

Learning package: Knowledge into policy

Adolescent pregnancy in Cambodia's northeast

An increase in teenage pregnancy among Cambodia's adolescents, particularly in the northeast, has raised questions and concern for health, social and economic outcomes for young women and their newborns.

Credit: Save the Children



The 2014 Cambodian Demographic and Health Survey (CDHS) reported a sudden increase in teenage fertility rates, raising concern for the health of young Cambodian women and their babies. The CDHS findings showed that while age-specific fertility rates have consistently declined for all other age groups over 20 years old, for 15-19 year olds, fertility jumped from 46 children per 1,000 women in 2010 to 57 children per 1,000 women in 2014.¹

This trend is particularly profound in the Partnering to Save Lives (PSL) target provinces in the northeast (Kratie, Mondul Kiri, Ratanak Kiri and Stung Treng). These provinces experience the highest rates of teenage pregnancy: in Mondul Kiri/Ratanak Kiri 33.8% of 15-19 year old women have begun child-bearing; in Stung Treng/Preah Vihear this figure is 25.1%, and in Kratie it is 19.5%. PSL's baseline survey data similarly found a high incidence of adolescent pregnancy in the northeast: 13.2% of surveyed 15-17 year olds, and 44% of 18-19 year olds, had ever been pregnant. The survey also found that 14% of 15-17 year olds, and 46.8% of 18-19 year olds, were already married.

Adolescent pregnancy can trigger a lifetime of health, social and economic impacts for young women. Teenage mothers and their infants are at higher risk of illness and death and young mothers are likely to have higher lifetime fertility than those who delay their first pregnancy. Early pregnancy can also limit mothers' access to education and employment, which has social and economic impacts for her and her family. Addressing this issue is therefore an important priority.

Finding answers and formulating solutions

In Cambodia, poverty, education, early marriage, and geographic remoteness have all been associated with increased rates of teenage fertility, which disproportionately affects young women in the northeast. From 2013-18, PSL implemented reproductive, maternal and newborn health (RMNH) initiatives to improve outcomes for women and newborns in these provinces, yet there are still many unknowns about the reasons for the increases in adolescent pregnancy in these areas.

The situation has prompted PSL to conduct research to determine why these trends are evident. In its closing months, PSL will conduct an ethnographic investigation to gather information about attitudes, beliefs and practices in ethnic minority communities that may be having an impact on girls' RMNH outcomes. Results are expected in July 2018.

1. National Institute of Statistics, Directorate General for Health, and ICF International (2015). Cambodia Demographic and Health Survey (CDHS) 2014.

Lessons learned

PSL observed the following lessons, which may guide future efforts to reach adolescents with RMNH information and services:

- During annual review activities, PSL found that many young women are prevented from using modern family planning methods until after the birth of their first child due to persistent misconceptions about associated fertility risks. In some cases, service providers also held these views.
- It was challenging to reach young, unmarried women due to social taboos of sex before marriage, and young women's own privacy concerns and shyness to discuss these issues.
- PSL had most success in engaging with 15-19 year old adolescents who were already married and/or pregnant. Endline survey results showed that rates of RMNH service utilisation for women in this age group increased over time but still remained lower than women of reproductive age as a whole.

Case study: Kvas Pchen

“I will go to the health centre to deliver my baby because there is enough equipment and staff. I am scared to stay home because it is dangerous.”

Kvas Pchen, 16 years old,
Ratanak Kiri province

Kvas Pchen is a 16 year old Tompoun woman who is six months pregnant with her second child. Sadly, her first baby was born prematurely and died three days later. For this pregnancy, Kvas Pchen and her husband are not taking chances. They are proactively planning for the baby's arrival and are practicing positive RMNH behaviours.

With the help of a PSL-trained Village Health Support Group volunteer, Kvas Pchen has overcome her shyness of visiting a health facility to attend five antenatal care appointments. She has also joined a PSL Listening and Dialogue Group to learn more about health RMNH practices – information she has shared with her husband. He explains that, to support the pregnancy, ‘I have already saved USD150, and I will make sure my wife has enough food. If she is healthy, the baby will be too.’

Kvas Pchen plans to deliver in a health facility, and then use modern family planning methods to space her next birth.

Recommendations

Addressing high rates of adolescent pregnancy, particularly within ethnic minority groups, will require continued collaboration and leadership from all stakeholders, including governmental and non-government organisations (NGOs). PSL recommends to:

- Advocate for partnerships between ministries, particularly the Ministry of Health, Ministry of Education and Ministry of Women's Affairs, to conduct more extensive national research into the causes and consequences of early marriage and fertility.
- Disseminate findings from emerging research widely to all stakeholders including the Cambodian government, development partners, and NGO implementing partners who can integrate responses into their work plans.
- Advocate for investment and programming to delay marriage and first pregnancy, based on emerging evidence.
- Implement culturally relevant behaviour change communication (BCC) campaigns to educate communities about the risks of adolescent pregnancy and the socio-economic benefits of delaying marriage and first pregnancy. Target communications in communities where early marriage is prevalent and use ethnic minority languages where appropriate.
- Explore the role of social influencers (for example, family members, community leaders) in facilitating early marriage and include these people in health education about the risks of adolescent pregnancy.
- Integrate approaches that address service providers' values into quality improvement activities, such as PSL attitudes training. Foster RMNH services that are inclusive of young women and their needs.
- Among young mothers, promote behavioural norms of using modern family planning methods to safely space pregnancies. Explore and test different communication tools and approaches for resonance with adolescent audiences, for example interactive activities and multimedia.

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