



# Health 2007

**National Institute of Statistics  
Ministry of Planning**

Phnom Penh, August 2009

*Report based on the  
Cambodia Socio-Economic Survey*



## Foreword

It is my pleasure to introduce one of a series of reports on the Cambodia Socio-Economic Survey (CSES) 2007. The CSES 2007 is the sixth socio-economic survey conducted by the National Institute of Statistics (NIS) at the Ministry of Planning. From 2007 and onwards the CSES is conducted annually and will contribute to the development of the living standards of people in Cambodia.

The CSES 2007 provides main indicators on the living conditions in Cambodia and covers many areas, e.g. health, housing conditions, labour force and victimization. The Royal Government of Cambodia (RGC) will benefit from the results by using the data to monitor the National Strategic Development Plan (NSDP) and to develop effective policies for reducing poverty in Cambodia. Users such as researchers, analysts and NGO's can also benefit from the results to better understand the Cambodian socio-economic situation.

The survey was planned, designed and conducted by the staff of NIS with overall technical and management assistance provided by Statistics Sweden. The CSES 2007 will be the starting point for NIS to produce results annually on the living conditions in Cambodia and meet the data needs of many users.

The CSES is part of a capacity building project financed by the Swedish International Development Cooperation Agency (Sida). On behalf of the Royal Government of Cambodia, I would like to take the opportunity to thank Sida for the financial support. I would also like to express my gratitude to Statistics Sweden for the technical assistance in planning, designing and conducting the CSES and for assisting NIS in the preparation of this report.

Chhay Than  
Senior Minister  
Minister of Planning

Ministry of Planning  
Phnom Penh  
August, 2009

# Preface

This is one of a series of reports on the Cambodia Socio-Economic Survey (CSES) 2007 produced by the National Institute of Statistics (NIS) of the Ministry of Planning. The results in this report cover the area of health. Results from other subject matter areas of the CSES 2007, such as education, housing, labour force and victimization are released in separate reports.

Since 2007, NIS conducts the socio-economic survey annually. Previous surveys were undertaken in 1993/94, 1996, 1997, 1999, and 2004. The main objective of the CSES is to collect statistical information about living conditions of the Cambodian population and the extent of poverty. The survey can be used for identifying problems and making decisions based on statistical data.

The CSES is a very comprehensive survey which provides statistical data to be used for various purposes. The main user is the Royal Government of Cambodia (RGC) as the survey supports monitoring the National Strategic Development Plan (NSDP) by different socio-economic indicators. Other users are university researchers, analysts, international organizations e.g. the World Bank and NGO's. The primary data files are made available for research and analysis according to the procedures specified in the 2005 Statistics Law.

The Swedish International Development Cooperation Agency (Sida) sponsors the NIS for conducting the CSES while Statistics Sweden provides technical assistance. I am much obliged to both Sida and Statistics Sweden for their support. Furthermore, I wish to place on record my deep appreciation of the work carried out by the NIS staff, staff of provincial planning offices, the staff of the Ministry of Planning, and all who work with dedication and enthusiasm to sustain the survey quality. I also extend my thanks to all the participating households and individuals.

Responsible at NIS for this report are Mr. Pich Pothy, Economic Statistics Department and Mr. Phan Chinda, Social Statistics Department.

H. E. San Sy Than

Director General

National Institute of Statistics, August 2009

Ministry of Planning

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# 1 Introduction

In this report results of the subject matter area health from the Cambodia Socio-Economic Survey (CSES) 2007 are presented. The tabulations and comments to the results have been produced by the subject matter staff at NIS in cooperation with consultants from Statistics Sweden. Five rounds of the CSES have been conducted between 1993 and 2004. Since 2007 the CSES runs annually. The CSES is a household survey with questions to households and the household members. In the household questionnaire there are a number of modules with questions relating to the living conditions, e.g. housing conditions, education, health, expenditure/income and labour force.

There are no comparisons with previous CSES in this report. The first rounds had a different survey design than the surveys conducted in 2004 and 2007. The sampling design in CSES 2004 and 2007 was the same, where the sample selected for the 2007 survey is a subsample of the sample used in 2004. However comparisons between the published results of CSES 2004 in September 2005<sup>1</sup> and the results in this report should be made with caution. For further information on the problems with comparability see section 4.8.

The CSES 2007 was conducted from October 2006 to December 2007. The monthly sample size was 300 households. In this report all estimates presented are based on the 12 month samples (3,600 households), i.e. the calendar year 2007.

In CSES 2007 some changes have been introduced in the household questionnaire compared to 2004.

In section 2 some basic results on the demography in Cambodia are presented and in section 3 results of the subject matter area health from CSES 2007 are presented. In section 4 the methodology of the survey is described.

## Information to the reader

As the results in this report are estimated values, all percentages and numbers are rounded off. A '0' (zero) means that there is a value. Therefore some tables with percentage do not sum up to 100 percent. In the tables the symbol (-) is used and means few or no observations in the cell.

All statistical surveys contain errors and the results from surveys are not the target values but estimates of them. There are many types of errors in a survey, e.g. measurement errors, coverage errors, non-response, data processing errors and in sample surveys there is also sampling errors. When conducting a survey it is important to minimize the total error so that accurate estimates can be produced. NIS has put a large effort in the work of minimizing the errors but recommends the reader to be aware of the possibility of deviations from the exact values.

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<sup>1</sup> National Institute of Statistics (2005). Cambodia Socio-Economic Survey 2004, Summary Subject Matter Report. September 2005.

## 2 Demographic characteristics

Since 1980 there was a 15-year period with high fertility and strong population increase. After 1995 there has been a rapid decline in fertility and mortality. According to the population projections<sup>2</sup> the Cambodian population was predicted to be 13 million in 2004 and 15 million in 2010. According to the preliminary results from the General Population Census 2008<sup>3</sup>, the Cambodian population was estimated to 13,388,900. The tables below show the estimated population and estimated number of households in different censuses and surveys. In September 2009 the final results from the 2008 Census will be released and detailed numbers will then be available.

In urban areas the estimated population in CSES 2007 was about 2.583 million compared to the preliminary results from the Population Census 2008 which estimated the urban population to 2.615 million. In rural areas the estimated population was about 10.6 million in CSES 2007 and in the Population Census 2008 it was estimated to about 10.8 million people, see Table 1.

**Table 1. Estimated Population by urban and rural**

In thousands		
	CSES 2007	Population Census 2008 (preliminary)
Cambodia	13,230.0	13,388.9
Urban	2,583.0	2,614.5
Rural	10,647.0	10,774.4

In Table 2 results from four different surveys or censuses are presented. The results are from different years and explain the differences in results. Also, the results are based on censuses or sample surveys with different errors, e.g. coverage errors and sampling errors.

**Table 2. Estimated Population by sex**

In thousands				
	Census 1998	Cambodian Inter-censal Population Survey 2004 <sup>4</sup>	CSES 2007	Population Census 2008 (preliminary)
Total	11,437.7	12,824.0	13,230.0	13,388.9
Women	5,926.3	6,627.0	6,815.0	6,893.4
Men	5,511.4	6,197.0	6,414.0	6,495.5

<sup>2</sup> Neupert, R.F. (2005). New Demographic Estimates and Updated Projections for Cambodia. UNDP.

<sup>3</sup> National Institute of Statistics (2008). General Population Census of Cambodia 2008, Provincial Population Totals. August, 2008.

<sup>4</sup> National Institute of Statistics (2004). Cambodia Inter-Censal Population Survey 2004, General Report. November, 2004.

In Table 3 the estimated numbers of households are presented from CSES 2007 and preliminary results from the Population Census 2008. The number of households in the census data is slightly higher both in urban and rural areas. However one must remember that the census refers to 2008 and therefore should have higher numbers due to a continuous increase of the population and number of households.

**Table 3. Estimated number of households by urban and rural**

In thousands

	CSES 2007	Population Census 2008 (preliminary)
Cambodia	2,799.0	2,832.7
Urban	512.0	518.1
Rural	2,287.0	2,314.5



## 3 Results

In this report the main data on illnesses and access to medical care collected in the Cambodia Socio-Economic Survey (CSES) 2007 are summarized.

The interviews on health were done by trained, non-medical interviewers. They were in daily contact with the households during the entire survey month and the health questions were asked in the last week of the month.

The main module on health is one of a number of modules in the household questionnaire. The health module includes questions on (chronic) disabilities, illnesses, injuries or other health problems and the medical care used by the members of the households during the past four weeks. Subjective evaluation of health status is also included in this module. Medical care is registered by type of provider.

Questions relating to prevention including smoking habits, mosquito nets, use of iodized salt and HIV/AIDS awareness were also asked.

In a module on child care, questions about child feeding and vaccinations are included. These questions were asked during the third week of the interview month.

The relevant modules from the questionnaires are included in Annex 1–6.

Some highlights from the results are:

In 2007 about 7 percent of the Cambodians are in “Bad” or “Very bad” health according to layman health status evaluation done by the household heads.

About 4 percent, or 500,000, of the non-institutionalized population have some disability as reported by the household heads. Seeing, moving, and hearing difficulties are the most common disabilities among the older population.

About 15 percent of the population had some episode of illness, injury or other health related symptom, of which four out of five sought treatment for the illness.

More than 90 percent of the Cambodian children under age 2 have been breast-fed during some period.

About one out of three Cambodian men 15 years and over are daily smokers as opposed to only three out of hundred Cambodian women. Smoking prevalence is higher in rural areas. Almost 90 percent of the population knows that smoking is harmful to one’s health.

HIV/AIDS awareness is very high in Cambodia. About 96 percent of the population 15 years and over have heard of the illness. Almost 88 percent mention condom use as one of the methods to avoid the illness.

About 97 percent of Cambodians use mosquito nets, but only 5 percent of them are impregnated.

### 3.1 Profile of health and illness

The household head is asked about illness of the household members during the past 4 weeks. The exact wording of the question was “How would you evaluate ...[NAME]s... health”. The response alternatives were “Very good”, “Good”, “Average”, “Bad”, “Very bad” and “Don’t know” (see Annex 1).

Male members of the households are in better health than female members when their health is evaluated by the household heads, see Table 4. For both women and men the share with “Average” health is about 77 percent. The proportion in “Very good” or “Good” health is about 14 percent among women and about 18 percent among men. The share of “Bad” or “Very bad” health is somewhat higher among women than among men, about 9 percent compared to about 6.

**Table 4. Health in the population (evaluated by household head) by sex, 2007. Percent.**

	Women	Men	Total
Very good or Good	14	18	16
Average	78	77	77
Bad or Very bad	9	6	7
Total	100	100	100

Table 5 shows that the health conditions “Bad” or “Very bad”, as evaluated by the household head, are highest in the oldest age group. Among women and men 65 years and over, almost 50 percent are evaluated as having “Bad” or “Very bad” health. In the youngest age group (0–4 years) about 6 percent of the population is evaluated as having “Bad” or “Very bad” health.

**Table 5. "Bad" or "Very bad" health in the population (evaluated by household head) by age and sex, 2007. Percent.**

Age group	Women	Men	Total
0–4	6	6	6
5–14	2	2	2
15–24	3	1	2
25–44	6	4	5
45–64	20	14	18
65–	52	41	48

### 3.2 Disabilities in the population of private households

A restriction or lack of ability to perform an activity in the manner or within the range considered as normal for a human being is defined as disability. Disability describes functional limitation or activity restrictions caused by impairment. In the survey information was collected by asking household heads about each household member: “Does ..NAME.. have any disability?” The meaning of the question is whether he/she had any major problem with his/her body, mind or behaviour that limited his/her ability to participate normally in work, school, or ordinary social life. It is a permanent or long-term condition and should not include a temporary illness.

#### Prevalence of disabilities

From CSES 2007, the estimate of the disabled population is about 4 percent of the total non-institutional population of Cambodia, see Table 6. This means that about 4 out of 100 persons in the population are disabled with one or more types of disability. In absolute numbers, the disabled as covered in CSES 2007 constitute about 500,000 persons. Note that severely disabled living in institutional households are not included in the survey. The most severely disabled are covered by this survey only if they live in a private household.

Table 6 shows that, according to the survey, the elderly constitute the major group among the disabled.

**Table 6. Persons (in the non-institutional population) with at least one disability by age and sex, 2007. Percent.**

Age group	Women	Men	Total
Total 0–	4	3	4
0–24	1	1	1
25–64	5	5	5
65–	31	25	29

**Kind and cause of disabilities**

In the CSES 2007 data on the type of disability and the cause of disability was collected. In all, nine types of disabilities were identified and pre-coded in the questionnaire.

In Table 7 the disabled population is distributed according to kind of disability. In the questionnaire up to three most important disabilities were recorded for each disabled person. Table 7 shows the first mentioned disability. Seeing difficulties, including the blind, constitute the largest group among the disabled, about 36 percent among women and 29 percent among men with any disability.

**Table 7. Kind of disability mentioned first by disabled non-institutionalized population by sex, 2007. Percent.**

Kind of disability	Women	Men	Total
Seeing difficulties	36	29	33
Hearing difficulties	13	11	12
Speaking difficulties	6	8	7
Moving difficulties	26	33	29
Feeling difficulties	9	9	9
Psychological difficulties	6	5	6
Learning difficulties	0	0	0
People who have fits	0	2	1
Other/Don't know	4	4	4
Total	100	100	100

The elderly with at least one disability have reported seeing difficulties and moving difficulties as the most common difficulties, see Table 8.

**Table 8. Disabled non-institutionalized population 65 years and over by kind of disability (first mentioned), 2007. Percent.**

	65 years and over
Seeing difficulties	37
Moving difficulties	35
Hearing difficulties	15
Other difficulties	13
Total	100

The detailed distribution of cause of the disability is not presented in this report because the precision of the estimates are too poor.

### 3.3 Illness, injury or other health related symptom past four weeks

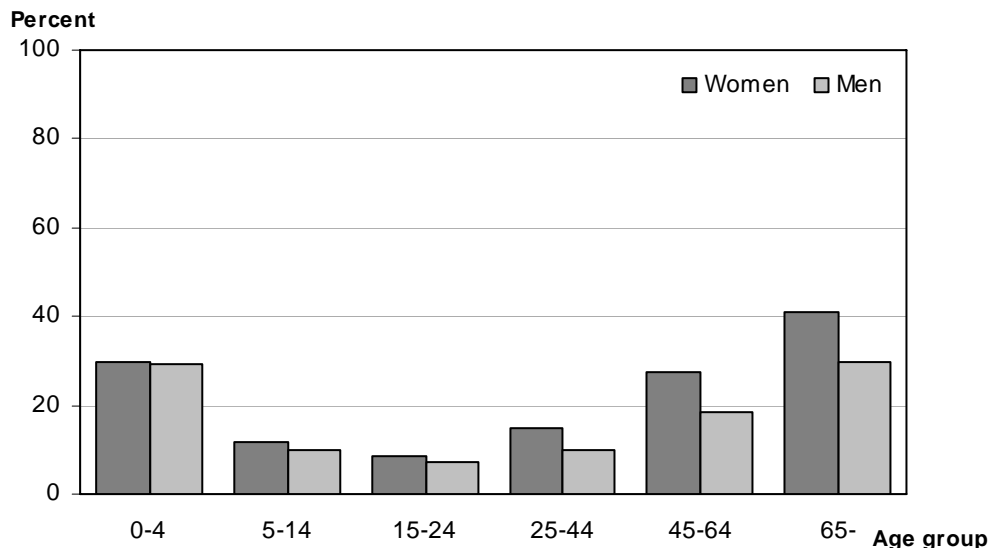
Household heads are asked about each household member's illness, injuries and other health related problems in the last four weeks. Any short-term or long-term health problems such as a sickness, injury, or a pregnancy related problem was defined as illness. The results indicate a rather high share of illnesses in the Cambodian population as shown in Table 9, about 15 percent of the total population in 2007. Of the women about 17 percent had an illness, injury or other health problems in the last four weeks and of the men about 13 percent. In absolute numbers this means that close to 2.1 million Cambodians had health problems. The share is lower in Phnom Penh than in other urban and other rural areas.

**Table 9. Health problems in the population the past four weeks by geographical domain and sex, 2007. Percent.**

	Women	Men	Total
Cambodia	17	13	15
Phnom Penh	13	9	11
Other urban	22	18	20
Other rural	17	13	15

Figure 1 shows the age pattern of illness, injury or other health problems in the past 4 weeks. Health problems are highest among the smallest children and amongst elderly people. The age pattern is broadly similar to the age pattern presented in Table 5. However, the shares of people with health problems in different age groups are not the same in Figure 1 as in Table 5. For example the share of children up to 4 years of age that had health problems during the past four weeks is about 30 percent (Figure 1) while the share of children, aged 0-4, that were evaluated as having bad or very bad health is about 6 percent (Table 5).

**Figure 1. Health problems in the population the past four weeks by age and sex, 2007. Percent**



#### Kind of illness, injury or other health related symptom

To collect information about kind of health problems a list of 41 illnesses, injuries and symptoms was provided for coding by the fieldworkers. Some of the symptoms can be hard to recognize and identify by ordinary laymen. The five most important symptoms have been reported. In this report results are based on the first mentioned symptom. The list of 41 illnesses, injuries and symptoms are given below.

What kind of illness, injury or other health related symptom?		
01 = Stomach ache	14 = Disease of urinary system	28 = Skin disorder
02 = Back pain	15 = Disease of the heart	29 = Leprosy
03 = Headache	16 = Measles	30 = Malaria
04 = Ear pain	17 = Hypertension	31 = Food-borne disease
05 = Eye pain	18 = Typhoid fever	32 = Water-borne disease
06 = Fever	19 = Dengue fever	33 = Mental disorders
07 = Diarrhea	20 = Chicken pox	34 = Dropsy (swollen belly)
08 = Cold & cough without rapid or difficult breathing	21 = Meningitis	35 = Aids
09 = Cold & cough with rapid or difficult breathing	22 = Encephalitis	36 = Mine injury
10 = Bronchitis	23 = Cancer	37 = Road accident
11 = Pleurisy	24 = Gynecology	38 = Other injury
12 = Tuberculosis	25 = A-vitamins and other nutritional deficiencies	39 = Antenatal care
13 = Diabetes	26 = Anaemia	40 = Postnatal care
	27 = Jaundice	41 = Other care need (Specify)

To be able to present results from this question the 41 illnesses, injuries and health related symptoms have been categorized into seven groups of diseases.

- ORL (ear pain, eye pain).
- Infectious disease (diarrhea, measles, typhoid fever, dengue fever, malaria, chicken pox, meningitis, encephalitis, leprosy, aids, food-borne disease, water-borne disease).
- Respiratory tract infection (cold and cough without rapid or difficult breathing, cold and cough with rapid or difficult breathing, bronchitis, pleurisy, tuberculosis).
- Chronic disease (disease of the heart, hypertension, cancer).
- Injury (mine injury, road accident, other injury).
- Other/symptom (stomach ache, back pain, headache, fever, anemia, jaundice).
- Other not included elsewhere (diabetes, disease of urinary system, gynecology, A-vitamins and other nutritional deficiencies, skin disorder, mental disorders, dropsy (swollen belly), antenatal care, postnatal care, other care need).

To understand the percentages one must keep in mind that the basis for the columns in Tables 10 and 11 are the 13 percent of men and the 17 percent of women that had health problems in the past four weeks. So the 36 percent of men who reported respiratory tract infection means that about 36 percent of the 13 percent who had health problem had this type of illness. Recalculated according to the formula ( $0.36 \times 0.13 = 0.047$ ) it means that about 5 percent of the male population were ill with a respiratory tract infection as the most important health problem in the past four weeks.

The results presented in Table 10 show that in the country as a whole respiratory tract infection is the most frequently reported illness. This group includes both common cold (without rapid or difficult breathing) that might be medically trivial in otherwise healthy persons, and symptoms indicated by "rapid or difficult breathing", which can be life-threatening unless medicine is available.

**Table 10. Kind of illness, injury or other health problem the past four weeks of persons with health problems by sex, 2007. Percent.**

Groups of illness/Injury/ other health problems	Women	Men	Total
ORL	2	1	2
Infectious Disease	8	12	10
Respiratory Tract infection	37	36	37
Chronic Disease	7	2	5
Injury	1	2	2
Other/Symptom	34	36	35
Other not included elsewhere	11	10	11
Total	100	100	100

The results presented in Table 11 show that there are no major differences between different geographical domains in Cambodia. The most common group of disease is, as mentioned above, respiratory tract infection followed by other/symptom such as stomach ache, back pain, headache, fever, anemia and jaundice. However, other rural areas show a little bit different pattern where respiratory tract infection and other/symptom are equally common, and infectious diseases are more common in other rural areas than in Phnom Penh and other urban areas.

**Table 11. Kind of illness, injury or other health problems the past four weeks of persons with health problems by geographical domain, 2007. Percent.**

Groups of illness/injury/ other health problems	Cambodia	Phnom Penh	Other urban	Other rural
ORL	2	2	1	2
Infectious Disease	10	6	8	10
Respiratory Tract infection	37	39	46	35
Chronic Disease	5	8	5	5
Injury	2	2	1	2
Other/Symptom	35	31	31	36
Other not included elsewhere	11	12	8	11
Total	100	100	100	100

### 3.4 Utilization of health care facilities

If any household member had health problems, questions on whether the ill or injured household members sought care, where they sought care and how much they spent on treatment were asked.

Four out of five persons with reported health problems had sought health care, where the shares for women and men are about the same. The share that sought some kind of health care was higher in Phnom Penh and other urban areas compared to other rural areas. The shares of women and men with reported health problems who sought health care are presented in Figure 2.

**Figure 2. Had sought health care of persons with health problems, by geographical domain and sex, 2007. Percent.**

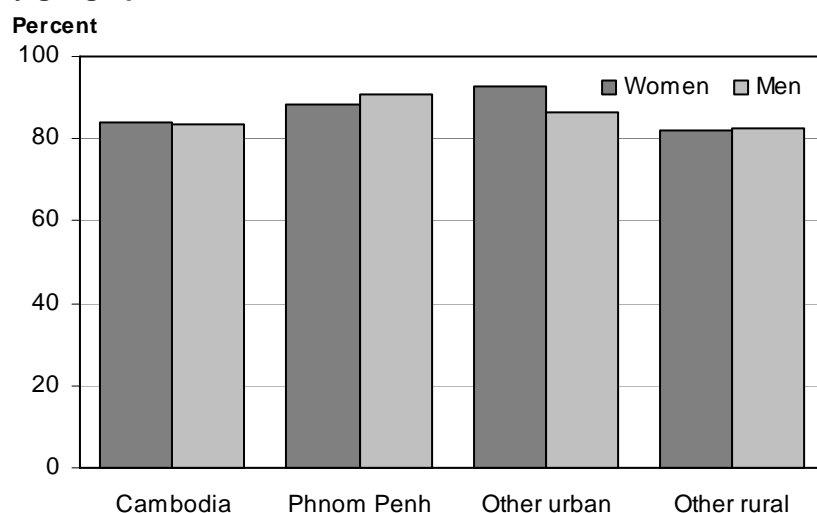


Table 12 shows the number of women and men who sought care for health problems and the shares of what kind of health care those who sought care utilized. The share of persons who sought private medical care was highest in Phnom Penh. Persons with health problems in other urban and other rural areas had a higher share seeking traditional care.

**Table 12. Utilization of health care among persons with health problems in the past four weeks by geographical domain and by sex, 2007. Percent.**

	Cambodia		Phnom Penh		Other urban		Other rural	
	Women	Men	Women	Men	Women	Men	Women	Men
Seek care for health problem, number	988,000	693,000	81,000	49,000	139,000	102,000	768,000	543,000
Type of care of those who sought care								
Public care	18	16	8	12	16	15	20	16
Private care	48	49	90	83	49	43	43	47
Self care	30	32	1	2	36	42	32	33
Traditional care	4	3	1	4	0	1	5	4

### 3.5 Nutrition and prevention measures for child health

The nutritional status of children is a comprehensive measure that reflects the living conditions of the household and the community and national development. Inadequate nutrition is a direct result of insufficient or inappropriate food intake, or repeated infectious diseases, or a combination of both. It results in increased risk of illnesses and death. Anthropometric measurements of height and weight of children can be thought of as outcome measures together with infant and child mortality of all the factors that affect children's health. Such measurements have been done in CSES 2007 during the interview, but no analyses have been done. What is reported here are some tabulation on two other factors of singular importance for infant and child health; breastfeeding practices and vaccinations.

#### Breast-feeding

Breast milk is the primary source of nutrients for infants and also transfers immunities from mother to child. The WHO recommends exclusive breastfeeding during the first six months of life.

Supplementing breast milk with liquids or other foods before this time is discouraged because it increases the likelihood of contamination and hence, risks of diarrhea disease.

From six months to 24 months, breast milk should be supplemented with appropriate and adequate food to promote healthy growth and development of the child. Bottle-feeding children in lesser-developed countries can have a negative impact on the health of the child.

Formula feeding often replaces breastfeeding and allows pathogens to be introduced to the child due to preparation in unsanitary conditions.

The CSES 2007 collected data on infant feeding for all children born in the two years preceding the survey. As shown in Table 13, as many as 94 percent of children under age 2 have been breast-fed during some period. Note that the question in the survey does not take into account for how long a child has been breast-fed. It is sufficient to have been breast-fed only just after birth to get a positive response.

**Table 13. Children under two years of age who have ever been breast-fed, 2007. Percent.**

	Breast-fed children
Cambodia	94
Phnom Penh	91
Other urban	73
Other rural	97

### Vaccinations

In the CSES, mothers were asked to show the interviewer the yellow cards of all children less than two years where vaccination dates are recorded. The interviewer then copied the dates vaccinations were received. If a child never received a health card or if the mother was unable to show the card to the interviewer, the mother was asked what vaccinations the child had received.

Questions were asked for each vaccine type. A child was considered fully vaccinated if he or she had received a BCG vaccination against tuberculosis, three doses of DPT vaccine to prevent diphtheria, pertussis, and tetanus, at least three doses of polio vaccine, and one dose of measles vaccine.

Table 14 shows that more than 90 percent of all children under two years had been vaccinated. The numbers do not show if they are fully vaccinated. About 7 percent of all children have never been vaccinated.

**Table 14. Vaccination of children under two years of age by geographical domain, 2007.**

	Vaccinated and have Yellow Card	Vaccinated and have no Yellow Card	Never vaccinated
Cambodia	85	8	7
Phnom Penh	91	6	3
Other urban	79	18	3
Other rural	85	7	8

About 93 percent of all children under six years have ever received vitamin A (Table 15).

**Table 15. Children under 6 years of age given vitamin A by geographical domain, 2007. Percent.**

	Given Vitamin A
Cambodia	93
Phnom Penh	93
Other urban	96
Other rural	93

Three percent of Cambodian children 2 years or younger have suffered from night blindness (Table 16).



**Table 16. Children under 2 years of age suffering from night blindness by geographical domain, 2007. Percent.**

	Suffering from night blindness
Cambodia	3
Phnom Penh	5
Other urban	4
Other rural	2

### 3.6 Prevention for public health

Prevention of illness is better than curing illnesses that have occurred. But even with the most comprehensive of public health prevention measures some will inevitably be hit by illness or injury over the course of a life time. Even if modern medicine can perform miracles not all illnesses can be cured so there must also be care for the illnesses and disabilities that cannot be cured.

In the 2007 CSES data were collected on some of the preventive measures that are included in public health policies by the Royal Government of Cambodia and other actors in prevention policy. These measures include anti-smoking measures, HIV/AIDS awareness and the use of mosquito nets. In this report, some results are presented mostly to indicate the scope of data available in the 2007 CSES.

#### Prevalence of smoking

In this section estimates of smoking prevalence among the Cambodian population is presented. Table 17 shows that almost one out of five persons 15 years and over are smoking regularly. Smoking is typically male dominated with more than three out of ten men smoking.

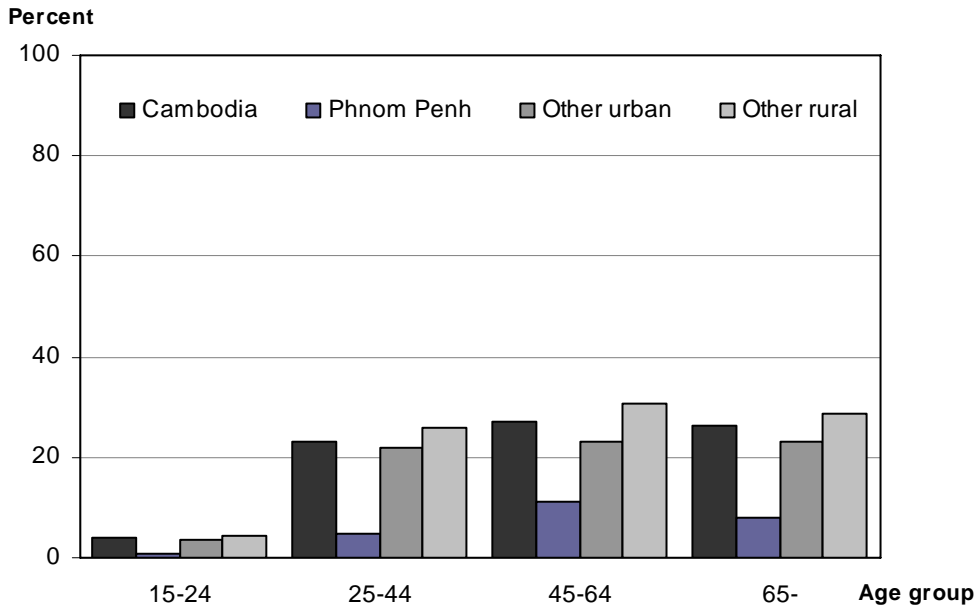
The daily smoking is more widespread in rural areas than in urban areas, about 20 percent in other rural areas and 5 percent in Phnom Penh are smoking regularly.

**Table 17. Daily smokers in the population 15 years and over by geographical domain and sex, 2007. Percent.**

	Women	Men	Total
Cambodia	3	35	18
Phnom Penh	1	11	5
Other urban	1	31	16
Other rural	3	40	20

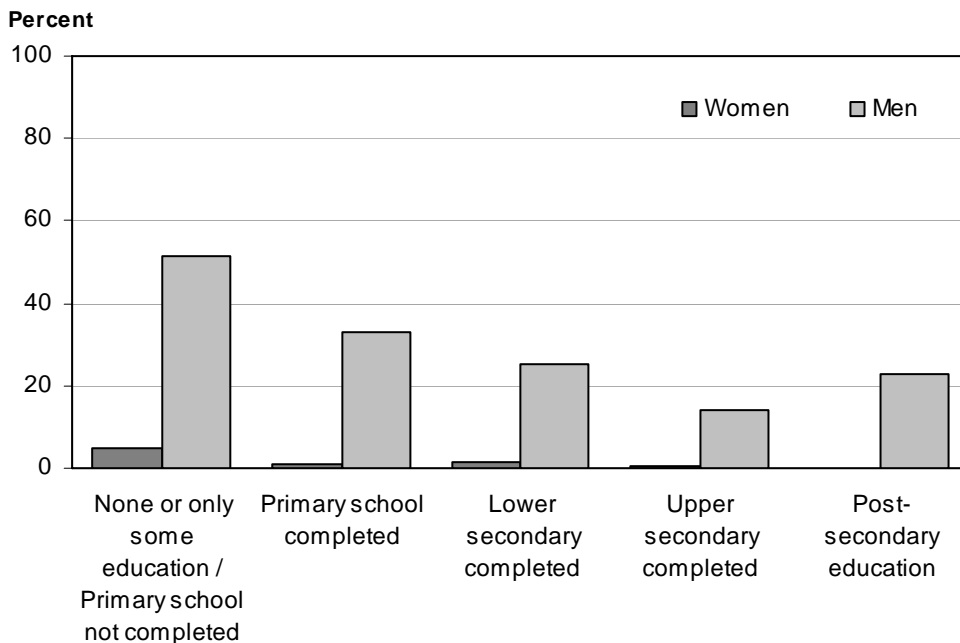
In Cambodia young people are smoking much less than old people. In the age group 15-24 years about 4 percent are daily smokers, see Figure 3, but about 1 percent in Phnom Penh in that age group. In general one can say that people living in Phnom Penh are smoking less than people in other geographical domains. In other rural areas people 25 years and over have the highest shares of daily smokers, between 25 and 30 percent.

**Figure 3. Daily smokers in the population 15 years and over by age and geographical domain, 2007.**



As shown in Figure 4 the highest shares of smokers, for both women and men, are among people who have never completed any education level, less than 5 percent for women and about 50 percent for men. Smoking is correlated with education. The share of daily smokers are lower for both women and men with higher education. The exception is men with post-secondary education with almost 22 percent daily smokers. For women with that education level the daily smokers are close to zero.

**Figure 4. Daily smokers in the population aged 15 and over by level of education and sex, 2007. Percent.**



### Knowledge about smoking effect

Table 18 shows the share of population aged 15 years and over who were aware of the health problems with smoking. The interviewer asked each person: “Do you think smoking cigarettes can be harmful to one's health?” Regardless of their age, about 90 percent of the population aged 15 years and over reported that smoking tobacco could cause harm. The awareness was slightly different by level of education. Higher education level leads to somewhat higher awareness.

**Table 18. Persons who believe that smoking cigarettes can be harmful to the health in the population by level of education and sex, 2007. Percent.**

	Women	Men	Total
Total	89	93	91
None or only some education/ Primary school not completed	87	92	89
Primary school completed	92	91	92
Lower secondary completed	91	95	94
Upper secondary completed	97	97	97
Post-secondary education	96	95	97
Other	95	93	94

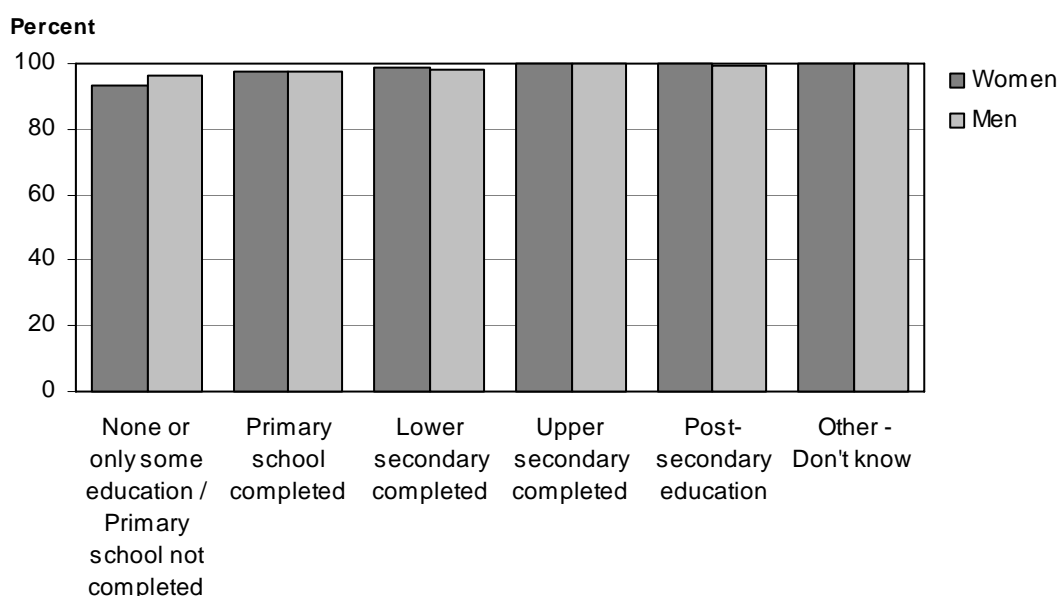
### 3.7 HIV/AIDS awareness

The CSES 2007 included a module with questions that addressed awareness of HIV/AIDS for persons 15 years and over. These questions included the respondents source of knowledge and methods of prevention, such as the use of condoms for the prevention of HIV/AIDS and other sexually transmitted diseases (STD's). The questions were responded by each household member.

#### Knowledge of HIV/AIDS

A very high share of Cambodians (96 percent) have heard of AIDS. The awareness is somewhat lower for persons with lower educational level, see Figure 5.

**Figure 5. Persons ever heard of AIDS in the population 15 years and over by level of education and sex, 2007. Percent.**

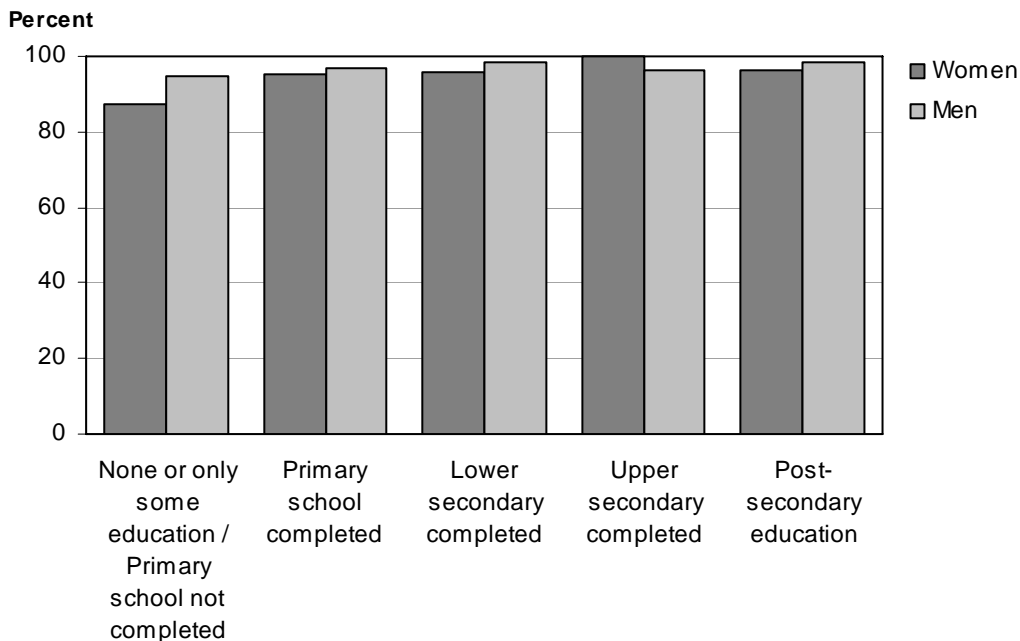


### Prevention of HIV/AIDS

Given the high levels of awareness of this syndrome among both women and men, knowledge of HIV-related issues is also important in understanding how to prevent contracting HIV and in checking the spread of the disease in a population. Those who reported to have knowledge about AIDS were therefore asked if they have knowledge about ways to prevent AIDS.

About 90 percent know of at least one method to prevent AIDS. Figure 6 shows the shares of women and men who know how to prevent AIDS by level of education. The most reported method to prevent AIDS is to use condom (88 percent). Limiting sexual activity to one partner, and to avoid sex with prostitutes as prevention of AIDS are other mentioned methods, but on a much lower level.

**Figure 6. Persons who know how to prevent AIDS of the population who have heard of AIDS by level of education and sex, 2007. Percent.**



### 3.8 Using mosquito nets

Almost all persons in Cambodia, about 97 percent of the population, are using mosquito nets but only about 5 percent of them are impregnated, i.e. treated with insecticide, see Table 19.

**Table 19. Persons using mosquito nets by geographical domain, 2007. Percent.**

Malaria protection	Cambodia	Phnom Penh	Other urban	Other rural
Use mosquito nets in total population	97	95	97	97
Nets are impregnated				
Yes	5	4	2	6
Don't know	1	0	0	1

## 4 About the Cambodia Socio-Economic Survey

### 4.1 Background and Introduction

The Cambodia Socio-Economic Survey (CSES) has been conducted by the National Institute of Statistics (NIS) in 1993/94, 1996, 1997, 1999 and 2004. Since 2007 NIS conducts the CSES annually. The CSES is a household survey covering many areas relating to poverty and living conditions. Questions are asked for the household and for the household members.

The CSES is a sample survey and the sample used in 2007 is a subsample of the sample used in 2004.

In the 2004 survey the diary method for collecting data about household expenditure/consumption and household income was introduced. As the recall method has been used in the previous rounds it was decided to include also the recall modules. Both methods are retained in the annual CSES.

The following main areas have been surveyed in the previous survey rounds and in the annual CSES as well:

1. Level and structure of household expenditure/consumption, including poverty
2. Household production and cash income-earning activities by the labour force
3. Education and literacy
4. Health and access to medical care
5. Housing and amenities
6. Family and social relations, including gender and vulnerability issues.

In CSES 2007 some changes have been introduced in the household questionnaire.

### 4.2 Objective of the survey

The main objective of the survey is to collect statistical information about living conditions of the Cambodian population and the extent of poverty. The survey can be used for identifying problems and making decisions based on statistical data.

The main user is the Royal Government of Cambodia (RGC) as the survey supports monitoring the National Strategic Development Plan (NSDP) by different socio-economic indicators. Other users are university researchers, analysts, international organizations e.g. the World Bank and NGO's. The World Bank has published a report on poverty profile and social indicators using CSES 2007 data<sup>5</sup>.

### 4.3 Sampling

The sampling design in the CSES survey is a three-stage design. In stage one a sample of villages is selected, in stage two an Enumeration Area (EA) is selected from each village selected in stage one, and in stage three a sample of households is selected from each EA selected in stage two. The sampling designs used in the three stages were:

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<sup>5</sup> World Bank (2009). Poverty profile and trends in Cambodia, 2007 - Findings from the Cambodia Socio-Economic Survey (CSES). Report No. 48618-KH.

*Stage 1:* A stratified systematic  $\pi$ ps<sup>6</sup> sample of villages was selected. Strata were defined by provinces and the urban/rural classification of villages. The size measure used in the systematic  $\pi$ ps sampling was the number of households in the village according to the population census 1998.

*Stage 2.* One EA was selected by Simple Random Sampling (SRS), in each village selected in stage 1.

*Stage 3.* In each selected EA a sample of households was selected by systematic sampling.

The design described above was used for the CSES 2004 survey.<sup>7</sup> In 2007, a subsample of the villages, or EAs, in the 2004 sample was selected by SRS. The villages and EAs surveyed in 2007 were thus included in the sample in both years. In each selected EA a sample of households was selected by systematic sampling. The selected households in 2007 are not necessarily the same as those included in the sample in 2004.

The selection of households in stage three was done in field by first listing the households in the selected EA, and then selecting a systematic sample of households. Selected households were observed during one calendar month. The allocation of the households over the months in 2007 was done so that each village in the 2007 sample was observed in the same calendar month as in 2004.

The sample size in 2007 was 360 villages or 3,600 households, compared to the sample for the 2004 survey of 720 villages or 12,000 households.

Some provinces were excluded, due to cost and other reasons, in the sample for 2007. The estimates are however, adjusted for the under coverage error caused by excluding those provinces.

## 4.4 Estimation

Totals and ratios such as means or proportions are estimated for the total population or for subgroups of the population, i.e. domains of study. The domains are defined by, for instance, age groups or sex. In the CSES 2007 the sample size is not large enough for a detailed breakdown on e.g. provinces. Means and proportions are estimated by first estimating totals and then calculating the ratio of two estimated totals.

In order to estimate population totals or totals in domains from a sample, weights are needed. An estimator of a population total of a variable is the sum of the weighted variable values for the observed sample units.

The weights are determined by the sampling design, design weights, and adjusted for nonresponse and other imperfections such as under coverage or, adjusted to improve the precision of estimates. In CSES 2007, the design weights were adjusted using preliminary data on the number of persons and households from the population census 2008 and also the Neupert population projections<sup>8</sup>.

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<sup>6</sup> Systematic sampling with probabilities proportional to size.

<sup>7</sup> National Institute of Statistics (2005b). Cambodia Socio-Economic Survey 2004. Technical report on Survey Design and Implementation. September, 2005.

<sup>8</sup> National Institute of Statistics (2005a). Cambodia Inter-Censal Population Survey 2004. Demographic Estimates and Revised Population Projections. June, 2005.

## 4.5 Questionnaires

Four different questionnaires or forms were used in the CSES 2007:

### 1. Household listing form

The listing of households was used for sampling households, see section 4.3.

### 2. Village questionnaire

The village questionnaire was responded by the village leader or a representative of the village leader. The questions are about economy and infrastructure, crop production, health, education, retail prices, rental and sales prices of land etc.

### 3. Household questionnaire

The household questionnaire was responded by the head of the household, spouse of the head of the household or of another adult household member.

The household questionnaire includes questions about housing conditions, crop production and other agricultural activities, liabilities, durable goods, construction activities and income from other sources than economic activity.

The household questionnaire also includes questions for each household member about education and literacy, migration, current economic activity and employment, health, smoking, HIV/AIDS awareness, and victimization. Some of these questions were responded by the head of household/spouse and some were responded by each household member.

The questions in the first part of the household questionnaire are posed during the initial visit to the household. This part includes questions about e.g. the household member's age, sex, marital status, relation to head of household, and questions about household expenditure/consumption of food and non-food items.

During a survey month different questions have been asked different weeks according to the following:

- Week 1. Questions about education, migration, and housing
- Week 2. Questions about economic activity, agricultural and non-agricultural business, household liabilities and other incomes.
- Week 3. Questions about construction, durable goods, and child health
- Week 4. Questions about current economic activities, health and victimization

### 4. Diary sheet

The diary sheet on daily household expenditure, including value of own production, and income have been filled in during the entire month.

## 4.6 Data collection and field work

The fieldwork started in October 2006 and finished in the end of December 2007. The results in this report are based on data from the calendar year 2007, i.e. only 12 of the 15 survey months are included in the estimation.

Supervisors and enumerators were recruited by NIS and trained for the field work. The training took place at NIS in Phnom Penh. A comprehensive field manual was used during the training and the field work.

Each fieldwork team consisted of one supervisor and three enumerators. For each selected village one enumerator was assigned as responsible and carried out interviews of ten households in the village.

Altogether 30 enumerators and 10 supervisors, divided into 10 teams carried out the fieldwork at the same time. Two groups of teams were formed and alternated monthly so that each interviewer and supervisor worked in the field every second month.

For a given month the team arrived in the village 2–3 days before the first day of the month for preparatory tasks like discussing with village authorities, filling in the Household listing form and sampled the households to be interviewed.

The supervisor was the leader of the team and was responsible for the coordination of the interviews, collaboration with local authorities, and checking of the questionnaires during the interview month. If errors were found in the responses the enumerator was required to re-interview. The supervisor was also responsible for the village questionnaire and the interview of the village leader or representative of the village leader.

Any survey of the CSES dimensions needs a comprehensive system of quality management and monitoring. The CSES management group within NIS therefore is using a careful monitoring scheme. The monitoring team included four NIS staff including top ranked NIS officers. The supervision took place during the last two weeks of the interview month.

Before going to the villages the teams were briefed and introduced to adjustments of the interviewing procedure that had to be made as a result of monitoring activities and feed-back from the data processing.

## 4.7 Data processing

The data processing was done at NIS in Phnom Penh using the SQL data management system that verifies the data entry operation. A team of data editors, data coders and data entry staff was formed. The data editors were checking the questionnaires before the data entry and also took care of errors to ensure that entered data were consistent with the collected data in the questionnaires or diaries. Before the data entry the coders also put relevant codes in the questionnaire and diary.

## 4.8 Comparability

Comparisons of the results from the 2007 CSES with previous surveys, CSES 1993/94, 1996, 1997 and 1999, are not recommended due to differences in the survey design.

The CSES 2004 was conducted from November 2003 to January 2005, and the 2007 survey from October 2006 to December 2007. The monthly sample sizes were 1,000 households in the 2004 survey and 300 households in the 2007 survey. Concerning CSES 2004 the results presented in 2005<sup>9</sup> were based on both the 12 months and the 15 months samples, whereas in this report all estimates presented are based on the 12 month sample, i.e. the calendar year 2007.

The weights used in the reports from CSES 2004 are adjusted by using the preliminary population projections<sup>10</sup> which give over estimated population counts. The weights in CSES 2007 are adjusted by using the preliminary result from 2008 Population Census. A recalculation of the weights in CSES 2004 will be made for the coming analyses to obtain higher comparability between CSES 2004 and the surveys conducted from 2007 and onwards.

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<sup>9</sup> National Institute of Statistics (2005). Cambodia Socio-Economic Survey 2004, Summary Subject Matter Report, September 2005.

<sup>10</sup> Neupert R.F.(2005). New Demographic Estimates and Updated Projections for Cambodia. UNDP.



## 4.9 Definitions

### Geographical domains

The geographical domains used in this report are

1. Phnom Penh
2. other urban
3. other rural,

where Phnom Penh includes both urban and rural areas.

### Age

Age is defined as completed years at the initial visit to the household.

### Household

The survey covers private households with one or more persons. Nomadic households are included in principal. Households excluded from the survey are:

1. People living in institutions such as long term hospitals, prisons, monasteries, military quarters.
2. Diplomatic and UN households in the country.
3. Armed forces in military bases.

A household is defined as a group of persons, or a single person, who usually live together and have a common arrangements for food, such as using a common kitchen or a common food budget. The persons may be related to each other or may be non-relatives, including servants or other employees, staying with the employer.

## 4.10 Confidentiality

The Statistics Law Article 22 specifies matters of confidentiality. It explicitly says that all staff working with statistics within the Government of Cambodia “shall ensure confidentiality of all individual information obtained from respondents, except under special circumstances with the consent of the Minister of Planning. The information collected under this Law is to be used only for statistical purposes.”

## 4.11 Contact person

Contact person for this report is Mr. Pich Pothy, Economic Statistics Department and Mr. Phan Chinda, Social Statistics Department.

## Annex 1. Module on Health – Questions on illness

14. HEALTH

*Respondent: the head of household or the spouse of the head of household*

**WEEK 4**

The following questions should be asked of the household, spouse of the head of household, or another adult household member, if both head and spouse are absent.

**A. ILLNESSES DURING THE PAST 4 WEEKS**

Please provide information on all members usually residing in this household

ID NUMBER	How would you evaluate ..[NAME]'s.. Health?  1 = Very good 2 = Good 3 = Average 4 = Bad 5 = Very bad 8 = Don't know	Compared with others of the same age would you say that ..[NAME]'s.. health is...  1 = Much better 2 = Some what better 3 = About the same 4 = Some what worse 5 = Much worse 8 = Don't know	Does ..[NAME].. Have any disability?			What was the cause of the disability?			Did ..[NAME].. Have any illness, injury or other health problem in the past 4 weeks?  1 = Yes 2 = No (=> 13)			
			1 = Seeing difficulties 2 = Hearing difficulties 3 = Speaking difficulties 4 = Moving difficulties 5 = Feeling difficulties 6 = Psychological difficulties (Strange behaviour) 7 = Learning difficulties 8 = People who have fits 9 = Other (specify) 98 = Don't know			1 = Mine/UXO 2 = Traffic Accident 3 = Work Accident 4 = Disease(s) 5 = Old Age 6 = Congenital 7 = Fever 8 = Difficulty Delivery 9 = Chemical Accident 10 = Rape 11 = Violent Attack				12 = Domestic Violent 13 = Suicide Attempt 14 = Mental Trauma due to war and other traumatic events 15 = War Injuries 16 = Malnutrition 17 = Burns 18 = Torture 19 = Other (specify) 98 = Don't know		
			Enter '0' if none, => 6			Enter up to 3 most important				Enter up to 3 most important		
(1)	(2)	(3)	(4a)	(4b)	(4c)	(5a)	(5b)	(5c)	(6)			
01												
02												
03												
04												
05												
06												
07												
08												
09												
10												
11												
12												
13												
14												
15												

## 14. HEALTH

Respondent: the head of household or the spouse of the head of household

WEEK 4

The following questions should be asked of the household, spouse of the head of household, or another adult household member, if both head and spouse are ab

## A. ILLNESSES DURING THE PAST 4 WEEKS (CONTINUED)

ID NUMBER	What kind of illness, injury or other health problem related symptom?					Was [NAME] so ill that s/he could not do his/her usual activities?	How many days was ..[NAME].. so ill that s/he stopped doing usual activities?  Enter number of days	Did ..[NAME].. Seek care for any health problem in the past 4 weeks?  1 = Yes 2 = No (=> 11)
	Enter up to 5 most important							
(1)	(7a)	(7b)	(7c)	(7d)	(7e)	(8a)	(8b)	(9)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

14. HEALTH

Respondent: the head of household or the spouse of the head of household

WEEK 4

The following questions should be asked of the household, spouse of the head of household, or another adult household member, if both head and spouse are absent.

A. ILLNESSES DURING THE PAST 4 WEEKS (CONTINUED)

ID NUMBER	Which provider is usually consulted for care? Public sector: 1 = National hospital (PP) 2 = Provincial hospital (RH) 3 = District hospital (RH) 4 = Health center 5 = Health post 6 = Outreach 7 = Other public (Specify) Private medical sector: 8 = Private hospital 9 = Private clinic 10 = Private pharmacy 11 = Home/Office of trained health worker/nurse 12 = Visit of trained health worker/nurse 13 = Other private medical (Specify) Not medical sector: 14 = Shop selling drugs/market 15 = Kru khmer/ Magician 16 = Monk/religious leader 17 = Traditional birth attendant 18 = Other (Specify)	Was <i>..[NAME]..</i> Hospitalised for the treatment/care during past 4 weeks?  1 = Yes 2 = No (=> 13)	How many nights was <i>..[NAME]..</i> Hospitalised during past 4 weeks?  N° OF NIGHTS	How much in total was spent on medical care in the past 4 weeks?  Write '0' if nothing  RIELS	Does <i>..[NAME]..</i> Use (hammock) mosquito net while sleeping?  1 = Yes 2 = No (=> Next Person)	Were <i>..[NAME]..</i> nets impregnated with safe pyrethroid insecticide to prevent malaria transmission during the past 12 months, that is since <i>..[MONTH]..</i> last year?  1 = Yes 2 = No 8 = Don't know
(1)	(10)	(11)	(12)	(13)	(14)	(15)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

## Annex 2. Module on Health – Questions on smoking

## 14. HEALTH (CONTINUED)

For all household member aged 15 and over

WEEK 4

## B SMOKING INFORMATION

Please provide smoking information on all members of household aged 15 years and over

ID NUMBER	Are you a daily smoker?	Does it sometimes happen that you are smoking?	Have you, at any time during your life, been a daily smoker?	How many cigarettes are you usually smoking per day?	For how many years in total have you been smoking daily?	Do you think smoking cigarettes can be harmful to one's health?
	1 = Yes (=>> 5) 2 = No	1 = Yes 2 = No	1 = Yes (=>> 6) 2 = No (=>> 7)	No of cigarettes	if less than one year, write '0' YEARS	1 = Yes 2 = No 8 = Don't know
(1)	(2)	(3)	(4)	(5)	(6)	(7)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

### Annex 3. Module on Health – Questions on HIV/AIDS

15. HIV/AIDS

*Respondents: all household members aged 15 and above individually*

**WEEK 4**

Please ask all members in the household aged 15 and above individually.

ID NUMBER	Have you ever heard of an illness called AIDS?	Is there anything one can do to avoid getting AIDS or the virus that causes AIDS?	What can one do to avoid becoming infected? Probe "Anything else...? Code up to 5 answers					Have you ever been tested for the HIV virus?	
	1 = Yes 2 = No (=> Next person)	1 = Yes 2 = No (=> 5) 8 = Don't know (=> 5)	1 = Abstain from sex 2 = Use condom 3 = Limit sex to one partner/stay faithful to one partner 4 = Limit number of sexual partners 5 = Avoid sex with prostitutes 6 = Avoid sex with persons who have many partners 7 = Avoid sex with homosexua 8 = Avoid sex with persons who inject drugs intravenously	9=Avoid blood transfusions 10=Avoid Injections 11=Avoid kissing 12= Avoid mosquito bites 13=Seek protection from traditional practitioner 14=Avoid sharing razors, blades 15=Avoid manicure or pedicure 16=Other (specify) 98=Don't know					
	(2)	(3)	1 (4a)	2 (4b)	3 (4c)	4 (4d)	5 (4e)	(5)	
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

NOTE: FOR CODE COL.4, COL.6 AND COL.9 THE INTERVIEWER SHOULD NOT READ OUT THE ANSWER OR PROVIDE LEADING QUESTION TO RESPONDENT, LET THE RESPONDENT ANSWER WHAT HE/SHE KNOW ABOUT THIS SECTION

15. HIV/AIDS (CONTINUED)

Respondents: all household members aged 15 and above individually

WEEK 4

ID NUMBER	Where did you go for the test? <b>Public sector:</b> 1 = National hospital (PP) 2 = Provincial hosp (RH) 3 = District hospital (RH) 4 = Health center 5 = Health post 6 = Outreach 7 = Military hospital 8 = VCCT center 9 = PMTCT site 10 = Other public (specify) <b>Private medical sector:</b> 11 = Private hospital 12 = Private clinic 13 = Private laboratory 14 = Other private medical (specify) <b>Other sector:</b> 15 = (Specify)	Would you like to be tested for HIV?  1 = Yes 2 = No 8 = Don't know/Unsure	Do you know a place where you could go to be tested for HIV?  1=Yes 2=No (=>> Next person)	Where can you go to be tested?		
				Enter up to 3 most important		
(1)	(6)	(7)	(8)	(9a)	(9b)	(9c)
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

NOTE: FOR CODE COL.4, COL.6 AND COL.9 THE INTERVIEWER SHOULD NOT READ OUT THE ANSWER OR PROVIDE LEADING QUESTION TO RESPONDENT, LET THE RESPONDENT ANSWER WHAT HE/SHE KNOW ABOUT THIS SECTION

## Annex 4. Module on Child care – Questions on Child feeding and vaccinations

### 10. CHILD CARE

Respondents: Mothers or caretakers of children

WEEK 3

#### CHILD FEEDING AND VACCINATIONS

Please provide the following information on all children aged up to 2 years old adopted or born to mothers of the household and who are still living in the household.

(If no children aged less than 2 years, => Next section)

SERIAL NUMBER	COPY ID CODE OF THE MOTHER FROM ROSTER	ID No. of child if living in the household	Where did you give birth?  <b>Enter Code</b>  <b>Leave it blank if don't know</b>	Who assisted you in the delivery of the child?  1 = Doctor/Medical assistant 2 = Nurse 3 = Midwife 4 = Traditional birth attendant 5 = Relative/friend 6 = Other (Specify) 7 = None  <b>Leave it blank if don't know</b>  (Enter up to 3 most important persons)			After birth of your child, what was the first thing you gave to him/her to drink?  1=Water 2=Sugar water 3=Juice/coconut water 4=Tea 5=Sweet condensed milk 6=Infant formula 7=Breast milk (=>>8) 8=Other (specify)  <b>Leave it blank if don't know</b>	Did you ever breastfeed your child?  1=Yes 2=No (= >> 9)	How long after birth of your child did you initiate breastfeeding?  <b>Write only in minutes, or in hours or in days</b>		
				MIN	HRS	DAYS					
(1)	(2)	(3)	(4)	(5a)	(5b)	(5c)	(6)	(7)	(8a)	(8b)	(8c)
01											
02											
03											
04											
05											
06											
07											

SERIAL NUMBER	In total, how many times yesterday during the day and night was your child given the following items? <b>Write '0' if nothing</b>						How many times did your child eat foods, such as rice, rice soup snack etc other than liquids yesterday during the day and night? <b>Write '0' if nothing</b>	Did you ..[the mother of child].. have night-blindness during this child's pregnancy?  1=Yes 2=No 8=Don't know
	a. Plain water...?	b. Infant formula...?	c. Other milk, such as powered or sweet condensed milk...?	d. Fruit juice, such as coconut water...?	e. Any other liquids, such as sugar water, teas, canned soft drink (Coca Cola, 7 up etc...)?	f. Rice soup water, samlo broth and soup broth...?		
(1)	(9a)	(9b)	(9c)	(9d)	(9e)	(9f)	(10)	(11)
01								
02								
03								
04								
05								

Codes for col.4
HOME:
01 = Your home
02 = Midwife/TBA home
03 = Other home (specify)
PUBLIC SECTOR:
04 = National Hospital (PP)
05 = Province Hospital (RH)
06 = District Hospital (RH)
07 = Health Center
08 = Health Post
09 = Outreach
10 = Military Hospital
11 = Other Public (Specify)
PRIVATE MEDICAL SECTOR:
12 = Private Hospital
13 = Private Clinic
14 = Other Private (Specify)
OTHER:
96 = Other (Specify)



10. CHILD CARE

Respondents: Mothers or caretakers of children

WEEK 3

CHILD FEEDING AND VACCINATIONS (CONTINUED)

SERIAL NUMBER	Do you have a yellow card where [NAME]'s vaccinations are written down?  1=Yes 2=No, but child have been vaccinated 3=No, child never vaccinated (=> Next Child)	If child has yellow card, record the dates of the following vaccinations from the yellow card. The interviewer must see the card. If yellow card has been lost or they never had one, try to collect the information from household.											
		TB (BCG)			POLIO			DTC/DPT			MEASLES		
		a) Has [NAME] ever received TB (BCG) vaccination? b and c) What month and year did [NAME] receive the vaccination?			a) How many doses of polio vaccine has [NAME] received? b and c) What month and year did [NAME] receive the latest vaccination?			a) How many doses of DTC/DPT vaccine has [NAME] received? b and c) What month and year did [NAME] receive the latest vaccination?			a) Has [NAME] ever received measles vaccination? b and c) What month and year did [NAME] receive the vaccination?		
		1=Yes 2=No 8=Don't know  If no or don't know leave blank			0 = No dose 1 = 1 dose 2 = 2 doses 3 = 3 doses 4 = 4 doses  If no dose or don't know leave blank			0 = No dose 1 = 1 dose 2 = 2 doses 3 = 3 doses 4 = 4 doses  If no dose or don't know leave blank			1=Yes 2=No 8=Don't know  If no dose or don't know leave blank		
		MONTH	YEAR		MONTH	YEAR		MONTH	YEAR		MONTH	YEAR	
(1)	(12)	(13a)	(13b)	(13c)	(14a)	(14b)	(14c)	(15a)	(15b)	(15c)	(16a)	(16b)	(16c)
01													
02													
03													
04													
05													
06													
07													

## Annex 5. Module on Nutrition

### 11. NUTRITION

*Respondents: All household members*

**WEEK 3**

#### A. RICE CONSUMPTION

Please provide information on nutrition for the household members

ID NUMBER	How much rice did ..[NAME].. eat yesterday? Show the plate and enter number of plates. If a person didn't eat rice, enter "0" for that meal. Leave blank if data is not available for a person. Note: If the quantity of rice is less than one plate, please record a half (0.5) or a quarter (0.25) of plate				
	For breakfast	For lunch	For dinner	Other	TOTAL
(1)	(2)	(3)	(4)	(5)	(6)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					

**B. OTHER FOOD**

*Respondent: head of household, spouse of the head of household, or of another adult household member*

**Note:** a palm is approximately 50 grams

FOOD NUMBER	TYPE OF FOOD	2. How many times in the past 7 days did your household consume ..[FOOD ITEM].. at home?	3. How much in total did the household consume of this food in the last 7 days?	UNIT
		If never, write '0' and ==> Next Item		
(1)	(2)	(3)	(4)	(5)
1	Eggs (any)			NUMBER
2	Fish/fish paste, squid, shrimp and prawns, etc.			KILOGRAM
3	Other meat (beef, pork, chicken, duck, etc.)			KILOGRAM
4	Green leafy vegetables			KILOGRAM
5	Orange vegetables (pumpkin, carrot, orange sweet potato, etc.)			KILOGRAM
6	Orange fruits (Ripe mango, ripe papaya, jackfruit, etc.)			KILOGRAM

**C. VULNERABILITY**

Q1 Did your family use iodized salt, yesterday? 1=Yes 2=No 8=Don't know

Q2 In the last 12 months, has this household had enough food all days or were there days and weeks with very little or no food so that the household had to starve? 1= Enough food all the last 12 months (==>NEXT SECTION) 2= Not enough food

Q3 How many of the last 52 weeks did the household have so little food that it was starving? N° WEEKS:   
Write '0' if less than 1 week

Q4 Which months of the last 12 months did the household starve?  
(1=January, 2=February, 3=March...)

Month

1	2	3	4	5	6	7	8	9	10	11	12
<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>

Code "1" if starving not enough food to eat and "0" otherwise

## Annex 6. Module on Health check of children

### 12. HEALTH CHECK OF CHILDREN

Ask about: children aged less than 6 years old

WEEK 3

Please provide information on children aged less than 6 years old who are household members

SERIAL NUMBER	COPY ID CODE OF CHILD FROM ROSTER	Date of measurement			Height measured	If the child was measured: Was this height measured standing up or lying down?  1=Standing up 2=Lying down (Less than 24 months)	Weight measured	Is the child given vitamin A?  1=Yes 2=No	Does the child suffer from night-blindness?  Do not ask about children less than 1 year old  1= Yes 2= No
		DAY	MTH	YEAR	CENTIMETERS		KILOGRAMS		
(1)	(2)	(3a)	(3b)	(3c)	(4)	(5)	(6)	(7)	(8)
1					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
2					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
3					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
4					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
5					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
6					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
7					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		
8					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>		

END OF WEEK 3

## For more information

### *INTERNET*

[www.nis.gov.kh](http://www.nis.gov.kh) is the NIS web site for official statistics produced by NIS and other institutions and ministries within the Royal Government of Cambodia. The web site is the best place to start for access to summary data from the latest publications, and information about the NIS and other statistical units of the Royal Government.

### *Reference Library*

A range of NIS reference publications are available for use by data users at the NIS Data User Service Center.

### *Information Service*

The NIS staff at the Data Users Service Center can assist users in addressing their data requirements. NIS publications are available for sale and subscriptions services can be arranged. Special data services are also available, on a user pays basis.

### *Contact Details*

Data Users Service Center  
National Institute of Statistics, Ministry of Planning  
#386, Monivong boulevard, Phnom Penh, Cambodia  
E-mail: [census@camnet.com.kh](mailto:census@camnet.com.kh)  
Telephone: (855) 23 210 791  
Facsimile: (855) 23 213 650

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