BASELINE SURVEY REPORT

REPRODUCTIVE, MATERNAL AND NEONATAL HEALTH KNOWLEDGE, ATTITUDES AND PRACTICES AMONG FEMALE GARMENT FACTORY WORKERS IN PHNOM PENH AND KANDAL PROVINCES

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Executive Summary

Cambodia has a large population of recent rural-to-urban migrants, predominantly between the ages of 18 and 30, which is clustered around the garment manufacturing industry. Up to half a million people are estimated to be working in the garment industry; approximately 85% of these are women. They represent an important target population for reproductive, maternal and neonatal health (RMNH) interventions and have particular needs and vulnerabilities.

Partnering to Save Lives (PSL) is a partnership between three non-governmental organisations (NGOs) (CARE, Marie Stopes International Cambodia and Save the Children), the Cambodian Ministry of Health (MoH) and the Australian Department of Foreign Affairs and Trade (DFAT).

PSL's activities in the garment factories focus on improving delivery of RMNH services through garment factory infirmaries, facilitating referrals to external health service providers, and promoting positive RMNH behaviour change. In order to improve equitable access to and utilisation of quality RMNH information and services for female garment factory workers (GFW), it is critically important for PSL to have relevant and accurate baseline data. This information will help to design more effective program activities and to measure the impact of this work.

Overall objective: to establish baseline information about the knowledge, attitudes and practices relating to RMNH among women of reproductive age working in garment factories in Phnom Penh Municipality and Kandal Province.

Specific objectives:
- to describe socio-economic characteristics of female GFW
- to understand their health seeking behaviour linked to RMNH
- to determine their knowledge and perceptions of RMNH issues
- to assess their level of RMNH service access and utilisation, and financial costs involved
- to make evidence-based recommendations for project design and implementation.

The research involved a quantitative survey with 909 women of reproductive age working in four of the 12 garment factories covered by PSL, selected using multi-stage cluster sampling. Women were interviewed by trained female interviewers with a structured questionnaire. Four complementary focus group discussions (FGD) explored in greater depth complex motivations, behaviours and challenges that were not fully captured by the quantitative questionnaire. The key findings are summarised below.

Demographics:
- Almost 80% of respondents were younger than 30 years of age.
- The mean duration of education was 6.2 years.
- 34.2% of respondents were married; 38.9% had no partner.
- 81.3% lived with spouses, parents or other relatives.
- The mean total income in the previous month was US$ 142.
- Half of the respondents had worked in garment factories for more than three years.

- 81.6% owned a mobile phone.
- 7.3% were living with one or more severe functional impairments/disabilities; the most common severe impairments were visual or related to concentration or memory.

Health-seeking behaviour:
- 69.6% of respondents had used garment factory infirmaries in the past 12 months, but only 3.6% of consultations at infirmaries were for RMNH services.
- FGDs revealed perceived problems with the range, quality and friendliness of services at the infirmaries.
- Outside the factories, workers were more likely to access health services from private clinics (57.7%) than public facilities (28.6%).
- The mean (median) expenditure on services for abortion was around US$ 48 (US$ 30), for delivery US$ 73 (US$ 30), and for postnatal care (PNC) US$ 82 (US$ 37.50), not including transport. Service fees for family planning (FP) and antenatal care (ANC) were lower.
- Only 11% of women accessed RMNH services using a financial support mechanism.

Sexual activity and contraceptive use:
- 43.7% of respondents reported ever being sexually active with a mean age of sexual debut of 21.4 years.
- 40.9% of ever sexually active women had used some form of contraception in the past 12 months, most commonly daily pills (44.4%), withdrawal (22.2%) and injection (19.8%).
- Some modern contraceptive methods were well-known but perceptions of side-effects and inconvenience deterred their use.
- Modern contraceptives were most commonly obtained from pharmacies (29.8%), followed by public health facilities (24.1%) and private clinics (15.9%).

Pregnancy and maternal health:
- 35.6% of respondents had been pregnant and 30.7% had delivered at least one live baby.
- The mean (median) age of the most recent baby was 62 (48) months.
- 80.1% of their most recent deliveries were in a health facility; more than 90% were delivered by a skilled birth attendant.
- 70.6% had attended at least four antenatal care appointments prior to their most recent live delivery; only 22.1% attended two or more postnatal care visits afterwards.

Abortion and post-abortion care:
- Only 7.9% of respondents knew that abortion is legal in Cambodia.
- 26.6% could identify a source of safe abortion services.
- 17.9% of ever sexually active women reported having an induced abortion; 51% had used vacuum aspiration and 42% a medical abortion pill.
- Abortions most commonly took place in private hospitals or clinics (49.3%) and women's own homes (24.0%).
- About half of the women reported that providers had discussed contraception with them within 28 days of the abortion.
- 22.5% had taken up a modern method of contraception within 28 days of the abortion, most commonly a short-term method.

RMNH knowledge and self-efficacy:
- Only 4.0% of respondents with children could identify at least three danger signs of neonatal distress and 1.2% could identify five danger signs during pregnancy.
- Only 5.0% of women answered 'completely sure' across all four criteria of self-efficacy in the negotiation and use of family planning. Only 3.7% felt completely sure that they could refuse sex in all of five different situations.

According to these results, the average female GFW is young, single and childless, has limited education, lives with relatives, earns $142/month, has worked in the garment industry for three years and owns a mobile phone. In general, this profile is consistent with other studies. However, as our survey shows, this typical picture masks the fact that the GFW population is very diverse and therefore has a variety of RMNH information and service needs. For example, more than a third of GFW are married and more than 30% have children.

These results demonstrate that the women surveyed do not currently have adequate access to affordable, high quality RMNH information and services to meet their diverse needs. There is a high need to address the financial barriers that GFW face in accessing RMNH services and to increase their awareness of and access to available financial support mechanisms.

Awareness of family planning methods among GFW in this study is reasonably good. However, use of reliable contraception appears to be a challenge. The risk of unplanned pregnancy is heightened by the low self-efficacy expressed by women in relation to refusing sex and using family planning in challenging circumstances. This highlights the importance of activities aimed at empowering women and engaging men in RMNH issues.

There is very low awareness of the legal status of abortion and sources of safe abortion services, which increases the risk that women will access unsafe abortion without appropriate clinical back-up. Counselling on post-abortion FP is also inconsistent.

The women have very limited knowledge of danger signs relating to pregnancy or newborn distress. Despite this, and the high cost of services, most pregnant GFW endeavour to follow MoH guidelines for their own health and that of the baby. The quality of the available services is unclear, however, especially as it is likely that some of the women delivered their last baby before they started working in the garment sector. The results show that a significant minority delivered at home and/or with unskilled attendants.

These results reveal the need to reconsider and refine approaches to improve the RMNH status of women working in the garment manufacturing sector. Recommendations, which may be applicable to the PSL program or to other agencies working in this sector, include:
- developing and exploring a range of interventions tailored to meet the differing RMNH needs of this diverse group of women
- conducting more in-depth analysis of the data to explore associations between demographic factors, such as education, marital or disability status, and RMNH indicators
- improving the range, quality, friendliness and affordability of services available through garment factory infirmaries
- increasing access to quality RMNH services in the communities where GFW live and work
- addressing the financial barriers that GFW face in accessing RMNH services by raising awareness of available financial support mechanisms and exploring and evaluating new approaches
- applying evidence-based behaviour change communication approaches to ensure that good awareness about family planning translates into appropriate and consistent use of effective contraceptive methods
- implementing empowerment activities to increase women's self-efficacy in relation to negotiating sex and family planning use
- raising awareness on the legal status of abortion and sources of safe and affordable abortion services
- integrating counselling on family planning into provision of surgical and medical abortion services and postnatal care, whether through the public or private sector
- raising awareness on danger signs during pregnancy and for the newborn, and the importance of delivering in a health facility.