



Kingdom of Cambodia
National Religion King

**Further Analysis of the
Cambodian Demographic and Health Surveys**

**Urban and Rural Disparities in Reproductive and Maternal
Health, 2000-2014**



National Institute of Statistics
Ministry of Planning



Directorate General for Health
Ministry of Health

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This report presents findings from a secondary analysis of four waves of the Cambodia Demographic and Health Surveys, 2000 to 2014, with support from the United Nations Population Fund (UNFPA) in Cambodia. Additional information about the Cambodian Demographic and Health Survey (CDHS) can be obtained from the National Institute of Statistics; 386 Monivong Boulevard, Sangkat B eongKeng Kang 1, Chamkar Mon, Phnom Penh, Cambodia; Telephone: (855) 23-213650; E-mail: linahang@hotmail.com; Home Pages: www.nis.gov.kh

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Preface

The Cambodia Demographic and Health Surveys (DHSs) collect high quality of data on the demographic and health characteristics of populations in Cambodia. The data available allow researchers to perform further and in depth analysis to examine issues related to the population and health conditions in Cambodia and inform policy makers evident based results useful for national programs and projects.

This Cambodia DHS further analysis focuses on Urban and Rural Disparities in Reproductive and Maternal Health in Cambodia between the years 2000-2014. It presents the differentials levels and trends of current fertility, reproductive, and maternal health access and outcomes. Additionally, the report pays special attention to the situation of the urban and rural poor by disaggregating outcomes over four waves of the CDHS by location and wealth status. This study uses data from four CDHSs surveys collected in 2000, 2005, 2010 and 2014, which are comparable, facilitating the trend analysis.

This further topic analyst is selected by the United Nations Population Fund in consultation with National Institute of Statistics of Ministry of Planning and the National Maternal and Child Health Center of the Ministry of Health.

It is anticipated that the findings from this analysis will enhance the understanding of important issues of reproductive health and Maternal Health in Cambodia by health analysts and policymakers.



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Executive Summary

This report aims to provide additional information to that found in the CDHS reports, with the objective of assessing change over time in fertility, reproductive, and maternal health access and outcomes. Additionally, the report pays special attention to the situation of the urban and rural poor by disaggregating outcomes over four waves of the CDHS by location and wealth status. The report assesses fertility, reproductive, maternal, and adolescent health indicators in separate chapters.

Four waves of the Cambodia Demographic and Health Survey (CDHS), conducted in 2000, 2005, 2010, and 2014, are analyzed. The CDHS collects data from a nationally representative sample of women in reproductive age, ages 15 to 49. The survey includes all provinces of Cambodia, and both urban and rural areas. These data are comparable from survey to survey. The sample in this analysis includes 15,351 in 2000, 16,823 in 2005, 18,754 in 2010 and 17,578 in 2014 of women of reproductive age. We measure wealth status separately in urban and rural areas to assess the situation of the urban and rural poor. We use DHS standardized indicators to assess fertility, reproductive health, and maternal. We specifically assess these outcomes among 15 to 19 year olds to understand trends in adolescent health. This report disaggregates indicators by urban and rural residence, and wealth status. The details methodology used in this report are provided in Chapter 3. A summary of the findings is given in Chapter 7, which also includes conclusions and recommendations.

Since 2000, the total fertility rate has decreased in Cambodia among both urban and rural women, and across all wealth quintiles. Women in the poorest two quintiles have experienced the greatest decrease in total fertility in this time. However, fertility remains higher among the poorest women and among rural women compared to urban women. Both knowledge and current use of family planning has increased significantly since 2000. Modern methods are more common than traditional methods, though the rhythm method remains popular among wealthier women. Urban women are more likely to access family planning methods in the private sector, while rural women are more likely to access family planning in public facilities. As the contraceptive prevalence has increased significantly since 2000 among all married women, unmet need for family planning has decreased significantly. Currently, the contraceptive prevalence rate is similar among urban and rural women. Yet, unmet need remains higher among rural women and poorer women in both urban and rural areas. The prevalence of lifetime abortion increased from 2000 to 2010, and decreased from 2010 to 2014 among rural women. In 2014, women ages 30 to 39 were significantly more likely than younger or older women to report having an abortion in the preceding five years.

Consistent with recent improvements in the maternal mortality ratio in Cambodia, maternal health indicators have improved significantly since 2000. In 2014, a significantly higher

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