Remarks

This Reference Tool is a vitally important document and will be a great assistance to commune councilors of the Royal Government of Cambodia. It may be used as a reference or guiding document in commune planning according to the real needs of respective areas for sustainable development, poverty reduction, and enhancement of standards of living in line with the Millennium Development Goals.

The Reference Tool covers three main issues: (1) Population and Development, (2) Gender and (3) Reproductive Health. Although the figures in this document show there has been remarkable improvement in population issues in a short time period, many issues still need more effort by government. The active participation of International and National Organizations, NGOs, civil society, private sector, donor countries, other development partners, and especially every Cambodian citizen, will play an important role in helping the government to speed up and continue its efforts to further address population issues.

I would like to express my sincere appreciation to the officials of the Secretariat of the National Committee for Population and Development for their hard work and cooperation in producing this invaluable document. In addition, I wish to express my thanks to UNFPA for its close cooperation with the Royal Government of Cambodia in the area of Population and Development, including their support for this Reference Tool.

Teo Seng Huor
Senior Minister
National Committee for Population and Development

Remarks

UNFPA is proud to be associated with the support to this Reference Tool on Population, Reproductive Health, and Gender. It has been long in development by the National Committee for Population and Development and the UNFPA Country Office team in consultation with our partners the Ministry of Planning, Ministry of Health, Ministry of Interior, Ministry of Women's Affairs, Ministry of Education, Youth and Sports, civil society organizations and commune councilors. We value and greatly appreciate everyone's input.

This Reference Tool was developed in response to needs felt from the ground up. In rolling out the National Population Policy, we found that simple, easy-to-read; rights based materials on population issues were very much needed, especially by those at the decentralized levels. In this regard, the tool was developed with commune councilors in mind; especially for their use in local development planning process. Not only does this Reference Tool have background information on the key issues of Population, Reproductive Health, Youth and Gender, but also outlines simple yet effective ways they may be operationalised and implemented at the commune level. We hope that this tool will be used by all levels-commune, district, provincial and central officials alike. With this, UNFPA will continue to support capacity building and sensitization in population, reproductive health, youth and gender issues this year, and in the years to come.

Selected socio-economic issues of pressing concern are also highlighted, including family planning, youth, elderly, migration, domestic violence, trafficking, HIV/AIDS and others. We are optimistic that this tool will be a good source of information, raise awareness and prompt action to include related activities in future decentralized plans, namely Development and Investment Plans at both the Commune and Provincial levels.

May we take this opportunity to thanks all for their efforts and generous contributions to generate this noteworthy Reference Tool, We look forward to continued support of the National Population Policy, and hope that this Reference Tool will play a great role in facilitating its implementation, and at the same time will contribute to strengthening the capacity in particular that of the sub-national level in the context of the government's overall reform programme of decentralization and deconcentration.

Alice Levisay
Representative
United Nations Population Fund
(UNFPA)

POPULATION AND DEVELOPMENT

The Reference Tool of the National Population Policy provides important principles for the local authority to develop their own planning for sustainable development by focusing on basic community needs. Three are three factors of population change (birth, death, and migration) that substantially influence social and economic development.

Living conditions in Cambodia have been improved considerably between 1998 and 2008. Live expectancy at birth increased from 54.4 to 60.5 years for men and from 58.3 to 64.3 years for women, whileinfant and child mortality rapidly declined. [1]

Definition:

- Population is a group of people living in a given country or sharing common demographic, social or economic characteristics, such as sex, age, type of residential place (rural or urban), and migration status.
- Life expectancy at birth is the average duration of life a person would live after born.

1- Key Issues

The total population of Cambodia was 13,395,682 in 2008, with 51.36 percent being females and 48.64 percent being males (General Population Census of Cambodia 2008). The annual population growth rate is 1.54 percent (2.21 percent in uran areas and 1.38 percent in rural areas)[2]. The total fertility rate (TFR) is3.1 children (2.1 in urban areasand 3.3 in rural areas)[3]. The total fertility rate has declined rapidly if compared to that in 1998, where women aged 15-49 years old had an average 3.99 children during their reproductive lifespan. Such a decline suggests that Cambodia will achieve the Cambodia Millennium Development Goal (CMDG) regarding the fertility as set lowering fertility by 2015.[4]

Definition:

- Fertility refers to the number of live births women would have during her reproductive life.

[1, 2,3, 5] Ministry of Planning: General Population Census of Cambodia 2008.

[4] Ministry of Planning: Cambodia Millennium Development Goals Report (CMDG) 2003.

Even though the fertility rate has been declined, the number of people reacing the reproductive ages hasdoubled because this cohort was a a babyboom cohort born in the 1980s after the Khmer Rouge regimeAccording to the 2008 census data, 60.16 percent of people aged 15 and above are married.[5]

High fertility rate and large youth population (56% was under 24 years old) have caused difficulty in poverty reduction, human resources investment, and sustainable economic development, as larger young population means greater burdens.

What can we do?

- In order to ensure a good balance between population growth and socio-economic development, development planning needs to take into account the changing population size, population structure and outstanding needs. The needs include alsothe increasing need for economic opportunities, access to credit and social services (health and education) and infrastructure development.
- Special attention should be placed on the quality health and educational services, on improved access to reproductive health services (including family planning), and on improving the overall status of women.
- Improving the status of women can be only achieved if access to education, credit, and job opportunities is improved, as well as increasing women's participation in decision-making and in the development process. Empowerment of women means improving women's health, slower population growth, higher economic growth, and better family well-being.

2- Age Structure

Cambodian population is 33.7 percent under 15 years old, and 62.0 percent is 15-64 years old and 4.3 percent os 65 years and above[6].

Percentage Distribution of Population by Broad Age Groups, 1998 and 2008		
Age Group	**Percentage of Population in**	
	1998 Census	**2008 Census**
0-14	42.8	33.7
15-64	53.7	62.0
65+	3.5	4.3

Source: General Population Census of Cambodia 2008.

The difference in age structure has impact on services such as health, education, transport,job demands, and resource demands such as housing, food, and water supply.

[6] Ministry of Planning: General Population Census of Cambodia 2008.

3- Sex Ratio

Sex Ratio in Urban and Rural, Cambodia 1998 and 2008

	Sex Ratio		Percentage of Female	
	1998	2008	1998	2008
Urban	94.93	92.43	51.30	51.97
Rural	92.57	95.28	51.93	51.21
Total	**93.00**	**94.72**	**51.81**	**51.36**

Source: General Population Census of Cambodia 2008.

Sex ratio does not substantially change from 1998 census to 2008 census (93.00 versus94.72, respectively). Women outnnumber men in both urban and rural areas because more men than women died during the Khmer Rouge regime and the civil war in Cambodia lasted years.

4- Infant and Child Mortality Rate

Definition:
- Infant mortality refers to the number of infants who die before reaching their first birthday per 1,000 live births.
- Child moretality refers to the probability of dying at age one year to under five years per 1,000 live births.

A key contributor to improving life expectancy is the reduction in infant mortality. Infant mortality rate felt from 95 deaths per 1,000 live births in 2000 to 65 deaths per 1,000 live birhts in 2005[7] and to 60 deaths per 1,000 live births in 2008[8]. However, the mortality rates are still high compared to those of the neighboring countries, such as Thailand and Vietnam. Nevertheless, Cambodia has reached its CMDG target for infant mortality rate set for 65 deaths per 1,000 live births by 2015. Furthermore, the child mortality rate has declined from 124 deaths per 1.000 live births in 2000 to 83 deaths per 1,000 live births in 2005[9].

5- Maternal Mortality Ratio

Definition:
Maternal mortality ratio refers to maternal deaths per 100,000 live births. Maternal deaths are defined as any death that occurrs during pregnancy, childbearing, or within two months after giving birth or termination of a pregnancy.

[7] Ministry of Planning and Ministry of Health: CDHS 2000 and Preliminary Report 2005.
[8] Ministry of Planning: General Population Census of Cambodia 2008.
[9] Ministry of Planning and Ministry of Health: CDHS 2005.

The Maternal Mortality Ratio (MMR) was 437 deaths for every 100,000 live births in 2000. It increased to 472 deaths for every 100,000 live births in 2005, but insignificantlydeclined to 461 deaths per 100,000 live births in 2008[10]. This means that among 1,000 live births five mothers died. In other words, the risk of dying among mothers is 1 in 50. High maternal mortality ratio was primarily due to hemorrhage, high blood pressure during pregnancy, and unsafe abortion (45 percent)[11].

The maternal mortality ratio in Cambodia is still high compared to that in other countries in the region. Increasing education and encouraging women to seek health care from professional health care providers may help reduce both infant mortality rate and maternal mortality ratio. Currently, less than one half of babies (44 percent) are born with the help of a health professional, while 22 percent of the deliveries occurs at a health facility. Birth spacing would also help reduce deaths because it increases womens' postratum period and time needs for helath care. Recently, about one-third (27 percent) of married persons are using modern family planning methods, such as condoms, pills and injection[12].

What can we do?

- Disseminating messages about the above topics and encouraging women to receive the messages
- Identifying target areas with high priority needs and vulnerable groups, including men, women, and youth.
- Promoting responsibility of men and women and their partners in activities realted to reproductive health at the household and community levels and insupport of family planning.
- Educating women and encouraging them to get health care services at health center during pregnancy and during and after delivery; as well as to take their infants for vaccination.
- Establishing adolescent-friendly reproductive health information and services in the community.
- Encouraging the provision of sexual health and reproductive health education in school curricula, and in out of school programmes.
- Assisting health centre staff in finding causes of mother death in the communities and, in collaboration with health personnel, conducting education sessions improving the knowledge and awareness of women and local people.

[10] Ministry of Planning: General Population Census of Cambodia 2008.
[11] Ministry of Planning and Ministry of Health: CDHS 2005.
[12] Ministry of Planning and Ministry of Health: CDHS 2005, Prelim Report.

- Promoting child nutrition programs, breast-feeding practices, health seeking and appropriate health seeking behavior.
- Encouraging people in rural areas to consume clean water and educating them on sanitations.
- Improving health care provider systems and encouraging women to deliver births with trained nurses or trained professionals.

6- Migration

Definition:
Migration refers to geographic movement of people across a specified boundary for the purpose of establishing a new permanent or semi-permanent residence.

Human movement between regions has affected the distribution of the population, its age and ethnic composition, and levels of regional income. Internal migration plays a major role in regional growth and decline of population.

Migration is increasing in almost every form: seasonal migration to supplement agricultural income, internal migration between rural areas (58 percent in 1998 and 51 percent in 2008), migration from rural to urban areas (27.53 percent), particularly migration to Phnom Penh, and international migration (particularly migration to Thailand). Migration is caused by change in workplace, family move, search for jobs, and marriage. Promoting development in rural areas, land reform and natural resources management are crucial to reduce migration[13].

Percentage of Migrants in Cambodia 1998 and 2008						
Internal Migration	**Both Sexes**		**Male**		**Female**	
	1998	**2008**	**1998**	**2008**	**1998**	**2008**
Rural – Rural	58.00	50.88	59.05	53.26	56.98	48.45
Rural – Urban	23.50	27.53	22.50	25.56	24.48	29.54
Urban – Rural	5.16	6.48	5.37	6.79	4.95	6.16
Urban – Urban	13.34	15.11	13.08	14.39	13.59	15.85
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: Ministry of Planning: General Population Census of Cambodia 2008

Even the majority of migrants in Cambodia migrate between rural areas, urban-ward migration is also high in volume. The net-migration to urban areas was about 30 percent of the total migration during 1998-2008[14]. In high urbanized areas, this figure is even higher due to seasonal migration, which is a very common form of migraiton in Cambodia. Some migrants move to work in the construction sites and factories of urban areas during the dry season. Most of these migrants move to the capital city of Phnom Penh. At present, urban areas in Cambodia are not ready for this kind of population growth, and high migration rate will have a major impact on the following:

[13] Ministry of Planning: General Population Census of Cambodia 2008.
[14] Ministry of Planning: General Population Census of Cambodia 2008.

- sustainability of economic development;
- infrastructure such as housing and road systems;
- maintenance of services such as health care and education; and
- environment in terms of water resources and pollution.

Youth and young adults are disproportionately represented among migrants. The highest proportion of migrant is observed in the 20-24 age group (about 13.09 percent of the migrants). The 15-19 age group represents 6.78 percent of the migrants, and the 10-14 age group represents only 5.80 percent.

Among female migrants in urban areas, the largest proportion is found among those aged 20-24 years old, which is 13.41 percent. The relatively high number of female migrants to Phnom Penh in recent years reflects rapid growing job opportunities in light manufacturing, especially garment factories. This has many implications, including increased vulnerability and isolation away from the family.

Among male migrants, those between the ages 20-24 account for the highest proportion, 12.78 percent. This group also accounts for the highest rural-urban migration, and are likely to work in trade, hotels, and restaurants, private households and manufacturing[15].

What can we do?

- Provide reliable sources of information for migrants, especially regarding agents, receiving locations, conditions of work, housing and services and other difficulties they might face.
- Improve new migrant access to health care, education, water and sanitation, protection and agricultural support and food
- Facilitate services to temporary residents: develop flexible social services and pro-poor schemes
- Support legal and skills training for migrants
- Monitor working conditions and ensure a safe environment for migrants.

7- Give identification cards to new migrants that have come to the village for increased safety**outh**

- Young people play a crucial role in shaping the country's future, especially

Definition:
- Adolescent: 10 – 19 years
- Young people: 10 – 24 years
- Youth: 15 – 24 years
(WHO/UNICEF 1998)

[15] Ministry of Planning: General Population Census of Cambodia 2008.

as Cambodia has a particularly young and rural (80 percent) population.

- Over half (61.1 percent) of the population of 13.4 million is younger than 24 year olds[16].

Health: Due to traditional culture, it is common that adults feel discomfort talking about reproductive health issues, but young people need more information, skills and services on their sexual and reproductive health. Eight percent of women ages 15-19 are mothers or are currently pregnant. The majority of births (78.2 percent) for women under ages 20 were also delivered at home or in non-medical facilities. Traditional birth attendants assisted with the majority of births (55.5 percent), while other 36.2 percent was assisted by trained midwives, 6.4% by doctors and 1.6% by nurses. Unmet contraceptive need is high for girls aged 15-19 (37 percent) and ages 20-24 (36 percent)[17].

Sexually Transmitted Infections (STIs) and HIV/AIDS: Youth of ages 15-24 years old were aware of HIV/AIDs: 98.3 percent among boys and 98.7 percenta mong girls[18]. Young people (76 percent) are aware of STIs. Less than 2% of youth reported ever having sex. Among them, 34 percent reported always using condoms, 32 percent never used them and 34 percent used them irregularly[19]. Young people who are in 'sweetheart' relationships may be at risk of contracting STIs and HIV/AIDS since many of them did not or irregularly used condoms due to the belief of being in a 'trusting' relationship.[20] Condoms should always be used, to prevent infection of STIs, HIV/AIDs and as a double protection against teen pregnancy.

Drug Use: Most drug experimentation begins by age 12. Over four times more youths in urban areas reported they have used drugs than in rural and remote areas, and among these five times more males than females use drugs. Drugs are much higher in urban areas. The drugs that are used commonly include amphetamines (yama), glue, spray, marijuana and heroin[21]. Some of the negative effects of drugs are addiction, high spending, risky behaviour when on drugs, anxiety when not using drugs, health effects on the body especially on the nervous system.

Alcohol Consumption: Fourteen percent of youth said they drink alcohol, and two out of three are male. Among young people who drink, most began drinking by the age of 12[22]. Negative effects are similar to those of drug use above. When addicted, they face high spending fo money, risky behaviour, and health effects such as liver cirrhosis.

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[16] Ministry of Planning: General Population Census of Cambodia 2008.
[17] Ministry of Planning and Ministry of Health: CDHS 2005.
[18] Ministry of Planning and Ministry of Health: CDHS 2005.
[19] Youth Risk Behaviour Survey 2004
[20] Youth Risk Behaviour Survey 2004
[21] Youth Risk Behaviour Survey 2004
[22] Youth Risk Behaviour Survey 2004

***Smoking*:** Five percent of youths have tried smoking, and most young smokers started smoking at the age of 15[23]. Most young smokers are boys. Half of smokers smoke every day, and one in four smokers has more than five cigarettes a day. There are more smokers in the rural areas, 23 percent compared to only 9 percent in Phnom Penh[24]. Negative effects of smoking mostly are health related, causing problems breathing, lung disease, lung cancer, and high blood pressure.

Employment: This age group of youth (15-24) entering the labor market increased from 1.13 million in 1998 to 1.74 million in 2008[25]. The total number of young people between ages 10-24 is estimated at 4.66 million and of this, 39.35 percent is employed. While youth often need to work, working at a young age has disadvantages due to not being able to attend school.

What should we do?

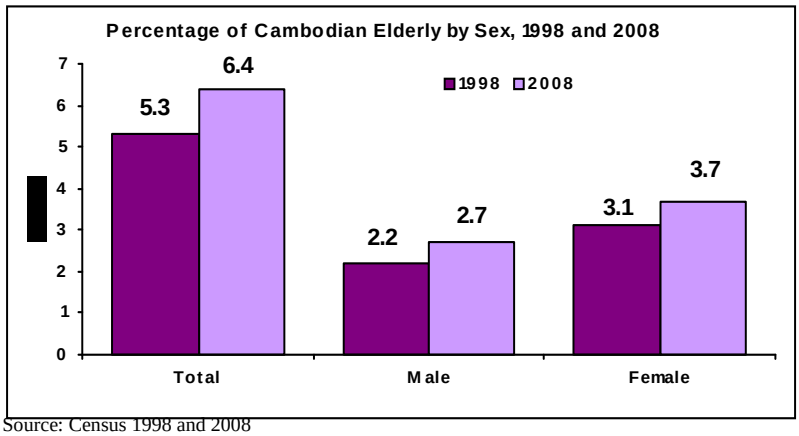
- Raise awareness on issues affecting youth such as HIV/AIDS, STIs, reproductive health services, education, and employment.
- Support initiatives for youth employment.
- Engage the community to support youth.
- Empower youths to claim their rights to education and other services.
- Be youth-friendly especially on sensitive topics such as reproductive health and drug abuse.
- Promote safe practices especially condom use and expand educational programs.
- Issue information on the negative effects of alcohol, smoking, and drug abuse.
- Support professional and vocational skills training for youth, e.g.: car and motorcycle repair.

[23] Youth Risk Behaviour Survey 2004
[24] CSES 2004
[25] Ministry of Planning: General Population Census of Cambodia 1998 and 2008.

8- Elderly

Definition:
Old people are people aged 60 and above.

The Cambodian elderly over 60 accounts for 6 percent of the population, where male elders account for 2.5 percent, and female elders 3.5percent [26].



Source: Census 1998 and 2008

Physical Impairment: Four percent of the older population aged 60 years old and above suffers from physical impairment[27]. Men are twice as likely to be impaired physically as women. The main cause of physical impairment in Cambodia for the elderly stems from illness (63 percent), followed by accidents (20 percent), birth defects (6 percent), landmines (6 percent) and road accidents (4 percent). Specifically, the elderly experience pain, weakness and back pain; and a large majority have difficulty in performing physical functions such as lifting and walking. The combination of these problems limits movement to comfortably conduct daily activities and subsequently result in the need for physical help.

Injury and Treatment: Abotu 16.7 percent of the elderly face illnesses or injuries of which 9.6 percent are moderate, 4.8 percent slight and 2.3 percent serious. In rate above, 87.7 percent sought at least one treatment for illness or injury, 21.7 percent for two treatments and 6.4 percent for three treatments per year at an average cost of US$26.60 for each.

Elderly Literacy: While there have been impressive gains in literacy in the overall population, statistics show that the older the population, the less education they have. There are all most two times literate people aged 15-24 more than aged 60 years and over[28].

Labour Force and Employment

Many elders are economically active. The proportion of

[26] Ministry of Planning: General Population Census of Cambodia 2008.
[27] CDHS 2000 and 2005.
[28] Ministry of Planning: General Population Census of Cambodia 1998 and 2008.

people aged 60 years old and over who still work is 55.4 percent in 1998 (71.3% among men and 44% among women) and 62.6 percent in 2008 (75.5 percent among men and 53.7 percent among women). The proportion of older people in urban areas who are still economically active is 38.1 percent in 1998 (57.2 percent among men and 25.9 percent among women) and 37.9 percent in 2008 (54.7 among men and 26.8 percent among women). The peoportion of the elderly in rural areas who are economicall active is 58.1 percent in 1998 (73.3 percent among men and 47 percent among women) and 67.7% in 2008 (79.6 percent among men and 59.4 percent among women)[29].

Adult Literacy Rates by Age Group and Sex, Cambodia 1998 and 2008

Age Group	1998			2008		
	Both Sexes	Male	Female	Both Sexes	Male	Female
Total 15+	**67.34**	**79.48**	**56.99**	**77.59**	**85.08**	**70.86**
15-24	76.32	81.85	71.07	87.47	89.38	85.53
25-34	73.38	81.49	66.00	78.82	84.04	73.83
35-44	66.67	77.99	57.78	76.62	83.70	70.20
45-54	63.69	83.79	49.01	71.17	81.17	63.54
55-59	47.54	76.69	25.65	70.21	85.06	59.67
60 +	33.18	62.20	12.34	52.10	76.20	35.45

Note: Percentage of literate persons is calculated after excluding literacy not reported.

What can we do?

- Promote social inclusion of all elderly (especially women and/or vulnerables in rural communities) and encourage them to take part in social development activities.
- Give special attention to the medical and health care needs of the elderly, including lower fee or subsidized care for the elderly that are disabled.
- Support training for health personnel and other individuals on how to care for elderly people in the community.
- Encourage physical education, sports, recreational and daily life skills activities in the communities and pagodas.
- Support tax relief and lower transportation fees for the elderly, and community based elderly associations.
- Support development of local social welfare services in community.Continue to create older people associations in villages and communes.

[29] Ministry of Planning: General Population Census of Cambodia 2008.