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Partnering to Save Lives

Learning Update – October 2016
Theme 3: Garment Factories

What is PSL?

Partnering to Save Lives (PSL) is a partnership between CARE, Marie Stopes International Cambodia, Save the Children, the Australian Government and the Cambodian Ministry of Health (MoH). PSL aims 'to save the lives of women and neonates in Cambodia through improved quality, access and utilisation of reproductive, maternal and neonatal health (RMNH) services through a partnership approach' in line with the objectives of the MoH's Fast Track Initiative Roadmap for Reducing Maternal and Newborn Mortality (FTIRMN).

PSL Learning agenda

One outcome of PSL is focused on documenting learning and evidence that can contribute to improved policy and practices. The PSL four Learning Agenda themes are technical harmonisation, community referrals, garment factories and financial barriers.

What are the issues?

Up to half a million people are employed in Cambodia's growing garment sector and many of these workers are young women who have migrated from rural areas. PSL's 2016 midterm survey showed that the average female garment factory worker (GFW) was 27 years old, and had completed primary education. Half (48.7%) were currently married and 43.2% were single and not in a committed relationship. GFWs are particularly vulnerable with regard to RMNH for a variety of reasons, including isolation from their family and community support networks. The PSL program aims to increase access to RMNH information and services for GFWs by improving the capacity of garment factory infirmaries to deliver a wider range of high quality RMNH services, promoting positive RMNH behaviours and strengthening referral systems.

What learning approaches have we used?

PSL has used a mix of quantitative and qualitative methods to learn more about these issues, including:

- Family planning perceptions research from CARE in 2014
- Monthly meetings of PSL's Quality Team and Garment Factory Coordination Group
- Learning and testimony from PSL field managers and implementing staff during the Annual Review Workshop in March 2016
- Fieldwork in Garment Factories in Phnom Penh and Kandal as part of PSL's Annual Review process in February 2016
- Garment Factory Referral System review report conducted in November-December 2015
- Garment Factory midterm survey and evaluation conducted in the last quarter of 2015
- Review of our Behaviour Change Communication (BCC) framework for GFW in May-June 2016.

What have we learned?

About garment factory workers' Sexual and Reproductive Health (SRH) knowledge and practices:
The midterm survey found that **four in five female GFW respondents (80.8%) had exposure to some or all of the PSL BCC campaign activities** in the previous three months before interview, which included contraceptive advertising, posters/leaflets/hotline cards, lunchtime meetings on SRH, training/video sessions, the mobile game, and counselling with peer educators.
The mid-term survey found that **nearly all female GFW respondents (98.8%) were aware of contraception**. The daily pill and contraceptive injection were the two most recognised methods (both 98%), followed by intra-uterine (IUD) device and implant (both 97%), male condoms (94%) and tubal litigation (89%). Traditional methods are also widely known, with withdrawal the most common, known by about 80% of women. This **knowledge of contraceptive methods has increased substantially since the baseline** when the most commonly known methods – the daily pill, injection and IUD – were known by just over half of respondents. **BCC activity participation correlated with an increase in contraceptive knowledge of 18%.**
Overall, half of the female GFW respondents had been sexually active in the last year. Of these, just over three-quarters (77.3%) used contraception (traditional and modern methods) during that time, compared to 40.9% during 2014 baseline. The most popular methods of contraception (both modern and traditional) used in the last year were the daily pill and withdrawal, each used by around half of women (53% and 50%, respectively). In terms of modern contraception methods (MCM), at **midline this was being used by one-fifth (20.3%) of all female GFW in the study, and 40.4% of sexually active GFW in the last 12 months. This is a considerable increase from the baseline** of 10.6% for all female GFW and 24.2% of sexually active GFW. Interestingly, there is no relationship between BCC participation and higher use of modern contraception or Long Acting and Permanent Methods (LAPMs).

Only 16.5% of female GFW respondents knew that abortion up to 12 weeks (and later in certain situations) is legal in Cambodia, a doubling compared to the baseline (8%). Overall, 44.1% of female GFW correctly identified at least one safe abortion provider, compared to 27% at baseline. Slightly more than one in ten female GFW (11%) reported ever having an abortion. Two-thirds (63.6%) received induced abortions at a health facility. Over half of women who received abortion services (56%) began using a form of modern contraception within 14 days of their last abortion. **This is more than double of the baseline value (22.5%).**

The survey also examined changes in female GFW **attitudes and confidence levels around various issues related to sexual and reproductive health.** One-quarter of women (24.8%) felt empowered to discuss and use modern family planning methods in all scenarios presented, even when their partner objected, compared to 5.0% during the baseline. In regards to scenarios on **sexual rights,** 60.6% of female GFW were completely confident they could refuse sex if they were tired, compared to only 22.6% of respondents at baseline. In each of the other four scenarios, nearly half of women (45.0-47.4%) were completely confident they could refuse sex with their partner when they did not want to and he did, including if he became angry, threatened to hurt them or threatened to have sex with another woman, compared to baseline values between 10.0-16.8%. **Despite significant progress, important challenges remain in improving confidence and awareness of GFW of their reproductive rights.**

The **review of PSL BCC framework for GFW** highlighted key barriers for GFWs to adopt certain healthy behaviours, including the lack of knowledge of "what to expect" of services such as modern contraception, safe abortion, postnatal care (PNC); a lack of knowledge of where to get the services and what services infirmaries provide; misconceptions about MCM and feeling that traditional methods are easier; beliefs that RMNH services at public facilities are not confidential; limited knowledge of danger signs for both the mother and the newborn; low self-efficacy especially for unmarried GFW and strong social norms around sexual matters for unmarried GFW.

About the use of infirmaries and referrals:

Nearly all female GFW respondents to the midterm survey (99.4%) knew their factory had an infirmary for worker use, which the large majority (80.1%) had used in the previous 12 months. The primary use of the infirmary was for minor health problems, with only about **one in ten (10.6%) infirmary users accessing RMNH services.** The most common RMNH service received was short-term family planning (4.0%); the least common was safe abortion counselling and referrals (0.5%). This represents an **increase on baseline of the number of infirmary users accessing RMNH services** from 3.6% to 10.6%. **Fieldwork as part of PSL's Annual Review** process confirmed that garment factory infirmaries were most commonly being used for minor health problems, but that overall female **GFW seemed comfortable accessing reproductive health services as available as well.** There were, however, issues highlighted related to infirmary staff attitude and capacity of infirmary staff to provide services identified in some factories, although at the same time infirmary staff were open to further training/ capacity building to provide better services. Issues of lack of privacy and the prescription of a variety of medicines without assessment and counselling were also mentioned by GFWs and observed in infirmaries.

A review of the **PSL Garment Factory Referral System** pilot was also undertaken to understand the effectiveness of this system in enabling GFW to access RMNH services. The 'referral system' consists of a referral directory, which provides basic information for 86 health facilities in Phnom Penh and Kandal; a summary sheet, which lists selected health facilities close to a factory with basic information; and a referral slip, which the infirmary/peer educators use to record basic GFW information and the health service providers use to record services accessed by workers.

The review found that in general, the garment factory referral system was viewed positively and that it had provided informed choice to GFW about health facilities, their location, services available, price and working hours. However, the review did note that the referral slip was often not being used and that the purpose of it was unclear since it did not entitle the user to any discounts or other support. It was also highlighted that GFW often prefer to seek services close to their home/accommodation rather than close to the factory, underlining the need for updating the complete referral directory rather than relying only on the summary sheet.

What are we doing about it?

Given the learning outlined above, PSL will focus on the following key activities in Year 4 of the program to ensure continued success of results in ensuring that GFW have access to sexual and reproductive health services and improved knowledge and behaviours in this area.

Garment Factory Workers	Infirmaries	Referral System
• Continued scale-up of Chat! Contraception BCC package, focusing on areas where GFW knowledge remains low (e.g., use of MCM and safe abortion). • Evaluate BCC Chat! package in terms of knowledge, behaviours, and self-efficacy. • Incorporate men into BCC efforts through male engagement modules in order to shift widespread norms that RMNH is a woman's sphere.	• Provide capacity building to infirmaries, especially related to sexual and reproductive health, including contraception and referrals for safe abortion and focus on improving negative staff attitude. • Ensure basic health services such as short term family planning and condoms available at infirmaries, as well as counselling and referral for longer-term methods. • Contribute to infirmary guidelines (National working group, factory, advocacy with ministries) and particularly to address issues around the privacy of infirmaries.	• Update and strengthen use of Referral Directory and Sheet. • Ensure referral systems account for workers often wanting to seek services close to home, not the factory. • Incorporate new National Social Security Fund (NSSF) benefits into infirmary guidelines, referral system and services.