



Cameroon

2018 Demographic and Health Survey Summary Report



The 2018 Cameroon Demographic and Health Survey (CDHS) was implemented by the National Institute of Statistics (NIS), in collaboration with the Ministry of Public Health. The survey was funded by the Government of Cameroon, the United States Agency for International Development (USAID), the U.S. President's Malaria Initiative (PMI), the United Nations Population Fund (UNFPA) and the Global Fund through the National Malaria Control Program (PNLP). The Statistical, Economic and Social Research and Training Centre for Islamic Countries (SESRIC) provided funding for a module on smoking. *The Centre Pasteur du Cameroun* (CPC) provided technical assistance for HIV lab testing and the International Reference Centre Chantal Biya (IRCCB) provided quality control for lab testing. ICF provided technical assistance through The DHS Program, which is funded by USAID.

Additional information about the 2018 CDHS may be obtained from the National Institute of Statistics, PO Box 134, Yaoundé, Cameroon; Telephone : +(237) 2 22 22 04 45; Fax : +(237) 2 22 23 24 37; Email : contact@stat.cm; www.statistics-cameroon.org.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA (telephone: 301-407-6500; fax: 301-407-6501; e-mail: info@DHSprogram.com; Internet: www.DHSprogram.com).

Suggested citation:

National Institute of Statistics (Cameroon) and ICF. 2020. *2018 Cameroon DHS Summary Report*. Rockville, Maryland, USA: NIS and ICF.

Cover photo: © 2012 Emily Carter/PSI, Courtesy of Photoshare

ABOUT THE 2018 CDHS

The 2018 Cameroon Demographic and Health Survey (CDHS or EDSC-V) is designed to provide data for monitoring the population and health situation in Cameroon. The 2018 CDHS is the 5th Demographic and Health Survey in Cameroon since 1991. The objective of the survey was to provide reliable estimates of fertility levels, marriage, sexual activity, fertility preferences, family planning methods, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, domestic violence, malaria, and HIV/AIDS and other sexually transmitted infections (STIs) that can be used by program managers and policymakers to evaluate and improve existing programs.

Who participated in the survey?

A nationally representative sample of 13,527 women age 15-49 in all selected households and 6,978 men age 15-64 in half of the selected households were interviewed. This represents a response rate of 98% of women and 98% of men. The sample design for the 2018 CDHS provides estimates at the national level, for urban and rural areas, and for 12 study domains. Due to security concerns, teams were not permitted to visit some zones in South-West. The data presented for that region are not representative of the region as a whole but reflect the situation in urban areas. For this reason, data from the South-West region should be interpreted with caution and should not be directly compared with data from other regions.



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

Cameroon households have an average of 5 members. One-quarter (26%) of households are headed by a woman. Almost half (45%) of the household population is under age 15.

Electricity, Water, and Sanitation

Just over 60% of households in Cameroon have electricity. In urban areas, 90% of households have electricity compared with only 27% in rural areas.

Almost 4 in 5 (79%) households have an improved water source. Improved water is almost universal in urban areas (96%) while only 57% of households in rural areas have improved water.

Nationally, 3 in 5 households have an improved sanitation facility, such as a toilet that flushes to a sewer system. One-third of households has an unimproved facility and 5% of households use open defecation. Rural households are much more likely than urban households to have an unimproved toilet facility (57% versus 15%) and to use open defecation (12% versus 1%).

Ownership of Goods

The large majority (85%) of households in Cameroon own a mobile phone. Fewer own a television (51%) or a radio (39%). Only 7% of households own a car or truck, and 21% own a motorcycle or motorbike.

More than half of households (56%) own agricultural land, though this is much more common in rural than urban areas (86% versus 32%). Rural households are also more likely to own farm animals (63% versus 16%).



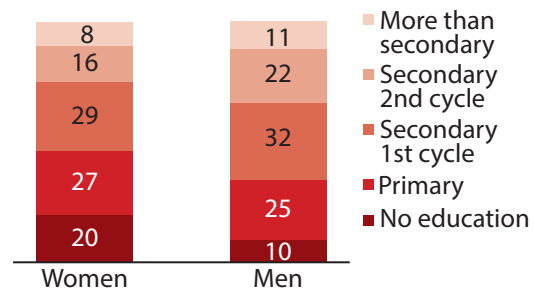
© 2005 Rachel Hoy, Courtesy of Photoshare

Education

Twenty percent of women and 10% of men age 15-49 in Cameroon have received no education. The majority have gone to at least some primary or secondary school. Only 8% of women and 11% of men have gone beyond secondary school.

Seventy percent of women and 83% of men age 15-49 are literate. Only half of women in rural areas are literate compared to 86% in urban areas.

Education
Percent distribution of women and men age 15-49 by highest level of education attended



FERTILITY AND ITS DETERMINANTS

Total Fertility Rate

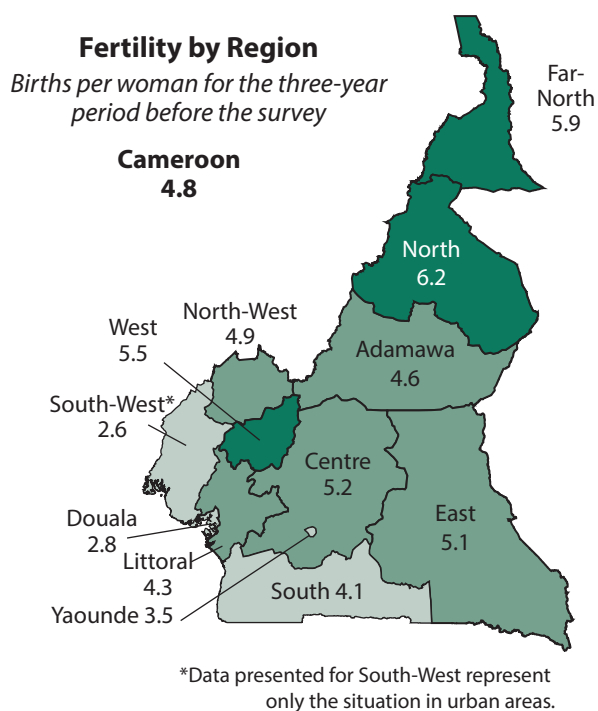
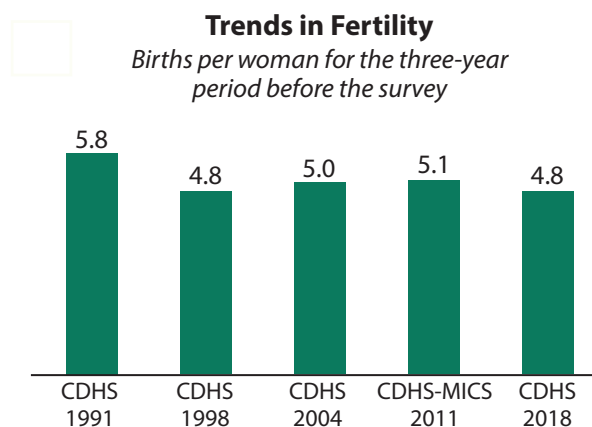
Currently, women in Cameroon have an average of 4.8 children. The Total Fertility Rate (TFR) has declined slightly from 5.1 in 2011.

Fertility is highest in rural areas, where women have an average of 6.0 children compared with 3.8 children per woman in urban areas.

Fertility is highest in North (TFR of 6.2) and lowest in Douala (TFR of 2.8) and Yaounde (TFR of 3.5).

Fertility decreases with women's education. Women with no education have twice as many children, on average, as women with higher than secondary education (TFR of 6.2 and 3.0, respectively).

Fertility also decreases with household wealth¹. In Cameroon, women living in the poorest households have an average of 6.6 children, while women in the wealthiest households have an average of 3.0 children.



¹Wealth of families is calculated through household assets collected from DHS surveys – i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Age at First Sexual Intercourse, Marriage, and Birth

Fifty-seven percent of women and 42% of men age 15-49 are currently married or living together. One-third of women and more than half of men (55%) are single.

Women and men in Cameroon initiate sexual activity at relatively young ages. Women have their first sexual intercourse at a median age of 17.0; men initiate sexual activity at a median age of 19.3.

Eighteen percent of women and 7% of men age 25-49 began sexual activity by age 15. Women with higher than secondary education initiated sexual activity more than 3 years later than women with no education (median age of 19.4 versus 16.0).

More than one-third of women age 25-49 are married by age 18 compared with less than 5% of men in the same age group. Women marry at a median age of 20.0. Men marry much later, at a median age of 27.5.

Among women, median age at first marriage increases substantially with education and household wealth. For example, women with no education marry at a median age of 16.7, while women with secondary second cycle education marry more than 7 years later, at a median age of 24.0.

Women have their first birth at a median age of 20.1, approximately the same age at which they marry.

Teenage fertility

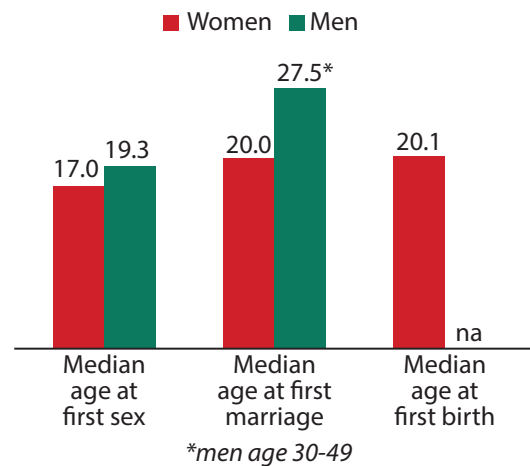
One-quarter (24%) of adolescent women age 15-19 are already mothers or are pregnant with their first child. Teenage childbearing ranges from only 6% in Douala to 44% in East region. Teenage childbearing decreases with education: almost half (48%) of young women with no education have started childbearing compared to only 1% of those with higher education.

Polygyny

Twenty-two percent of women report that they have at least one co-wife and 12% of men have more than one wife. Polygyny is most common in North (46% of women) and Adamawa (38% of women).

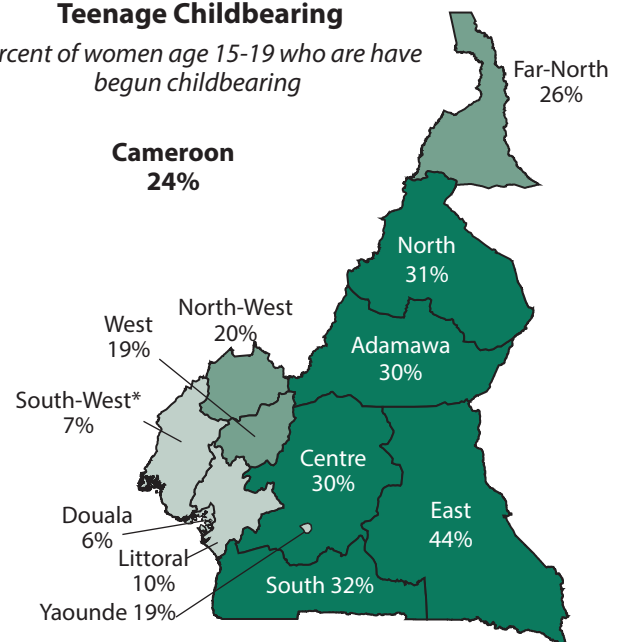
Median Age at First Sex, Marriage, and Birth

Among women and men age 25-49



Teenage Childbearing

Percent of women age 15-19 who have begun childbearing



*Data presented for South-West represent only the situation in urban areas.

FAMILY PLANNING

Current Use of Family Planning

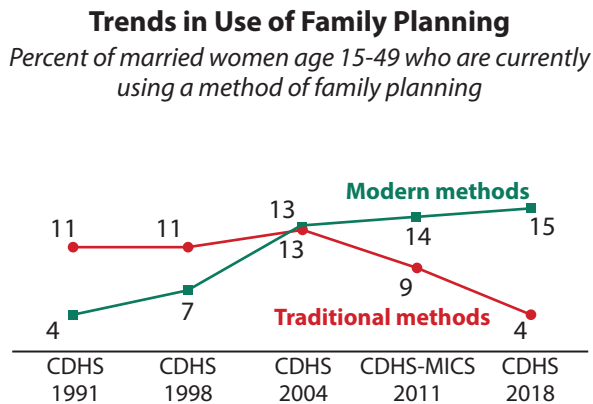
About 1 in 5 (19%) married women age 15-49 use any method of family planning: 15% use a modern method, and 4% use a traditional method. Male condoms, injectables, and implants are the most commonly used modern methods among married women.

Use of modern methods is much higher among sexually active non-married women—43% use a modern method of family planning. The most commonly used method among never married sexually active women age 15-49 are male condoms (29%).

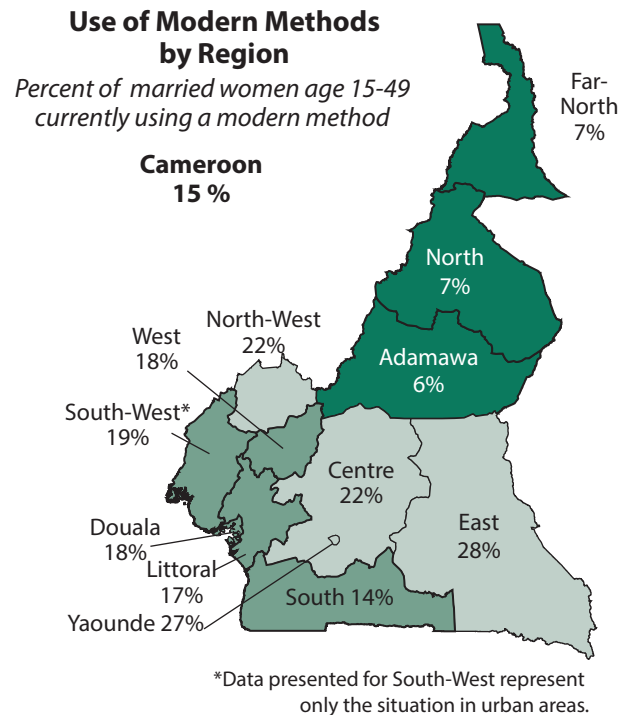
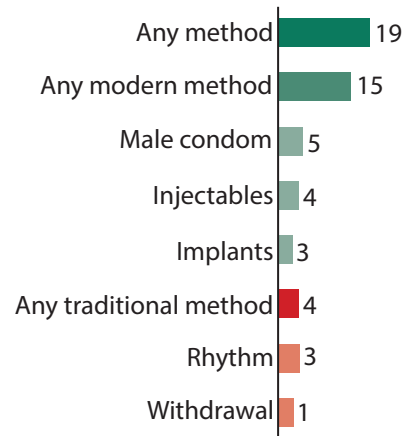
Use of modern methods by married women ranges from only 6% in Adamawa to 28% in East. Modern method use increases steadily with education. Only 3% of women with no education are using a modern method compared with 26% of women with higher than secondary education.

Trends in Family Planning Use

Use of modern methods among married women has remained steady since 2004. However, use of traditional methods has declined during this same period, from 13% in 2004 to 4% in 2018.



Family Planning Use
Percent of married women age 15-49 currently using a contraceptive method:



Demand for Family Planning

Twenty-seven percent of married women age 15-49 want to delay childbearing for at least two years. Fifteen percent of married women age 15-49 do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. In Cameroon, the total demand for family planning among married women is 42%

Demand for Family Planning Satisfied by Modern Methods

The total demand for family planning includes both met need and unmet need. Met need is the percent of married women who are currently using family planning. In Cameroon, 19% of married women are using family planning – 15% use a modern method and 4% use a traditional methods. Unmet need for family planning is defined as the proportion of married women who want delay or stop childbearing but are not using family planning. Twenty-three percent of married women age 15-49 have an unmet need for family planning – 15% for spacing and 8% for limiting.

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Just over one-third (36%) of the demand for family planning is satisfied by modern methods. Demand satisfied by modern methods ranges from 17% in Adamawa to 51% in Yaoundé.

The percentage of the demand for family planning satisfied by modern methods has increased steadily, from 11% in 1991 to 36% in 2018.

Exposure to Family Planning Messages

About 30% of women and 42% of men report that they have seen or heard a family planning message in the months before the survey. Banners, billboards, television and flyers are the most commonly cited sources of these messages.

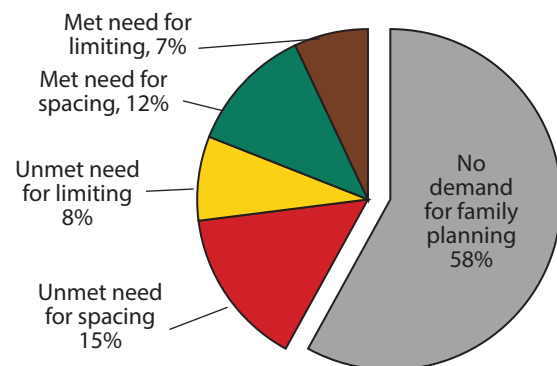
Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods.

Three-quarters of women age 15-49 using modern methods in Cameroon were informed about side effects, 61% were told what to do if they experienced side effects, and 81% were informed about other family planning methods available.

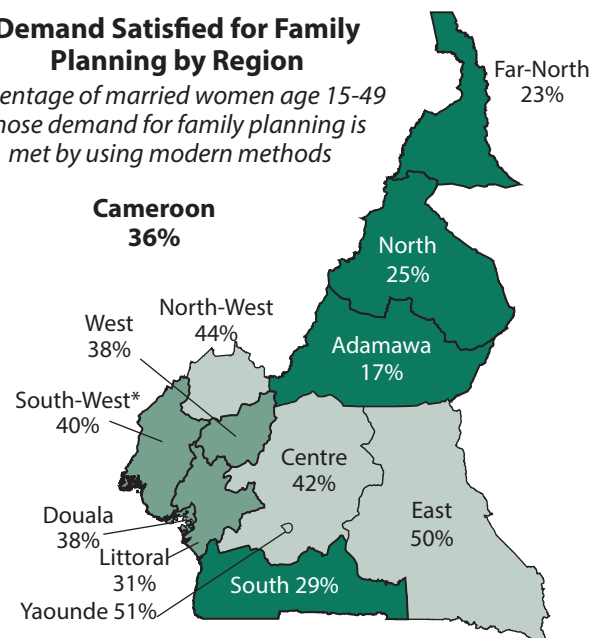
Need and Demand for Family Planning

Percent distribution of currently married women age 15-49



Demand Satisfied for Family Planning by Region

Percentage of married women age 15-49 whose demand for family planning is met by using modern methods



*Data presented for South-West represent only the situation in urban areas.

CHILDHOOD MORTALITY

Rates and Trends

The infant mortality rate (deaths to children before their first birthday) in Cameroon is 48 deaths per 1,000 live births. Most infant deaths occur during the first month of life: the neonatal mortality rate is 28 deaths per 1,000 live births. The under-5 mortality rate is 80 deaths per 1,000 live births. This means that 1 in every 12 children dies before his or her 5th birthday.

Under-5 mortality increased in Cameroon between 1991 and 1998, but has been declining steadily since 2004.

Mortality Rates by Background Characteristics

Mortality rates vary widely by region for the ten-year period before the survey. Under-5 mortality is highest in North and East regions (133 and 122 deaths per 1,000 live births, respectively) and lowest in Littoral (40 deaths per 1,000 live births).

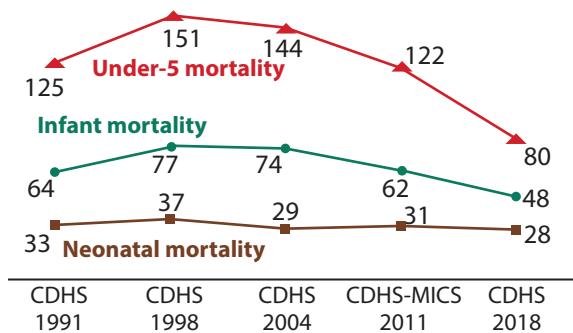
Under-5 mortality decreases as mother's education and household wealth increase. For example, there are 111 under-5 deaths for every 1,000 live births in the poorest households compared with only 49 deaths per 1,000 live births in the wealthiest households.

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Cameroon, the median birth interval is 31.2 months. Infants born less than two years after a previous birth have high under-five mortality rates. In Cameroon, under-5 mortality is almost 3 times as high among those who were born less than 2 years before a previous birth than those born 4 or more years after the previous birth (135 and 47 deaths per 1,000 live births).

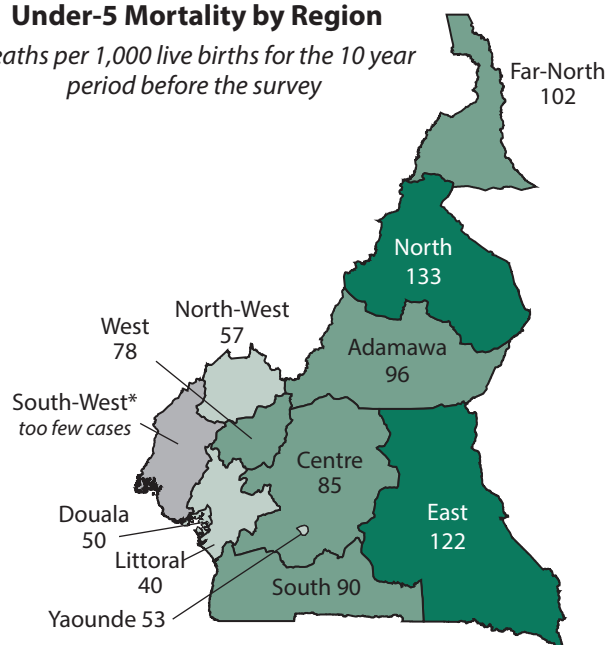
Trends in Childhood Mortality

Deaths for every 1,000 live births for the 10 year period before the survey



Under-5 Mortality by Region

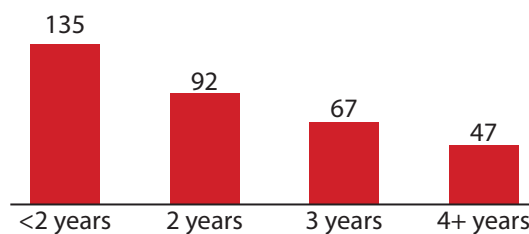
Deaths per 1,000 live births for the 10-year period before the survey



*Data presented for South-West represent only the situation in urban areas.

Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the 10-year period before the survey



MATERNAL HEALTH

Antenatal Care

Almost 90% of women age 15-49 who had a live birth in the 5 years before the survey received antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, or auxiliary midwife).

The timing and quality of prenatal care are also important. Two-thirds of women had four or more ANC visits. Only 41% of women had their first ANC visit in the first trimester, but this still marks an increase from only 34% in 2011.

Four in five women age 15-49 took iron tablets or syrup during their last pregnancy. Seventy-one percent of women's last live birth was protected against neonatal tetanus.

Delivery and Postnatal Care

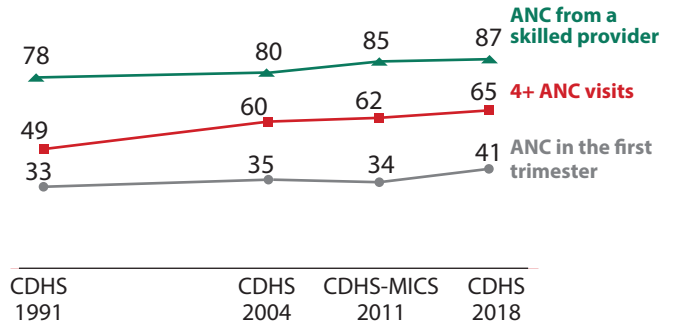
Two-thirds of births in Cameroon occur in a health facility - 45% in public facilities and 23% in private facilities. One-third of births occur at home. Only 50% of births in rural areas take place at a health facility, compared with 88% of births in urban areas. Health facility births are least common in Far-North and North regions (about 37%) and most common in Douala (98%).

Health facility births have increased slightly, from 61% in 2011.

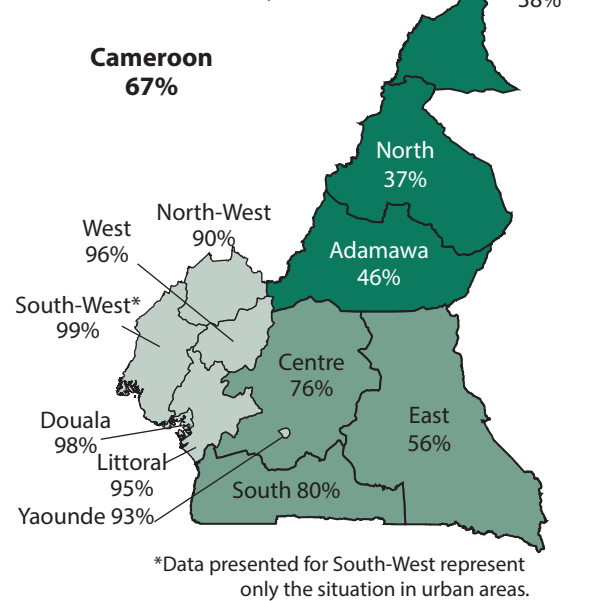
Almost 70% of births are assisted by a skilled provider, most commonly a nurse, midwife, or auxiliary midwife. Assistance by a skilled provider increases with education and household wealth. Almost all women with high education and those in the wealthiest households have skilled assistance at delivery, compared with only about 3 in 10 women with no education or those from the poorest households.

Postnatal care helps prevent complications after childbirth. Almost 60% of women age 15-49 received a postnatal checkup within two days of delivery, while 38% received no postnatal checkup within 41 days of delivery. Similarly 60% of newborns received a postnatal checkup within two days of birth and 37% received no postnatal checkup within 41 days of birth.

Trends in Antenatal Care
Percent of women 15-49 with a live birth in the 5 years before the survey



Health Facility Births by Region
Percent of live births in the 5 years before the survey



Pregnancy-Related Mortality

The 2018 CDHS asked women about deaths of their sisters to determine pregnancy-related mortality. The pregnancy-related mortality rate (PRMR) for the 7-year period before the survey is 467 deaths for every 100,000 births. The confidence interval for the 2018 PRMR ranges from 360 to 573. This marks a significant decline from the rate of 782 (confidence interval 647-916) in 2011.

CHILD HEALTH

Basic Vaccination Coverage

Just over half (52%) of children age 12-23 months have received all basic vaccinations – one dose each of BCG and measles and three doses each of DPT-containing vaccine and polio.

Children in urban areas are more likely to have received all of the basic vaccinations (61%) than children living in rural areas (45%). Basic vaccination coverage also varies by region, from a low of 36% in North region to 74% in Douala.

Basic vaccination coverage has remained stable since 2011.

Age Appropriate Vaccination Coverage

According to the 2018 CDHS, 42% of children age 12-23 months have received all age appropriate vaccinations – this includes BCG, 3 doses of DPT-HepB-Hib, 4 doses of oral polio vaccine, 3 doses of pneumococcal, 2 doses of rotavirus vaccine, 1 dose of measles vaccine, and 1 dose of yellow fever vaccine.

Ten percent of children age 12-23 months have received no vaccines.

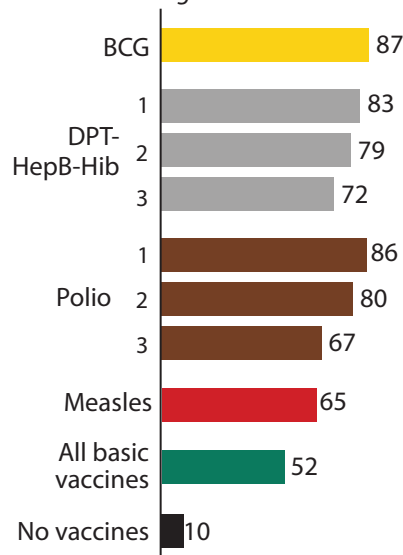
Childhood Illnesses

Only 1% of children under age five had symptoms of acute respiratory infection (ARI) in the 2 weeks before the survey. Among them, 59% of them had advice or treatment sought.

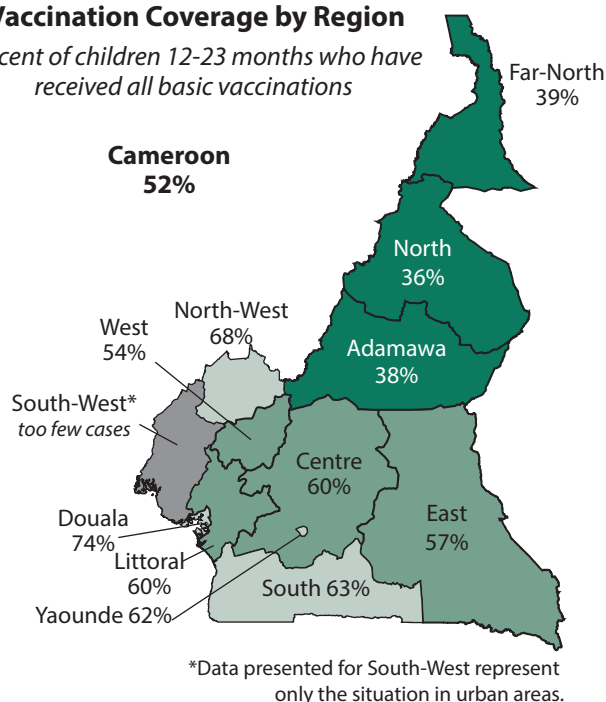
Twelve percent of children under age five had diarrhoea in the two weeks before the survey. Diarrhoea was most common among those 6-23 months (about 20%). Among children with diarrhoea, 56% had advice or treatment sought.

Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). Less than half (45%) of children under age five with diarrhoea received ORT (ORS, homemade sugar-salt-water solution or increased fluids). Twenty-three percent of children under age five with diarrhoea received no treatment.

Childhood Vaccinations
Percent of children 12-23 months who have received the following vaccinations



Vaccination Coverage by Region
Percent of children 12-23 months who have received all basic vaccinations



FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

Ninety-two percent of children are ever breastfed. Less than half of children (48%) are breastfed in first hour of life. One-third of children received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Forty percent of children under six months are exclusively breastfed in Cameroon.

Children are breastfed for an average of 16 months, and exclusively breastfed for an average of 3.4 months.

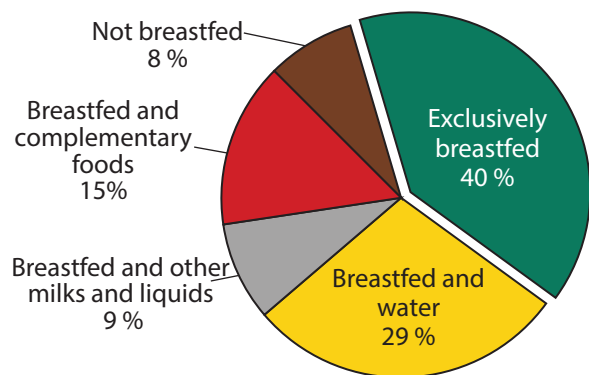
Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. Two-thirds (68%) of children age 6-8 months are receiving complementary foods.



© UNICEF

Breastfeeding Status

Percent distribution of youngest children under 6 months



Use of Iodized Salt

The 2018 CDHS tested household salt for the presence of iodine. Almost all (97%) households with salt tested had iodized salt.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Three-quarters of children age 6-23 months ate foods rich in Vitamin A the day before the survey, and 55% of children age 6-59 months received a vitamin A supplement in six months before the survey.

Children should also eat foods that are rich in iron. Just over half (56%) of children age 6-23 months ate foods rich in iron the day before the survey; only 18% of children age 6-59 months received an iron supplement in the week before the survey.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anaemia and other complications. Half (49%) of women age 15-49 received iron supplements for at least 90 days during their last pregnancy.

NUTRITIONAL STATUS

Children's Nutritional Status

The 2018 CDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard.

The survey indicates that 29% of children under five are stunted. Stunting is an indication of chronic undernutrition. Stunting is most common in rural areas (36%) and in North Region (41%). Children in the wealthiest households and those with highly educated mothers are least likely to be stunted.

Four percent of children under five are wasted. Wasting is an indication of acute malnutrition. Eleven percent of children under five are underweight. Conversely, 11% of children under age 5 are overweight.

Undernutrition has decreased since 2004, with fewer children stunted, wasted, or underweight. However, overweight has increased markedly, from 6% in 2011 to 11% in 2018.

Women Nutritional Status

The 2018 CDHS also took weight and height measurements of women age 15-49. In 2018, only 6% of Cameroonian women were categorized as thin, while 37% were overweight or obese. Overweight/obesity is twice as common among women in urban areas as women in rural areas (48% versus 24%). More than half of women in the wealthiest households are overweight or obese, compared with only 9% of women in the poorest households.

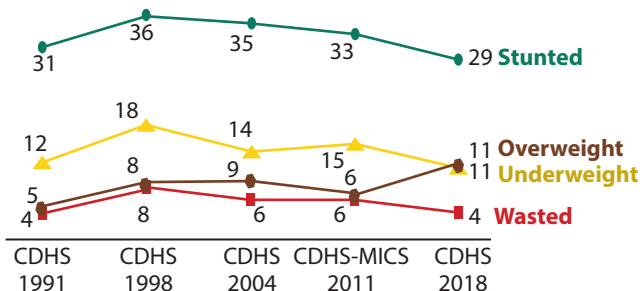
Overweight/obesity among women has increased steadily from 21% in 1998 to 37% in 2018.

Anaemia

More than half of children (57%) age 6-59 months are anaemic. Most have mild or moderate anaemia. While anaemia in children is still very common, it has declined from 68% in 2004 to 57% in 2018.

Forty percent of women age 15-49 are anaemic; only 1% are severely anaemic. Prevalence of anaemia among women has not changed since 2011.

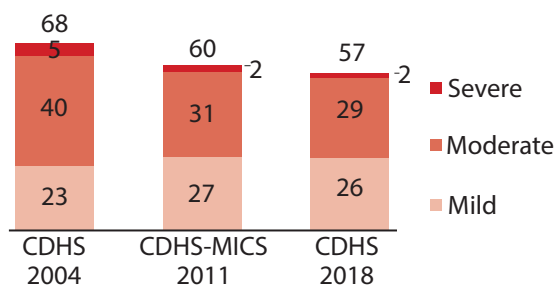
Trends in Nutritional Status of Children
Percent of children under 5 years



Trends in Women's Nutritional Status
Percent of women age 15-49



Trends in Anaemia in Children
Percent of children age 6-59 months with anaemia



MALARIA

Mosquito Nets

Almost three in four households (73%) have at least one insecticide-treated net (ITN). Ownership of an ITN has increased dramatically since 2011 when only 36% of households had at least one ITN.

Fifty-nine percent of the household population has access to an ITN. ITN access ranges from a low of 42% in East to 72% in Far-North region.

Children and pregnant women are most vulnerable to malaria. However, only 60% of children under 5 and pregnant women slept under an ITN the night before the survey. Use of ITNs is not universal even in households that had at least one ITN (74% among children and 78% among pregnant women).

Intermittent Preventive Treatment of Pregnant Women (IPTp)

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive three or more doses of SP/Fansidar during pregnancy. Currently, only 32% of pregnant women received at least 3 doses of IPTp, but this represents a sizable increase from 12% in 2011.

Management of Malaria in Children

Fifteen percent of children under five had a fever in the two weeks before the survey. Among children with a fever, advice or treatment was sought for 61%, but only 21% had blood taken from a finger or heel for malaria testing.

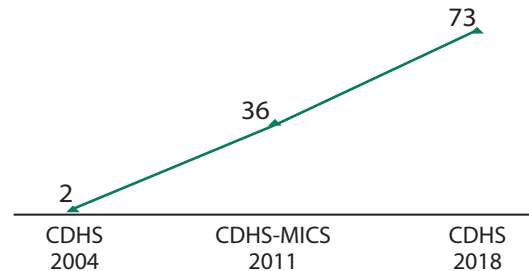
Artemisinin combination therapy (ACT) is the recommended drug for treating uncomplicated malaria in children in Cameroon. Among children under five with fever in the two weeks before the survey who received an antimalarial, 21% received ACT.

Malaria Prevalence

One in four children age 6-59 months tested positive for malaria according to the rapid diagnostic test (RDT). Malaria prevalence is highest in rural areas (32%) and in Centre (47%).

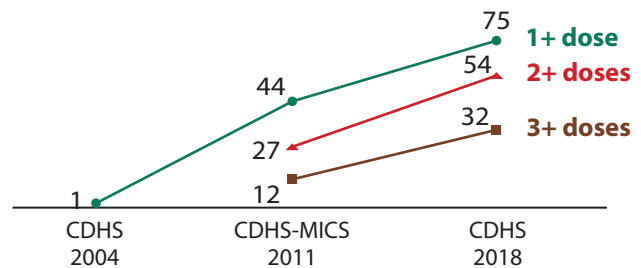
Trends in Household ITN Ownership

Percent of households with at least one ITN



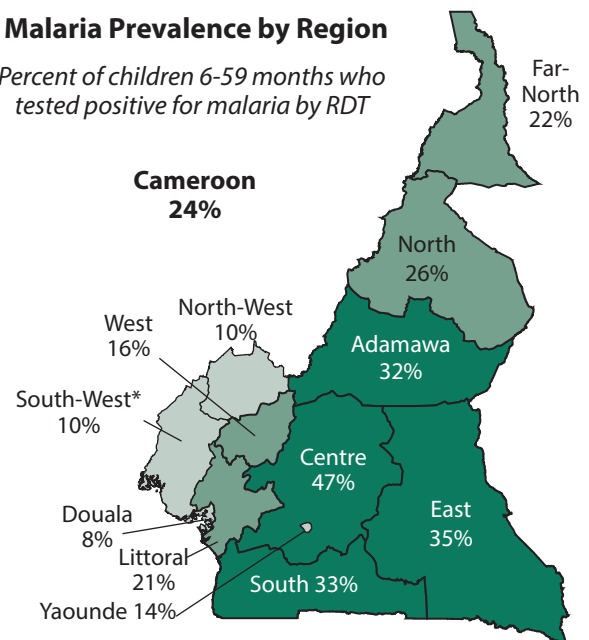
Trends in Intermittent Preventive Treatment of Pregnant Women

Percent of women age 15-49 with a live birth in the 2 years before the survey who received 1, 2, or 3 doses of SP/Fansidar



Malaria Prevalence by Region

Percent of children 6-59 months who tested positive for malaria by RDT



*Data presented for South-West represent only the situation in urban areas.

HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

Knowledge of HIV Prevention Methods

Seven in 10 women and men age 15-49 know that using condoms and limiting sex to one uninfected partner can reduce the risk of HIV.

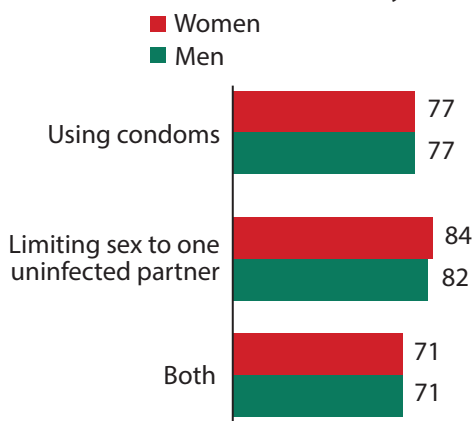
This HIV prevention knowledge increases with education among both women and men. Only 42% of men with no education know both prevention methods compared with 85% of men with more than secondary education.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

About 7 in 10 women and men age 15-49 know that HIV can be transmitted during pregnancy. Three-quarters of women and two-thirds of men know that the risk of HIV transmission from mother to child can be reduced by the mother taking drugs during pregnancy.

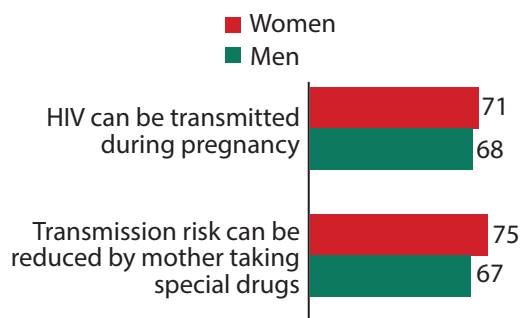
Knowledge of HIV Prevention Methods

Percent of women and men 15-49 who know that the risk of HIV transmission can be reduced by:



Awareness of PMTCT

Percent of women and men 15-49 who know that:



Higher-risk Sex

Twenty-two percent of women and 38% of men age 15-49 had sex with a non-marital/non-cohabiting partner in the year before the survey. Among them, 43% of women and 63% of men used a condom the last time they had sex with the non-regular partner.

Women have an average of 4.2 lifetime sexual partners while men report an average of 9.7 lifetime sexual partners.

HIV Testing

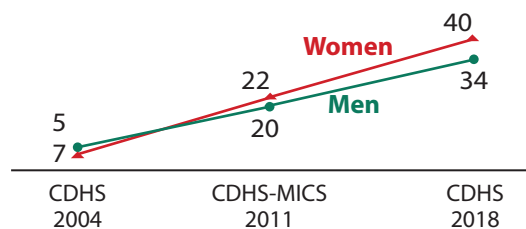
Almost 90% of women and men age 15-49 know where to get an HIV test. Seventy percent of women and 55% of men have ever been tested for HIV and received the results. However, 29% of women and 43% of men have never been tested for HIV.

Forty percent of women and 34% of men age 15-49 have been tested for HIV and received the results in the last 12 months. Recent HIV testing among women ranges from 20% in Far-North to 59% in Douala, North-West, South-West, and Yaoundé. Recent HIV testing has increased steadily since 2004 among women and men.

More than half (55%) of pregnant women age 15-49 received counselling on HIV and an HIV test during prenatal care, and the result.

Trends in Recent HIV Testing

Percent of women and men age 15-49 who were tested for HIV in the 12 months before the survey and received the results of the last test



HIV PREVALENCE

HIV Prevalence

HIV prevalence data were obtained from blood samples voluntarily provided by women and men interviewed in the 2018 CDHS. Of the 6,735 women and 6,213 men age 15-49 eligible for testing, 94% of women and 93% of men provided specimens for HIV testing.

Nationally, 2.7% of adults age 15-49 are HIV positive. HIV prevalence is higher among women (3.4%) than men (1.9%).

Less than 1% of young people age 15-19 are HIV positive. HIV prevalence rises with age until its peak at age 35-39 for both women and men.

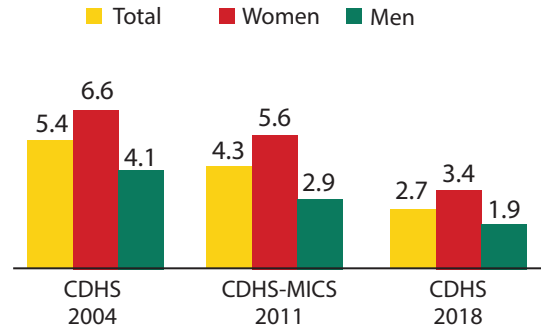
HIV prevalence among adults 15-49 varies by region in Cameroon, from a low of about 1% in Far-North to almost 6% in South and East regions.

HIV prevalence is particularly high among women who are divorced/separated (8.2%) or widowed (18.4%). In comparison, 2.9% of married women are HIV positive.

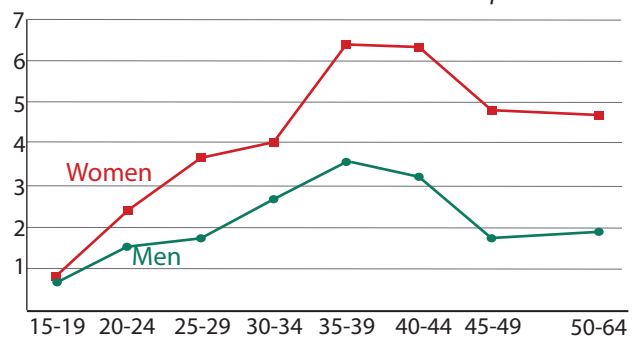
Trends in HIV Prevalence

HIV prevalence has declined since 2004. This decrease is a statistically significant change for both women and men.

HIV Prevalence Trends
Percent of women and men age 15-49 who are HIV positive

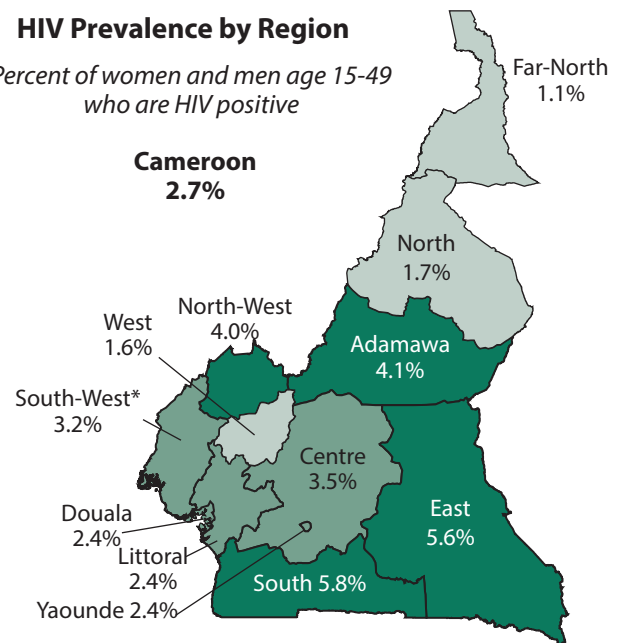


HIV Prevalence by Age
Percent of women and men who are HIV positive



HIV Prevalence by Region

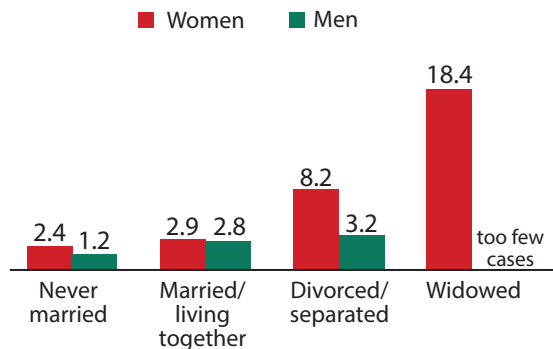
Percent of women and men age 15-49 who are HIV positive



*Data presented for South-West represent only the situation in urban areas.

HIV Prevalence by Marital Status

Percent of women and men age 15-49 who are HIV positive



WOMEN'S EMPOWERMENT

Employment

Three-quarters of married women age 15-49 were employed in the last 12 months compared with 99% of married men. Among those who were employed, only 46% of women and 63% of men were paid in cash only; 17% of women and 4% of men were not paid at all. Almost 80% of women report that they earn less than their husband.

Among working women who earn cash, 92% report that they participated in the decisions about how to spend their earnings.

Ownership of Assets

Men are more likely than women to own homes and agricultural land. Fourteen percent of women and 26% of men age 15-49 own a home (alone or jointly). Only 11% of women own agricultural land (alone or jointly) compared to 28% of men.

Ten percent of women have and use a bank account and almost two-thirds of women (64%) have a mobile telephone. Among women with a mobile phone, 48% use their mobile phone for financial transactions.



© 2012 Okwen Patrick Mbah, Courtesy of Photoshare

Participation in Household Decisions

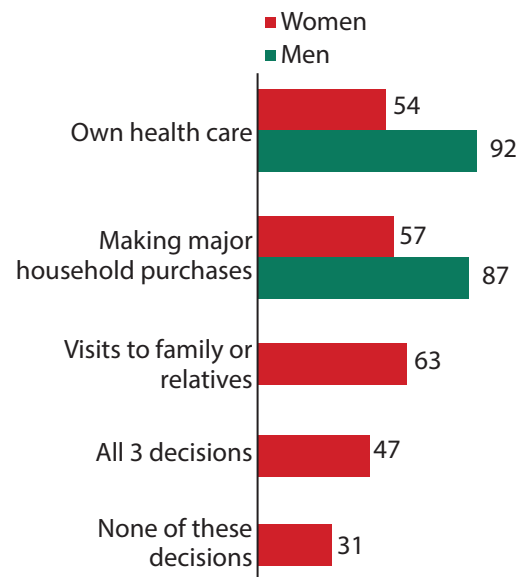
The 2018 CDHS asked currently married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives.

Just over half of married women age 15-49 have sole or joint decisionmaking power in their own health care and major household purchases; 63% participate in decisions about visits to their family or relatives. Three in ten women participate in none of these decisions.

About 9 in 10 men participate in decisions about their own health care and major household purchases.

Participation in Decisionmaking

Percent of married women and men age 15-49 who make decisions alone or jointly with their spouse



Problems in Accessing Health Care

Almost three-quarters (72%) of women age 15-49 report experiencing at least one problem in accessing health care. Two-thirds of women cite obtaining money for care as their primary barrier, while 40% cite distance and 35% cite obtaining permission.

DOMESTIC VIOLENCE

Attitudes toward Wife Beating

Just under 30% of women and men age 15-49 believe a husband is justified in beating his wife for at least one of the reasons listed in the survey. The most common reason given as a justification for wife beating by both women and men is if the woman neglects the children.

Experience of Physical Violence

About 40% of women and men age 15-49 have ever experienced physical violence since age 15. Among women, the most common perpetrators are husbands and partners followed by mothers, fathers, stepmothers, and stepfathers. Among men the most common perpetrators of physical violence are mothers, fathers, stepmothers, stepfathers, and siblings.

Eighteen percent of women and 14% of men age 15-49 experienced physical violence in the 12 months before the survey.

Seven percent of women experienced violence during pregnancy.

Experience of Sexual Violence

Thirteen percent of women and 6% of men age 15-49 have ever experienced sexual violence. Among both women and men, current and former partners are the most common perpetrators of sexual violence.

Spousal Violence

More than 4 in 10 ever-married women and one-third of ever-married men age 15-49 have experienced spousal violence (emotional, physical, or sexual) perpetrated by the current or most recent spouse. Women are three times as likely as men to experience physical spousal violence (34% versus 12%) but women and men are similarly likely to experience emotional violence (about 30%).

Spousal violence is most common in Centre (not including Yaoundé) where 51% of ever-married women experienced spousal violence in the year before the survey.

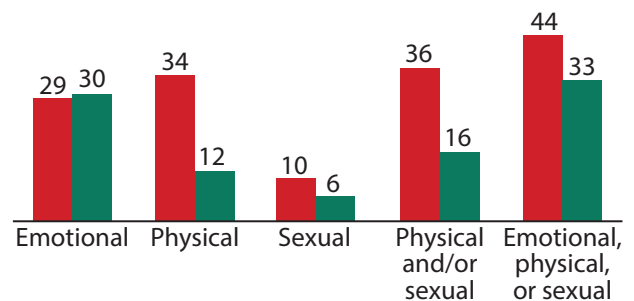


© 2005 Rachel Hoy, Courtesy of Photoshare

Spousal Violence

Percent of ever-married women and men who have ever experienced the following types of spousal violence

■ Women ■ Men



Help-seeking behaviour

One in three ever-married women and 19% of ever-married men age 15-49 who have experienced spousal violence sought help to stop violence. More than half of women and men who have experienced spousal violence have not sought help or told anyone about the violence.

