely satisfied, with no negative side-effects and no major changes within their body. Fifteen women were taking the pill despite physiological side-effects. Some previous users discontinued the method for fear of forgetting to take the pill regularly and becoming pregnant. Two women mentioned that their young children were "ear/ng the pill for fun" and assumed that it could damage their health!

The KAP survey shows that the daily pill is not very popular. Only 8.8% of contraceptive users were using this method at the time of the survey. Reluctance to use this chemical method is strongly linked to the perceived action of the pill on blood thickness.

Some of the fears and anxieties expressed by pill users and non-users are described below:

For most of the women interviewed, the regular intake of the pill is seen as provoking an increase of the fire element. The pill itself is believed to have a heating power (CHIET KDAW) which can burn the user to various degrees. Some women say they "fee! hot" after taking the pill. The heat is felt either in specific spots (chest, heart) or "all over the body". The power of the pill, provoking intense heat, has major side-effects such as "drying up the body", "desiccating the skin" and inducing major changes in blood thickness.

1. **DRYNESS OF THE BODY**

If the injectable has a strong "melting" power, the pill has a "desiccating" power. Women use various metaphors expressing the condition of dryness induced by the heating pill. The woman becomes literally "skinny, chronically dry" (SKEEM RUNG RIY). She loses weight, becomes "thinner and thinner" and has the unhealthy look associated with thin people.

A woman complains: / lost more than half my weight since / take the pill. I am feeling so hot that, when I put my wet krama on the chest it dries off very quickly". It was as if the woman was consumed by this malevolent pill. She was about to stop the pill to try a method which would suit her better. As seen earlier, weight gain is a sign of good health and being slightly plump is well-perceived. When the pill is seen as desiccating the body, the method is promptly abandoned.
The heating action of the pill can also affect the breast-fed baby who sucks "hot milk". In the Cambodian understanding of physiology breast-milk is seen as a by-product of blood which also can be hot. One woman complained "I feel very hot in the chest and even my baby's urine is burning hot."

2. DESICCATION OF THE SKIN

The pill is believed to have the power not only to dry out the body but also to burn the skin. The skin can become desiccated (SBAEK KRIEM) and grow darker. Since Cambodian women prize a fair complexion, this effect is most unwelcome. Moreover, the skin may wrinkle and brown marks appear on the face. Whereas in Laos women use the poetic expression of "face darkened by the clouds", to describe the appearance of cloasma, Cambodian women use the word "bruise" (COAM MUK). This sign is thought to be the result of retained "bad blood" which dries up the skin. It appears on the face (cheeks, upper lip) and is believed to cause permanent damage to the skin. Poor women who have to work in the sun, in the rice-fields or in the market have to protect their face, since the problem is believed to intensify with exposure to the sun. Permanent "bruising" of the face is one of the main reasons women give up the pill. Women also complain of the appearance of small dark spots on the face which affect their beauty.

3. SOLIDIFICATION OF THE BLOOD (CITEAM KOH)

The heat emitted by the pill is seen as affecting blood thickness as well as weight and complexion. The local theory of health rests upon the harmonious balance of the four elements (air, fire, water and earth) which make up the body. This balance of elements produces good, red, healthy blood. The increase of one of the four elements (here the fire element) damages health. Women fear that blood will become "solid" (KOH)S and will accumulate in the womb. This blood cannot be evacuated properly because of its thickness. The accumulation of thick blood in the womb will result in a "big belly", the external sign of an internal lump (DOM) which
can degenerate into a tumour, a fibroma, or cancer and lead to death. Most of the
Khmer women we met believe that "losing blood" is very good for health because it
"renews" blood and gives energy and strength. Contraceptives that decrease the
menstrual flow or cause amenorrhea are seen as a threat to health. Some women
are also concerned that an accumulation of the oHIs might damage the stomach. Is
this hard pill digested? If not, is it the reason why the abdomen becomes fatter?

Having to take the pill every day is certainly seen as a major drawback and may be
one of the reasons for the low use of the pill. The alternative to the daily pill is the
"Chinese pill", taken once a month. Although only a handful of women in the survey
used it, the Chinese pill is becoming more and more popular. This low-cost pill is
sold in shops and markets and its potential side-effects and contraindications are
totally unknown to most users. All kinds of daily pills are available on the market, and their hormonal composition
varies greatly. Pill counseling is rare; people believe the method can be quickly
abandoned if it proves not to "fit the user's body".

B. MECHANICAL CONTRACEPTIVES

1. THE LOOP (KHONG)
In Khmer, the word KHONG means "circle" or "loop". Its has been widely available
since 1979 when IUDs were imported from Vietnam. The KAP survey shows that the
IUD is the second most common modern contraceptive (12.8%). In this study, 37
women were asked about their perception of IUDs. 11 were current users, 11
previous users and 15 were using other contraceptive methods. The IUD is used by
"spacers" as well as "limiters".
In Khmer, the word KOH is used to mention the transformation from a liquid such as water or blood into a solid or semi-solid matter. This process occurs under the intense action of heat or cold elements.
Women's fears and anxieties concerning the location of the IUD and its potential journey within the body make sense only in relation to their understanding of their own anatomy and the place of the womb in their body.

THE REPRESENTATION OF THE WOMB (SBOUN)

All women interviewed knew the word SBOUN and used this term to describe the womb. The womb is seen as the locus of fertility. The term SBOUN is often translated by the word "uterus", a translation that implies a clinical understanding of the term which is out of step with Cambodian women's perception. The local interpretation does not view the SBOUN as a muscular cavity closed by a cervix and linked to ovaries by two tubes as the western biological definition does. In the local theory, the reproductive organs are not viewed as physical entities: the womb exists rather as an ill-defined area within the lower abdomen. The SBOUN is perceived as a vacuum which can be filled during pregnancy and which is located close to the stomach and the bowel. The vagina and the cervix do not have a proper denomination but are seen as a part of the womb: the vagina being the "door of the womb", the cervix its "mouth".

The Fallopian tubes are identified only by a few women who have read or heard explanations about the two "arms" (DAY SBOUN) of the womb. Most of the women had no idea of the shape of the womb since they had never seen nor felt it except after delivery, when they feel "a hard round shape" which disappears over the course of a few days. Most women acknowledge that they do not know the origin of their monthly bleeding. Some, however, compare the womb to "a bag which can be deflated or inflated and whose contraction is able to chase the menstrual blood outside through the "door" (vagina).

FEARS, WORRIES AND RUMOURS

Despite the strong motivation of women who want to use an IUD to stop having children, all 37 women interviewed expressed worries and fears about the effects of introducing this "foreign body" into their own body.
"The old Buddhist texts refer to the fetus sitting in a very uncomfortable position. His head is close to his mother's stomach, he is wrapped by his mother's bowels which prevent him to move easily.
1. The mobility of the IUD

Twenty women expressed the fear that the IUD might wander within the body. The IUD can "move into the stomach, the bowel", "can move into the heart" or "get lost into the body". The IUD is seen as floating freely in the body. These fears are not surprising in view of local beliefs. For most women, the location of the IUD is unclear and one can easily imagine that the object might wander within the body especially during physical exertion. Heavy work done by rural women - carrying water on the shoulders, transplanting rice, riding bicycles etc - is believed to cause the IUD to migrate. A mobile IUD can be harmful and even an instrument of death: "The squatting position will make the IUD bend and pierce the SBOUN and cause heavy bleeding and death".

One of the women feared that her husband’s life was endangered: "The IUD can pierce the womb and cause death to her and her partner whose organ could be damaged by the sharp object".

Women who have to do hard work to ensure the survival of their family cannot afford to risk seeing their health impaired by this foreign body. Poor women know that medical care is costly and they simply do not want to risk complications even if a
contraceptive method is given out free - Some women also fear the loss of the IUD, which they believe might result from strong movements while bathing or doing work in a squatting position. While inserting the IUD, the medical staff recommends that the client come back regularly to check if the IUD is "still there". This advice, often the only information given about the IUD, encourages women to believe that the risk of losing the IUD is high. Since women think of the womb as an open area, it is quite easy to see why they fear the IUD may move about the body and pierce surrounding organs.11

2. The implantation of the IUD
Another concern is that the IUD will become implanted in the womb if it has been there too long. "The IUD is surrounded by fat or by the muscle of the uterus and will create something like a tumour (DOM). These tumors can even degenerate into cancer and lead to death".

"Not knowing what the utems looks like or how it relates to the Fallopian tubes create numerous fears about the "tubal ligation". Women wonder what part of the womb is taken away?"
Some "spacers" overcame their fear of risking a tumor by using IUDs only for a short period. The "limiters", who were strongly motivated to avoid further pregnancies, had to live with their fears and worries. Only one woman said that "she got explanations from the staff and felt now reassured". Most of the women were not given explanations and were only told to come back if any problems occurred. Despite their fears, the majority of women currently using an IUD said they were physically satisfied with the method. Eleven women said they felt in good health (defined by a "good appetite and a good sleep") These women were ready to bear some of the physical side-effects of the method including heavier menstrual flow mentioned by all women, and stronger monthly abdominal pain. We have seen earlier that heavy flow is well accepted by women who feel their blood regenerates fast. It becomes a concern only if heavy bleeding disturbs a woman's earning activities, preventing her from going to market or trading for instance. Besides these two major problems, some women mentioned the fear of becoming pregnant despite the IUD or the shyness to have to show their "inner body" to the medical staff. Reasons for removing IUDs have been described in other studies (suspicion of STDs raised by heavy leucorrhoeas or the dissatisfaction of the husband whose penis is tickled by the IUD thread) Clearly, anxieties arise because women misunderstand their own bodies. Women are keen to learn about their anatomy even if they do not openly express their interest. They fear that if they show interest in this sexual area, the entourage will become suspicious of their behaviour. However, any information volunteered is gratefully listened to. Are posters, leaflets and drawings of the reproductive organs helping to clarify women's ideas about the SBOUN? Can the representation of an imprecise, undelimited and temporary SBOUN be changed into a new representation of a clear, well-defined and permanent UTERUS? Would proper biomedical information decrease the fear of a free-floating IUD? Would better information delay the removal of an IUD?

II. THE RAINCOAT (AO PLIENG)
The envelop (SRAOM) or the raincoat (AO PLIENG) are the two words commonly used in Khmer for condom. The word SRAOM is often combined with the word ANAMEI meaning "hygienic". This word has unsavoury overtones, and makes women uneasy. The colloquial expression AO PLIENG, on the other hand, is well-known and can be brought up without embarrassment. (Does this Khmer
expression, literally meaning raincoat, derive from the colloquial French word
"capote" which is a military raincoat covering the head?). Condoms are-believed-to-be made of plastic, whose'foreign origin supposedly conveys a notion of modernity and of high quality. The belief that condoms are made of plastic is one of the main obstacles to long term use.

In this short study only women were interviewed. They took it upon themselves to express their husbands' perceptions and concerns. The birth-spacing clinic provides free condoms, mainly to women in the post-abortion period. The health staff recommends their use for one month after the abortion before another contraceptive method is chosen. All of the condom users interviewed used the method only for a few months with the exception of one couple who had used condoms for 3 years.

1. MALE OPINION: A TASTELESS INTERCOURSE

Women reported that their partners felt condoms were inconvenient and reduced sexual pleasure. The expression "to prevent the union in bed" (RUMKANH KARUAM DAMNEI) often given by women implies an idea of "annoyance, dissatisfaction" felt during the intercourse. The use of a condom disturbs or prevents the perfect union of both partners. Some couples think that the use of condoms
disturbs the natural sharing of "happiness and pain " (RUAM SOK TOK), which is felt by loving husband and wife. Disturbing the natural course of a man's pleasure was believed to be damaging to his health. Some men are concerned by the potential mental consequences of disrupted intercourse. Some women notice that their husband's attitude changes. Their husband becomes "angry", "suspicious" or "jealous" for no apparent reasons. Others become "unhappy" or see themselves as "abnormal". Some women have to abandon this method in the face of their husband's objections. Intercourse is qualified as "tasteless" and sex less attractive than without condoms.

Studies have shown that condoms were (until very recently) mostly used for commercial sex in order to prevent sexually transmitted diseases (STDs) Information campaigns on HIV-AIDS have helped in promoting condoms. Clients like thick condoms which are seen as protecting them from catching microbes, viruses and bacteria: It is said to be quite common for men to wear 2 or even 3 condoms to be on the safe side. But if thick condoms are seen as an asset in commercial sex, they are often seen as a disadvantage in marital sex since most spouses are believed to be free of STDs. Some women say men reject the thick condoms (such as "Number 1") given at the clinic "because they are of no use to husband and wife".

It seems that if condoms have to be used for contraception, their texture should be thinner than the thicker ones used with sex workers. Attention given to the perceived quality of the condom might increase its use by encouraging reluctant users.

Interviewers did not ask women about their own perceptions of sexual pleasure with or without condoms. Women felt more comfortable in expressing their fears and the
potential health consequences of long term condom use

2. FEMALE OPINION: FEAR OF INFLAMMATION (ROUE SBOUN)
Women fear that the "plastic" of which the condom is believed to be made will cause an inflammation of the womb. As seen earlier, the womb is not clearly delimited and some women fear that the frequent rubbing of the plastic on the vagina will cause an inflammation or even blisters which will expand to the entire womb. Inflammation may degenerate into a cancer. (Cancer is commonly believed to result from the growth of cells following a chronic inflammation). White discharge (TLEA SO) is also seen as resulting from a long use of condoms irritating the womb.

The fear of "inflammation of the golden door" and by extension of the entire womb due to frequent condom use does not encourage couples to use this method on a long-term basis. Long term condom users could not be interviewed since most clients at the birth-spacing clinic come to get one of the three other methods on offer - the IUD, the injectable or the pill. In these interviews, condoms use was tolerated for a short period only, especially after an abortion. Some women prefer to risk another pregnancy and another abortion than insist that their husband uses condoms.

This brief overview of the perceptions of condoms needs to be pursued further including direct interviews with male condom users and non-users.

^In Phnom-Penh, gynaecologists say that the inflammation of the uterus, the fear of prolapsus, leucorrhoeas and infertility are the main complaints voiced by their clients. The ROLIE SBOUN syndrome conveys an idea of inflammation, irritation or burning of the womb and seems to be the most frequent complaint. This may be a marker for Pelvic Inflammatory Diseases (PID) and pleads for a high prevalence of STDs.
VI. SUMMARY AND QUESTIONS RAISED

This study has attempted to depict Cambodian women's conception of fecundity and its relation with menstruation and sexual abstinence. It looked, too, at women's beliefs about the four modern contraceptive methods proposed by the national birth-spacing programme and their potential side effects. The main findings are summarised as follows:

Sexual abstinence is observed by all women during and after menstruation.

According to the local theory, sexual abstinence of seven days after the end of the bleeding must be observed in order to recover strength and health.

* Women believe that resuming sexual intercourse during the post-menstrual period may damage the health of: (1) the woman herself by provoking haemorrhages or permanent inflammation of the womb and creating a potential risk for cancer, (2) both partners, who risk catching leprosy or syphilis if they break taboos of abstinence, (3) any offspring, who will undoubtedly be abnormal.

* The local theory associates menstruation with the fertile period. The womb starts to open a few days before menstruation starts. It is fully open during the bleeding and closes slowly during the following seven days. The womb will remain closed
until a few days before the next menstruation.

* According to the local theory, conception can occur only when the womb is open: a few days before the menstrual flow, during the flow (but this period is tabooed) and seven days after the end of the bleeding. Conception cannot happen during the middle of the cycle because the womb is closed. No contraception is needed from the 7th day after the end of the flow till the next menstruation.

* Women prefer natural contraceptive methods to modern methods which are seen as non natural, foreign and harmful to their health despite their greater reliability. However women admit that the risk of pregnancy is high with natural methods. Abortion seems to be frequent in urban areas.

* The choice of a contraceptive is influenced by (1) the opinion of relatives or friends using a method perceived as "suiting" (TREW) their body (2) the potential financial implications resulting from serious complications and (3) the fear of bad health among women whose labour is crucial to the survival of the family.
* Hormonal contraceptives are seen as emitting a strong heating power (CIET KDAW) whether they are injected or ingested. The action of Depo Provera can make the womb "melt" or "wither", leading to permanent amenorrhea and sterility. Depo Provera is favoured by women who do not want any more children and expect an early menopause.
* The daily pill is seen as inducing changes in the blood thickness either by solidifying it, leading to the formation of lump, tumour or cancer, or by liquefying it, inducing hemorrhages or permanent bleeding.
* The womb (SBOUN) is not viewed as a permanent muscular entity but more as a space that takes shape only during pregnancy and the post-partum period. In consequence, women fear a free-floating IUD in the body which might damage their health if it reaches vital organs.
* The inflammation (irritation or burning) of the womb (ROLIE SBOUN) is a very common complaint expressed by women. They believe long term condom use can provoke leucorrhoeas or a chronic inflammation of the womb which can develop into cancer.
* All four contraceptive methods are seen as causing numerous side-effects. Women are quick to abandon a method, especially if it was adopted without counseling. Information on the use of contraceptives is usually reported to be insufficient or distorted.

QUESTIONS RAISED
This study was done in collaboration with the staff of the National Mother and Child Health Centre who intended to use its findings to design information and education materials. However, the findings of the study raise many additional questions which need to be addressed before such materials are finalized;

How best to answer women's fears and anxieties in a culturally appropriate manner?
What kind of information or counseling is relevant to women who use modern contraceptives?
Must information be limited to the current method used or should a complete teaching of anatomo-physiology be systematically given to all women?

Do all users of modern contraceptives have to know about the "theory of ovulation" if they use an hormonal or a mechanical method (except the condom)? If they do not need to know about the biomedical theory (since it does not affect the correct use of the method), how will this gap affect the understanding of the action of modern methods on the user's body?

The belief of a post-menstrual abstinence is shared and observed by all the women interviewed. Women do not change their behaviour concerning the length of sexual abstinence whatever the level of education or the knowledge of the "right" fertile period is. What then can be proposed to women who prefer periodic abstinence or coital withdrawal to modern methods? A three weeks abstinence period, assuming that the periods are regular? Can the periodic use of condoms (after the period of sexual abstinence is over) be advocated?

Would sporadic condom use reduce the fear of causing chronic inflammation and cancer and be more acceptable to couples? How can the use of condoms be best advocated by the medical workers without their offending the sensibilities of those who believe such topics to be shameful?
Can other contraceptive methods (not included in the National Programme) be promoted if they are better able to answer a woman's needs?
Can permanent methods such as tubal ligation be offered within the public health care system? What about other methods of contraception such as the monthly pill or Norplant?

What do women think of abortion as a family planning method? Are there any perceived risks associated with abortion?
Can the quality of care concerning the proper insertion of an IUD and the proper treatment of physiological side-effects be evaluated and improved? To what extent might better care discourage women from abandoning methods?
The medical staff reports that infertility seems to be a major problem but no information is yet available. Should programmes addressing reproductive health include the problem of infertility?

To conclude, we are now indicating some directions for further research which have been identified during this study:

1. extend the research to the perceptions of natural and modern contraception in rural areas,
2. extend further to other ethnic groups
3. investigate the prevalence, use, and perceptions of other methods of contraception available in Cambodia today such as tubal ligation, monthly pill or sub-cutaneous implants,
4. investigate the perceptions of women about spontaneous and induced abortion, the perceived risks linked to its practice and the assessment of post-abortion complications,
5. investigate actual and perceived quality of care provided by the health staff in birth-spacing clinics as well as various surgical practices concerning delivery and post-partum problems,
6. assess the prevalence of primary and secondary infertility, local perceptions of this problem, and investigate different therapeutic itineraries

28 GLOSSARY

Note: 77 indicates that there is no corresponding term

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