

EMPOWERING CAMBODIAN WOMEN WITH INFORMATION: TEACHING NATURAL BIRTH CONTROL METHODS

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After attending two McMaster Scholars' presentations that focused on the struggles of women working in the Cambodian garment industry at the 2007 McMaster Symposium, I applied to be a McMaster Scholar to Cambodia the following year. During the application process, I learned that in 2006 the Cambodian Women's Crisis Center (CWCC) had specifically requested that research be done on effective natural methods of birth control. They did not have access to knowledge that was readily available to share with their clients. In addition, the average Cambodian women who were their clients did not have the money to provide themselves with barrier or hormonal forms of birth control. I chose to design a project that focused on natural family planning in order to help both the women at the CWCC and, through them, the general society.

The first phase of the project required finding reliable and current information on natural methods of birth control and then developing training materials for the CWCC. Learning about current natural birth control methods in Cambodia, as well as relevant cultural issues, would help focus the subsequent training material. The presentations themselves would also require becoming aware of potential communication difficulties that might occur when working across language and cultural barriers.

RESEARCH REVIEW

According to Dutton, Boyanowsky, and Bond (2005), "The Khmer Rouge led by Pol Pot killed 2.5 million 'educated people' in Cambodia between 1974 and 1978" (p. 441). Given that statistic, the chances of a woman finding a reliable source of information about family planning were significantly reduced. Sadana and Snow (1999) cited studies by the United Nations Population Fund Annual Report (UNFPA) in 1991, the Ministry of Health in 1994, and Long, Soeung, Meakea, Sprechmann, and Kerr in 1995 that highlight the problem. According to the UNFPA report, even when knowledge of forms of family planning increased after the civil war, the Cambodian government made access to contraception of any kind very difficult. A Ministry of Health report explained that in 1994 the Cambodian government finally approved the use of a variety of methods of birth control, although in reality only families in urban areas had access to them. Sadana and Snow cite Long et. al's 1995 national survey found fewer than 13% of

Cambodian women used any reported form of contraception and only 7% used hormonal or barrier methods. The survey also found that over 50% married women of childbearing age did not wish to have any more children, while an additional one-third wanted more control over the timing of their next child (as cited in Sadana & Snow, 1999, p. 344).

While the need for information on family planning was evident, the task of conveying information on the subject would not be as easy as it would be in an English-speaking culture. I also needed to understand the Cambodian viewpoint on family planning and the cultural understanding of related issues in order to be successful in discussing this topic. Kulig (1988) studied Cambodian refugee women's beliefs regarding contraception and found that ". . . none of the responses [30 total] showed an understanding of the Western viewpoint of the physiological process of ovulation or of the timing of ovulation within the menstrual cycle" (pp. 240-241). With regards to formal birth control use, the study indicated that few women completely understood or correctly used the methods (pp. 241-242). Although this study is 20 years old, the women were refugees from Pol Pot's regime and the civil war that ended it. The women who remained in Cambodia suffered from a similar lack of knowledge, as well as a slow rebuilding of information and infrastructure that the Sandana and Snow article presented.

The idea of family planning and birth control can also be one of significant sensitivity in Cambodian culture, which makes soliciting or presenting information difficult particularly across cultures. Kulig (1988) argued that it was very important that the translator, for example, be someone the audience knows, because a translator who is not well known could result in "hesitation and, in some cases, a refusal to participate" (p. 238). My project would have the advantage of having Sophal Stagg, Executive Director of the Southeast Asian Children's Mercy Fund, working with us as collaborator and translator in Cambodia. While using a translator who would be known to the women was an important first step, more would be required in developing a presentation or training materials for women in Cambodia. As English does not translate literally into Khmer, Kulig (1988) advised that "highly technical terms and medical jargon should be avoided" (p. 245). Because literacy levels may be low, written instructional material can be used but should not be the only medium for conveying meaning. Kulig (1988) also recommended the use of "visual aids . . . and examples of birth control methods that allow for contact and inspection" (p. 245).

NATURAL METHODS OF BIRTH CONTROL

Two main web resources provided current and reliable technical information concerning natural birth control. Epigee (2007) maintains a site that presents

general information on reproductive health. Georgetown University's School of Medicine's Institute of Reproductive Health (2006) provides current, reliable and detailed information of specific methods. Both sources dealt with the Standard Days Method and the Two Day Method of natural birth control that would become the focus of the presentations in Cambodia.

As Epigee reported, the Institute of Reproductive Health (IRH) developed The Standard Days Method (SDM) of natural family planning by analyzing "thousands of menstrual cycles, lasting between 26 and 32 days" in order to determine when the days of highest and lowest fertility occurred during a woman's menstrual cycle. When formulating the SDM, "all aspects of fertility were taken into account, including ovulation and the typical lifespan of both sperm and eggs" (Epigee, 2007). According to the IRH, "for women with cycles between 26 and 32 days long, the SDM is more than 95% effective with correct use and more than 88% effective with typical use." Moreover, these rates are comparable to the rates of other "user-dependent methods" of birth control (IRH, 2006).

The SDM thus requires a woman to track the days of her menstrual cycle in order to determine when the days of highest fertility occur, which are Days 8 through 19. The day a woman's cycle begins is Day 1. Days 1 through 7 are days of low fertility, meaning that a woman can engage in sexual intercourse without the use of birth control with very little risk of pregnancy. Days 8 through 19 are the days when a woman is most fertile; therefore, she should abstain from sexual intercourse or use another type of birth control during this time. Days 20 through 32 are days of very low fertility in which a woman can engage in sexual intercourse again (Epigee, 2007).

While the days of a woman's menstrual cycle can be tracked on a calendar, it is usually recommended to use CycleBeads, which provide "a visual tool that helps women use the SDM by keeping track of their cycle days, identify whether or not they are fertile on that day, and monitor cycle length" (IRH, 2006). CycleBeads are a circle of color-coded beads that correspond to days of both high and low fertility. A rubber ring is moved onto a new bead every day, tracking the days of a woman's cycle. The first day of a woman's period is signified by a red bead, and a woman must move the ring onto the red bead on the day her menstrual cycle begins. Days 2 through 7 are given a bead color of brown which signifies days of low fertility. Days 8 through 19 are given a bead color of white which signifies days of high fertility. Days 20 through 32 are brown again, informing the woman that she is again in a period of low fertility. If a woman wants to avoid pregnancy, she should abstain from intercourse on the days the ring is on a white bead (IRH, 2006).

While the SDM is an appropriate method of family planning for most women, it will not be effective for women whose menstrual cycles are less than 26 days or more than 32 days in length, or those who are irregular. In order for a woman to know the length of her cycle, a dark brown bead marks the 26th day of the cycle on the CycleBeads. If a woman's menstrual cycle begins before the ring is moved to the dark brown bead, then her cycle length is fewer than 26 days. If a woman moves the ring through all of the beads and comes back to the red bead and her menstrual cycle has not yet begun, then her cycle is longer than 32 days. In either case, the SDM is not an appropriate method of birth control for her (IRH, 2006).

Along with developing the SDM, the IRH developed the Two Day Method (TDM) which is "a new Fertility Awareness-Based method of family planning that uses cervical secretions as the indicator of fertility [that can be] more than 96% effective when used correctly" (IRH, n.d.). The TDM requires that a woman ask herself two questions everyday: 1) "Did I notice any secretions today?" 2) "Did I notice any secretions yesterday?"

"If [a woman] notices any secretions today OR yesterday [emphasis theirs], then she must consider herself to be fertile and abstain from sexual intercourse to avoid pregnancy". If she "did not notice secretions today and



yesterday [emphasis theirs] (two consecutive dry days),” then the chance of her becoming pregnant today is very low (IRH, n.d.).

Right after a woman finishes her menstrual period, little cervical secretion is produced. As ovulation draws near, the body begins to produce more cervical secretions. When ovulation is about to occur, the secretions will become thinner with a higher water content, making it noticeable to a woman. If monitored, cervical “secretions are a reliable indicator and factor of fertility” (IRH, n.d.).

PROJECT DESIGN

IRH’s information on the SDM and the TDM of natural birth control formed the central message of the training materials that I used at CWCC. After materials were developed in English, they were translated into Khmer by Sophie Stagg. Following Kulig’s advice to use visual as well as written materials, I also devised an economical way to create a ‘McMaster version’ of the CycleBeads used in the SDM and collected the materials needed to take with us to Cambodia. My goal while in Cambodia was to hold separate training sessions with the staff and then the clients of the CWCC. The staff would be trained in the methodology of the SDM and the making of and practical use of CycleBeads. This would have the two-fold effect of allowing the staff to gain a deeper understanding of the SDM and to create a significant number of CycleBeads sets for distribution to both the staff and the women in the shelter.

PROJECT DELIVERY

While in Cambodia, we visited the CWCC twice in order to present the information to staff and clients. With Sophie Stagg as my translator, I was able to communicate both the SDM with the use the CycleBeads and the TDM of pregnancy planning. After my presentation, I quizzed the staff to be sure that they had understood my key points. For example, I asked, “If the rubber ring is on this white bead, can a woman be with her husband and not become pregnant?” After receiving an emphatic “Atey!” (No!), I knew that I had been able to explain the methods clearly and sufficiently. After the presentations and question and answer sessions were completed, each staff member created a set of CycleBeads with the directions and materials I had brought. They could read enough English to understand the written directions and took to the task very quickly. Each staff member received a set of beads that I had brought as examples and also a set that they had made for the women in the shelter. Additionally, each staff member also received written explanations of each method that I had researched and that Ms. Stagg had had translated into Khmer in preparation for our visit.

On the second visit, I presented the same two methods of pregnancy planning to the women living in the shelter. Sophie again was pivotal to the success of the presentation, as she was able to communicate back and forth with the women and together we explained the methods. As with the staff the day before, we asked them questions to check for understanding, which went just as well as the day before. The clients also received a set of CycleBeads for themselves, as well as written handouts in Khmer explaining the methods.

REFLECTION

By responding to the CWCC's request, I was able to help a group of Cambodian women learn how to plan their pregnancies in order to better their lives and become empowered. In response to their request, I researched and then presented two different methods of natural birth control that would help them predict times of high and low fertility. The project's success was determined by the reliable source material I found and Sophie Stagg and our team's ability to work together to communicate the methods clearly enough so that the women would be able to use the methods if they so chose. The women's animated questions and responses during the open discussions following each presentation indicated their understanding and appreciation of the information that we had provided. I was pleased that during both visits to the Center, the women seemed eager to participate in the discussions rather than being reticent to speak of personal health issues.

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