



# Cambodia

2000 Demographic and  
Health Survey

## KEY FINDINGS



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This report summarizes the main results of the 2000 Cambodia Demographic and Health Survey (CDHS 2000). The principal objective of the survey is to provide current and reliable data on household and women's characteristics, fertility and family planning behavior, child and maternal mortality, children's nutritional status, utilization of maternal and child health services, women's status and household relations, illnesses and injuries, and knowledge of HIV/AIDS.

During the course of the CDHS, 15,351 women between the ages of 15 and 49 years of age were interviewed, comprising the largest demographic and health survey in Cambodia to date, and providing population and health data for analysis at the national and regional levels.

While significantly expanded in content, the CDHS 2000 is a successor to the 1998 National Health Survey (NHS) and provides updated estimates of demographic and health indicators covered in the earlier survey. The CDHS also provides complementary information to the 1998 General Population Census. Together, these sources of information will be used for formulating strategies of development for Cambodia.

This nationally representative sample survey was undertaken by the National Institute of Statistics (NIS) of the Ministry of Planning and the Ministry of Health (MOH) from February to July of 2000. ORC Macro provided technical assistance to the project through the MEASURE DHS+ program. The survey was funded by UNICEF, UNFPA, and USAID.

Additional information about the Cambodia DHS may be obtained from the National Institute of Statistics, 386 Monivong Blvd., Phnom Penh, Cambodia (telephone: 855 23 364 371; email: [sansythan@forum.org.kh](mailto:sansythan@forum.org.kh)).

Information about the MEASURE DHS+ project may be obtained from ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (telephone: 301.572.0200; fax: 301.572.0999).

# 2000 Cambodia Demographic and Health Survey

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# POPULATION AND HOUSEHOLD LIVING CONDITIONS

Data collected on the age and sex distribution of the population and on a wide variety of socioeconomic indicators provide the household-level context within which demographic and health choices are made and changes occur.

## Age-sex distribution of the household population

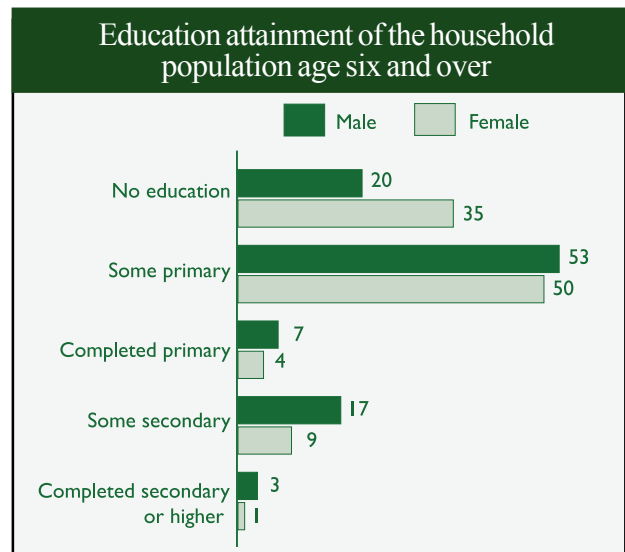
The age and sex distribution of Cambodia reflects the impact of the Khmer Rouge regime between 1975 and 1979. During and after the regime, mortality levels were high, particularly for men, and fertility decreased. After the civil conflict, a baby boom occurred, as reflected in the large proportion of the population that is aged 20 or less (55 percent of the total population).

## Household composition

Households in Cambodia are predominantly male-headed, although 25 percent of households are headed by females. The average household size is 5.4 persons, and interestingly, households are slightly larger on average in urban areas than in rural.

## Education of the household population

The majority of Cambodians have little or no education. While 27 percent of Cambodian men have at least completed primary school, only 14 percent of Cambodian women have attained the same level of education. The overall trends in educational attainment, however, indicate improvements over time for both men and women.



## Housing characteristics

Although 61 percent of urban households have electricity, only 9 percent of households in rural areas (where 84 percent of the population lives) do, for a national average of only 17 percent of households with electricity. Drinking water comes from open sources such as rivers, streams, ponds, or lakes for 27 percent of the population during the dry season, and only about one-fifth of households has access to a toilet or latrine. The vast majority of households (85 percent) do not use iodized salt.



## Asset ownership

Generally, households in rural Cambodia are much less likely to possess consumer items than households in urban areas, with the exception of one asset: a bicycle. About 50 percent of urban and 53 percent of rural households have this means of transportation. Sixty-one percent of urban households own a radio, and almost as many (58 percent) own a television, whereas 39 percent of rural households own a radio and only 28 percent own a television. Refrigerator ownership is concentrated almost exclusively in urban areas (10 percent ownership in urban areas, as compared to less than half of one percent in rural areas).

# EDUCATION, EMPLOYMENT, AND WOMEN'S STATUS

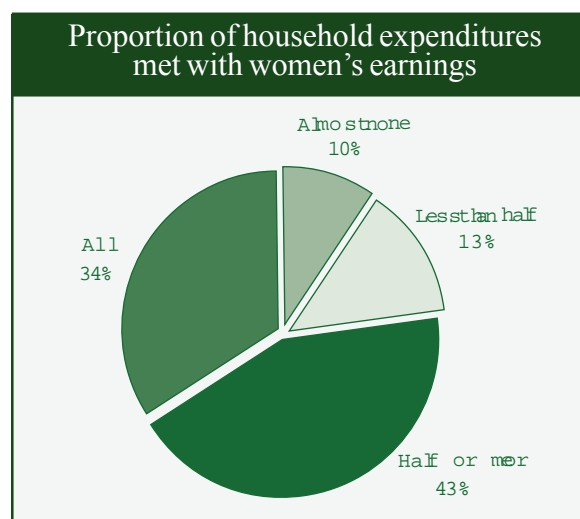
In the Cambodia DHS, information was collected on the background characteristics of women, including their education, employment status, and earnings. Information was also collected on women's status and domestic violence. Such information is useful in understanding the factors that affect women's health as well as women's health-seeking behavior, and is essential for achieving the country's goals for population and reproductive health.

## Illiteracy

Survey results show that 43 percent of women are literate, while another 24 percent of women are partially literate, leaving 32 percent of Cambodian women completely illiterate. There is disparity in the distribution of illiteracy: rural women are twice as likely as urban women to be illiterate (36 percent).

## Access to mass media

Exposure to mass media is relatively high in Cambodia, as 70 percent of women have some weekly exposure to the media. Watching television is the most common way of accessing the media: 56 percent of women watch television at least once a week. Forty-six percent of women listen to the radio, while only 12 percent of women read the newspaper once a week or more.



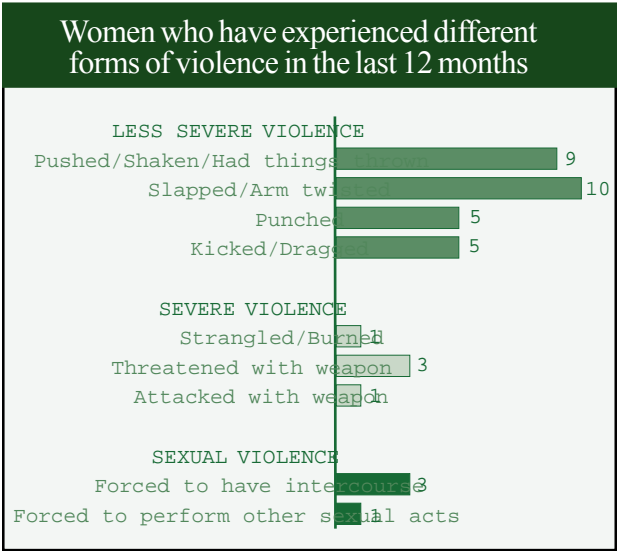
## Employment

Almost three-quarters of women were working at the time of the survey; most women work seasonally (48 percent), while 24 percent of women work year-round. Fifty-one percent of all working women in Cambodia are either paid in kind or not paid at all; highly educated women and women in nonagricultural occupations are much more likely to earn cash than other women. Among currently married women who earn cash for their work, 47 percent report that they alone make the decisions about how their earnings will be used, while 50 percent report that they and their husbands make the decisions jointly. Large proportions of household expenditures are met with Cambodian women's earnings.

## Women's status

Women's ability to access health services and information, which is associated with their status or empowerment within their society or household, is crucial to their own health as well as that of their families. An important aspect of women's status and empowerment is the belief in the ideal of gender equality in roles and rights in society as well as in the home. The CDHS explored women's acceptance of unequal gender roles, and found that although most women believe that it is better to educate a son than a daughter (59 percent), indicating an acquiescence to societal gender inequality, even greater proportions of women believe that husbands should help with household chores, that it is unacceptable for a man to have extramarital sex, and that a woman should not tolerate beatings to keep their family together (85 percent, 89 percent, and 86 percent, respectively).





### Domestic violence

Sixty-five percent of Cambodian women do not agree with any of the specific reasons why a husband might be justified in beating his wife. Despite this widespread intolerance of a husband’s physical abuse of his wife, the CDHS found that one out of four ever-married women in Cambodia age 15-49 have experienced physical violence since age 15, and one out of seven, or 15 percent, have experienced violence in the 12 months preceding the survey. The most common form of violence is by current and previous husbands. Among women who report experiencing severe violence in the last 12 months, 53 percent report having had bruises and aches, and 13 percent report injuries and broken bones in the prior 12 months because of something the husband did.

# FERTILITY, FERTILITY PREFERENCES, AND FAMILY PLANNING

Fertility is an important component of population dynamics and plays a large role in changing the size and structure of the population of a given area. In terms of excess mortality as well as reduced fertility, the population size and structure of Cambodia were severely impacted during the reign of the Khmer Rouge (1975-1979). The Cambodia DHS generates detailed information on fertility and fertility patterns over time that will be useful for the formulation of policies and the design of programs.

## Current fertility levels

At current fertility levels, a Cambodian woman will give birth to an average of 4 children during her lifetime. Women in rural areas will give birth to an average of one child more than women in urban areas (4.2 as compared to 3.1 children, respectively). Women with no education have on average half a child more than those with primary education, but 1.6 children more than those who have secondary and higher levels of education.



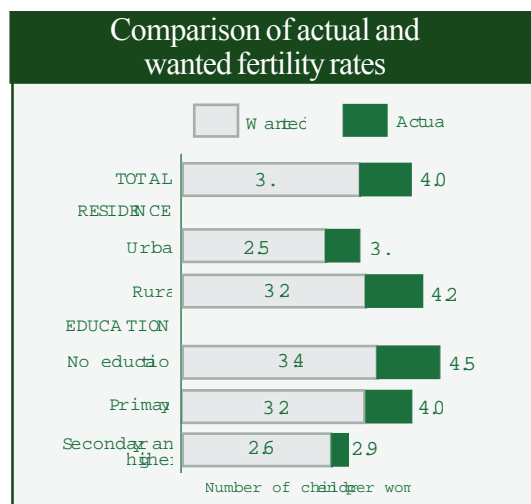
Longer birth intervals contribute to the improved health status of the mother and child, as well as to lower total fertility levels. Most Cambodian women (79 percent) have a birth interval of 24 months or greater. Median birth intervals are shortest in the regions of Mondulakiri/Ratanakiri and Kampong Chhnang (29.3 and 29.5 months, respectively) and longest in Phnom Penh and Prey Veng (37.7 and 37.6 months, respectively).

## Marriage and exposure to the risk of pregnancy

Sexual relations, and therefore childbearing, rarely occur outside of marriage in Cambodia. Given that the mean age of marriage is 19.9 years, there is little problem with teenage childbearing in Cambodia. The median age at first birth is 21.9 years, with urban women giving birth an average of 1 year later than rural women. Women who live in Phnom Penh have the latest median age at first birth, at 23.1 years of age.

## Fertility preferences and demand for family planning

Half of currently married Cambodian women express a desire to space or limit the number of children that they will have. This would suggest that there is a demand for family planning services among the women who would like to space or limit their births. Interestingly, there is not a great difference in demand for family planning between urban and rural women: 60 percent of urban women as compared to 56 percent of rural women have an unmet need for spacing or limiting their births. The ideal number of children for all women is 3.6, with urban and rural women expressing very similar preferences (3.3 and 3.7 respectively).

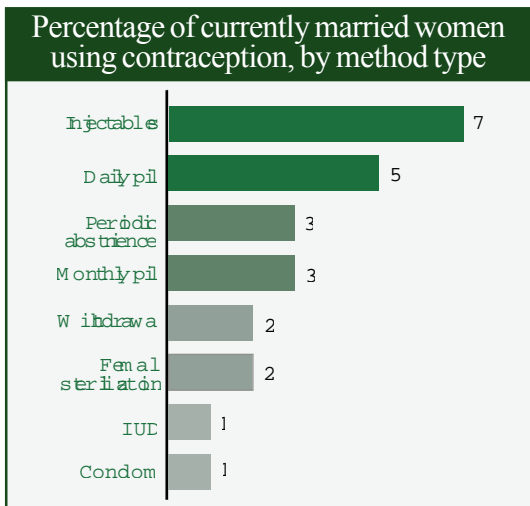


About one-third (32 percent) of births in Cambodia are unplanned: 9 percent were mistimed and 24 percent were not wanted at all. The total wanted fertility rate is 3.1 children, which is almost one child

less than the actual fertility rate of 4.0. The gap between wanted and actual fertility is greatest among women living in rural areas and uneducated women.

### Knowledge and use of family planning

Knowledge of contraceptive methods in Cambodia is quite high, with 95 percent of currently married women age 15-49 knowing at least one modern method of family planning. There is little difference in knowledge of modern methods between urban and rural residence: whereas 98 percent of urban women have heard of modern methods, 95 percent of rural women have as well.



The daily pill and injectables are the most widely known modern methods, with 90 percent of currently married women having heard of each method. Interestingly, although the same proportion of married women have heard of both methods, data on current method use suggests that among married women, injectables are more popular than the daily pill (7 percent as compared to 5 percent). One form of contraception that is well known (71 percent of women mentioned knowing this method) in Cambodia, but little known in Western countries, is the monthly pill. This monthly pill is a form of hormonal contraception of Chinese origin, and is taken once a month; 3 percent of currently married women are current users of this method.



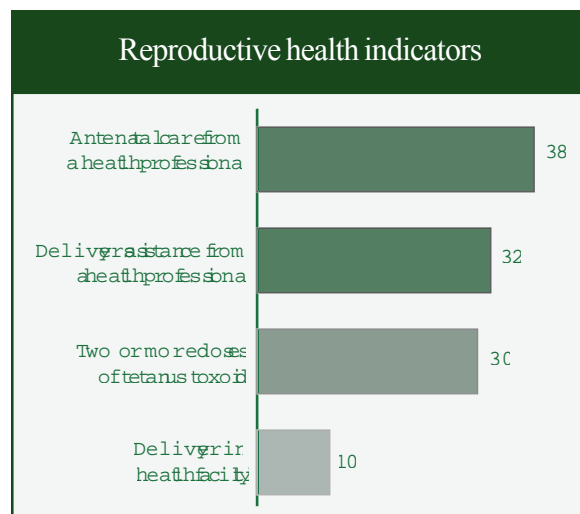
# MATERNAL AND CHILD HEALTH

The majority of deaths due to maternal causes are avoidable if pregnant women receive adequate antenatal care during pregnancy, have their deliveries in hygienic conditions and with the assistance of trained medical practitioners, and receive appropriate and timely postpartum care. Information on child health and preventive health care for children, such as vaccinations, is crucial for formulating programs and policies to improve health services in Cambodia. The more that is known about the current state of maternal and child health, the better appropriate health care services can be deployed to these populations in the future.

## Reproductive health: antenatal, delivery, and postnatal care

Access to professional maternity care is relatively low in Cambodia: 38 percent of women received antenatal care from trained health personnel for pregnancies that occurred in the last five years. During the same period, more than half of Cambodian mothers (55 percent) did not receive any antenatal care for their pregnancies. However, 40 percent of women who received antenatal care reported that they were informed of pregnancy-related complications during their visits. The median number of visits is 2, about six times fewer than the recommended number of 12 or 13 visits, and the median duration of pregnancy for the first antenatal care visit is 5.8 months, indicating that women start antenatal care at a relatively late stage of their pregnancy.

Most Cambodian babies (89 percent) born in the five years before the survey were delivered at home. Only 10 percent of births took place in a health facility. While traditional birth attendants assisted at the majority of births (66 percent), 32 percent of births were attended by a trained health professional (28 percent by a midwife and the remaining 4 percent



by a doctor or nurse). Forty-six percent of mothers who gave birth during the five years preceding the survey received no postnatal care at all. One-third of women who delivered outside of a health facility received postnatal care from traditional birth attendants, about one in seven received care from a midwife, and only one percent from a doctor/nurse.

Fifty-seven percent of urban women received delivery assistance from a trained professional, in contrast to rural women, of whom 28 percent received trained professional help; rural women are more likely to receive assistance from a traditional birth attendant (70 percent).

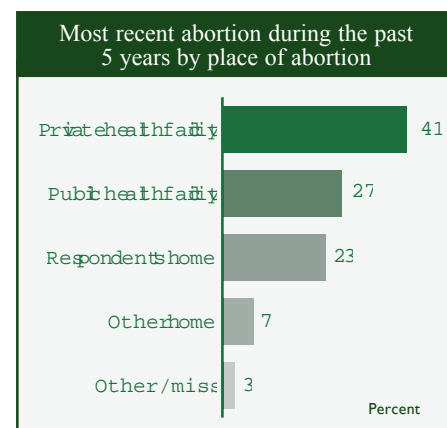
Forty-six percent of mothers who gave birth during the five years preceding the survey received no

## Abortion

The CDHS found that a total of 5 percent of Cambodian women reported ever having had an induced abortion, with little variation by urban/rural residence.

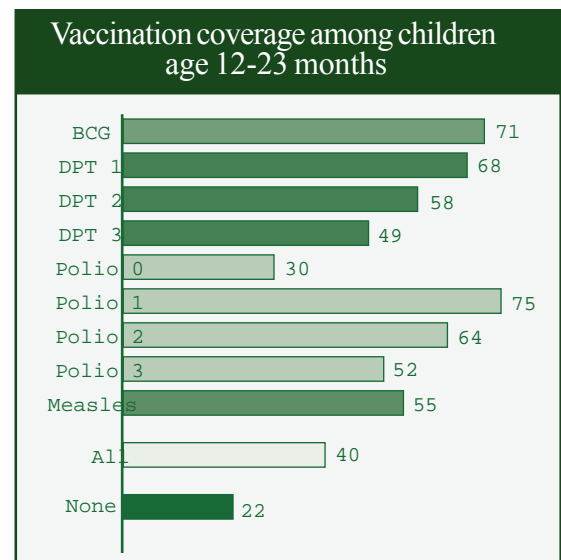
Abortion is more common among women with more living children: fewer than one percent of women with no children, seven percent of women with two children, and nine percent of women with 4 or more children report having had an abortion.

Eighty-two percent of women were helped with their last abortion by trained health professionals. Eight percent of women were assisted by a traditional birth attendant, and 1 percent of women were aided by relatives or friends. A full 9 percent of women undergo an induced abortion with no assistance at all.



**Child health:  
Vaccination coverage**

Forty percent of Cambodian children of age 12-23 months are fully vaccinated, while 71 percent have received the BCG vaccination and 55 percent have been vaccinated against measles. The coverage for the first dose of DPT is higher (68 percent), compared to the third dose (49 percent): the drop rate is 29 percent between the first and the third dose of DPT. Polio coverage is much higher than DPT coverage, primarily due to the success of the national immunization day campaigns, during which polio vaccines are administered. Three in four children age 12-23 months received the first dose of polio, 64 percent received the second dose, and 52 percent received the third dose. About 30 percent of children received polio vaccination at birth.



**Child health: childhood illnesses**

Twenty percent of children under five years of age showed symptoms of acute respiratory infection (ARI), the leading cause of childhood morbidity and mortality, at some time in the two weeks preceding the survey. Compared to all other age groups, children age 6-11 months are most likely to suffer symptoms of ARI (27 percent).



Similarly to ARI, children age 6-11 and 12-23 months are more commonly sick with fever (48 and 44 percent, respectively) than other children. Regional variations were significant, ranging from 4 percent in Prey Veng to 54 percent in Kampong Chhnang. Thirty-one percent of children with fever, cough, and rapid breathing were not taken for treatment.

Nineteen percent of children under five years of age had diarrhea in the two weeks preceding the survey. The occurrence of diarrhea varies by age of the child and follows the same pattern as ARI and fever. Only 22 percent of children

with diarrhea were taken to a health provider. One in two women who gave birth in the five years preceding the survey knew about oral rehydration salts (ORS). However, 48 percent of children with diarrhea were treated with some kind of oral rehydration therapy: 18 percent were treated with solution prepared from an ORS packet, 3 percent were given recommended home fluids (RHF), and 40 percent were given rice water. Other treatments for diarrhea consisted of pills or syrup (57 percent), injections (7 percent), and other/home remedies (9 percent).

# HEALTH STATUS AND UTILIZATION OF HEALTH SERVICES

*Information collected on injuries and death due to accidents, physical impairments, and the utilization of health services provides baseline data on general health conditions and can be used to provide an analysis of health care delivery in Cambodia.*

## Accidental death or injury

Almost one percent of the Cambodian population was injured or died in an accident in the past year, with no difference in accidents between urban and rural residences. The likelihood of having been involved in an injurious or mortal accident increases with age, from 0.6 percent among those from birth to age 19, to 1.1 percent among those age 40-59.

Men were twice as likely to be injured in an accident as women (1 percent of men injured as compared to .5 percent of women), although they experienced accident-related mortality in the same proportions. Among those involved in an injurious or mortal accident, 33 percent were in road accidents, 13 percent fell from a tree or building, 5 percent each involved snakebite or a gunshot, and 3 percent were due to landmines.

## Physical impairment

In Cambodia, almost 2 percent of the population has a physical impairment, which, like accidental injury or death, does not vary by urban/rural residence.

The greatest contributor of physical impairment in Cambodia is disease (37 percent of those impaired), frequently poliomyelitis. Problems experienced from the time of birth account for another 18 percent of impairments. Landmines and gun accidents account for 14 percent and 11 percent of impairments, respectively.

## Utilization of health care facilities

When people are ill or injured in Cambodia, most do decide to seek treatment (89 percent). Twenty-two percent of people need to return for a second treatment, and 7 percent seek still a third treatment.

Most people go to the non-medical sector when they seek health care (35 percent), and another 33 percent seek care from the private sector. Urban residents are particularly likely to seek services from the non-medical sector (43 percent of the time, as compared to 32 for the private sector); this is likely due to the lower costs of transportation and treatment involved when services are obtained from the non-medical sector. Rural residents are twice as likely as urban residents not to seek treatment for illness or injury: 12 percent of rural residents do not seek aid.



# NUTRITIONAL STATUS

Poor nutrition often starts in utero and extends, particularly for girls and women, well into adolescent and adult life. Undernutrition that occurs during childhood, adolescence, and pregnancy has an additive negative impact on the birthweight of infants.

## Breastfeeding

Breastfeeding is nearly universal in Cambodia, with 96 percent of children born in the five years preceding the survey ever breastfed. However, only eleven percent of infants were put to breast within an hour after delivery and one-fourth of infants were breastfed within the first day. The median duration of breastfeeding among children under 3 years of age is 24 months.

**Only 15 percent of Cambodian infants age 0-3 months are exclusively breastfed**



Contrary to the World Health Organization's (WHO) recommendation of exclusive breastfeeding for the first six months of age, only 18 percent of Cambodian children under two months are exclusively breastfed. Complementary feeding starts early: 70 percent of children under 2 months of age receive breast milk and water, 4 percent receive breast milk and other water-based liquids, and another 4 percent receive breast milk and complementary food. The practice of bottle-feeding is not common.

About 77 percent of children under age three receive some type of solid or mushy food by 6-9 months of age. Grain supplements are more commonly consumed than roots, tubers, beans and legumes/lentils. Meat, fish, poultry and eggs are received by half of the children age 6-9 months.

## Nutritional status of women

The mean height of Cambodian women is 153 centimeters. About 6 percent of women are shorter than 145 centimeters and considered to be at nutritional risk. One in five women fall below the cut-off of 18.5 kg/m<sup>2</sup> for the Body Mass Index (BMI). In general, very young women

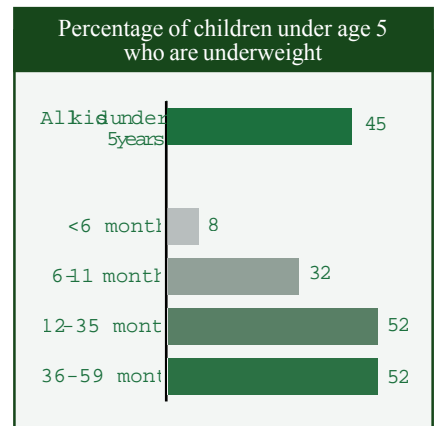
## Children's Nutritional Status

Nutritional status is a major determinant of the health and well being of children. Inadequate or unbalanced diets and chronic illness are associated with poor nutritional status.

Chronic malnutrition among Cambodian children is very high: 45 percent of children under five years of age are stunted, and more than one in five children (21 percent) are severely stunted.

Fifteen percent of children less than five years of age are wasted or too thin for their height, and 4 percent are severely wasted.

Forty-five percent of children age five and below are underweight, and 13 percent are severely underweight.





age 15-19 years and rural women are more likely than are other women to suffer from chronic energy deficiency.

### Vitamin A

Vitamin A is a micro-nutrient found in very small quantities in some foods. Improv-

ing the vitamin A status of children reduces morbidity and mortality rates. Vitamin A concentration in human milk is dependent on the mother's vitamin A status; therefore, it is recommended that women receive vitamin A supplementation postpartum. More than three-fourths of children consumed vitamin A rich foods, whereas supplements were consumed by only 29 percent. In the case of women, one in ten took vitamin A supplements postpartum (first two months after delivery).

### Iodine

Iodine deficiency is the single most important and preventable cause of mental retardation worldwide. Iodine deficiency can be avoided by using salt that has been fortified. In the CDHS, the iodine content of salt used in the household was measured using a rapid-test kit provided by UNICEF. Overall, only 14 percent of households had adequately iodized salt.



## Anemia and Iron Supplementation

Anemia is a serious threat to safe motherhood: it increases the risks of maternal and infant death, premature delivery, and low birth weight.

In Cambodia, almost two-thirds of children suffer from anemia. About one-third of children have mild levels of anemia, another third has moderate levels, and 2 percent have severe anemia. Children less than two years of age, residing in rural areas, and whose mothers have no education are more likely to be anemic than other children.

In the case of women, 58 percent had some degree of anemia: 44 percent had mild anemia, 13 percent had moderate and one percent had severe anemia.

Pregnant women are the group at highest risk for anemia. One in six women took iron supplements for two months of pregnancy, but only 2 percent took iron for three months. Another two percent took iron for 4 or more months.

## MORTALITY

*Information on mortality rates not only enriches the understanding of a country's socioeconomic situation but also sheds light on the quality of life of the population under study.*

### Adult and maternal mortality

Direct estimates of male and female adult mortality were obtained from information collected in the sibling history of the Cambodia DHS. In the seven years preceding the survey, there were more male than female deaths (719 as compared to 546). The mortality rate among men age 15-49 is 4.8 deaths per 1,000, whereas that of females is 3.5 deaths per 1,000.

Maternal deaths are defined as any death that occurred during pregnancy or childbirth, or within two months after the birth of a child or the termination of a pregnancy. Maternal mortality in Cambodia is high relative to developed countries: in the seven years preceding the survey, there were 263 maternal deaths, which translates into a maternal mortality ratio of 4 deaths per 1,000 live births.

### Infant and child mortality

Almost one in ten babies born in Cambodia does not live to celebrate his or her first birthday. Under-five mortality is high as well: 124 deaths for every 1,000 live births. Data from the Cambodia DHS show that mortality had been declining in Cambodia over the past 25 years; extremely high (despite serious underestimation) mortality was registered during the Khmer Rouge era, after which it declined. However, for the periods 5-9 and 0-4 years before the survey, the CDHS registers an increase in mortality, particularly in the levels of infant mortality, but also in under-five mortality.

**Almost one in ten babies born in Cambodia does not live to celebrate his or her first birthday**



Infant mortality is consistently lower in urban than in rural areas: 72 urban deaths as compared to 96 rural deaths per 1,000 live births. The urban-rural difference is somewhat greater in the case of child mortality, which is fully 35 percent lower in urban areas than in rural areas. Children born to mothers with no education suffered the highest mortality. Data from the CDHS indicate that educating mothers through secondary education and higher levels reduces neonatal mortality by 37 percent, reduces infant mortality by 41 percent, and reduces under-five mortality by 44 percent, compared to mothers with no education.

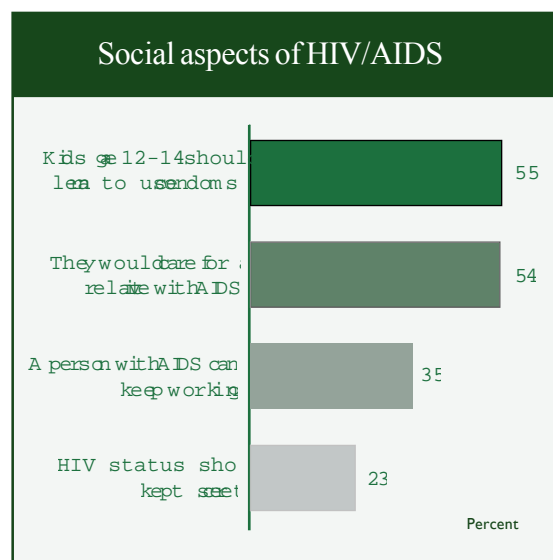
# KNOWLEDGE OF HIV/AIDS

At the end of 2000, there were an estimated 150,000 Cambodians living with HIV/AIDS – more than 1 percent of the total population. One estimation shows that there were 16,000 AIDS patients in the country in 1998 (Ministry of Health, 2000).

## Awareness of HIV/AIDS, prevention, and associated issues

A very high percentage of Cambodian women (95 percent) have heard of AIDS, and a surprising 48 percent of women say that they know someone personally who has AIDS or who has died of AIDS. Given the high levels of awareness of this syndrome in both urban and rural areas, it is not surprising that 69 percent of women were able to cite two or three important ways to avoid contracting HIV/AIDS and another 4 percent were able to cite one way. Seventy-two percent of respondents mentioned the use of condoms

**69 percent of women were able to cite two or three important ways to avoid contracting HIV/AIDS**



as a specific way to avoid HIV/AIDS, 68 percent mentioned limiting the number of one's sexual partners, and 60 percent cited abstinence, all of which are methods of avoidance considered to be programmatically important. Women in urban areas and women who have more education are more likely to know about HIV and ways to avoid it than are other women.

Knowledge of HIV-related issues is also important in understanding how to prevent contraction of HIV and check the spread of the disease in a population. Sixty-three percent of women believe that a healthy-looking person can have the virus, and most women also recognize that the infection can be transmitted from a mother to her children in a variety of ways: during pregnancy (70 percent), during delivery (62 percent), and by breastfeeding (67 percent).

## Discussion of HIV/AIDS

Dissemination of information about an epidemic such as HIV/AIDS is at the forefront of any preventative strategy. Thus, it is useful to be aware of the locations in which people would be most receptive to the discussion of the matter. Overall, 90 percent or more of women approved of the dissemination of HIV/AIDS information on the radio or television, in the newspaper, in secondary school, in the workplace, at a health facility, and in a community setting. Primary schools and temples received lower levels of approval as places to disseminate this information, but nonetheless received the approval of the majority (78 percent and 72 percent, respectively).



## SUMMARY AND RECOMMENDATIONS

### Fertility and Family Planning

- Cambodia's fertility rate has declined over the past 15 years, both in urban and rural areas. However, at current fertility levels, a Cambodian woman will give birth on average to 4.0 children during her reproductive life.
- Although 92 percent of all women age 15-49 have heard of at least one method of family planning, only 24 percent of currently married women presently use contraception. Health education on family planning should focus on unmarried women, as they are less knowledgeable about contraceptive methods than married women. One well-known form of contraception, the Chinese monthly pill, should be reconsidered prior to distribution due to its uncertain side effects.
- Forty-five percent of women who are not currently using a family planning method and do not intend to do so in the future cite fear of side-effects, health concerns, and difficulty in getting pregnant as reasons for not using a method. Appropriate counseling on family planning should be promoted in order to encourage the use of these methods.

### Maternal and Child Health

- Survey findings indicate that the utilization of maternal care services is still low: more than three out of five mothers who had a live birth in the past five years did not receive antenatal care from trained providers. The content and quality of antenatal care is also limited: three out of five mothers who did receive antenatal care were not informed about the signs of complications in pregnancy. Thus, the quality of staff performance should be monitored and improved.
- Forty percent of women reported that the distance to a health facility was a major problem in accessing health care, and 42 percent cited transportation as a constraining factor. In regions such as Mondulakiri and Ratanakiri, only 16 percent of women received antenatal care, reflecting poor accessibility to health care services in these areas. A mobile health care team should be established for service provision.
- Nationwide, only 40 percent of children age 12-23 months are fully immunized. Encouragingly, polio vaccination coverage is high, owing to the success of national immunization day campaigns.



- Despite widespread efforts to improve the health status of the population, infant and under-five mortality rates remain high. Almost one in ten babies die before their first birthday in Cambodia, and one in eight children do not live to the age of five years.

## Education and Women's Status

- High rates of illiteracy hinder the process of national development in Cambodia. Thirty-two percent of women are completely illiterate, yet women's education is well-known to be associated with lower levels of fertility, lower infant mortality, and better nutrition and health for women and children.
- The poor social status of Cambodian women relative to that of men is in part responsible for low rates of education among women, which in turn may lead to undesirable outcomes in terms of fertility, mortality, and nutrition for women and children – the majority of the Cambodian population.
- Women's health, development, and human rights are compromised by the experience of domestic violence. Violence does not bring happiness to familial life, and instead ruins societal norms. The survey reveals that in Cambodia, almost one-fourth of ever-married women age 15-49 have suffered from physical violence since the age of 15, and one in seven women suffered from domestic violence in the past year. This violence negatively affects the health and welfare of women and the children that they care for.





## KEY INDICATORS

Women age 15-49 interviewed..... 15,351

### Background Characteristics of Women

Percent urban..... 18

Percent completely illiterate..... 32

Percent with completed primary education  
or more..... 23

### Fertility

Total fertility rate<sup>1</sup>..... 4.0

Mean number of children ever born  
to women age 40-49..... 5.4

### Marriage

Percent of women currently married..... 59

Median age at first marriage among  
women age 25-49..... 20.0

### Desire for Children

Percent of currently married women  
who want no more children..... 37

Mean ideal number of children..... 3.6

Percent of births in the last 5 years which were:

Unwanted..... 24

Mistimed..... 9

### Use of Family Planning

Percent of currently married women  
currently using:

Any method..... 24

Any modern method..... 19

Any traditional method..... 5

### Abortion

Percent of women who had at least one  
abortion:

- during their lifetime..... 5

- during the past five years..... 2

### Maternal and Child Health

Percent of mothers who:

Received antenatal care from  
trained personnel<sup>2</sup>..... 38

Received 2 or more tetanus toxoid  
injections<sup>2</sup>..... 30

Percent of births<sup>3</sup> whose mothers were as-  
sisted at delivery by trained personnel..... 32

Percent of children 12-23 months who received<sup>4</sup>:

All vaccinations..... 40

No vaccination..... 29

Percent of children under 5 years who:

Had diarrhea in the 2 weeks

preceding the survey..... 19

Had a cough accompanied by rapid

breathing in the 2 weeks preceding

the survey..... 20

### Maternal and Child Nutrition

Percent of children 0-3 months

exclusively breastfed..... 15

Percent of children 6-9 months who are

breastfed and received complementary

foods..... 72

Percent of children under 5 years who are:

Chronically malnourished (stunted)<sup>5</sup>..... 45

Acutely malnourished (wasted)<sup>5</sup>..... 15

Percent of children 6-59 months

who are anemic<sup>6</sup>..... 63

Percent of women chronically

energy deficient<sup>7</sup>..... 45

Percent of women who are anemic<sup>8</sup>..... 58

### Mortality

Infant mortality rate<sup>9</sup>..... 95

Under-five mortality rate<sup>9</sup>..... 124

Maternal mortality ratio<sup>10</sup>..... 437

#### Notes:

<sup>1</sup> Based on births to women 15-49 years during the period 0-4 years preceding the survey.

<sup>2</sup> Based on last birth in the period 1-59 months preceding the survey.

<sup>3</sup> Based on all births in the period 1-59 months preceding the survey.

<sup>4</sup> Based on information from vaccination records and mothers' reports. All vaccinations include: BCG, three doses of DPT and polio and measles.

<sup>5</sup> Stunting assessed by height-for-age, wasting assessed by weight-for-height; the percent malnourished are those below -2SD from the median of the international reference population, as defined by the U.S. National Center for Health Statistics, and recommended by the World Health Organization.

<sup>6</sup> Level of hemoglobin below 11.0 g/dl.

<sup>7</sup> Body Mass Index below 18.5 kg/m<sup>2</sup>.

<sup>8</sup> Level of hemoglobin below 12.0 g/dl.

<sup>9</sup> Rates are for the period 0-4 years preceding the survey.

<sup>10</sup> Ratio for the 7-year period preceding the survey; expressed as maternal deaths per 100,000 live births.

