

## **A Qualitative Exploration of the Sexual and Reproductive Health Practices of Adolescent Mothers from Indigenous Populations in Ratanak Kiri Province, Cambodia**

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**Abstract :** Adolescent pregnancy presents a significant public health challenge for Cambodia. Despite declines in the overall fertility rate, the adolescent fertility rate is increasing. Adolescent pregnancy is particularly problematic in the Northeast provinces of Ratanak Kiri and Mondul Kiri where 34 percent of girls aged between 15 and 19 have begun childbearing; this is almost three times Cambodia's national average of 12 percent. Language, cultural and geographic barriers have restricted qualitative exploration of the sexual and reproductive health (SRH) challenges that face indigenous adolescents in Northeast Cambodia. The current study sought to address this gap by exploring the SRH practices of adolescent mothers from indigenous populations in Ratanak Kiri Province. Twenty-two adolescent mothers, aged between 15 and 19, were recruited from seven indigenous villages in Ratanak Kiri Province and asked to participate in a combined body mapping exercise and semi-structured interview. Participants were given a large piece of paper (59.4 x 84.1 cm) with the outline of a female body and asked to draw the female reproductive organs onto the 'body map'. Participants were encouraged to explain what they had drawn with the purpose of evoking conversation about their reproductive bodies. Adolescent mothers were then invited to participate in a semi-structured interview to further expand on topics of SRH. The qualitative approach offered an excellent avenue to explore the unique SRH challenges that face indigenous adolescents in rural Cambodia. In particular, the use of visual data collection methods reduced the language and cultural barriers that have previously restricted or prevented qualitative exploration of this population group. Thematic analysis yielded six major themes: (1) understanding of the female reproductive body, (2) contraceptive knowledge, (3) contraceptive use, (4) barriers to contraceptive use, (5) sexual practices, (6) contact with healthcare facilities. Participants could name several modern contraceptive methods and knew where they could access family planning services. However, adolescent mothers explained that they gained this knowledge during antenatal care visits and consequently participants had limited SRH knowledge, including contraceptive awareness, at the time of sexual initiation. Fear of the perceived side effects of modern contraception, including infertility, provided an additional barrier to contraceptive use for indigenous adolescents. Participants did not cite cost or geographic isolation as barriers to accessing SRH services. Child marriage and early sexual initiation were also identified as important factors contributing to the high prevalence of adolescent pregnancy in this population group. The findings support the Ministry of Education, Youth and Sports' (MoEYS) recent introduction of SRH education into the primary and secondary school curriculum but suggest indigenous girls in rural Cambodia require additional sources of SRH information. Results indicate adolescent girls' first point of contact with healthcare facilities occurs after they become pregnant. Promotion of an effective continuum of care by increasing access to healthcare services during the pre-pregnancy period is suggested as a means of providing adolescents girls with an additional avenue to acquire SRH information.

**Keywords :** adolescent pregnancy, contraceptive use, family planning, sexual and reproductive health

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