



# Cambodia

**2014 Demographic and Health Survey**

**Key Findings**





The 2014 Cambodia Demographic and Health Survey (CDHS) is part of The DHS Program, a worldwide project which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programs. Funding was provided by the Royal Government of Cambodia (RGC), the United States Agency for International Development (USAID), the Australian Department of Foreign Affairs and Trade (Australia-DFAT), the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), the Japan International Cooperation Agency (JICA), the Korean International Cooperation Agency (KOICA), and the Health Sector Support Program – Second Phase (HSSP-2).

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# ABOUT THE 2014 CDHS

The 2014 Cambodia Demographic and Health Survey (CDHS) is designed to provide data for monitoring the population and health situation in Cambodia. The 2014 CDHS is the fourth Demographic and Health Survey conducted in Cambodia since 2000, and the objective of the survey was to provide reliable estimates on infant and child mortality, fertility preferences, family planning behavior, maternal mortality, utilization of maternal and child health services, health expenditures, women’s status, and knowledge and behavior regarding HIV/AIDS and other sexually transmitted infections 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 17,578 women in all selected households and 5,190 men age 15-49 in one-third of the selected households were interviewed. This represents a response rate of 98% of women and 95% of men. The sample design for the 2014 CDHS provides estimates at the national levels, for urban and rural areas, and for the 19 sampling domains (14 individual provinces and 5 groups of provinces).

## CAMBODIA



# CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

## Household Composition

In Cambodia, the average household size is 4.6 members. More than one-quarter (27%) of households are headed by women. Overall, 35% of the household population is under age 15.

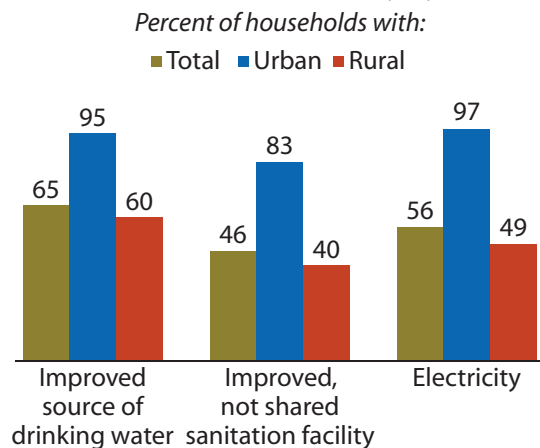
## Water, Sanitation, and Electricity

More than half of Cambodian households (56%) have electricity. About two-thirds of households have access to an improved water source. Nearly all households in urban areas have access to an improved water source (95%), compared to 60% of households in rural areas. Overall, 46% households have an improved, not shared sanitation facility, while 9% have a shared facility. Nearly half (45%) of households in Cambodia have a non-improved sanitation facility, most of which have no sanitation facility at all.



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## Water, Sanitation, and Electricity by Residence



## Ownership of Goods

The vast majority of Cambodian households (87%) own a mobile telephone, while 66% own a television. Fewer households (40%) own a radio. Ownership of these goods is higher in urban areas than in rural areas.

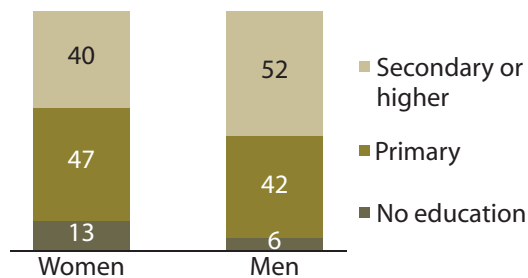
Nearly 7 in 10 households have a motorcycle or scooter and approximately the same percentage have a bicycle or cyclo. Ownership of a motorcycle or scooter is higher in urban areas than in rural areas. In contrast, ownership of a bicycle or cyclo is higher in rural areas than in urban areas.

## Education

In Cambodia, 13% of women and 6% of men age 15-49 have no education. Four in ten Cambodian women and 52% of men have secondary or higher education. Three-quarters of women and 84% of men are literate.

### Education

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



# FERTILITY AND ITS DETERMINANTS

## Total Fertility Rate

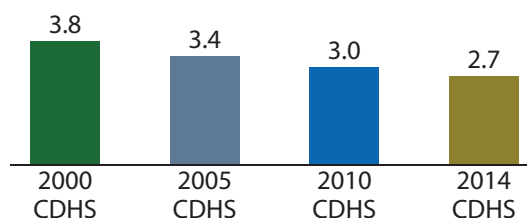
Currently, women in Cambodia have an average of 2.7 children. Fertility has declined over the past 14 years, from 3.8 children per woman in 2000 to 2.7 in 2014.

Fertility varies by residence and province. Fertility is slightly higher in rural areas (2.9 children per woman) than in urban areas (2.1 children per woman). Fertility varies by province, ranging from a low of 2.0 children per woman in Phnom Penh to a high of 3.6 in Kratie and Preah Vihear/Stung Treng.

Fertility also varies by a woman's level of education and economic status. Women with no education have an average of 3.3 children, compared to 2.3 children for women with secondary or higher education. Fertility increases as the wealth of the respondent's household\* decreases. Women living in the wealthiest households have an average of 2.2 children, compared to 3.8 children among women living in the poorest households.

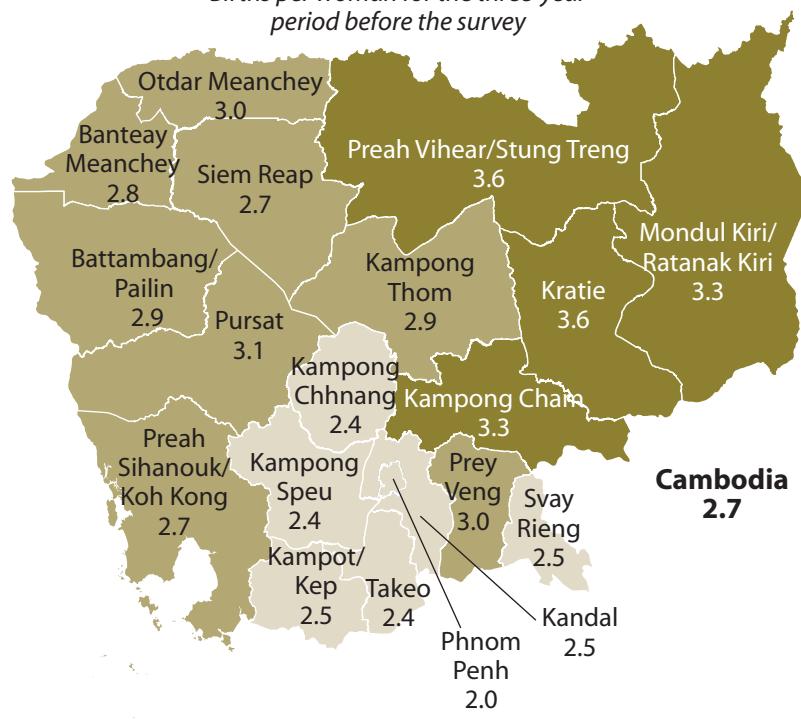
## Trends in Fertility

*Births per woman for the three-year period before the survey*



## Total Fertility Rate by Province

*Births per woman for the three-year period before the survey*



\* Wealth 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 Marriage, Sexual Intercourse and Birth

Women in Cambodia tend to marry earlier than men. One in four women age 25-49 are married by age 18, compared to just 9% men age 25-49. Half of Cambodian women are married by age 20.5. In contrast, the median age at first marriage among men is 23.0 years. Age at first marriage increases with level of education for both women and men.

Women in Cambodia initiate sexual intercourse 0.2 years after marriage at age 20.7 years. In contrast, men tend to begin sexual activity one year prior to marriage at age 22.0 years. Similar to age at first marriage, women and men with secondary or higher education tend to initiate sexual activity later than those with no education.

The median age at first birth among women is 22.4 years, approximately two years later than the median age at first marriage. Women with secondary or higher education have their first child two and a half years later than women with no education. (23.7 versus 21.3).

## Teenage fertility

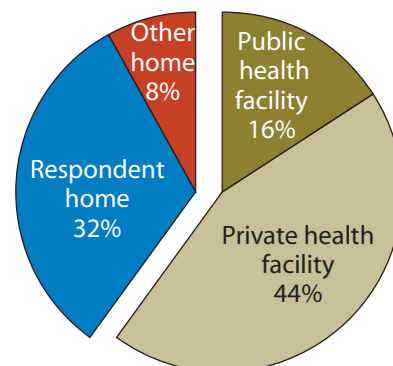
Overall, 12% of young women age 15-19 have begun childbearing—7% are already mothers and 5% are pregnant with their first child. Teenage childbearing varies dramatically by province. Women in Mondul Kiri/Ratanak Kiri are more than eight times more likely than women in Battambang/Pailin to have begun childbearing (34% versus 4%). Teenage childbearing is most common among women with no education (37%).

## Abortion

Overall, 12% of Cambodian women age 15-49 have ever had an abortion. One in fourteen Cambodian women has had an abortion in the past five years. Among women whose last pregnancy termination in the past five years was an abortion, 60% said the abortion occurred in a health facility, the majority in private health facilities. Sixty-one percent of women whose last pregnancy termination in the past five years was an abortion said a doctor, nurse, midwife or other health worker helped with the abortion. Thirty percent of women said no one helped with the abortion. Six in ten women whose last pregnancy termination in the past five years was an abortion said surgical methods were used to induce the abortion, 47% said medicinal methods were used to induce the abortion and 2% said traditional or other methods were used to induce the abortion.

### Place of abortion

*Percent distribution of women age 15-49 whose last pregnancy termination in the past 5 years was an abortion*





# FAMILY PLANNING

## Current Use of Family Planning

Over half (56%) of married women age 15-49 in Cambodia use any method of family planning—39% are using modern methods and 18% are using traditional methods. The daily pill is the most popular modern method of family planning (18%), followed by injectables (9%) and the IUD (4%). Withdrawal is the most popular traditional method of family planning (15%), followed by the rhythm method (3%).

Modern family planning method use is slightly higher in rural areas (40%) than in urban areas (33%). Over half (51%) of married women are using modern methods in Banteay Meanchey, compared to 27% in Kampong Cham.

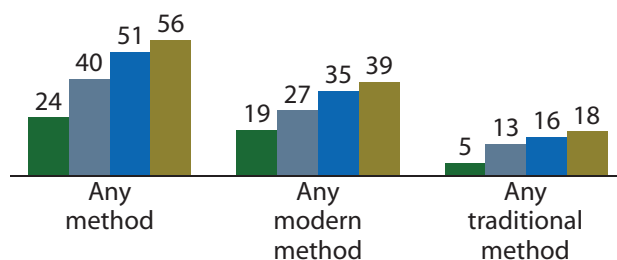
## Trends in Family Planning Use

Use of family planning methods in Cambodia has increased dramatically since 2000. Modern method use has more than doubled, from 19% in 2000 to 39% in 2014. The increase in modern method use is driven by the increased popularity of the daily pill. The use of traditional methods of family planning is more than three times higher in 2014 (18%) than it was in 2000 (5%). Over the past 14 years, the use of withdrawal has increased from 2% in 2000 to 15% in 2014.

### Trends in Family Planning Use

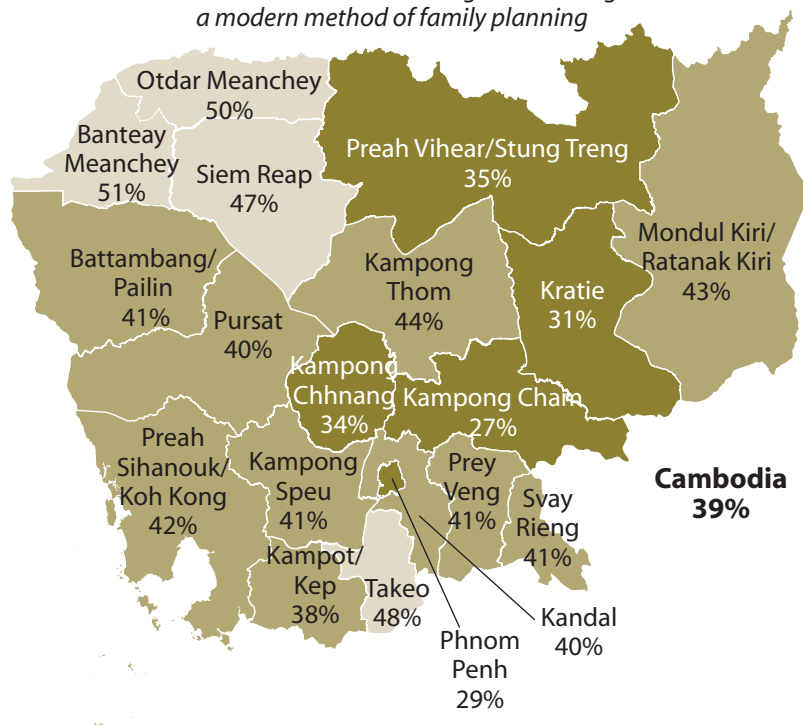
Percent of married women age 15-49 using family planning

■ 2000 CDHS ■ 2005 CDHS ■ 2010 CDHS ■ 2014 CDHS



### Current Use of Modern Methods by Province

Percent of married women age 15-49 using a modern method of family planning



# NEED FOR FAMILY PLANNING

## Desire to Delay or Stop Childbearing

Half of married women and men age 15-49 in Cambodia want no more children. Additionally, 27% of women and 33% of men want to wait at least two years before their next birth. These women and men are potential users of family planning.

## Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. Thirteen percent of married women age 15-49 have an unmet need for family planning—5% have a need for spacing births and 7% have a need for limiting births. Unmet need for family planning is lowest among women living in Kampong Chhnang and Takeo (8% each) and highest among women living in Kampong Cham and Preah Vihear/Stung Treng (18%).

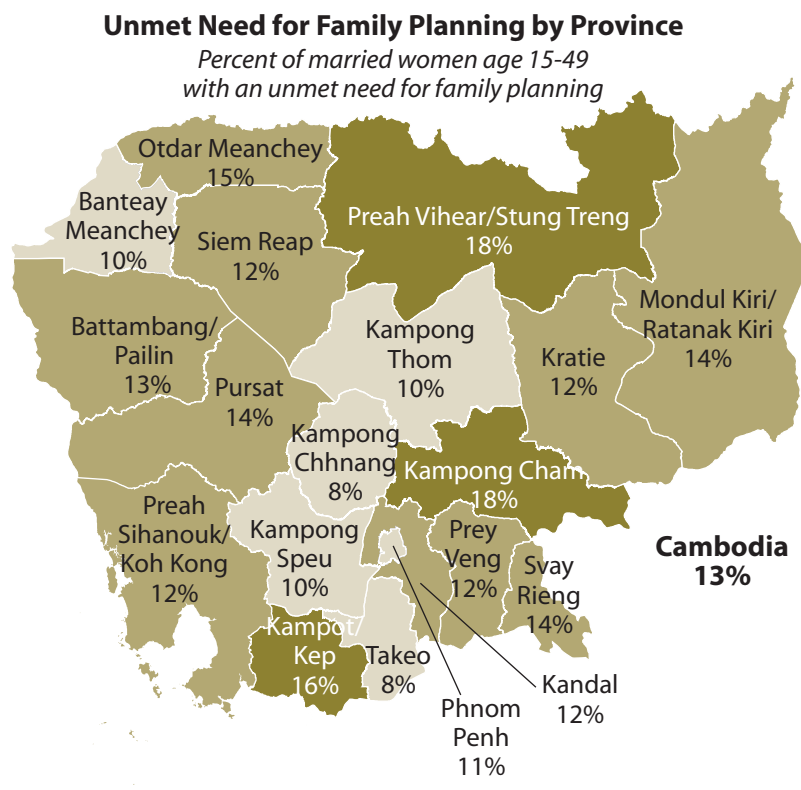
## Exposure to Family Planning Messages

Half of women age 15-49 saw a family planning message on television in the past few months, 38% heard a family planning message on the radio and 17% saw a family planning message in a newspaper or magazine. However, 4 in 10 women said they were not exposed to family planning messages through any media source.

## 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.

Eight in ten women who use modern methods were informed about side effects, 77% were informed what to do if they experience side effects, and 81% were informed of other available family planning methods.





# CHILDHOOD MORTALITY

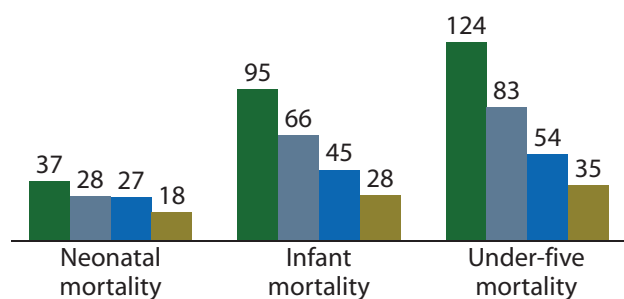
## Rates and Trends

The infant mortality rate in the five-year period before the survey is 28 deaths for every 1,000 live births. This means that 1 in every 36 Cambodian children dies before his or her first birthday. The under-five mortality rate is 35 deaths for every 1,000 live births. One in every 29 Cambodian children dies before his or her fifth birthday. Childhood mortality has declined substantially over the past 14 years. Under-five mortality has decreased from 124 deaths per 1,000 live births in 2000 to 35 deaths per 1,000 live births in 2014. Neonatal mortality, the probability of dying in the first month of life is 18 deaths per 1,000 live births.

### Trends in Childhood Mortality

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

■ 2000 CDHS ■ 2005 CDHS ■ 2010 CDHS ■ 2014 CDHS



## Mortality Rates by Background Characteristics

Under-five mortality for the ten-year period before the survey is markedly higher in rural areas (52 deaths per 1,000 live births) than in urban areas (18 deaths per 1,000 live births). Similarly, under-five mortality varies by province, from 23 deaths per 1,000 live births in Phnom Penh to 80 deaths per 1,000 live births in Kratie and Mondul Kiri/Ratanak Kiri. Children born to mothers with no education are more than twice as likely to die before their fifth birthday than children born to mothers with secondary or higher education. Under-five mortality is four times higher among children living in the poorest households (76 deaths per 1,000 live births) than among children living in the wealthiest households (19 deaths per 1,000 live births).



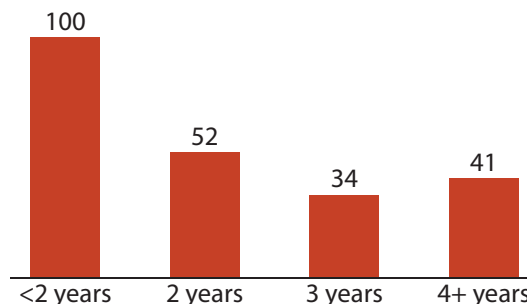
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## Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Cambodia is 43.8 months. Infants born less than two years after a previous birth have high under-five mortality rates. The under-five mortality rate for children born less than two years after their siblings is 100 deaths per 1,000 live births, compared to 34 deaths per 1,000 live births for children born three years after their siblings. Thirteen percent of all Cambodian children are born less than two years after their siblings.

### Under-Five Mortality by Previous Birth Interval

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



# MATERNAL HEALTH

## Antenatal Care

Nearly all (95%) women age 15-49 with a live birth in last five years received any antenatal care (ANC) from a skilled provider (doctor, nurse, or midwife). However, ANC from a skilled provider is markedly lower in Kratie (73%).

The timing and quality of antenatal care are also important. Three-quarters of women age 15-49 with a live birth in last five years had four or more ANC visits and 79% had first their ANC visit in the first trimester, as recommended. The percentage of women making four or more ANC visits has increased dramatically, from 9% in 2000 to 76% in 2014. Ninety-six percent of women took iron tablets or syrup during their last pregnancy and 89% of women's last births were protected against neonatal tetanus.

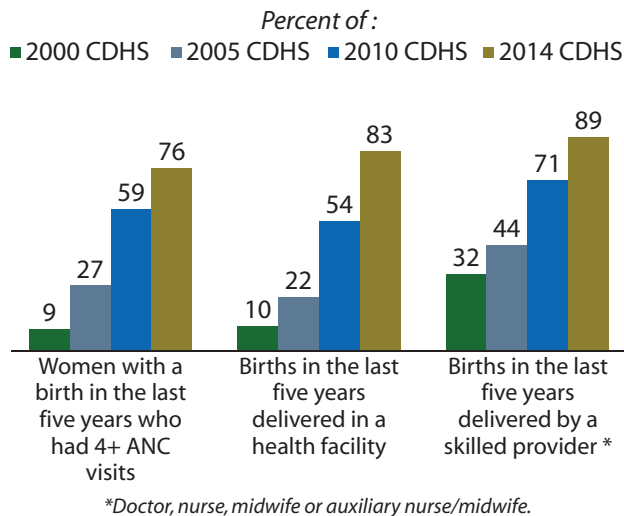
Among women who received any ANC for their most recent birth, 82% were informed of pregnancy complications, 96% had their blood pressure measured, 49% had a urine sample taken and 77% had blood sample taken.

## Delivery and Postnatal Care

Eighty-three percent of live births in last five years were delivered in a health facility, the majority in facilities in the public sector. However, 17% of live births were delivered at home. Nearly 9 in 10 births were assisted by a skilled provider (doctor, nurse, midwife or auxiliary nurse/midwife). Skilled delivery assistance is markedly lower in Kratie (52%), Mondul Kiri/Ratanak Kiri (54%) and Preah Vihear/Stung Treng (55%). Both births delivered in a health facility and births assisted by a skilled provider have increased substantially since 2000.

Postnatal care helps prevent complications after childbirth. While 9 in 10 women age 15-49 with a live birth in last two years received a postnatal checkup within two days of delivery, 9% did not have a postnatal checkup within 41 days of delivery. Seventy-nine percent of newborns received a postnatal checkup within two days of birth. However, 20% of newborns did not have a postnatal checkup within a week of birth.

## Trends in Maternal Health



## Maternal Mortality

The 2014 CDHS asked women about deaths of their sisters to determine maternal mortality – deaths associated with pregnancy and childbearing. The maternal mortality ratio is 170 deaths per 100,000 live births (CI: 95-246). This ratio is lower than the ratio reported in the 2010 CDHS, but not statistically significant. However, maternal mortality has significantly decreased from 2005, when the maternal mortality ratio was 472 deaths per 100,000 live births.



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# CHILD HEALTH

## Vaccination Coverage

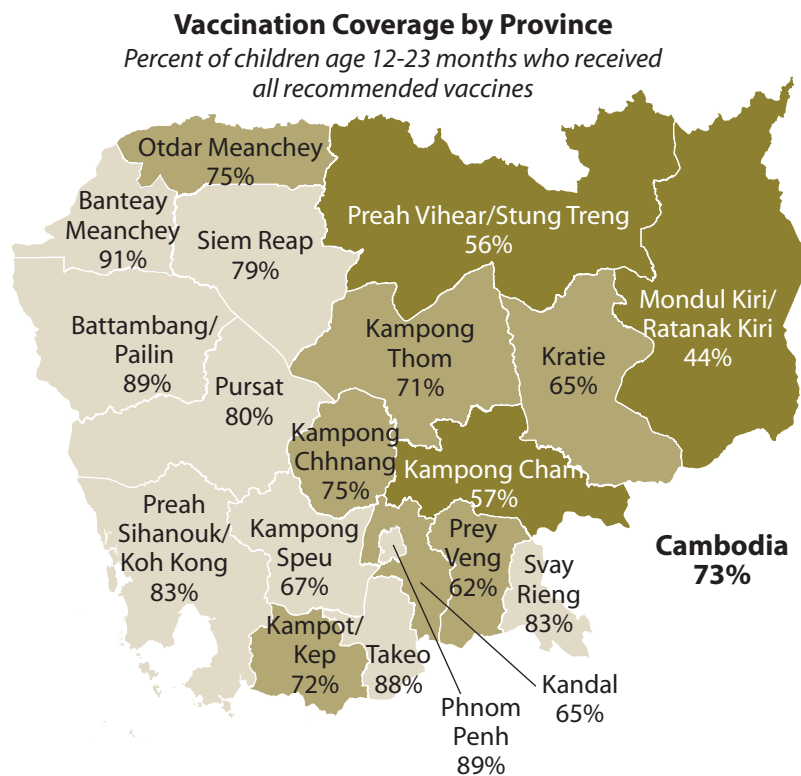
Seventy-three percent of children age 12-23 months have received all basic vaccines – one dose each of BCG and measles and three doses each of DPT/ pentavalent and polio. Only 2% of children have received no vaccines. Vaccination coverage increases with the mother’s level of education; 58% of children whose mothers have no education have received all basic vaccines, compared to 84% of children whose mothers have secondary or higher education. Similarly, vaccination coverage increases as household wealth increases, from 61% of children in the poorest households to 91% of children in the wealthiest households. Just 44% of children in Mondul Kiri/ Ratanak Kiri have received all basic vaccinations, compared to 91% of children in Banteay Meanchey. Though vaccination coverage has increased from 30% in 2000, the percentage of children who received all basic vaccines has decreased slightly from 79% in 2010 to 73% in 2014.

## Childhood Illnesses

Six percent of children under five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI) in the last two weeks. Nearly 7 in 10 children with symptoms of ARI were taken to a health facility or provider.

Twenty-eight percent of children under five had a fever in the last two weeks. Among children with fever, 61% were taken to a health facility or provider.

Thirteen percent of children under five had diarrhea in the last two weeks. Diarrhea was most common among children age 6-23 months. Over half (56%) of children with diarrhea were taken to a health facility or provider. Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT). While 57% of children under five with diarrhea received ORT or increased fluids, 18% received no treatment.



# CHILDREN'S STATUS

## Birth registration

Overall, the births of 73% of children under five in Cambodia were registered with the civil authorities. Nearly two-thirds (64%) of children under five have a birth certificate, and an additional 9% are registered with civil authorities but do not have a birth certificate. Birth registration varies dramatically by province, from a low of 40% in Mondul Kiri/Ratanak Kiri and 45% in Kratie to a high of 88% in Svay Rieng and 89% in Phnom Penh.

## Early childhood development

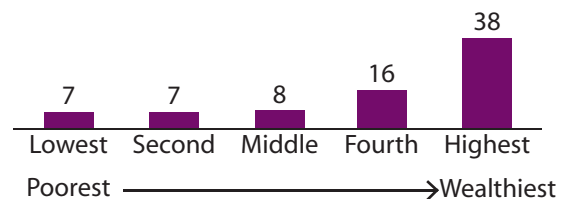
Just 15% of children age 36-59 months in Cambodia are attending an organized early childhood education program. Children living in the wealthiest households are nearly six times more likely to be attending early childhood education than children living in the poorest households (38% versus 7%).

Activities that support early learning include: reading or looking at books, telling stories, singing songs, taking children outside the home, playing with children and spending time with children naming, counting, or drawing things. Nearly 6 in 10 children age 36-59 months engaged in four or more activities that support learning with adult household members in the three days prior to the survey. Just 20% of children in Mondul Kiri/Ratanak Kiri engaged in four or more activities that support learning, compared to 79% of children in Kampong Cham and Prey Veng and 80% in Phnom Penh.

## School attendance

Nearly 9 in 10 children age 6-12 are attending primary school. Girls and boys are equally likely to attend primary school. Less than half (43%) of children age 13-18 are attending secondary school. Similar to primary school, there is nearly no difference in secondary school attendance by gender.

**Early Childhood Education by Household Wealth**  
Percent of children age 36-59 months attending an organized early childhood education program



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# NUTRITIONAL STATUS

## Children's Nutritional Status

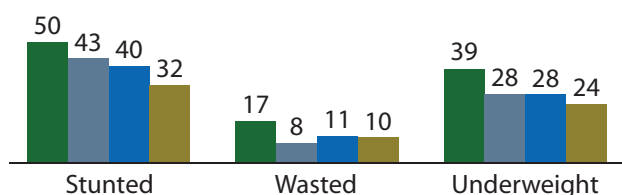
The 2014 CDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Nearly one-third of children under five are stunted, which indicates chronic malnutrition. Stunting is lowest in Phnom Penh (18%) and highest in Preah Vihear/Stung Treng (44%). One in ten Cambodian children under five is wasted, a sign of acute malnutrition. Twenty-four percent of children under five are underweight, while 1% are overweight.

Stunting in Cambodia has steadily decreased over the past 14 years, from 50% of children under five in 2000 to 40% in 2010 to 32% in 2014. In contrast, the wasting has decreased from 17% in 2000, but remains essentially unchanged since 2010.

### Trends in Children's Nutritional Status

Percent of children under five, based on 2006 WHO Child Growth Standards

■ 2000 CDHS ■ 2005 CDHS ■ 2010 CDHS ■ 2014 CDHS



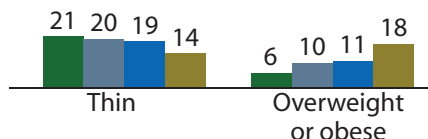
## Women's Nutritional Status

The 2014 CDHS also took weight and height measurements of women age 15–49. One in seven Cambodian women are thin. In contrast, 18% of Cambodian women are overweight or obese. The percentage of women who are overweight or obese is two times higher among women living in the wealthiest households (23%) than among those living in the poorest households (11%). Overweight and obesity is dramatically higher among women age 40–49 (31%) than among women age 15–19 (3%). The percentage of women who are thin has decreased slightly from 21% in 2000 to 14% in 2014. Correspondingly, overweight or obesity among women has increased from 6% in 2000 to 18% in 2014.

### Trends in Women's Nutritional Status

Percent of women age 15–49

■ 2000 CDHS ■ 2005 CDHS ■ 2010 CDHS ■ 2014 CDHS



## Anemia

Overall, 56% of children age 6–59 months are anemic, the majority of whom have mild (30%) or moderate (25%) anemia. Any anemia is higher among children in rural areas (57%) than among those in urban areas (43%). Anemia varies by province, from 40% in Banteay Meanchey to 69% in Preah Vihear/Stung Treng. The prevalence of anemia among children age 6–59 months has not changed since 2010.

Forty-five percent of women age 15–49 are anemic, the majority have mild anemia. Anemia ranges from 31% in Banteay Meanchey to 54% in Preah Vihear/Stung Treng. Anemia among women has remained more or less the same since 2005.

# FEEDING PRACTICES AND SUPPLEMENTATION

## Breastfeeding and the Introduction of Complementary Foods

Nearly all (96%) children born in last two years were ever breastfed. Sixty-three percent of children were breastfed in first hour of life. However, 28% of children received something other than breastmilk in the first three days of life.

UNICEF and WHO recommend that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Sixty-five percent of children under six months are exclusively breastfed. Cambodian children are breastfed for an average of 19 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. More than three-quarters of children age 6-9 months are receiving complementary foods.

## Use of Iodized Salt

Nearly all (99%) households interviewed in the 2014 CDHS provided salt used in cooking to be tested for iodine. Iodine is an important micronutrient and iodine deficiency is a known cause of goiter, neurological defects, premature birth, infertility, and stillbirth. Among households with tested salt, 69% have salt with iodine. The prevalence of iodized salt varies dramatically by province; just 14% of households in Kampot/Kep have iodized salt, compared to 96% of households in Preah Sihanouk/Koh Kong.

## 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, pregnant women and new mothers. The vast majority (85%) of children age 6-23 months ate foods rich in Vitamin A in the last 24 hours, and 70% of children age 6-59 months received a Vitamin A supplement in the last six months.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Eighty-two percent of children age 6-23 months ate foods rich in iron in the last 24 hours, but only 6% of children age 6-59 months received iron supplements in the last week. Overall, 76% of women age 15-49 with a live birth in last five years took iron supplements for 90 or more days during pregnancy and 49% received iron postpartum.



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# HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOR

## Knowledge of HIV Prevention Methods

Eighty-four percent of women and 90% of men age 15-49 know that using condoms can reduce the risk of HIV. Slightly more—85% of women and 93% of men—know that limiting sex to one uninfected partner can reduce the risk of HIV. Overall, 77% of women and 87% of men know both of these HIV prevention methods.

## Knowledge of Prevention of Mother-to-Child Transmission

In contrast to knowledge of HIV prevention methods, knowledge of prevention of mother-to-child transmission (PMTCT) is higher among women than among men. Eighty-six percent of women and 84% of men age 15-49 who know that HIV can be spread by breastfeeding, while 62% of women and 54% of men know that the risk of HIV transmission from mother to child can be reduced by the mother taking drugs during pregnancy. Six in ten women and 51% of men know both of above facts about PMTCT.

## Multiple Sexual Partners

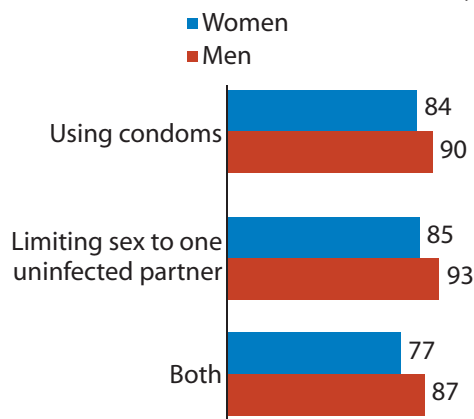
Less than 1% of women and 3% of men age 15-49 had two or more sexual partners in the last 12 months. Among men who had two or more sexual partners in the last 12 months, 30% reported using a condom during last sexual intercourse.

## HIV Testing

More than three-quarters of both women and men age 15-49 know where to get an HIV test. Forty-one percent of women and 35% of men have ever been tested for HIV and received the results. Overall, 10% of women and 9% of men have been tested for HIV and received the results in the last 12 months. About half of women age 15-49 with a live birth in last two years received counseling on HIV, had an HIV test during antenatal care, and received the result of the test.

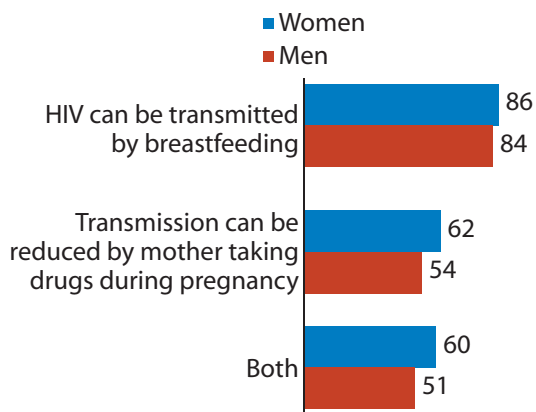
### Knowledge of HIV Prevention

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



### Mother-to-Child Transmission

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



# WOMEN'S EMPOWERMENT

## Employment

Eight in ten married women age 15-49 were employed in last 12 months, compared to more than 99% of married men. The vast majority (84%) of married women and men who were employed in last 12 months earned cash, although 3% of women and 2% of men were not paid for their work.

Among married women who were employed in last 12 months and earned cash, 74% make independent decision on how to spend their earnings, while 25% make joint decisions with their husband. Nearly half (48%) of married women report earning less than their husband, 35% earn about the same, and 16% earn more.

## Ownership of Assets

Women are slightly more likely than men to own a home; 62% of women age 15-49 own a home, alone or jointly, compared to 51% of men. More than half of both women and men own land, alone or jointly.

## Participation in Household Decisions

The 2014 CDHS asked married women about their participation in three types of household decisions: own health care, making major household purchases, and visits to family or relatives. Nearly all women in Cambodia participate in these decisions: 92% own health care, 94% major household purchases, and 96% visits to her family or relatives. Eighty-six percent of married women participate in all three decisions, while 1% do not participate in any of the three decisions. However, 17% of married women in Takeo say they do not participate in any of the three aforementioned decisions.

## Problems in Accessing Health Care

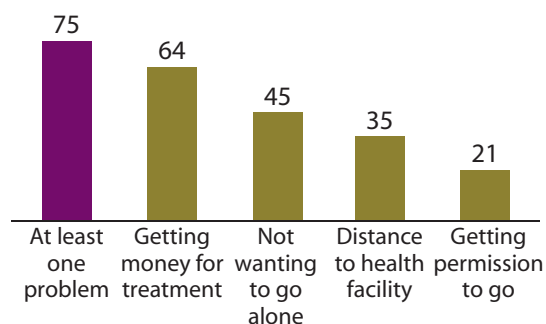
Three in four Cambodian women age 15-49 report experiencing at least one problem in accessing health care. Sixty-four percent of women are concerned about getting money for treatment, 45% report that not wanting to go alone is a problem, 35% are concerned about the distance to the health facility and 21% report getting permission to go for treatment is a barrier to accessing health care.



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### Problems Accessing Health Care

Percent of women age 15-49 who report the following problems in accessing health care when they are sick





# DOMESTIC VIOLENCE

## Attitudes toward Wife Beating

Half of women and 27% of men age 15-49 agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, refuses to have sex with him, or asks him to wear a condom. Women and men are most likely to agree that wife beating is justified if the wife neglects the children.

## Experience of Physical Violence

Two in ten women age 15-49 have ever experienced physical violence since age 15. Eight percent of women have experienced physical violence in last 12 months. Women living in Kampong Cham (17%) and women living in the poorest households (15%) are most likely to have experienced physical violence in the last 12 months. Among ever-married women, the most common perpetrator of physical violence is a current husband or partner. The most common perpetrators of physical violence among never-married women are father, step-father, sister or brother.

## Experience of Sexual Violence

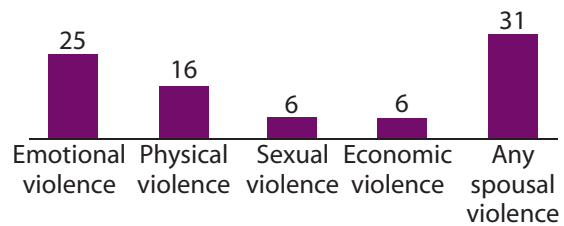
Overall, 6% of Cambodian women age 15-49 have ever experienced sexual violence. Three percent of women have experienced sexual violence in the last 12 months. Women living in Kandal are most likely to have experienced sexual violence in last 12 months (10%).

## Spousal Violence

Thirty-one percent of ever-married women age 15-49 have experienced spousal violence, which is defined as emotional, physical, sexual, and/or economic abuse committed by their husband or partner. Spousal violence is highest in Siem Reap (59%) and lowest in Prey Veng (14%).

### Spousal Violence

*Percent of ever-married women age 15-49 who have ever experienced different types of spousal violence*



## Help Seeking Behavior

More than 4 in 10 women age 15-49 who ever experienced physical or sexual violence sought help to stop the violence. Additionally, 19% of women who ever experienced physical or sexual violence told someone about the violence, though they did not seek help. Women who ever experienced physical or sexual violence and sought help to stop violence were most likely to seek help from their own family or from a neighbor.



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# INDICATORS

	Residence		
	Cambodia	Urban	Rural
<b>Fertility</b>			
Total fertility rate (number of children per woman)	2.7	2.1	2.9
Median age at first marriage for women age 25-49 (years)	20.5	21.7	20.3
Women age 15-19 who are mothers or currently pregnant (%)	12	6	13
Women age 15-49 who ever had an abortion (%)	12	17	11
<b>Family Planning (married women age 15-49)</b>			
Using any method of family planning (%)	56	60	56
Using any modern method of family planning (%)	39	33	40
Unmet need for family planning <sup>1</sup> (%)	13	11	13
<b>Maternal Health (women age 15-49)</b>			
Antenatal care from a skilled provider <sup>2</sup> (%)	95	99	95
Births delivered in a health facility (%)	83	96	81
Births assisted by a skilled provider <sup>3</sup> (%)	89	98	88
<b>Child Health</b>			
Children age 12-23 months who received all basic vaccinations <sup>4</sup> (%)	73	86	71
<b>Nutrition</b>			
Children under five who are stunted (%)	32	24	34
Children under five who are wasted (%)	10	8	10
Children age 6-59 months with any anemia (%)	56	43	57
Women age 15-49 who are overweight or obese (%)	18	23	17
Women age 15-49 with any anemia (%)	45	39	47
<b>Childhood Mortality (deaths per 1,000 live births)<sup>5</sup></b>			
Infant mortality	28	13	42
Under-five mortality	35	18	52
<b>HIV/AIDS (age 15-49)</b>			
Women tested for HIV in past 12 months and received result (%)	10	13	9
Men tested for HIV in past 12 months and received result (%)	9	12	8
<b>Domestic Violence (women age 15-49)</b>			
Ever experienced physical violence since age 15 (%)	20	18	20
Ever experienced sexual violence (%)	6	6	6

<sup>1</sup>Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. <sup>2</sup>Skilled provider includes doctor, nurse, or midwife. <sup>3</sup>Skilled provider includes doctor, nurse, midwife, or auxiliary nurse/midwife. <sup>4</sup>All basic vaccinations includes BCG, measles, three doses each of DPT/pentavalent and polio vaccine (excluding polio vaccine given at birth). <sup>5</sup>Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey.

# INDICATORS

	Province						
	Banteay/ Mean Chey	Kampong Cham	Kampong Chhnang	Kampong Speu	Kampong Thom	Kandal	Kratie
<b>Fertility</b>							
Total fertility rate (number of children per woman)	2.8	3.3	2.4	2.4	2.9	2.5	3.6
Median age at first marriage for women age 25-49 (years)	20.5	20.5	20.8	19.8	20.2	21.5	19.9
Women age 15-19 who are mothers or currently pregnant (%)	19	16	9	8	9	12	20
Women age 15-49 who ever had an abortion (%)	18	12	9	9	7	14	11
<b>Family Planning (married women age 15-49)</b>							
Using any method of family planning (%)	61	44	56	65	58	61	48
Using any modern method of family planning (%)	51	27	34	41	44	40	31
Unmet need for family planning <sup>1</sup> (%)	10	18	8	10	10	12	12
<b>Maternal Health (women age 15-49)</b>							
Antenatal care from a skilled provider <sup>2</sup> (%)	99	97	>99	98	96	96	73
Births delivered in a health facility (%)	88	85	97	84	74	81	46
Births assisted by a skilled provider <sup>3</sup> (%)	96	92	98	89	80	96	52
<b>Child Health</b>							
Children age 12-23 months who received all basic vaccinations <sup>4</sup> (%)	91	57	75	67	71	65	65
<b>Nutrition</b>							
Children under five who are stunted (%)	29	34	43	41	36	28	38
Children under five who are wasted (%)	8	8	11	12	13	9	7
Children age 6-59 months with any anemia (%)	40	63	59	64	66	59	50
Women age 15-49 who are overweight or obese (%)	26	20	15	11	16	17	13
Women age 15-49 with any anemia (%)	31	52	53	53	45	49	46
<b>Childhood Mortality (deaths per 1,000 live births)<sup>5</sup></b>							
Infant mortality	29	39	50	26	41	30	61
Under-five mortality	32	48	55	31	60	40	80
<b>HIV/AIDS (age 15-49)</b>							
Women tested for HIV in past 12 months and received result (%)	12	9	14	8	9	8	4
Men tested for HIV in past 12 months and received result (%)	5	13	12	7	2	12	6
<b>Domestic Violence (women age 15-49)</b>							
Ever experienced physical violence since age 15 (%)	13	33	11	21	16	20	25
Ever experienced sexual violence (%)	6	6	4	4	3	13	8

<sup>1</sup>Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. <sup>2</sup>Skilled provider includes doctor, nurse, or midwife. <sup>3</sup>Skilled provider includes doctor, nurse, midwife, or auxiliary nurse/midwife. <sup>4</sup>All basic vaccinations include BCG, measles, polio, DTP (diphtheria, tetanus, pertussis), and hepatitis B. <sup>5</sup>Five-year period of the most recent data available.

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