



Kingdom of Cambodia
Nation-Religion-King



**Cambodia Human Development
Report 1998**

**Women's contribution
to development**

Ministry of Planning

CAMBODIA

HUMAN

DEVELOPMENT

REPORT 1998

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FOREWORD

It gives me great pleasure to introduce the *Cambodia Human Development Report 1998*, which is the second in a series of national human development reports (NHDRs) to be published in Cambodia. Cambodia is among more than 100 countries throughout the world that have published national human development reports. These reports have been instrumental in championing the cause of human development and people-centered approach to national policy-making. The first NHDR for Cambodia -- *Cambodia Human Development Report 1997* -- was launched in Phnom Penh on Poverty Day last year (17 October 1997). The public response to this report was overwhelming. The report received wide and favorable coverage in the national and international media. The demand for the report from NGOs, government and donor agencies, and civil organizations was unprecedented. Nearly 1,500 copies of the report have so far been distributed in Cambodia, with nearly one-half of the copies being disseminated at the provincial and district levels. Several NGOs have reported using the report to train their field staff and community workers at the grassroots level. More importantly, the report has triggered a national dialogue on poverty and human development, which in the long run will define the issues and priorities for action.

Cambodia Human Development Report 1997 focused on poverty and human development. The theme of this year's NHDR is on women and gender -- the role and situation of women in Cambodian development and gender inequality in access to health, education, and consumption opportunities in the country.

Cambodia Human Development Report 1997 was a collaborative effort between the Royal Government of Cambodia and UNDP. The *Cambodia Human Development Report 1998* is the result of a nationally-executed project funded by UNDP and executed by the Ministry of Planning, Royal Government of Cambodia. The report is based on an extensive analysis of data from the Cambodia Socioeconomic Survey (CSES) 1997, which was undertaken last year by the National Institute of Statistics, Ministry of Planning, under the auspices of a Ministry of Planning/UNDP/World Bank project on 'Capacity Development for Socioeconomic Surveys and Planning.'

I would like to acknowledge the assistance of several agencies and individuals in bringing out the *Cambodia Human Development Report 1998*. First and foremost, the Ministry of Planning would like to thank UNDP for its many contributions, including providing technical assistance and funding to produce the report. We are particularly indebted to Mr. Paul Matthews, Resident Representative of UNDP-Cambodia, who was instrumental in setting up the NHDR initiative for Cambodia last year. We would also like to acknowledge the assistance of Ms. Kaarina Immonen, Assistant Resident Representative, for the guidance she provided in setting up a technical advisory group within the Ministry of Planning for the NHDR effort.

Second, I would like to acknowledge the technical assistance of our consultant, Dr. Anil Deolalikar, who helped us in the preparation of the report and in the consultation process with other line ministries, U.N. agencies and NGOs.

Third, I would like to thank the Technical Advisory Group established by the Ministry of Planning for the *Cambodia Human Development Report 1998*, comprising of H.E. Sang

Ryvannak, Mr. Jonas Lövkrona, Mr. Howard Jost, Ms. Hou Samith, Mr. Monh Sary, Mrs. Som Khemara, and Ms. Heang Siek Ly, for their guidance in making sure that the report reflects the various concerns and sectors of Cambodian society.

Fourth and finally, I would like to thank the National Institute of Statistics for successfully undertaking the CSES 1997 and making the data from this large and complicated survey available to us in a timely fashion.

I am confident that, like last year's report, the *Cambodia Human Development Report 1998* will initiate a national debate and dialogue on gender and women in Cambodia's human development. We need such a debate to formulate our development strategies and to define the issues and priorities for action.

Let me finally take this opportunity to reiterate the commitment of the Royal Government of Cambodia in continuing the fine work that UNDP started last year. The Ministry of Planning will strive to produce a Cambodia Human Development Report on a regular basis in the future.

Phnom Penh
October 1998

Suy Sem
Acting Minister of Planning
Royal Government of Cambodia

EXECUTIVE SUMMARY

A. Human Development and Gender Equality in Cambodia

The idea behind human development is that income or consumption is an essential ingredient in judging people's welfare, but that it is not the sole end or even a principal measure of that process. What is more important is for people to lead long and healthy lives, to acquire knowledge and to have access to resources needed for a decent standard of living.

In recent years, over 100 countries around the world have issued national human development reports with UNDP support. The national human development reports have played an important role in advocating the cause of human development and people-centered approach to national policy-making; in highlighting critical concerns, such as poverty or the rights of women and children, that may be of particular relevance in certain countries; and in focusing on intra-national equity in economic and human development (say, across geographical regions, gender and income groups).

This report is the second in a series of national human development reports planned for Cambodia. Whereas the theme of the first Cambodia HDR, prepared in 1997, was poverty, the current HDR focuses on gender -- the situation of women and gender equality in access to health, education and consumption.

The Human Development Index (HDI), proposed by UNDP, is one of several means of measuring the status of human development in a country. The HDI is a composite measure of longevity, educational attainment, and standard of living. The Gender-related Development Index (GDI) is similar to the HDI but additionally takes into account the gender inequality in life expectancy, educational attainment, and standard of living. A third indicator of human development proposed by UNDP is the Gender Empowerment Measure (GEM), which is a measure of the relative participation of women and men in political and economic spheres of activity. A final indicator of human development proposed by UNDP is the Human Poverty Index (HPI), which measures deprivation in three essential elements of human life -- longevity, knowledge and a decent standard of living.

The HDI score for Cambodia is estimated at 0.421.¹ Although this is among the lowest HDI scores of any country in Asia, it is about the level that would be expected for a country at Cambodia's level of per capita GDP. Cambodia's GDI score (viz., 0.427) is very similar to its HDI score. The reason for the near similarity of the HDI and GDI scores is that Cambodian women have a large advantage over Cambodian men in terms of average life expectancy, and this advantage counterbalances the significantly greater achievement of Cambodian men relative to Cambodian women in literacy and schooling attainment.

¹There are small discrepancies between the HDI, GDI and HPI scores reported for Cambodia by the global *Human Development Report 1998* (UNDP, 1998) and those calculated in this report. The discrepancies may be related to the fact that the figures reported in UNDP (1998) are for 1995, while those calculated in this report are for 1997. No GEM score has been reported for Cambodia by UNDP (1998).

Cambodia's GEM score (0.283) is also among the lowest in Asia, reflecting the fact that, although women's participation in the labor force is high in Cambodia, their representation in legislative, management and professional occupations is low. For instance, there are only 7 female members of Parliament out of a total of 122 legislators, even though women constituted 56 per cent of registered voters and 58 per cent of actual voters in the 1993 elections.

Cambodia's score of 42.53 on the Human Poverty Index (HPI) is not only among the highest in Asia, but is also high in relation to Cambodia's per capita income. This reflects the high levels of mortality and child malnutrition and the poor availability of public services in the country.

There are large disparities within the country in these human development indicators. For instance, the HDI score for urban Cambodia is nearly 50 per cent greater than that for rural Cambodia. The richest 20 per cent of Cambodians have an HDI score that is nearly two and one-half times as much as that of the poorest 20 per cent of Cambodians. Women have a nearly 30 per cent higher level of human poverty than do men.

B. Cultural and Legal Context

Traditionally, Cambodian women have enjoyed a higher social status than women in cultures such as China or India because of Khmer kinship structures. Khmer kinship is bilateral; in other words, it is traced through both parents. Indeed, there is a traditional preference in Khmer society for young couples to take up residence with the parents of the wife after the wedding. This means that Cambodian women have the protection and support of their kinsmen even after they are married. In addition, it is common for women to take care of their parents in old age in Khmer society, unlike as in the Chinese or Indian culture. As a result, a daughter is of economic value to parents, and one does not find the same degree of parental discrimination against daughters as one finds in other parts of Asia.

However, as in all cultures, there is a difference between traditional norms and social realities in Cambodia. It would be incorrect to conclude that there is no discrimination against women in Cambodian society because of Khmer kinship structures. Some researchers have argued that the social status of women in modern-day Cambodia has fallen with the 'surplus' of women in the country's population -- a demographic imbalance created by the higher mortality of males relative to females from Cambodia's three decades of civil strife and conflict.

The constitution of Cambodia has progressive legal provisions with respect to the rights of women. In addition, the National Assembly has drafted or ratified several new laws relating to women's rights in recent years, such as the Law on Abortion, Law on Domestic Violence, and Law on Trafficking. However, since the Cambodian legal system is very weak, the implementation and enforcement of laws is problematic. As in many other countries, the court system often tends to favor men over women in court judgements, especially relating to divorce, since men tend to have the financial and legal resources to influence judgements, while women are less likely to be literate and know the law and be more susceptible to intimidation and threats.

C. Women in Decision-Making Positions

As in other countries, Cambodian women are poorly represented in the high levels of politics and administration. For instance, in the outgoing Parliament (due to be changed in late September 1998), there are only 7 female members out of a total of 122 legislators, even though women constituted 56 per cent of registered voters and 58 per cent of actual voters in the 1993 elections. As of September 1998, there are no women of ministerial rank in the government, no female provincial governors, and no secretaries of state in any ministry. Female representation in the judicial system is also very low. Of the 110 judges in Cambodia, only eight are women. Of the 40 prosecutors, none is a woman.

Household survey data from 1997 indicate that women's representation in administrative, managerial and professional positions is better than in legislative positions, even though it is very low in relation to their representation in the population or in the labor force. Approximately 13 per cent of all administrative and managerial positions in Cambodia, and 28 per cent of professional and technical positions, are held by women.

D. Schooling and Education

An area in which Cambodian women are significantly at disadvantage with respect to men is literacy. Adult literacy rates are significantly higher for men (79 per cent) than for women (55 per cent). The gender difference in adult literacy is smaller in the urban areas than in the rural areas, reflecting more equality of schooling opportunities in urban centers and different parental perceptions regarding girls' education. Surprisingly, while the gender disparity in literacy is greatest among the poorest Cambodians, it is not insignificant (at about 30 per cent) even among the richest 20 per cent of the Cambodian population. This suggests that female illiteracy is not entirely related to poverty, but has an important cultural dimension.

Cambodian boys and girls start on an equal footing in school. They have roughly similar school enrollment rates up until age 10, but girls start falling behind boys in school enrollment after that age. By age 15, male enrollment is 50 per cent greater than that of girls, and by age 18 male enrollment rates are nearly three times as large as female enrollment rates.

The lower enrollment rate of girls occurs not because parents never send them to school but because parents pull them out of school after a few years. Girls have significantly higher dropout rates than boys after Grade 4. Nearly a half of all female pupils enrolled in Grade 9 -- the last year of lower secondary school -- drop out of school after completing that year. Grade 5 (which Cambodian children typically reach when they are 12 years old) is another grade which sees a very high drop-out rate for girls.

The evidence suggests that, although girls are more likely to drop out of school than boys, those that remain in school perform better than boys. Rates of grade repetition, which is endemic in Cambodia, are higher for boys than for girls. In addition, female pupils score slightly higher marks in school examinations than male pupils. Of course, the superior performance of enrolled female relative to male students could simply reflect a selection process at work, whereby parents pull their daughters out of school if they perform poorly on examinations or do not progress on to the next grade but are willing to give their sons a second chance.

Why are girls less likely to attend school than boys? Household survey data suggest that household chores and market work are the main reasons why parents pull their children out of school. More than 60 per cent of children dropping out of school indicate one of these two reasons for discontinuing their schooling. Data on activity status confirm this reason. While a larger percentage of adult men than women report being economically active, the pattern is reversed at ages 12-21 years. In this age group, girls are consistently more likely to work than boys.

Another important reason for not sending girls to secondary school has to do with access. Few villages in Cambodia have secondary schools, so attending secondary school typically means traveling long distances or staying away from home. While boys have traditionally had the option of staying in *wats* to pursue their education away from home, no such avenues are open to girls. Few, if any, schools provide separate dormitory accommodation for girls. Parents are reluctant, therefore, to send their daughters for secondary schooling away from home for fear of their safety. This fear has heightened in recent years with so many cases of girls getting abducted for trafficking and prostitution.

Survey data clearly show that the gap between male and female enrollment rates is much smaller in households where the mothers are themselves educated. While women with primary and post-primary schooling are much more likely than those with no schooling to send both their sons and daughters to school, what is interesting is that the *gender disparity in child enrollment* rates declines significantly with mother's schooling. This is especially true at the lower and upper secondary levels. Thus, better-educated mothers are much more likely than mothers with no education to emphasize equal schooling opportunities for their boys and girls.

One possible reason for the lower school enrollment of girls is the perception among parents that female schooling has lower or zero pecuniary returns in comparison to male schooling. Data on individual wages and schooling have been used here to estimate the pecuniary returns (in the form of wage premium) to each completed level of schooling. The empirical results clearly show that women enjoy higher economic returns to schooling than men. For instance, men with primary schooling earn 10 per cent more in annual wages than men with no schooling. However, women with primary schooling earn 32 per cent more than women with no schooling. The wage premium to upper and post-secondary schooling (over no schooling) is 42 per cent for men but as large as 80 per cent for women.

What could account for the large gender differences in the economic returns to schooling? The higher observed returns to schooling for women may be related to selection. The rate at which women are selected out of the paid labor force means that, at higher education levels, earners are more heavily selected towards the more talented. Of course, this means that if, in the long run, large numbers of women acquire secondary education and enter the paid labor force, they may not necessarily enjoy larger marginal returns to schooling than men. However, in the short run, women's education is likely to carry higher returns and productivity gains than men's education.

E. Work and Employment Patterns of Men and Women

Women constitute 53 per cent of the adult labor force (aged 15 years and above) in Cambodia -- more than in any other Southeast Asian country. Cambodian women are economically more active than men at younger ages (i.e., 12-21 years). However, beyond that age, men are significantly more economically active. Yet 75 per cent of women between the ages of 30 and 49 years -- the peak working years -- are economically active.

The vast majority of economically-active men and women in Cambodia are farmers or fishermen. Women are much more likely than men to be service workers, which, in the Cambodian context, primarily means shopkeepers, traders and small business owners. In the age group 40-49 years, nearly 15 per cent of all economically-active women -- but only 7 per cent of men -- are service workers.

Cambodian women are much more likely than men to be self-employed. Only 3.9 per cent of economically-active women, but 14 per cent of men, work for the government and for state-owned enterprises. This means that only a fifth (21 per cent) of all government and state enterprise workers are female. In contrast, 36 per cent of employees in the private sector are female. The private sector thus appears to be doing a much better job than the public sector at hiring women. This is in contrast to the situation in earlier times when Cambodian women played a particularly important role in the public work force, because of the higher death rate among males and because many men were away as soldiers.

One manufacturing industry which employs women in large numbers in Cambodia is the garment industry, which saw rapid growth after Cambodia adopted market-oriented economic reforms in 1993. Nearly 90 percent of the workers in the garment industry, which is by far the largest employer in Cambodia's emerging industrial sector, are women.

The data on economic activity do not fully reveal the true workload of women. As in other countries in Asia, Cambodian women do most of the domestic work with help from their daughters and tend the animals and vegetables on the house plot.

Despite their high rates of economic activity, the data show that, in most major occupations, the earnings of Cambodian men are greater than those of Cambodian women by about 50 per cent. The difference varies from a low of 16 per cent for "craft and related trades" workers to a high of 84 per cent for "plant and machine operators and assemblers." Even when monthly earnings data for men and women in the same age and educational groups are compared, the wage differences continue to persist. On average, male earnings are 33 per cent higher than female earnings after controlling for experience (as represented by an individual's age) and education.

The inescapable conclusion, therefore, is that there is substantial wage discrimination against women in the Cambodian labor markets. It is extremely likely that there is substantial non-wage discrimination as well in the labor markets.

One type of work that is not reflected in the survey data and in which women participate in large numbers, often at great risk to themselves, is prostitution. Although precise estimates are hard to come by, the number of commercial sex workers (CSWs) has increased dramatically in the last 8 years. It is estimated that there are over 14,000 CSWs throughout the country.

Particularly worrisome is the high incidence of child prostitution in the country. Surveys show that 35 per cent of CSWs in Phnom Penh brothels are under 18 years of age, with some prostitutes being as young as 10 or 12 years old. The greatest part of the trafficking for commercial sexual exploitation takes place within the country, but a large number of Cambodian children are also trafficked into Thailand and many Vietnamese young girls are trafficked into Cambodia.

F. Male and Female Nutrition and Health

Cambodia has very high rates of child malnutrition, with nearly one-half of all children under 5 years of age being moderately and severely underweight. However, unlike other low-income countries (such as those in South Asia), there is little parental discrimination in Cambodia against female children in the allocation of food, resulting in few gender differences in nutritional outcomes. Indeed, if anything, household survey data indicate that rates of moderate and severe malnutrition are slightly lower among female children than among male children, especially in the rural areas of the country. Interestingly, the gender disparity in child malnutrition favoring girls is not limited to the poor, but is present among all economic groups. This suggests that there probably are cultural aspects to child malnutrition in Cambodia that cannot be explained by living standards alone.

Average life expectancy at birth in Cambodia has been estimated at 54.4 years -- 50.3 years for men and 58.6 for women. The difference of 8.3 years in life expectancy between males and females is large, although not unprecedented. It arises in part from the greater mortality of men from the civil strife and conflict that have plagued Cambodia for the last three decades. In addition, a part of the difference can be attributed to the systematic underestimation of female relative to male infant mortality rates, which in turn was caused by the under-reporting of female relative to male deaths in the Demographic Survey of Cambodia

Survey data on morbidity and treatment show few gender differences in the prevalence of illness or in the response to illness. Controlling for age, males and females have roughly similar illness rates. Roughly similar percentages of men and women experiencing illness episodes seek treatment. And Cambodian men and women do not differ in their choice of health providers, nor in the amount they typically spend on a health visit.

Cambodian women are at particularly high risk of suffering from reproductive health problems. In Cambodia, the main reproductive health problem is the very high maternal mortality rate (estimated at about 500 deaths per 100,000 live birth), arising from poor access to and utilization of maternal health services, low-quality health facilities, and insufficient access to birth-spacing information, supplies and services. The poor availability of birth-spacing services has resulted in the popularity of the practice of induced abortion, the incidence of which is high. It is estimated that 2,000 Cambodian women die each year of childbirth-related causes, and another 200,000 have their health seriously and adversely affected due to pregnancy- and delivery-related complications.

Sexually-transmitted diseases (STDs) pose another reproductive health risk that affects Cambodian women. The incidence of STDs has been growing in Cambodia, and the rate of HIV infection has been increasing at an alarming rate. Cambodia now ranks with Thailand and

Myanmar as having the most severe HIV epidemic in Asia. What is particularly worrying is that infection rates are highest among the young adult age groups. At current rates, the cumulative number of AIDS cases by the year 2000 could be about 25,000. This will place an increasing burden on the health-care system.

G. Poverty and Consumption

Poverty is endemic in Cambodia, with the most recent estimate of poverty indicating that 36 per cent of the Cambodian population lives below the poverty line. While this represents an improvement over the situation in 1993-94, when 39 per cent of the Cambodian population was poor, the decline in poverty is extremely modest, considering that the economy grew, in real terms, by 4 per cent in 1994, 7.6 per cent in 1995, and 6.5 per cent in 1996.

It is generally believed that female-headed households² are worse off in terms of their living standards than male-headed households. However, in Cambodia, the incidence of poverty is somewhat higher among male-headed households (37 per cent) than among female-headed households (33 per cent). One possible explanation is that the average age of female heads of households (50.1 years) is higher than that of male heads of household (42.3 years), and that the incidence of poverty in Cambodia typically declines with the age of the head of household beyond age 35-39 years. Another explanation for the lower rate of poverty among female-headed households may lie in their smaller (demographic) dependency burden -- a consequence of truncation in fertility of the female head owing to her husband's death or absence from home.

However, survey data indicate that individuals living in female-headed households are at a disadvantage over those living in male-headed households *in the urban areas of the country*. Even in these areas, it is individuals living in households where the female head is aged 56 years and over who are most disadvantaged in terms of living standards.

Why are female-headed households in the urban areas at high risk of poverty? The probable answer is that extended (or joint) households are more common in the rural areas, and there are often multiple male earners (such as sons, sons-in-law, brothers-in-law, and other younger male relatives) who are present in a rural female-headed household and make up for the income loss associated with a missing male head. However, in the urban areas, female-headed households, especially where the female head is old (i.e., older than 55 years of age), often do not have the additional male earners to make up for the income loss associated with an absent male head.

It is important to remember, however, that most females are not heads of household nor do most females live in female-headed households (only 21 per cent do). It is therefore important to know how consumption is allocated to males and females within both male- and female-headed households. Based on regression analysis of survey data on household consumption expenditure and household demographic composition, we have attempted to infer the allocation of consumption goods within the household to different demographic groups (such as female

²One outcome of the protracted conflict in Cambodia has been a high rate of female headship of households. Overall, a quarter of Cambodian households are headed by women.

infants, male children aged 5-15 years, elderly females, etc.). This analysis indicates that, while there is little discrimination against female infants and children in the intra-household allocation of *staple foods* (such as rice), adult males aged 15 years and over receive larger allocations of staple foods than adult women (with the exception of males aged 45-59 years who receive less). However, these consumption differences may not entirely reflect household discrimination against women, since men aged 15-44 years typically have greater nutritional requirements owing to their larger body size and more physically-demanding occupations. But, at the same time, it is important to remember that many women in this age group also have greater nutritional needs owing to pregnancy and lactation.

There is, however, a distinct pattern of males receiving significantly larger allocations of *discretionary food items*, such as meat and eggs. It is unlikely that these larger allocations are related to the greater food requirements of men. The empirical results also suggest that males above the age of 25 years make significantly greater demands than adult females on the household budget on clothing.

Thus, even if the evidence is ambiguous on whether females receive smaller allocations of essential consumption goods (such as rice) in relation to their nutritional requirements, it is clear in demonstrating that men are favored over females in the intra-household allocation of discretionary foods, such as meat, and nonfood items, such as clothing.

H. Domestic Violence

As in other countries, violence directed against women within the household is a serious problem in Cambodia. Because of the shame and fear involved, it is also rarely reported, with the result that there are no accurate statistics on the prevalence of domestic violence. A household survey conducted in Phnom Penh and six provinces in 1995-96 found that 16 per cent of all women surveyed reported being physically abused by their husbands. One-half of these women reported sustaining injuries as a result of this abuse.

Not surprisingly, the survey found that women who resided with their blood relatives were significantly less prone to domestic violence than women who did not live in the same household as their parents. Proximity to parents thus acts as an insurance against spousal abuse for a married daughter. Education of a woman beyond the primary level was observed to significantly reduce the probability of her being abused by her husband.

The problem of domestic violence is not restricted to adult women. Children are often the victims of domestic violence by both their fathers and mothers. In the same survey, 67.5 per cent of all adult respondents believed that they ought to hit their children as a disciplinary measure. Not surprisingly, 92.4 per cent of women who were themselves physically abused by their husbands felt that it was all right to use physical force against their children to discipline them.

I. Concluding Remarks

While the general finding in this report is that Cambodia's level of human and gender-related development is roughly comparable to its per capita income level, there is no reason to

be complacent about the human development situation in the country. The experience of other countries in the region has shown that economic growth alone does not automatically generate human development. All the countries in Asia that have impressive human development indicators, such as Sri Lanka, China, Philippines and Thailand, have undertaken direct policy interventions during the last 2-3 decades to reduce child malnutrition and mortality and to improve schooling and literacy. Indeed, Sri Lanka and the Philippines have managed to achieve impressive human development outcomes even without strong economic growth. This suggests that there is considerable room for Cambodia to improve its human development situation in spite of its low level of per capita GDP.

The evidence surveyed in this report suggests that, despite their lower rates of school enrollment, Cambodian women enjoy higher economic returns to schooling than men. This means that the low rates of enrollment of women in Cambodia not only deprive women of the right to expand their capabilities, they also deprive society of the valuable economic contributions they could have made.

There are many reasons why Cambodian parents send fewer girls than boys to secondary school: poor access to schools, safety and security of girls, high opportunity cost of girls' time, and a parental perception that female education is not as important as male education. Given these reasons, increasing the number of secondary schools -- and thereby reducing the average distance that pupils have to travel to attend school -- is probably a *necessary* condition for expanding female enrollments at the secondary level. However, increasing the number of secondary schools is unlikely to be *sufficient* to expand female enrollments, as girls are often needed at home to help in household chores, to look after younger siblings, and to tend after the family plot and animals.

The problem of low secondary school enrollment rates for girls is not unique to Cambodia. Many other developing countries have experimented with new and innovative approaches to encourage girls to attend and stay in school, such as establishing female teacher training schools in rural Tanzania, educating girls at night in India, and providing scholarships to girls in Guatemala and Bangladesh. These interventions are all based on the premise that unless the opportunity cost of girls' schooling is lowered for poor households, parents will be reluctant to release their daughters from their household and work responsibilities to attend school.

The labor market is another area where Cambodian women face discrimination. Women make a very important contribution to the Cambodian economy. Yet there is compelling evidence that women in Cambodia are paid significantly less in wages than men for the same type of work. Women earn 30-40 per cent less in wages than men with the comparable qualifications. While wage discrimination is observed in most countries of the world, including the industrial economies, all the governments participating in the Fourth World Conference on Women in Beijing in 1995 made a commitment to strive "... to eliminate occupational segregation and all forms of employment discrimination."

An important concern in Cambodia is the high risk of reproductive health problems that women face. Cambodia has one of the highest maternal mortality rates in Asia. In addition, a large number of women experience adverse health problems, many of them resulting in lifelong

disability, due to pregnancy- and delivery-related complications. The poor quality and inadequate provision of health services, mainly maternal and child health services, is an important contributing factor to the problem of poor reproductive health among women. While there are many reasons for the poor quality and quantity of health services in the country, the fact that the national health budget constitutes only 5 per cent of the total government budget and 0.5 per cent of GDP constrains the ability to provide quality health services to the population. There is little doubt that Cambodian women will benefit greatly -- perhaps even disproportionately -- from greater public spending on health and improved health services.

Prostitution and trafficking are two social problems relating to women that have become very serious in Cambodia in recent years. Prostitution and trafficking violate the basic human rights of women and children, and prevent them from enjoying lives of economic, social and spiritual freedom. Additionally, with the rapid rise in the incidence of HIV/AIDS in Cambodia, women and children involved in commercial sex face the prospect of a life of suffering and early death.

Unfortunately, eliminating prostitution is an extremely challenging and difficult task, as poverty is an important -- perhaps root -- cause of prostitution. As long as poverty is widespread in Cambodia, there will be a strong incentive for impoverished women and children to go into prostitution and for destitute parents to sell their daughters and sons into prostitution. In the long run, therefore, economic development and poverty alleviation will be the most effective means of addressing the problem. In the short run, more effective enforcement of laws on trafficking and rehabilitation of women and children CSWs in other gainful employment activities will be needed.

In conclusion, it needs to be pointed out that Cambodia has made considerable progress in recent years in drafting and passing legislation protecting women's rights. For example, new laws on trafficking, domestic violence, and abortions have been either proposed or ratified in the last year. The Labor Code of 1997 offers special protection to working women. Ultimately, however, it is the enforcement of laws that determines the actual status of women in a society. The machinery for law enforcement is weak in Cambodia, with there being very few trained lawyers and with judges, prosecutors and the police being greatly underpaid (like all civil servants). The strengthening of the court system and the legal enforcement system in the country would markedly further the cause of women's rights in Cambodia.

I. HUMAN DEVELOPMENT AND GENDER EQUALITY IN CAMBODIA

A. The Concept of Human Development

The idea behind human development is that income or consumption is an essential ingredient in judging people's welfare, but that it is not the sole end or even a principal measure of that process. The first Human Development Report (HDR), brought out by UNDP in 1990, made this point clear in its original definition of human development:

“Human development is a process of enlarging people's choices. In principle, these choices can be infinite and change over time. But at all levels of development, the three essential ones are for people to lead a long and healthy life, to acquire knowledge and to have access to resources needed for a decent standard of living. If these choices are not available, many other opportunities remain inaccessible” (UNDP, 1990).

The concept of human development differs in an important respect from that of human *resource* development. While the latter views the expansion of people's capabilities largely as a human capital input into increased production and income, the former views the expansion of human capabilities as both the instrument as well as the goal of development.

In recent years, over 100 countries around the world have issued national human development reports with UNDP support. The national human development reports have played an important role in advocating the cause of human development and people-centered approach to national policy-making; in highlighting critical concerns, such as poverty or the rights of women and children, that may be of particular relevance in certain countries; and in focusing on intra-national equity in economic and human development (say, across geographical regions, gender and income groups). In most countries, the national human development reports have triggered an extensive policy dialogue and debate on the interrelationship between economic, social and human development.

This is the second in a series of national human development reports planned for Cambodia. The theme of the first Cambodia HDR, prepared in 1997, was poverty -- the magnitude of poverty, distribution of poverty across regions, socioeconomic profile of the poor, and the causes, consequences and manifestations of poverty in Cambodia. The current HDR focuses on gender -- the situation of women and gender equality in access to health, education and consumption. An important aspect of human development is that all groups within a country -- ethnic and religious minorities, men and women, rural and urban residents, the young and the old, the poor and the rich -- should share the benefits of improvements in the quality of life. In

addition, the social, political, economic and human rights of all individuals should be protected and respected.

Throughout the world, women are at a disadvantage with respect to men. For many women, discrimination begins at an early age, as their parents discriminate against them in the intra-household allocation of resources and schooling opportunities. In adulthood, women face discrimination in the labor market, often receiving lower wages than men for the same work. The total workload of women -- in market as well as home production activities -- is often considerably greater than that of men. In many countries, women do not receive the same access to health care as men when they are sick. Studies from a large number

of developing countries have also shown that women and persons residing in female-headed households are often at the greatest risk of poverty (although, as discussed later, this is not the case in Cambodia). In old age, women, especially widows, in many cultures have very low social status and are poorly treated not only by society but by their families as well.

Box 1: The Beijing Declaration

The Fourth World Conference on Women, held in Beijing in 1995, reaffirmed the fundamental principle adopted by the World Conference on Human Rights that the human rights of women and of the girl child are "... an inalienable, integral and indivisible part of all human rights and fundamental freedoms." To this end, in the Beijing Declaration, participating governments made commitments to promote women's empowerment and their full participation on the basis of equality in all spheres of activity, including participation in the decision-making process and access to power; to strive for equal rights, opportunities and access to resources for women; to work toward elimination of all forms of discrimination against women and the girl child and remove all obstacles to gender equality; to take integrated measures to prevent and eliminate violence against women, including elimination of trafficking in women (United Nations, 1996).

B. Measuring Human Development

The Human Development Index (HDI), proposed by UNDP, is one of several means of measuring the status of human development in a country. The HDI is a composite measure of longevity, as measured by average life expectancy at birth; educational attainment, as measured by a combination of adult literacy (two-thirds weight) and combined primary, secondary and tertiary enrollment ratios (one-third weight); and standard of living, as measured by real GDP per capita (expressed in purchasing power parity-adjusted exchange rates). Each component is scored on a scale of 0 to 1, and the HDI is a simple average of the individual component scores. Thus, the HDI can vary from a low of 0 (indicating an extremely low level of human development) to a high of 1 (indicating a very high level of human development). However, in practice, the index ranges from 0.185 (for Sierra Leone) to 0.960 (for Canada) (UNDP, 1998).

The Gender-Related Development Index (GDI) is similar to the HDI but additionally takes into account gender inequalities in life expectancy, educational attainment, and standard

of living. A country that has high average levels of life expectancy, educational attainment and living standards but also has large gender disparities in these indicators will have a GDI score that is smaller than its HDI score.

The Gender Empowerment Measure (GEM), also proposed by UNDP, is a measure of the relative participation of women and men in political and economic spheres of activity. It is a composite measure of the representation of women in legislative (parliament) bodies, in administration and management, and in the technical-professional field relative to their representation in the general population. In addition, the GEM includes a measure of income, but (like the GDI) discounts real per capita GDP on the basis of the relative disparity in the male and female shares of earned income.

A final indicator of human development proposed by UNDP is the Human Poverty Index (HPI), which measures deprivation in three essential elements of human life -- longevity, knowledge and a decent standard of living. It is a composite measure of the percentages of people who are not expected to survive to age 40, who are illiterate, and who have no access to safe water and health services, as well as the percentage of moderately and severely underweight children under 5 years of age.

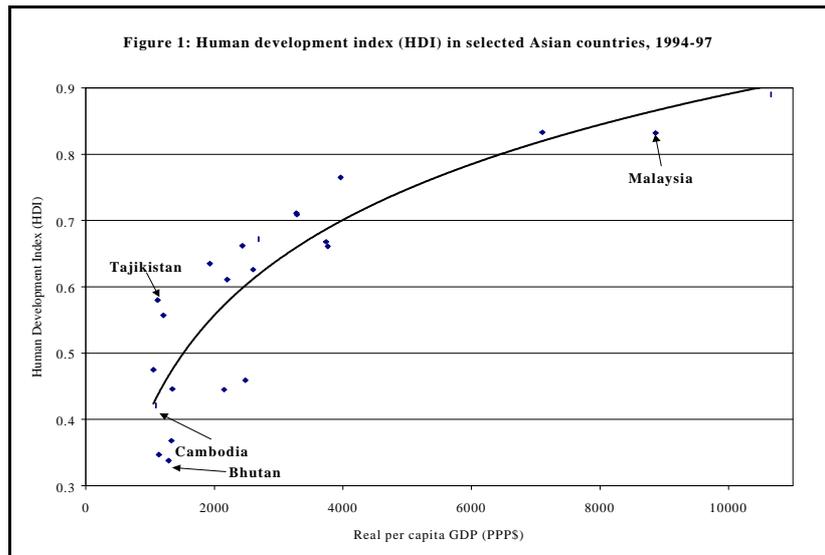
C. Human Development in Cambodia

The HDI score for Cambodia, using the most recent household survey data from the Demographic Survey of Cambodia 1996 and the Cambodia Socioeconomic Survey (CSES) 1997,³ is 0.421.⁴ This is one of the lowest HDI scores in Asia.

³See the Appendix for a description of the CSES data used throughout this report.

⁴There are small discrepancies between the HDI, GDI and HPI scores reported for Cambodia by the global *Human Development Report 1998* (UNDP, 1998) and those calculated in this report. The discrepancies may be related to the fact that the figures reported in UNDP (1998) are for 1995, while those calculated in this report are for 1997. No GEM score is reported for Cambodia by UNDP (1998).

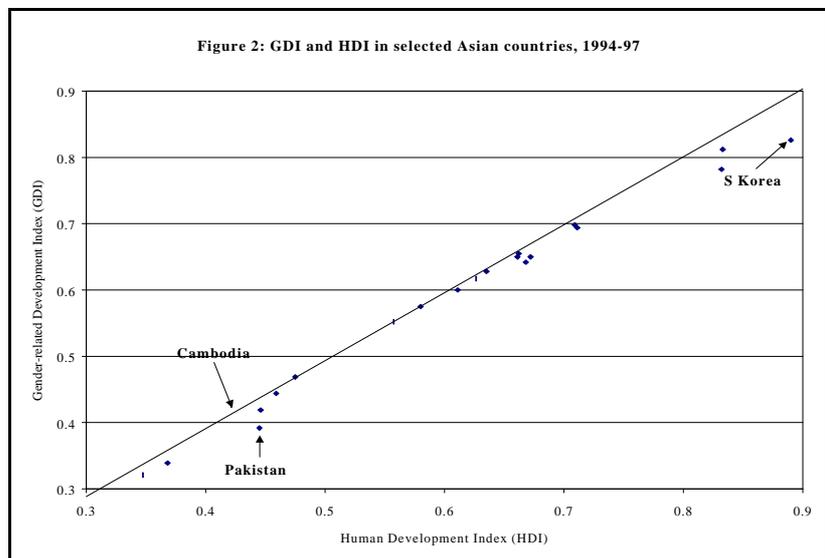
Cambodia's low HDI score is not surprising in view of the fact that it is one of the poorest countries in Asia (and in the world). Indeed, as Figure 1 suggests, Cambodia's HDI is exactly what one would expect, based on the relationship between HDI and real per capita GDP observed among 23 countries in Asia. The HDI estimated by the first Cambodia Human Development



Source: UNDP (1997a) and CSES (1997).

Report was 0.427. The difference between the HDI estimates for 1996 and 1997 is negligible (and attributable to statistical rounding and errors), and essentially suggests that the HDI has not changed appreciably between 1996 and 1997.⁵

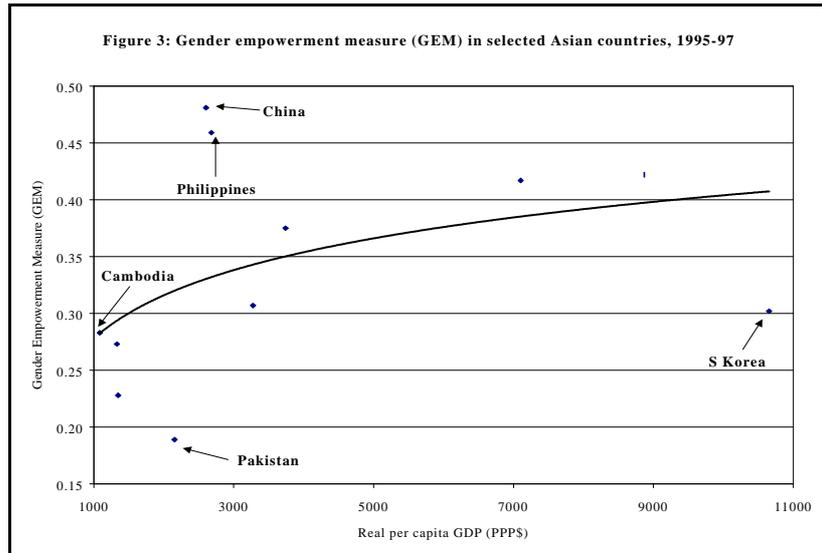
As is observed in Figure 2, the GDI scores for most countries in Asia are lower than their HDI scores. For the most part, the difference is only slight, but it is relatively large for some countries such as Pakistan, Bangladesh, Nepal and South Korea. What is surprising, however, is that Cambodia is the only country among the 21 Asian countries considered here whose GDI score of 0.427 is greater (albeit only slightly) than its HDI score. The reason for the near similarity of the HDI and GDI scores is that Cambodian women have a large advantage over Cambodian men in



Source: UNDP (1997a) and CSES (1997).

⁵Since two components of the HDI -- life expectancy and literacy -- are *stock* variables, the HDI is a relatively stable indicator that is unlikely to change significantly from year to year.

average life expectancy, and this advantage counterbalances the significantly greater achievement of Cambodian men relative to women in literacy and schooling attainment. In most other Asian countries, but particularly in countries such as Pakistan and South Korea, women have significantly lower levels of HDI achievement than men, which results in these countries having GDI scores that are lower than their HDI scores.

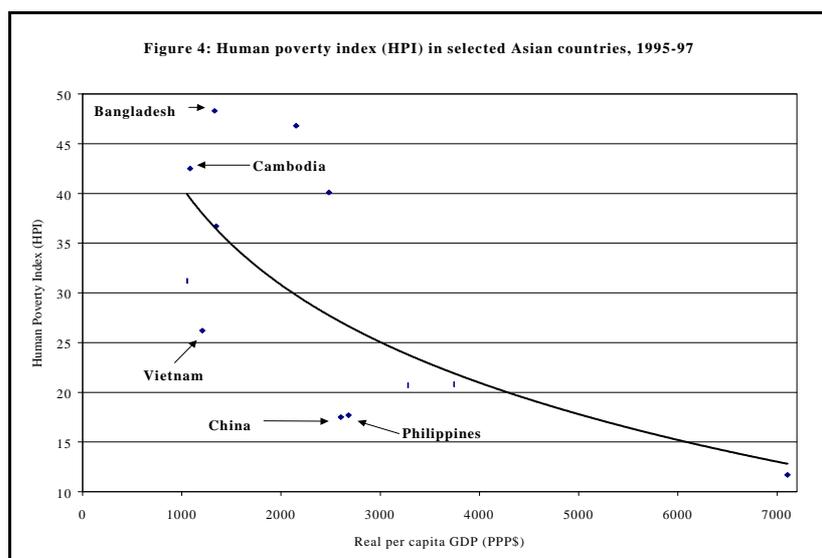


Source: UNDP (1997a) and CSES (1997).

Figure 3 suggests that, unlike the case of the HDI and the GDI, the Gender Empowerment Measure (GEM) is not strongly correlated with real per capita GDP across Asian countries. Cambodia's GEM score is among the lowest in Asia, with the exception of India, Pakistan and Bangladesh. The reason for this is that, although women's participation in the labor force is high in Cambodia, their representation in legislative, management and professional occupations is low.

Although Cambodia's GEM score is among the lowest in Asia in absolute terms, Figure 3 suggests that it is not unusually low *in relation to its real per capita GDP* (unlike the case of India, Pakistan, Bangladesh and South Korea, whose GEM scores are unusually low relative to their real per capita GDPs).

Finally, as would be expected given the high levels of mortality and child malnutrition and the poor availability of public ser-



Source: UNDP (1997a) and CSES (1997).

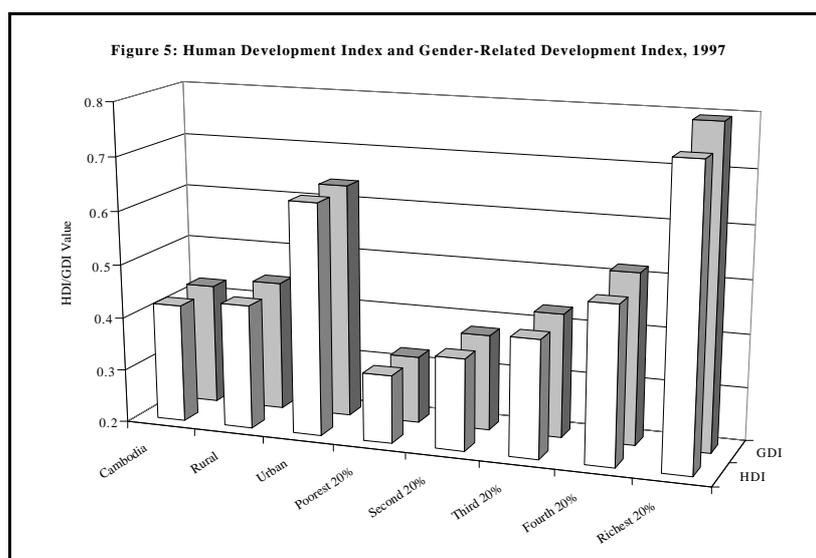
vinces, Cambodia has a high Human Poverty Index (HPI) in relation to other Asian countries. As in the case of the GEM, only two countries – Pakistan and Bangladesh – have higher HPI scores than Cambodia. Indeed, this is the only measure of the four considered here where Cambodia’s performance is worse than would be expected given its real per capita GDP (Figure 4).

In summary, there is little doubt that Cambodia has some of the worst human development indicators in Asia. However, in view of the facts that Cambodia is one of the poorest countries in the world and that there is a strong correlation between human development and real GDP per capita, Cambodia’s poor performance on human development should not come as a major surprise. There is, however, no reason for complacency on Cambodia’s human development situation. The experience of other countries in the region has shown that economic growth alone does not automatically generate human development. All the countries in Asia that have impressive human development indicators, such as Sri Lanka, China, Philippines and Thailand, have undertaken direct policy interventions during the last 2-3 decades to reduce child malnutrition and mortality and to improve schooling and literacy. Indeed, Sri Lanka and the Philippines have managed to achieve impressive human development outcomes even without strong economic growth. This suggests that there is considerable room for Cambodia to improve its human development situation in spite of its low level of per capita GDP.

D. Disparities in Human Development within Cambodia

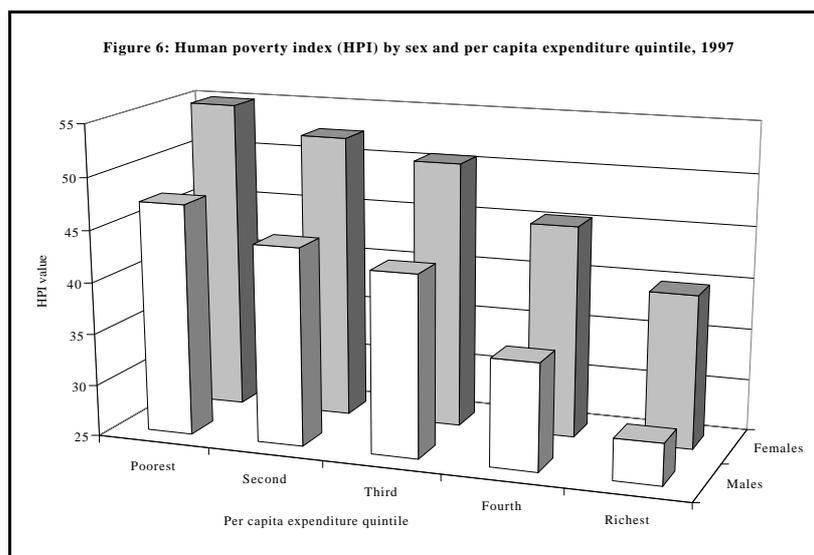
The previous section reported mean human development indicators for Cambodia and compared them to those of other countries in the region. However, like per capita GDP, an average HDI or GDI score for the entire country can be misleading, since there are likely to be large disparities in human development among economic and social groups.

This point is made clear by Figure 5, which shows HDI and GDI scores separately for rural and urban areas and for different



Source: UNDP (1997a) and CSES (1997).

consumption groups.⁶ The HDI score for urban Cambodia is nearly 50 per cent greater than that for rural Cambodia. Likewise, there are large disparities in both HDI and GDI across economic groups. The richest 20 per cent of Cambodians have an HDI score that is nearly two and one-half times as much as that of the poorest 20 per cent of Cambodians (Annex Tables 1 and 2).



Source: UNDP (1997a) and CSES (1997).

As with the HDI and GDI, the human poverty index (HPI) also differs significantly across socioeconomic groups. The HPI for the rural areas of Cambodia is 45, while that for urban areas is 34, reflecting the much poorer access to safe drinking water and health services as well as the higher rates of child malnutrition, mortality and illiteracy, in the rural areas relative to the urban areas (Annex Table 3). Among males and females, some components of the HPI favor women, such as child malnutrition and mortality. However, because illiteracy is significantly more common among women than among men, women end up having higher levels of human poverty than men (49 versus 38).

There are also large disparities in the HPI across economic groups (Figure 6). The HPI score for the poorest 20 per cent of Cambodians is nearly 50 per cent greater than that for the richest 20 per cent. What is interesting is that the gender disparity in human poverty not only persists across all economic groups, it is actually greater for the richest quintiles than for the poorer quintiles. For instance, the HPI for the poorest 20 per cent of females is 19 per cent greater than that for the poorest 20 per cent of males. However, the corresponding numbers for the fourth quintile and the richest quintile are 29 per cent and 37 per cent, respectively. This

⁶Economic groups are defined in this report as per capita expenditure quintiles. The quintiles are obtained by ranking all individuals in the CSES 1997 sample on the basis of their monthly consumption expenditure per capita, and then dividing the sample population into five equally-sized groups. The poorest quintile thus represents the poorest 20 per cent of the Cambodian population, while the richest quintile represents the richest 20 per cent of Cambodians.

evidence conclusively shows that the gender disparity in human poverty in Cambodia will not necessarily narrow with economic growth and rising consumption standards.

E. Social Status of Women

Traditionally, Cambodian women have enjoyed a higher social status than women in cultures such as China or India because of Khmer kinship structures. Khmer kinship is bilateral; in other words, it is traced through both parents. Indeed, there is a traditional preference in Khmer society for young couples to take up residence with the parents of the wife after the wedding. This meant that, traditionally at least, Cambodian women had the protection and support of their blood family even after they were married. In return, it was common for married women to support their elderly parents in old age. This practice meant that there was little reason for Cambodian parents to discriminate against their daughters, as is common in South and East Asian cultures where old-age security to parents is almost exclusively provided by male children.

However, it would be incorrect to conclude that there is no discrimination against women in Cambodian society because of Khmer kinship structures. Like other cultures, there are many different roles -- some of which are contradictory -- expected of women in Cambodia. For instance, the *Cbap Srey* or the moral code of conduct for women calls upon Cambodian women to be submissive toward and honor their husbands, yet at the same time be strong and independent enough to run a household, handle the family's finances, and sell the produce of the family farm in the market (Ledgerwood, 1996; Derks, 1996). Since the ritually prescribed goal in life for a woman was to marry and raise a family, female schooling and education were regarded as

Box 2: Proposed National Policy on Women

Health: To improve the health, nutrition and safety of women;

Education: To promote literacy, numeracy, education and training of women, and to eliminate gender gaps and disparities at all levels of education and training;

Agriculture and Rural Development: To promote the recognition of women in agricultural and rural development, to provide credit and other support services to agricultural and rural women, and to improve their access to available support services in the sector;

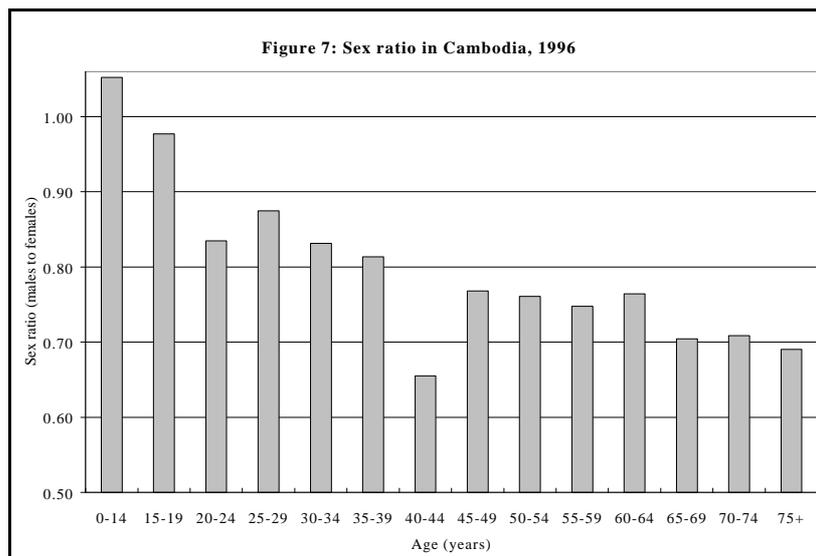
Employment: To identify and promote the interests of employed women, including protection in the workplace, access to skills training, exploration and promotion of alternative and non-traditional occupational opportunities, access to improved technologies, enforcement of equal pay for equal work, and prevention of all forms of exploitation by reason of gender;

Social Action: To support the drafting, passage and enforcement of laws against all forms of violence against women; to promote training, education and access to economic opportunities to counteract violence against women; to support the provision of access to skills training, employment, housing, food, income and support systems for disadvantaged groups of women, including widows, returnees, victims of armed conflict, and women on the streets; and

Environment: To promote the recognition of the role played by women in environmental protection and management, and the potential of women to influence sustainable development.

Source: Ministry of Women's Affairs, 1998.

relatively unimportant by traditional Khmer society. Another example of the different standards applied to men and women in Khmer culture is reflected in the traditional Khmer proverb -- “Men are gold, women are cloth” -- which means that a woman who loses her virginity before marriage is ‘soiled’ forever, while a man will not similarly lose his ‘purity’ and ‘shine’.



Source: NIS (1996).

In addition, the social status of women depends not only on traditions but also on demographic realities. The Population Census of 1998 -- the first census in Cambodia in 30 years -- has highlighted the demographic imbalance in the Cambodian population. The Census enumerated a total of 5.92 million women and 5.51 million men in the country – or 93.1 men for 100 women (NIS, 1998). In some age groups, such as 40-44 years, there are only 65 men for 100 women (NIS, 1996) (Figure 7).⁷ This ‘surplus’ of women must have decreased their ‘value’ and status in recent decades. Already, there is evidence that there has been a decline in the bride prices commanded by women at the time of marriage (Ledgerwood, 1996). To some extent, the rise in prostitution may also be seen in part as a response to the ‘surplus’ of women in the marriage market.

F. Legal Status of Women

The constitution of Cambodia has progressive provisions with respect to the rights of women. Women have equal rights to men under Cambodian law. They have the right to vote and to stand for political office. The Constitution also guarantees equal pay for equal work, and even notes that “housework has the same value as outdoor work” (Article 36). Women are protected from losing their jobs because of pregnancy, and they are guaranteed to have their jobs back after maternity leave without a loss of seniority or benefits. The Constitution prohibits

⁷The demographic imbalance is the result of the higher mortality of males relative to females from Cambodia’s three decades of civil strife and conflict.

trafficking in women. It declares elimination of all forms of gender discrimination, including gender discrimination within the family, as the guiding policy of the Kingdom.

The National Assembly has passed several laws relating to women's rights recently. A law on trafficking, which provides for heavier punishment if the victims of trafficking are below 15 years of age, is currently in the legislative process, and a law on domestic violence is being proposed. A new law on abortions, which was ratified in November 1997 but has not yet gone into effect, clearly spells out the conditions under which abortions may be performed and provides for severe penalties for forced abortions or abortions performed by unauthorized practitioners. The 1997 Labor Code, which went into effect on 3 April 1997, protects women and children from working in 'dangerous' occupations (Article 177) and offers special protection to women who work during pregnancy. Cambodian inheritance laws allow both sons and daughters to inherit parental property and land. Cambodian law also recognizes that men and women bring property into a marriage and can take property out of the marriage if there is a dissolution.

Whatever the intentions of the law, however, it is ultimately the enforcement of laws by the courts that determines the *actual* legal status of women in a country. Unfortunately, the law enforcement system is weak in Cambodia, with there being very few trained lawyers and with judges, prosecutors and the police (like all civil servants) being greatly underpaid. A recent study found that the court system in Cambodia, as in other countries, tends to favor men over women in court judgements, especially relating to divorce (Harris, 1996). This is not surprising in view of the fact that men tend to have the financial and legal resources to influence judgements, while women are less likely to be literate and know the law and be more susceptible to intimidation and threats.

G. Women in Decision-Making Positions

As in other countries, Cambodian women are poorly represented in the high levels of politics and administration. For instance, in the outgoing Parliament (due to be changed in late September 1998), there are only 7 female members out of a total of 122 legislators, even though women constituted 56 per cent of registered voters and 58 per cent of actual voters in the 1993 elections. As of September 1997, there are no women of ministerial rank in the government, no female provincial governors,⁸ and no secretaries of state in any ministry.⁹ Female representation

⁸The province of Stung Treng does have a woman deputy governor.

⁹There are, however, five female *under*-secretaries of state.

in the judicial system is also very low. Of the 110 judges in Cambodia, only eight are women. Of the 40 prosecutors, none is a woman (Secretariat of State for Women's Affairs, 1994).

Despite their virtual invisibility in the higher echelons of politics and administration, Cambodian women play a very active role at the grassroots level and in NGOs. For most Cambodian women, life continues to be dominated by the struggle for survival and support for their families. Women's work is essential to Cambodia. More than three-quarters of women aged 15 years and over are economically active, with women aged 15 and over making up 53 per cent of the economically-active population. More than one-half (55.2 per cent) of all skilled agricultural and fishery workers in Cambodia are women (CSES, 1997). Women run many small businesses and make up the great majority of market traders. In the rural areas, where most Cambodians live, women often have highly specialized, traditional skills like silk weaving or basket-making to supplement their rice crops with a source of cash. Women are also playing a significant role in the new market economy of the 1990s. In Phnom Penh, women are in the service sector and are also owners of medium-sized enterprises. Women make up 90 per cent of workers in the garment industry (Gorman, 1997).

In addition, women have been active in the creation of a new civil society in Cambodia. They have been involved in significant non-governmental initiatives. For instance, the first Cambodian NGO, founded in 1991, is a women's organization. The last six years have seen the founding of more than 120 Cambodian NGOs working on a variety of development issues, many of which relate to the needs of women, such as community development, basic health care, child care, education, credit, legal advocacy, skills training, women's media, domestic violence, and sexual exploitation.

Household survey data from 1997 indicate that women's representation in administrative, managerial and professional positions is better than in legislative positions, even though it is very low in relation to their representation in the population or in the labor force. Approximately 13 per cent of all administrative and managerial positions in Cambodia, and 28 per cent of professional and technical positions, are held by women (CSES, 1997).

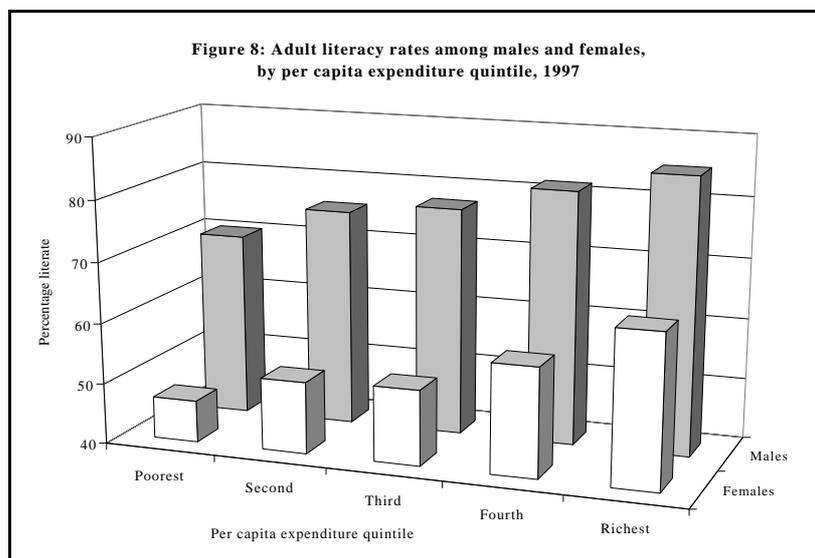
II. SCHOOLING AND EDUCATION OF MEN AND WOMEN

A. Adult Literacy and Schooling of Men and Women

Cambodian women are at a significant disadvantage relative to men in literacy. Adult literacy rates for men are more than 40 per cent higher than those for women (79 per cent versus 55 per cent).

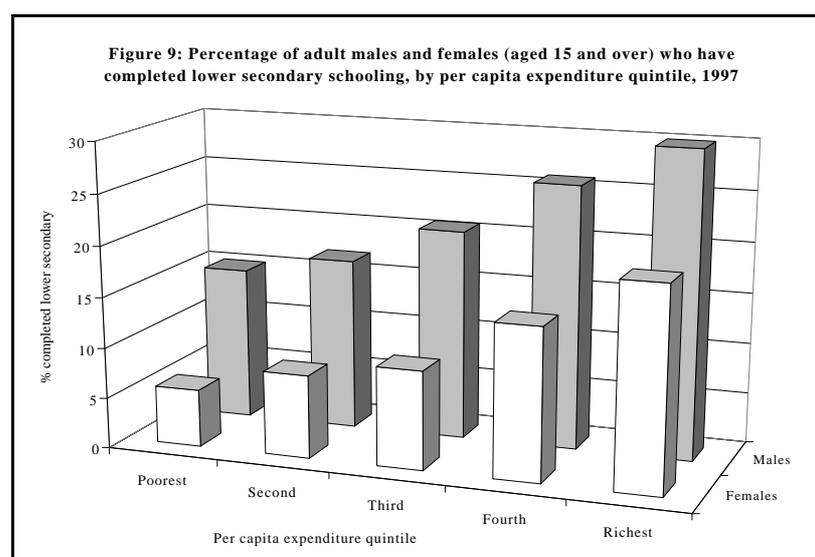
The gender difference in adult literacy is smaller in the urban areas than in the rural areas, reflecting perhaps more equality of schooling opportunities in urban centers and different parental perceptions regarding girls' education. Survey data from the CSES 1997 indicate that the gender disparity in literacy is greatest among the poorest Cambodians, although it remains significant (about 30 per cent) even among the richest quintile of the Cambodian population (Figure 8). This suggests that female illiteracy is not entirely related to poverty, and that it has an important cultural dimension. Traditional social strictures and beliefs accorded low value to work outside the home for women, which made women's education and literacy much less important than that of men.

The distribution of the adult male and female population by completed schooling level confirms the findings on literacy. About 42 per cent of Cambodian women above the age of 15 years have never attended school, while the ratio is



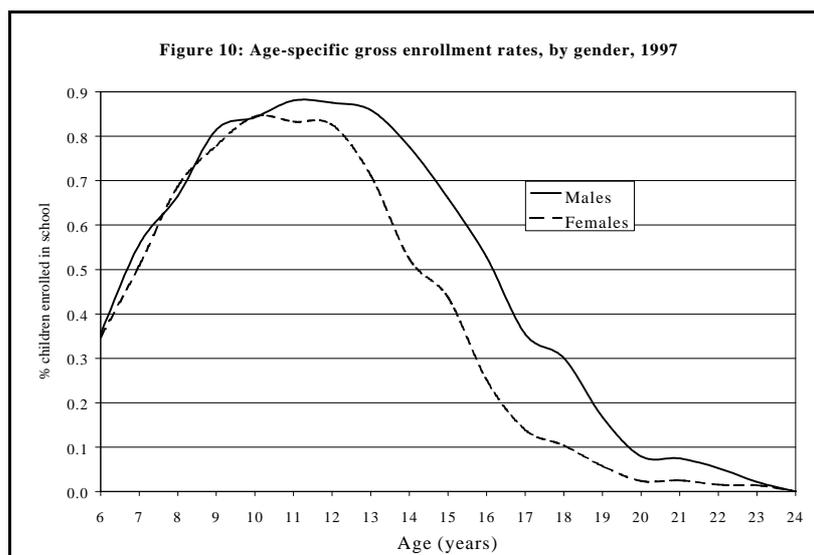
Source: CSES (1997).

Source: CSES (1997).



Source: CSES (1997).

only half as much for men (21 per cent). If literacy is assumed to be synonymous with some schooling, then the adult literacy rates implied by these data would be 58 per cent for women and 79 per cent for men. Again, the data show that, while schooling is strongly correlated with living standards, there are large gender differences in the proportion of individuals who have completed, say, lower secondary schooling at all income levels (Figure 9).



Source: CSES (1997).

B. Male and Female School Enrollment Rates

Obviously, the large gender differences in adult literacy and completed schooling arise because of the lower school enrollment rate of girls relative to boys. The age-specific school enrollment rate is shown for boys and girls in Figure 10. School enrollment rates start at about 35 per cent at age 6, gradually increase to nearly 90 per cent at age 12 for boys and at 85 per cent at age 10 for girls, and then start falling sharply. Boys and girls have roughly similar school enrollment rates up until age 10 years, but girls start falling behind boys in school enrollment after that age. By age 15, male enrollment is 50 per cent greater than that of girls, and by age 18 male enrollment rates are nearly three times as large as female enrollment rates.

As would be expected, the male-female enrollment gap is wider in the rural areas than in urban areas. For instance, the gross enrollment rate at the lower secondary level is 12 per cent for girls in the rural areas -- roughly half of the corresponding enrollment rate for boys (25 per cent). However, in the urban areas, the male-female difference is smaller -- 36 per cent for girls as opposed to 57 per cent for boys. While the same is true of enrollments at the upper secondary level (Table 1), both boys and girls have very low upper school (gross) enrollment rates in the rural areas (2-4 per cent).

Sector	Sex	Primary	Lower secondary	Upper secondary
Rural	Males	100.16	25.04	4.19
	Females	85.36	12.01	1.73
Urban	Males	102.84	56.90	28.28
	Females	88.51	35.59	16.44

Source: MoEYS, 1998a

How have enrollment rates changed over time? Unfortunately, the management information system data from the Ministry of Education, Youth and Sports (MoEYS) are available only since the 1996-97 school year. A comparison of the 1996-97 rates (Table 2) with those for the school year 1997-98 indicate a mixed picture. Gross enrollment rates at the primary and lower secondary level fell sharply for boys and girls in the rural areas. However, this was probably because of wider rural coverage by the MoEYS census of schools in 1997-98 than 1996-97. Many remote areas were not covered by the MoEYS census in the earlier year owing to security considerations. Since these areas would typically have low enrollment rates, their inclusion would serve to lower the average enrollment figures for 1997-98.

Sector	Sex	Primary	Lower secondary	Upper secondary
Rural	Males	112.2	27.38	2.24
	Females	94.34	14.76	0.99
Urban	Males	98.48	76.62	27.39
	Females	83.47	47.67	14.92

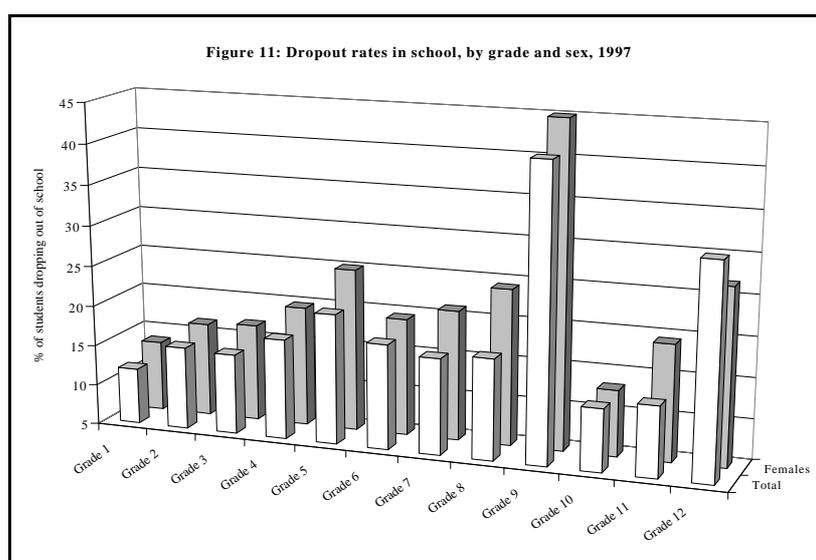
Source: MoEYS, 1997

In the urban areas, enrollment rates fell at the lower secondary level, but increased (only slightly) at the primary level. Gross enrollment rates at the upper secondary level, however, rose for all groups. However, as noted earlier, despite the increase, upper secondary gross enrollment rates are extremely low for both sexes.

C. Dropout Rates of Boys and Girls

The lower enrollment rate of girls occurs not because parents never send them to school but because parents pull them out of school after a few years of primary school. Indeed, as noted earlier, boys and girls start out attending school at similar rates. It is only beyond the age of 11 years that gender differences in enrollment rates show up.

Figure 11 shows this trend very clearly. Drop-out rates are larger for female pupils than for the entire population of male and female pupils at virtually every grade (excepting Grade



Source: MoEYS (1998a).

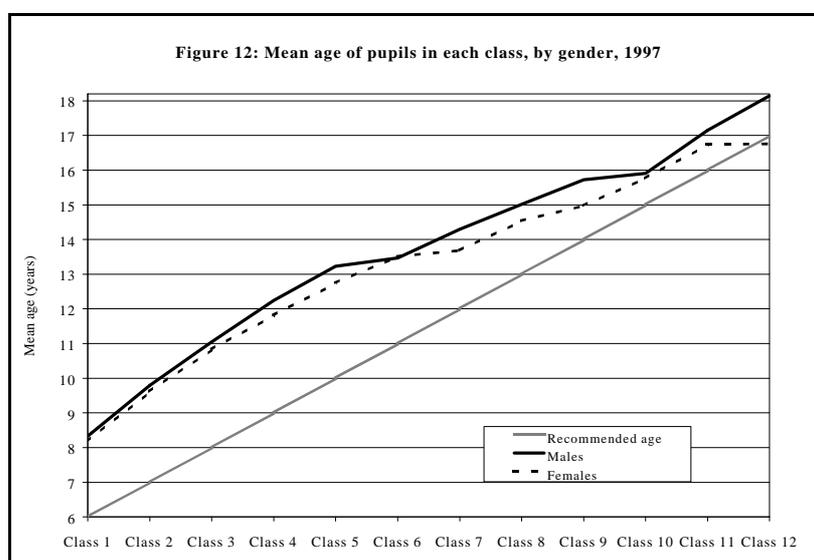
12), implying, of course, that a larger percentage of girls than boys drop out of school in all grades. Nearly a half (45.3 per cent) of all female pupils enrolled in Grade 9 -- the last year of lower secondary school -- drop out of school after completing that year. Grade 5 is another grade which sees a very high drop-out rate for girls. Since the mean age for starting school is 8 years, girls typically reach Grade 5 at the age of 12 years.

D. Age at Entry into School and School Performance of Male and Female Pupils

As in other developing countries, net and gross school enrollment rates differ in Cambodia, with net enrollment rates typically being smaller than gross enrollment rates. For instance, for the country as a whole, the gross primary enrollment rate is 88.3 per cent, while the net enrollment rate is 77.8 per cent (MoEYS, 1998a). The proportionate difference between the two is even greater at the lower and upper secondary school levels.

The large discrepancy between net and gross enrollment rates reflects overage school enrollment,

which in turn is due to delayed entry into school and high rates of grade repetition. While the official age for starting school in Cambodia is 6 years, children often start school at much older ages.¹⁰ The mean age for starting school in the CSES sample is virtually identical for boys and



Source: CSES (1997).

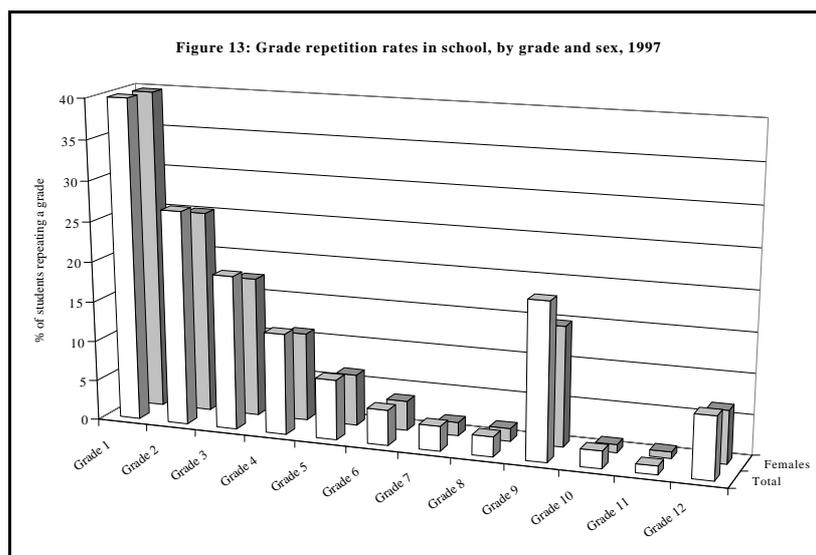
¹⁰The problem with delayed entry into school is that it significantly increases the opportunity cost of schooling at each grade, since, in most developing countries, the opportunity cost of children's time typically increases with age, at least up to age 17 or 18 years.

girls – about 8 years (Figure 12).¹¹ However, as the figure indicates, girls appear to progress a little faster through school, as evidenced by their slightly lower mean age in successive grades.

Figure 12 suggests that the age-grade mismatch actually worsens up until Class 5, indicating that the problem of overage enrollment is not only due to delayed entry into primary school but also due to high rates of grade repetition in the first few years of primary school.

There appears to be some “catch-up” at higher grades, but this likely reflects the fact that children who enter late are more likely to drop out, which would have the effect of reducing the age-grade mismatch at higher grade levels.¹²

Repeating of grades or classes by students is fairly widespread in Cambodia, especially in the first three years of primary school. About 41 per cent of Cambodian pupils repeat the first grade, while 27 per cent repeat the second grade. Grade repetition is more common among males than females (Figure 13). The latter result probably reflects the selective nature of the pool of girls enrolled in school. Since a smaller proportion of girls than boys, especially in the age group



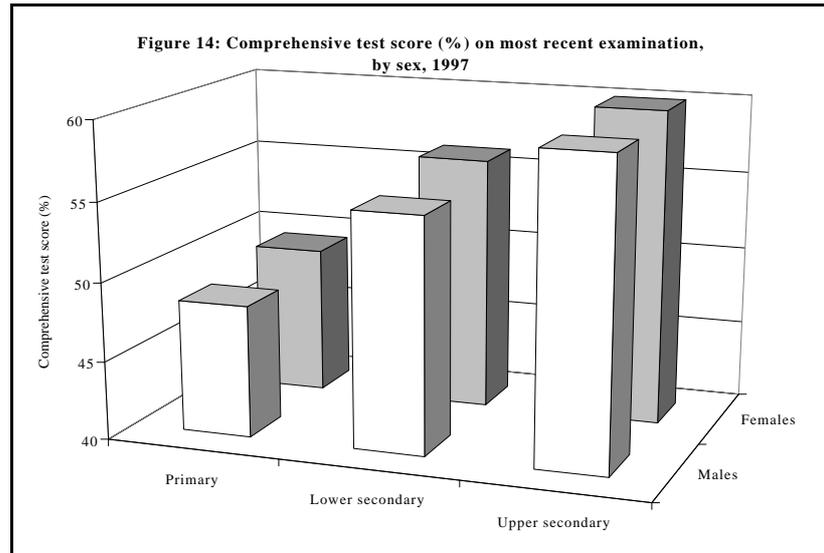
Source: MoEYS (1998a).

¹¹The enrollment and drop-out rates reported earlier in this section are from MoEYS (1998a), which are data from the Educational Management Information System (EMIS) of the MoEYS. The EMIS data are obtained from schools. However, for certain variables, such as mean age by grade or enrollment rates by mother’s education or examination scores, we use data from the CSES household survey, as data on these variables are not available from MoEYS (1998a). It should be noted that there is a significant discrepancy between the enrollment rates calculated by the MoEYS from their EMIS and those obtained from the CSES household survey data. The reasons for this discrepancy are not clear.

¹²Another reason for the age-grade mismatch improving at higher grades may have to do with the fact that the “recommended” age curve in Figure 12 is based on the current structure of the education system (since 1997). However, it would have been different before 1997, when there were only five (as opposed to the current six) years of primary education. It is likely that the change in the structure of the educational system explains some of the “catch-up,” as this would appear to put more older school-children back on track (e.g., children who would have been in Grade 8 under the old system found themselves in Grade 9 under the new system).

12-17 years, are in school, female pupils who stay on in school tend to be the more able and talented. As a result, they have lower rates of grade repetition relative to boys.¹³

The superior performance of female relative to male pupils is also evident in the comprehensive test scores that were collected for the most recent



Source: CSES (1997).

school examination in the CSES. These data, reported in Figure 14, show girls scoring higher (albeit not by much) than boys on examinations at all schooling levels -- primary, lower secondary and upper secondary. It thus appears that, while fewer girls than boys are likely to be enrolled in school in Cambodia, those that do stay in school perform somewhat better and have a lower probability of repeating grades.

E. Reasons for Gender Disparity in School Enrollment

Why are girls less likely to attend school than boys? There are several possible reasons for the gender disparity in school enrollment rates. First, there may be a perception among parents that the schooling of boys offers greater future rewards in terms of career opportunities and market wages. This would be the case if boys are significantly more likely than girls to take up wage or salaried employment in adulthood. The latter are work activities which typically offer large pecuniary rewards for higher levels of schooling. Parents may perceive (incorrectly) that since girls are likely to stay home to take care of their families, or likely to work on family farms, their schooling would offer few tangible benefits.

Second, it is possible that parents pull girls out of school much earlier than boys because the opportunity cost of staying in school is greater for girls than for boys. In a country such as Cambodia, girls are often responsible for household chores and for the care of their younger

¹³Parental discrimination may also account for the generally lower rate of grade repetition among girls. If parents pull girls out of school as soon as they do not progress on to the next grade but give boys a second chance, girls would show lower grade repetition rates than boys.

siblings. Thus, the time of a 12-year old girl is much more valuable to a family than that of a 12-year old boy. This difference in opportunity cost, coupled with the parental perception that the schooling of girls will not produce substantial market returns, might prompt parents to pull girls out of school as soon as they reach the age of 11 or 12 years.

A third reason for the lower enrollment rate of girls might have to do with physical access to schools. While primary schools are generally available widely in most Cambodian villages, lower and upper secondary schools are not. A typical rural household lives about 40 minutes away from the nearest lower secondary school and 53 minutes away from the nearest upper secondary school (CSES, 1997). Most students have to walk to these schools, as public transport is either not readily available or is too expensive for most families. For safety reasons, parents may be reluctant to send their daughters to study in distant schools. One fear that many rural parents have is that their daughters might be abducted for prostitution at school or on the way to or from school.

Closely related to access is the issue of school infrastructure. There is a tradition in Cambodia of boys who attend schools away from their homes living in *wats* or monasteries. There is no such traditional accommodation available to girls. Since few Cambodian schools have separate dormitory accommodation for girls, it is very difficult, if not impossible, for girls to attend schools (typically secondary schools) that are not within commuting distance of their homes. Likewise, the absence of toilets in most Cambodian schools imposes a much greater burden on girls than on boys, especially in the years after puberty.¹⁴ Parents may be reluctant to send an adolescent daughter to an all-day school that has no separate toilet facilities for girls.

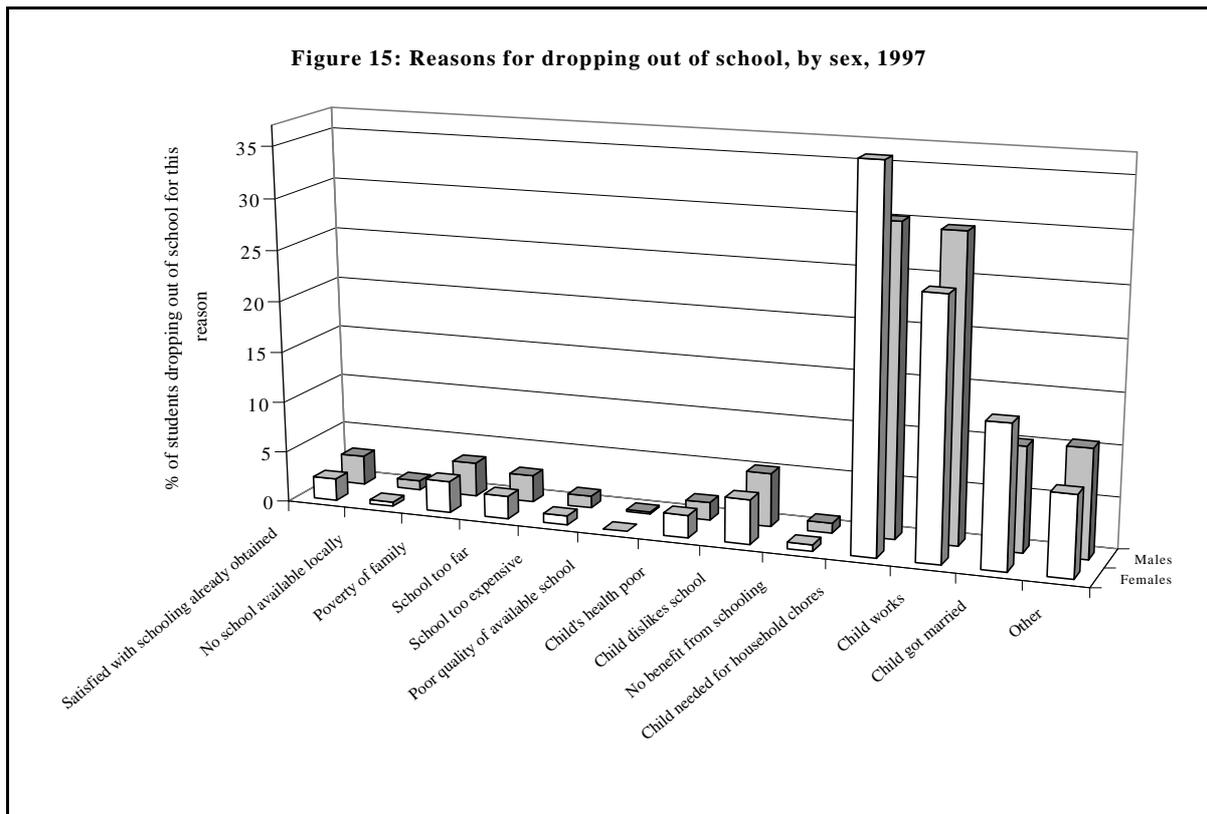
Fourth and finally, marriage may also account for the lower enrollment rates of girls. If girls get married in their early or mid-teenage years, their schooling gets interrupted, and this would explain the higher drop-out rates of girls in lower and upper secondary school.

**Box 3: The Risk of Sending Daughters
Away to Study**

“In our society, we have to take care that our daughters be good daughters. A good daughter, from the Khmer point of view, does not go far from home.... Our society gives value to virginity of women.... Khmer men love virgins, and if parents do not allow their daughters to go to study far from home, we cannot blame them, because they know their daughters will lose their future if they lose their virginity...”

Source: Quote of the Venerable Monichenda, as reported in Derks (1997a).

¹⁴About 72.2 per cent of all schools in Cambodia reportedly have no latrine or toilet facilities (MoEYS, 1998a). When households in a sample survey in five provinces were asked what aspect of their community school they were most dissatisfied with, the largest proportion -- 69 per cent -- indicated the absence of latrines as an area needing improvement (MoEYS, 1998b).



Source: CSES (1997).

For each child who had been enrolled previously in school but had dropped out of school at the time of the survey, the CSES 1997 obtained the reason for the child dropping-out of school. These data suggest that household chores and market work are the main reasons why parents pull their children out of school (Figure 15). More than 60 per cent of children who dropped out of school indicated one of these two reasons for discontinuing their schooling. The next most important reason is marriage, especially for girls. About 14 per cent of girls who had dropped out of school indicated marriage as their reason for dropping out.

Data on weekly activity status (i.e., whether paid or family work, school, unemployment, or retirement) from the CSES survey provide support for the argument that girls are pulled out of school earlier than boys because of their higher opportunity cost of time (as perceived by their parents). While a larger percentage of adult men than women report working, the pattern is

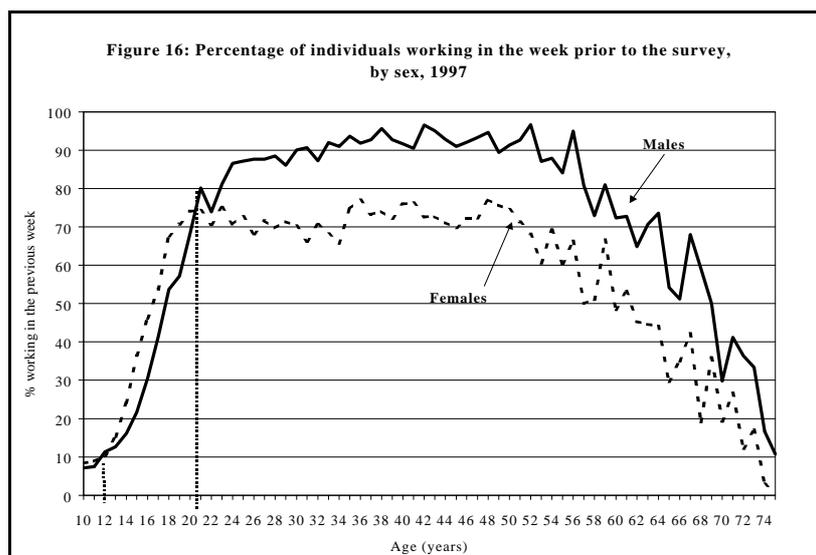
reversed at ages 12-21 years. In this age group, girls consistently work in much larger numbers than boys (Figure 16).¹⁵

A recent household survey of 1,530 households in five provinces conducted by the MoEYS asked parents (or caretakers) of girls enrolled in school what their worries or concerns were about sending their daughters to school.

The most frequent concern cited by parents or caretakers was their daughters' security, with 62 per cent of respondents who had at least one girl in school indicating safety of their girl as their worry. Interestingly, security was more of a concern in the urban areas (with 77 per cent of parents being worried about it) than in the rural areas (58 per cent) (MoEYS, 1998b). Even for those girls attending a school near their home, parents and caretakers were worried about the risk of abduction.

Whatever the reasons for not sending girls to school, it is likely that parental education has an important bearing on female school attendance. Many of the reasons for keeping girls out of school, such as parental values or the higher opportunity cost of girls' time or the lower returns to their education, are based on parental perceptions. These perceptions are likely to differ considerably across parents with schooling and those without any schooling. Evidence from around the world has consistently shown that parents -- especially mothers -- with more schooling are more likely to send their children to school and keep them longer in school.

The CSES data clearly show that the gap between male and female enrollment rates is much smaller in households where the mothers are themselves educated.¹⁶ Table 3 below, which



Source: CSES (1997).

¹⁵Data on activity status for the year preceding the survey show an almost identical pattern.

¹⁶Actually, it is not possible to match school-aged children with their mothers in the CSES data. What are referred to here as 'mothers' are actually the wives of heads of households. In the large majority of cases, these women are mothers of all school-aged children in the household. But in a few cases, they are not.

shows the gross enrollment rates of boys and girls at the primary and secondary levels by their mother's schooling level, clearly indicates that child enrollment rates are strongly related to mother's schooling. Women with primary and post-primary schooling are much more likely than those with no schooling to send

Child's schooling level	Mother's schooling level	Gross enrollment rate of:	
		Males	Females
Primary	None	111.69	86.87
	Primary	110.57	103.95
	Post-primary	104.49	99.26
Lower Secondary	None	27.9	11.7
	Primary	42.45	29.07
Upper Secondary	Post-primary	73.19	59.97
	None	7.44	1.79
Secondary	Primary	16.63	7.96
	Post-primary	39.02	28.2

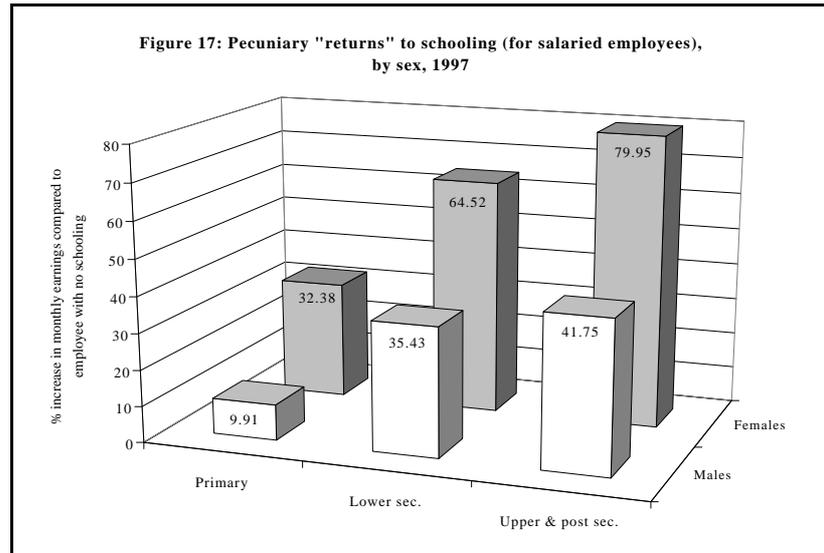
Source: CSES, 1997.

both their sons and daughters to school. However, what is interesting is that the gender disparity in child enrollment rates declines significantly with mother's schooling. For instance, the primary enrollment rate for boys of mothers with no schooling is 29 per cent greater than that for girls; however, it is only 5-6 per cent greater among mothers with primary and post-primary schooling. The difference is even more striking at the lower and upper secondary levels. While the boys of mothers with no schooling have a gross lower secondary enrollment rate that is 138 per cent higher than that of girls, those belonging to mothers with primary and post-primary schooling have enrollment rates that are only 46 per cent and 13 per cent higher than those of comparable girls, respectively. Thus, better-educated mothers are much more likely than mothers with no education to emphasize equal schooling opportunities for their boys and girls.

F. Gender Differences in the Economic Returns to Schooling

One possible reason for the lower school enrollment of girls is the perception among parents that female schooling has lower or zero pecuniary returns in comparison to male schooling. This conjecture can be empirically verified by estimating the pecuniary returns (in the form of incremental wages or earnings) to schooling among a sample of Cambodian wage earners. The CSES data contain information on the earnings and completed schooling of 4,828 salaried or wage employees. These data have been used to estimate the pecuniary returns (in the form of wage premium) to each completed level of schooling. The results clearly show that women enjoy higher economic returns to each level of schooling than men (Figure 17) (Annex Table 4). For instance, men with primary schooling earn 10 per cent more in annual wages than men with no schooling. However, women with primary schooling earn 32 per cent more than women with no schooling. The wage premium to upper and post-secondary schooling (over no schooling) is 42 per cent for men but as large as 80 per cent for women.

What could account for the large gender differences in the economic returns to schooling? The higher observed returns to schooling for women may be related to selection. The rate at which women are selected out of the paid labor force means that, at higher education levels, earners are more heavily selected towards the more talented. Of course, this



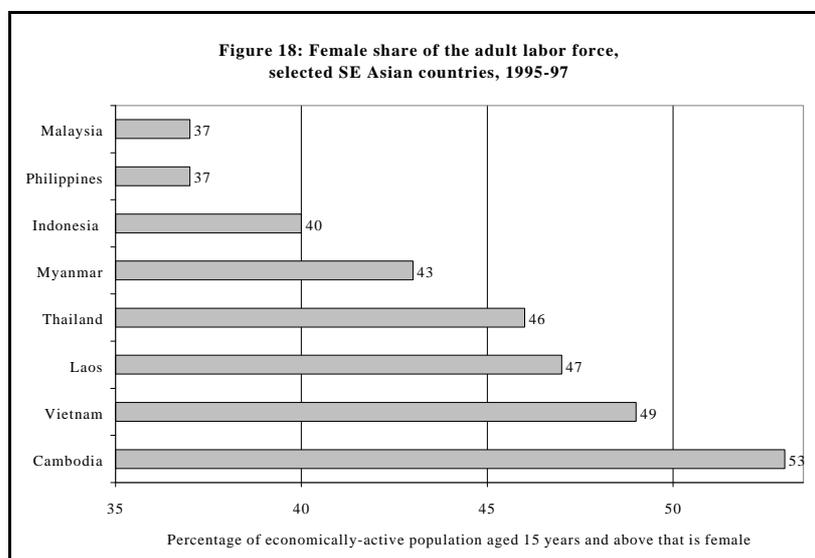
Source: CSES (1997).

means that if, in the long run, large numbers of women acquire secondary education and enter the paid labor force, they may not necessarily enjoy the large marginal returns to schooling shown in Figure 17. However, in the short run, women's education is likely to carry higher returns and productivity gains than men's education.

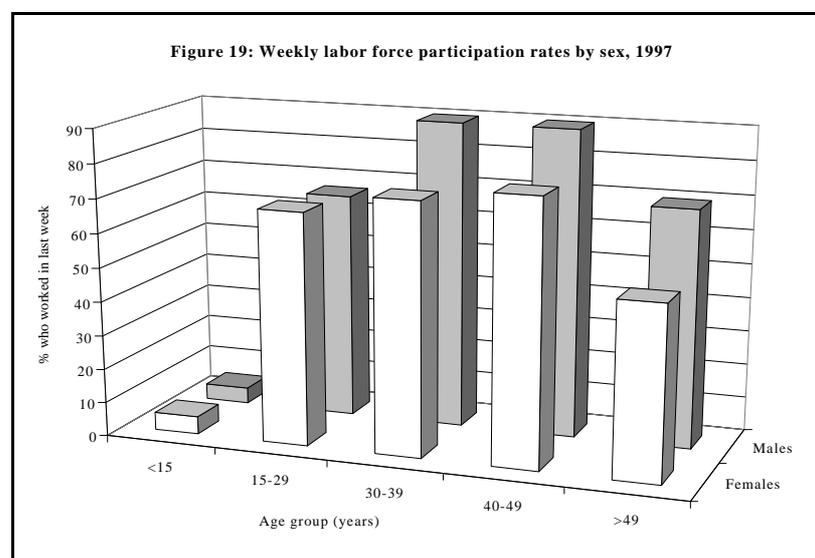
III. WORK AND EMPLOYMENT PATTERNS OF MEN AND WOMEN

A. Women in the Labor Force

Women constitute 53 per cent of the adult labor force (aged 15 years and above) in Cambodia (CSES, 1997) -- more than in any other Southeast Asian country (Figure 18). The labor force participation rate is greater for females than for males at younger ages (i.e., less than 29 years), reflecting the higher rate of school attendance among males. However, beyond the age of 30 years, a large proportion of men than women are economically active (Figure 19). Yet within the peak working ages of 30-49 years, three-quarters of women report working in the one-week reference period. Labor force participation rates are significantly lower for both men and women above the age of 50 years.



Source: UNDP (1998) and CSES (1997).



Source: CSES (1997).

B. Occupational Distribution of Working Males and Females

As would be expected, the vast majority of economically-active adults in Cambodia – 73 per cent of men and 80 per cent of women – are farmers or fishermen (Table 4). Women are much more likely than men to be service workers, which, in the Cambodian context, primarily means shopkeepers and market traders. For example, more than 10 per cent of working women -- but only 5 per cent of working men -- are service workers.

Occupation	Females	Males
Legislators, senior officials, managers	0.21	2.90
Professionals	1.23	2.85
Technicians and associate professionals	1.02	3.74
Service workers	10.15	4.61
Skilled agricultural and fishery workers	80.34	73.43
Craft and related trades workers	3.20	4.43
Plant & machine operators & assemblers	0.32	2.79
Elementary occupations	3.42	5.08
Other occupations	0.12	0.16
All occupations	100.00	100.00

Source: CSES, 1997.

Data on the distribution of economically-active men and women by ownership type of employer confirms that women are much more likely than men to be self-employed (typically as own-farm operators, shopkeepers, traders or small business owners) (Table 5). Only 2.5 per cent of economically-active women, but 10.2 per cent of men, work for the government and for state-owned enterprises. This means that only about a fifth (20.9 per cent) of all government and state enterprise workers are female. In contrast, 36.2 per cent of employees in the private sector are female. The private sector thus appears to be doing a much better job than the public sector at hiring women. During the socialist past, Cambodian women played a particularly important role in the public work force, because of the higher death rate among males and because many men were away as soldiers. They made up the bulk of the employees at many government ministries and filled out the lower and mid-levels of the state bureaucracy.

Type of employer	Males	Females	Total	Males	Females
Public sector	79.15	20.85	100	10.2	2.54
Foreign joint ventures	58.81	41.19	100	1.11	0.73
Private sector (domestic)	63.79	36.21	100	7.96	4.27
International agencies	72.15	27.85	100	0.48	0.17
NGOs	44.29	55.71	100	0.23	0.28
Self employment	45.12	54.88	100	78.94	90.64
Other	42.39	57.61	100	1.07	1.37
Total	48.56	51.44	100	100.00	100.00

Source: CSES, 1997.

One manufacturing industry which employs women in large numbers in Cambodia is the garment industry, which saw rapid growth after Cambodia adopted market-oriented economic

reforms in 1993. As of 1996, there were 32 garment factories in the country, with the majority of the units being owned by investors in other Southeast Asian countries (Neth, 1994). The garment industry is by far the largest employer in Cambodia's industrial sector, employing over 20,000 workers directly and another 50,000 workers through subcontractual arrangements (Gorman, 1997; Lang, 1996). Of the 20,000 directly-employed workers in the garment industry, nearly 90 per cent are women (Aafjes and Athreya, 1996; Gorman, 1997).

C. Labor Laws Relating to Women

The Cambodian Constitution provides for equal rights of work for men and women. It prohibits discrimination against women in employment. Pregnant women are protected from discharge because of their pregnancy, and are offered the right to take maternity leave with pay and no loss of seniority or benefits. The Constitution even goes so far as to declare that "... work done in the home shall have the same value as what women can receive by working outside the home." Additionally, the newly-adopted 1997 Labor Code protects women from working in dangerous occupations, and also offers special protection to women who work during pregnancy. The Code even requires employers employing at least 100 women to provide a childcare center within or near their establishment.

However, the reality of labor relations in Cambodia is very different from the norms mandated by the Labor Code and the Constitution. Gender discrimination takes place routinely not only in the private sector but also in government departments. Women with the same qualifications as men and doing exactly the same work are paid less and do not have the same opportunities in promotion, job seniority and benefits. Sexual harassment of women employees by their male supervisors and employers is common, and often goes unreported for fear of job loss. Few employers, including government departments, offer child care facilities for their female employees (Selman, 1996). In most factory jobs, pregnancy results in the pregnant woman being laid off. Likewise, there is no provision for sick leave, so that an illness episode results in salary deductions (Gorman, 1997).

Box 4: Work in a Garment Factory

Kim is 36 years old and works in a garment factory in Phnom Penh. She works at least 12 hours a day, seven days a week, sewing clothes. Having been deserted by her husband, she is the sole supporter of her two children with an income of 100,000 riel (\$40) a month.

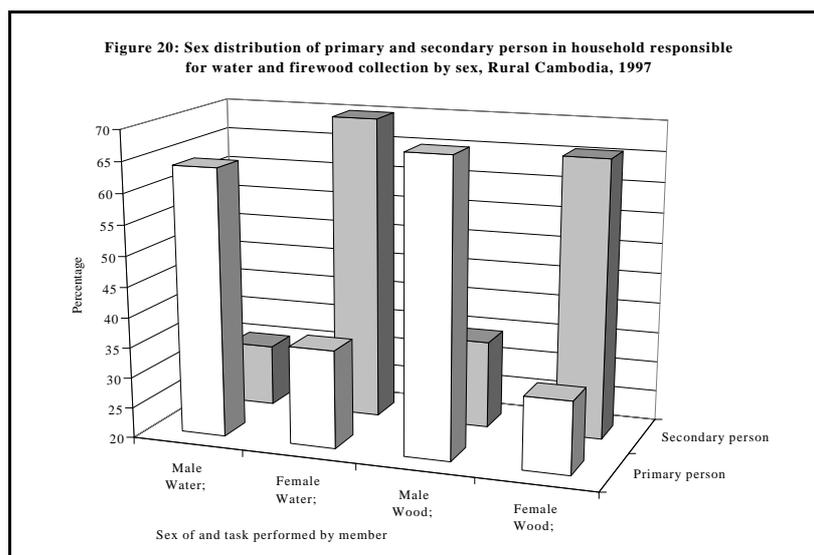
Her wages are hardly sufficient to meet the basic needs of her household, and her work leaves her no time to care for her children. Although she suffers from serious health problems, such as hemorrhoids and numbness of the body, she is forced to work overtime and has no right to refuse. Her employer does not provide her with an allowance when she falls ill. Although she is unaware of the injustice to her situation, she knows that refusing overtime work, or filing a complaint about her poor working conditions, will result in her being fired. With only two years of primary education, it would be hard for her to find another job, and she needs the income to survive.

Source: Selman, 1996.

D. Work in the Home

The data on labor force participation do not fully reveal the workload of women. As in other countries in Asia, Cambodian women who work outside the home also have to do most of the domestic chores at home with help from their daughters. In addition, they are responsible for tending the animals and vegetables

on the house plot. Children, especially girls, are heavily involved in fetching firewood and water, looking after animals, and assisting in rice production activities.



Source: CSES (1997).

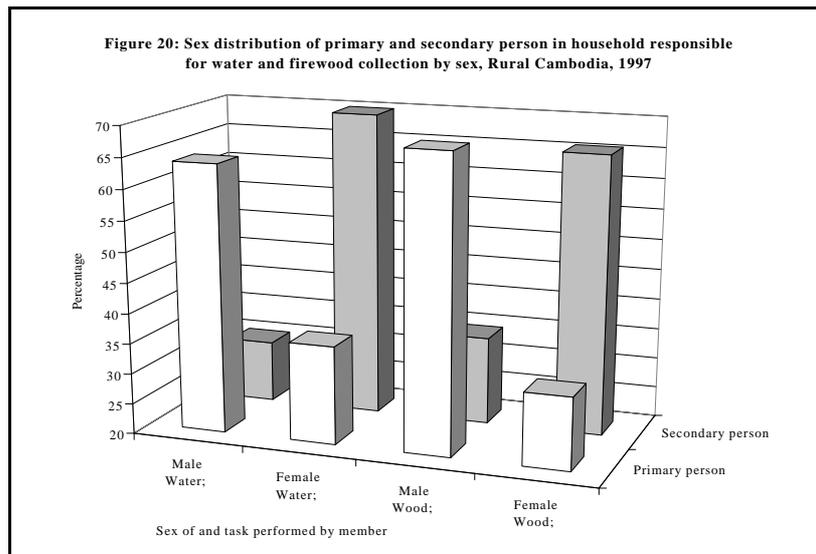
Data from the CSES survey data show that the primary person responsible for both water and wood collection in rural Cambodian households is typically a male. However, the secondary person responsible for these activities is typically a female (Figure 20). Thus, men and women appear to share household tasks like water and firewood collection.

E. Gender Discrimination in Wages

The issue of whether Cambodian women face discrimination in the labor market is a difficult one to answer, since there are so many different types of discrimination, many of which are subtle and not immediately apparent. The form of discrimination most commonly observed is unequal pay for the same type of work. However, as in other countries, there are likely to be other, more subtle forms of job discrimination, such as rules regarding maternity leave or exposure to sexual harassment from male supervisors.

While comparing the wages of men and women, it is important to control for occupational distribution, as wage rates differ dramatically across occupations. In addition, since an individual's earnings are related to his or her schooling and experience, it is important to control for schooling and experience as well. Since the CSES obtained information on each working individual's occupation, monthly earnings, education and age, it is possible to examine the monthly wages of men and women in the same occupations and with the same educational and age backgrounds.

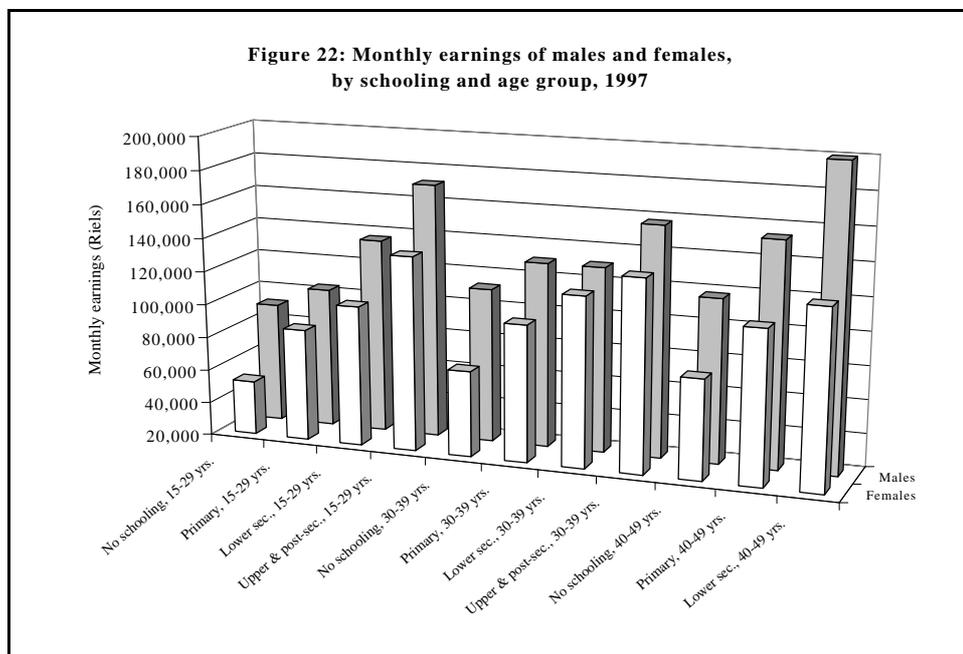
The data show that, for each of the six occupations for which adequate wage data are available, the earnings of Cambodian men are significantly higher than those of Cambodian women (Figure 21). The difference varies from a low of 16 per cent for “craft and related trades” workers to a high of 84 per cent for “plant and machine operators and assemblers.” On average, men earn about 50 per cent more than women in the same occupation.



Source: CSES (1997).

Some of this wage difference could simply reflect the fact that women have fewer years of schooling and experience than men. However, when monthly earnings data for men and women in the same age and educational groups are compared, the wage differences continue to persist (Figure 22).

On average, male earnings are 33 per cent higher than female earnings after controlling for experience (as represented by an individual’s age) and education. The largest wage difference (75 per cent) occurs among young workers aged 15-29 years with no schooling, while the smallest wage difference occurs among workers aged 30-39 years with lower secondary schooling.



Source: CSES (1997).

The largest wage difference (75 per cent) occurs among young workers aged 15-29 years with no schooling, while the smallest wage difference occurs among workers aged 30-39 years with lower secondary schooling.

Even after controlling simultaneously for all three variables -- occupation, schooling and experience -- within a multivariate regression framework, female earnings continue to be significantly lower (by about 36 per cent) than male earnings (Annex Table 5). The inescapable conclusion, therefore, is that there is substantial wage discrimination against women in the Cambodian labor markets. Obviously, the principles of 'equal pay for equal work' and 'equal pay for similar qualifications' are best addressed by both stricter legislation and more stringent enforcement of anti-discrimination laws by the government.

F. Prostitution and Trafficking

One type of work that obviously is not reflected in household surveys and in which women participate in large numbers, often at great risk to themselves, is prostitution. Although precise estimates are hard to come by, the number of commercial sex workers (CSWs) has increased dramatically in the last 8 years. According to NGOs working with CSWs, there were only 1,500 CSWs working in Phnom Penh in 1990 (UNICEF, 1996). A recent government report estimates that over 14,000 women work as prostitutes in brothels throughout the country (National Assembly, 1997). It is unclear, however, as to how many of these prostitutes operate in Phnom Penh.

When Cambodia was isolated from the rest of the world during the 1975-89 period, prostitution and the sex trade was limited to soldiers and fishermen in the western provinces of Battambang, Banteay Meanchey and Koh Kong. With the reopening of the country in 1991, there was a boom in prostitution and the sex industry. One reason was that administrative curbs on the mobility of individuals within the country were lifted in 1991, resulting in the movement and trafficking of prostitutes to urban centers, particularly Phnom Penh. Another reason may have to do with prosperity. The Cambodian economy experienced considerable growth between 1991 and 1997, and this resulted in increased prosperity for a large number of Cambodian males, especially those residing in the urban areas, and a consequent increase in their demand for prostitutes.

Of particular concern is the fact that child prostitution is widespread in Cambodia. With the increased awareness of HIV/AIDS, there has been a tendency for male customers to increasingly seek out children for sex, as it is believed that children are unlikely to be HIV-infected. In addition, there is a perception among some men that sexual intercourse with a young virgin will rejuvenate them and keep them from ageing. These factors have greatly increased the demand for child prostitutes. Indeed, in recent years, Cambodia has become an important destination for pedophiles from around the world. Surveys show that 35 per cent of female CSWs in Phnom Penh brothels are under 18 years of age, with some prostitutes being as young

as 10 to 12 years old (UNICEF, 1996). A rapid appraisal covering 11 provinces and Phnom Penh in 1995 identified minors aged 12-17 years of age constituting 31 per cent of the CSWs. Even these large numbers are likely to be underestimates as child sex workers are often hidden by brothel owners because of their illegal status and their high value. A young virgin can fetch a price of US\$300-700 for a week, while an experienced CSW earns only about US\$2 per client (UNICEF, 1996).

The greatest part of the trafficking for commercial sexual exploitation takes place within the country, but a large number of Cambodian children are also trafficked into Thailand and many Vietnamese young girls are trafficked into Cambodia. Few girls choose to become CSWs; most are deceived by traffickers or sold against their will by relatives, neighbors or friends (CWDA, 1994; Human Rights Task Force, 1995). Some are even abducted or kidnaped by brothel owners or pimps.

Besides the emotional trauma inflicted on women and children engaged in the sex trade, there is the additional threat of HIV/AIDS. Child CSWs often are not aware of the risks of acquiring STDs or HIV. Even those CSWs who are may be in too weak a position with respect to their clients and brothel owners to insist on condom use. Further, CSWs are usually not free to move outside the brothel, and this restricts their access to condoms and medical care. All of these factors imply that they are at a high risk of acquiring HIV/AIDS and being doomed to a life of suffering followed by early death.

A specific law on trafficking, which provides for heavier punishment if the victims are below 15 years of age, is currently in the legislative process in Cambodia. However, much will depend upon how actively this law is enforced by the police. In addition, evidence from other

**Box 5: Story of a 16-year old
Prostitute from Battambang**

“One day, one of the workers told me about a lady who needed a person to take care of her child. She was willing to pay me 150,000 riel per month. I think this lady was his relative. I immediately agreed to come to Phnom Penh with this lady, because I was angry with my uncle and aunt who were always blaming me. I did not tell my mother that I was going with her, because the lady ordered me not to tell anybody else.

The lady brought me to Phnom Penh. When we arrived, she brought me to a place where I saw a lot of people going in and out, perhaps a hotel. Here I was sold by the lady to a *meebon*, who was interested in me because I was still a virgin. I do not know for how much she sold me. Then I was brought to a room and bit later a man came in. I asked him to help me get away from this place, but he did not want to help me; he wanted me to sleep with him. After that, he wanted to buy me from the *meebon* to take me as his wife. The *meebon* did not agree, because he had paid a lot of money for me. I had to sleep with a lot of other men.

But soon I became very weak. They used make-up to make me look beautiful and gave me medicine to feel better. But it got worse. I was bleeding. First the *meebon* told me that it is just my menstruation and she hit me for complaining. Only later, five days after, they took me to the hospital. The *meebon* told me not to tell the doctor, but I decided to tell him about my situation and asked him to help me. He told the *meebon* that I had to stay in the hospital, because I was still unable to walk. Then he informed an organization who helped to arrest the *meebon*.”

Source: Derks, 1997a.

countries suggests that legislation alone is unlikely to solve the problem of prostitution and trafficking. Poverty is often the root cause of prostitution and trafficking. For many families living in abject poverty, the temptation of sending their daughters into prostitution to make ends meet is too great.

Box 6: Effects of Prostitution on Child CSWs

The personal trauma and loss of self esteem to a child prostitute brought about by constant degradation is difficult to imagine.... It is hard to comprehend what goes on in the minds of 13, 14, 15 year old girls as they are forced to have sex with man after man, often by force, sometimes by rape. They suffer this knowing, in some cases, that people they have most trusted have allowed it to happen....

Girls who have known no other life apart from prostitution from an early age could also find it difficult to comprehend a different kind of life and behavior.... Some girls {who had been working in prostitution for a while} maintained casual sexual contacts with men on the street and with boys in the center itself.... For young girls, working in a brothel from an early age threatens to set the course for life.

... For those children who have been raped by a parent, step-parent or relative, or been sold by their own families, it is difficult to contemplate a return. It is not unusual to hear of girls who repaid debts, went home and were sold again.... For others, it is difficult to return because they cannot face the scorn of their families and communities arising from the fact that they have been prostitutes. This shame in fact keeps many sex workers in brothels even after they are technically 'free' of their debts.

Source: UNICEF, 1995.

IV. MALE AND FEMALE NUTRITION AND HEALTH

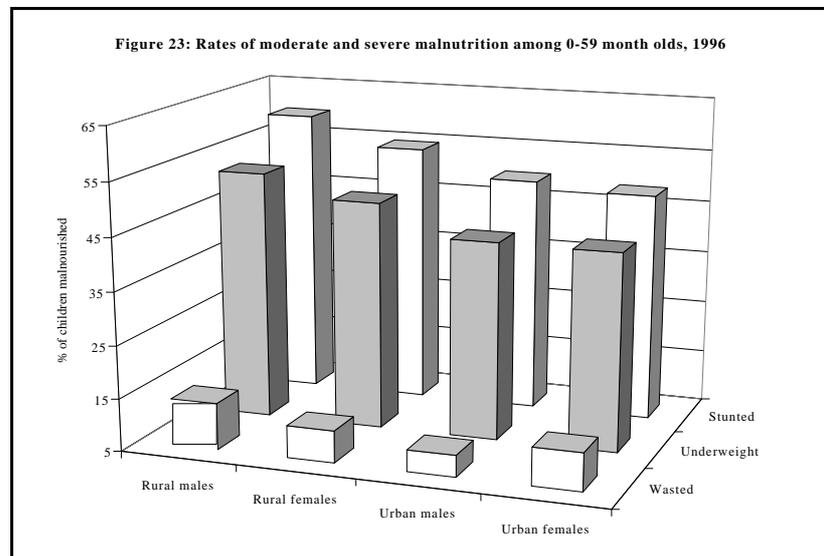
A. Nutritional Outcomes of Boys and Girls

Nutrition is a serious problem in Cambodia. It is estimated that average caloric intake per person is 2,300 calories per day in the rural areas and only 2,150 calories in the urban areas. The poorest 20 per cent of the urban population, on average, consume only 1,900 calories per person per day -- 200 fewer calories than the minimum daily calorie requirement proposed by FAO (UNDP, 1997b).

While there is overall self-sufficiency in rice production, substantial pockets remain food insecure due to the lack of access to food. The lack of access is related to inadequate purchasing power (caused by poverty) and to transport and marketing constraints that prevent the rapid movement of food from food-surplus to food-deficit regions.

One consequence of the inadequate levels and quality of food intake is that Cambodia has very high

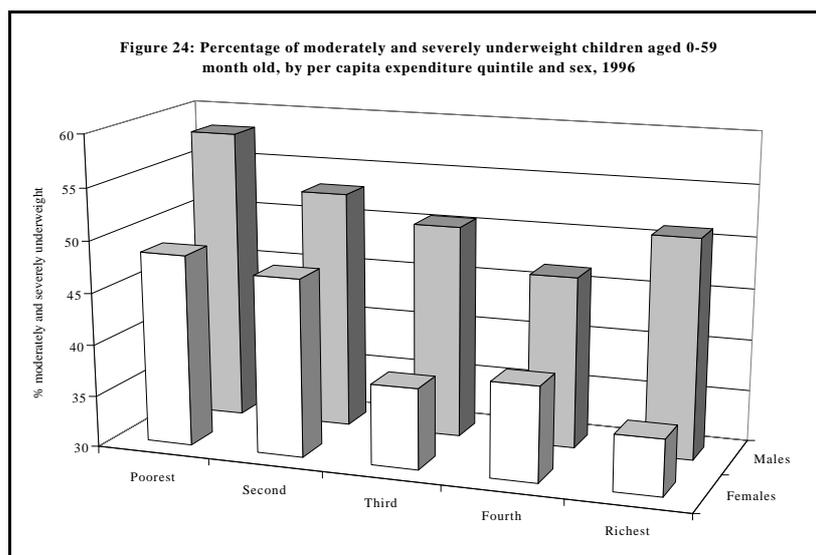
rates of child malnutrition. In 1996, 49.3 per cent of children aged 0-59 months were moderately and severely underweight, while as many as 56.1 per cent were moderately or severely stunted (UNDP, 1997b).¹⁷ Low birth weights, sustained and nurtured by inadequate breast-feeding and complementary feeding, parasitical infections, and poor care, are some of the main contributing factors to child malnutrition in Cambodia. For most children, malnutrition sets in during weaning when breast milk intakes decline sharply and adequate complementary feeding is crucial for growth.



Source: SESC (1996).

¹⁷The reference standards used for child malnutrition are the standards developed by the United States National Center for Health Statistics (NCHS). The percentage of children whose anthropometric indicators are more than minus two standard deviations from the NCHS median levels are considered moderately and severely malnourished, while those whose indicators are more than minus three standard deviations from the NCHS median are considered severely malnourished.

Unlike other low-income countries (such as those in South Asia), there is little parental discrimination against female children in the allocation of food in Cambodia, resulting in few gender differences in nutritional outcomes. Indeed, if anything, the evidence indicates that girls have slightly lower rates of moderate and severe malnutrition than boys, especially in the rural areas of the country (Figure 23).



Source: SESC (1996).

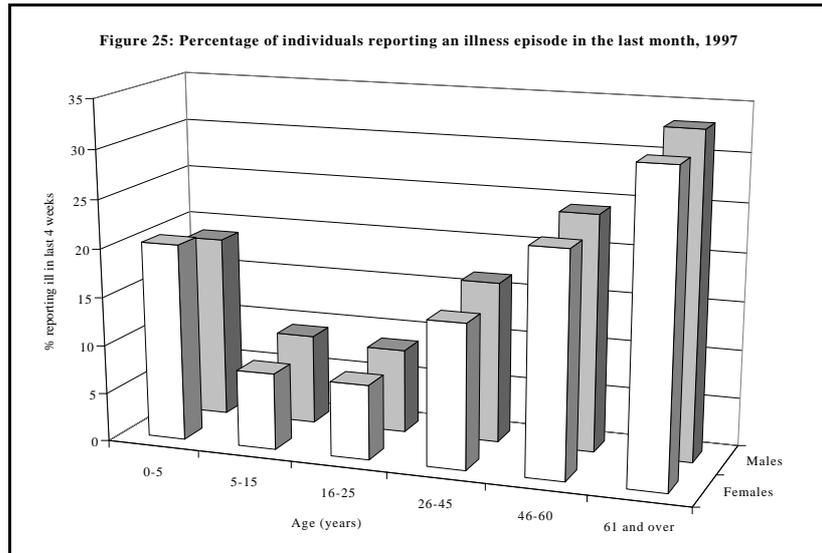
Interestingly, the gender disparity in child malnutrition favoring girls is not limited to the poor, but is present among all consumption quintiles (Figure 24). Indeed, the gender disparity is greatest among the richest quintile, which suggests that there probably are cultural aspects to child malnutrition in Cambodia that cannot be explained by living standards alone.

B. Male and Female Health Outcomes

Average life expectancy at birth in Cambodia has been estimated at 54.4 years -- 50.3 years for men and 58.6 for women (Huguet, 1997). The difference of 8.3 years in life expectancy between males and females is large, although not unprecedented.¹⁸ It arises in part from the greater mortality of men from the civil strife and conflict that have plagued Cambodia for the last three decades. In addition, a part of the difference can be attributed to the systematic underestimation of female relative to male infant mortality rates, which in turn was caused by the under-reporting of female relative to male deaths in the Demographic Survey of Cambodia 1996 (Huguet, 1997).

¹⁸Huguet (1997) reports that the male-female difference in life expectancy at birth is 6 years in Thailand, 7 years in Korea, and between 6 and 10 years in each of the Central Asian states.

There are few estimates of morbidity in the country.¹⁹ Data from the CSES 1997 show large differences in the rates of self-reported morbidity across age groups (Figure 25).²⁰ The highest rates of morbidity are observed among the elderly and the very young. About a third of the individuals aged 61 years and over, and a fifth of the children under 5 years, reported being ill in the four-week reference period.



Source: CSES (1997).

However, within each age group, few gender differences in self-reported morbidity are observed.

C. Utilization of Health Services by Men and Women

Table 6 reports various data on treatment by gender and rural/urban residence. Again, relatively few gender differences are observed in the percentage of individuals obtaining treatment for their illness episode or in the mean number of days that individuals experiencing an illness episode wait before seeking treatment. Indeed, the survey data suggest that a large proportion – more than two-thirds in the rural areas and 80 per cent in the urban areas – of individuals seek some form of treatment for their illness episode.

The data on provider choice suggests that, as in other developing countries, pharmacists and drug vendors are the provider of first choice for a large proportion of Cambodians (about 20

¹⁹As is well known, the number of disease cases seen or treated at hospitals and other health facilities, data on which are commonly available, is not a reliable indicator of morbidity in the population, since such numbers are based only on the sample of individuals who obtain treatment for their symptoms. Household surveys provide a much more reliable measure of overall (treated and untreated) morbidity in the population. However, one can only obtain a measure of self-reported morbidity from a household survey.

²⁰The CSES inquired whether an individual had experienced a *major* illness or injury episode in the four weeks preceding the survey.

per cent).²¹ The appeal of drug vendors to patients obviously lies in their low cost and easy availability, but raises public policy issues of drug safety and improper drug prescription. Private doctors, private clinics, and, in the urban areas, central or national hospitals are also chosen by large proportions of patients as sources of treatment. However, few gender differences are observed in the overall choice of providers by patients in both urban and rural areas.

Variable	Urban		Rural	
	Males	Females	Males	Females
Percent of ill individuals seeking treatment	81.32	79.55	69.09	66.51
Mean number of days waited before seeking treatment	2.8	2.9	2.9	3.2
<i>Distribution of patients across providers:</i>				
Khum clinic	3.2	5.1	11.6	13.1
District health center	7.4	7.4	9.4	9.8
Provincial hospital	4.0	4.8	4.7	4.3
Central hospital	17.7	15.3	4.1	4.2
Pharmacy	22.4	22.9	19.9	23.0
Private doctor	15.8	17.6	17.7	16.7
Private clinic	17.5	14.6	17.2	16.3
Private hospital	5.6	6.2	4.8	3.6
<i>Khru Khmer</i> (Traditional Khmer healer)	2.5	2.1	4.3	4.4
Other traditional healer	1.1	0.6	2.0	1.5
Other provider	2.7	3.5	4.3	3.0
Total	100.0	100.0	100.0	100.0
Average treatment cost per visit	7,847	8,452	10,836	10,786

Source: CSES, 1997.

Finally, the data on cost of treatment also indicate few gender differences in the amount individuals spend on a health provider visit. On average, individuals in the rural areas spend about Riels 8,000 and those in the urban areas spend about Riels 11,000 in a single provider visit.²²

D. Reproductive Health

Although the survey data show few gender differences in reported overall morbidity rates, there are large differences in the nature of health problems afflicting Cambodian men and women. Throughout the world, men are at much greater risk of death from certain factors, such

²¹Another recent household survey in 14 provinces of Cambodia found a much larger reliance on pharmacies -- 57 per cent of individuals who reported being ill in the preceding 30 days treated themselves by buying medicines directly (presumably from a pharmacy) (Ministry of Health, 1998a). Unfortunately, this study does not report any gender-disaggregated health or treatment indicators.

²²A Ministry of Health(MoH) household survey in 14 provinces estimated the average cost of a health provider visit at Riels 19,000 (MoH, 1998a).

as cardiac diseases, accidents and injuries, than women. On the other hand, women are at greater risk from reproductive health problems. In Cambodia, the main reproductive health problem is the very high maternal mortality rate, arising in part from poor access to and utilization of maternal health services, low-quality health facilities, and insufficient access to birth-spacing information, supplies and services. The poor availability of birth-spacing services has resulted in the over-reliance of induced abortion as a form of birth control and birth spacing. While accurate estimates of the incidence of abortion are difficult to obtain, one survey found that 25 per cent of women knew someone who had had an operation, and 5 per cent reported having had at least one abortion in their lives (Ministry of Health, 1995). The latter number was as high as 14 per cent in Phnom Penh. The survey also found that the percentage of all pregnancies in the preceding five years terminating in abortion was 9 per cent in Phnom Penh, 5 per cent in provincial towns, and 1 per cent in the rural areas. However, the survey cautioned that "... the sensitivity of these questions is likely to have resulted in considerable under-reporting of abortions" (MoH, 1995).

A national maternal mortality survey based on the sisterhood method arrived at an estimate of 473 deaths per 100,000 live births for the period of 1984-86.²³ UNFPA has estimated the current maternal mortality rate at about 500 deaths per 100,000, with about 2,000 Cambodian women dying each year of childbirth-related causes (UNFPA, 1996).²⁴ Since estimates from around the world suggest that, for every maternal death, 100 additional women typically undergo obstetrical complications resulting in morbidity and lifelong disability, the number of Cambodian women whose health is adversely affected due to pregnancy or delivery-related complications is likely to be 200,000 each year (MoH, 1997c). If other reproductive health problems, such as STDs, are included, the number is even greater.

The most important direct causes of maternal deaths are hemorrhage, induced abortion, obstructed labor, hypertension, and sepsis. Malaria and tuberculosis, both common illnesses in Cambodia, can further increase the risk of maternal death. One study showed that women were 44 times more likely to die from a malaria infection than men because their general health and nutritional status is poorer and they are less likely to have access to health care (UNICEF, 1996). Tuberculosis also affects women disproportionately.

²³The sisterhood method does not provide a current estimate of the maternal mortality rate, but its results are generally applicable to 10-12 years before the survey (i.e., 1984-86) at a time when the government followed a pro-natalist policy to increase population. It does not take into account important changes that have occurred in Cambodian society and the health sector more recently.

²⁴In comparison, the estimated maternal mortality is 160 per 100,000 in Vietnam and 200 per 100,000 in Thailand.

Cambodia has one of the highest fertility rates in the region -- estimated at 5 in 1996 (NIS, 1996). There is evidence of a large unmet need for contraception in Cambodia, with an estimated 78 per cent of Cambodian couples of reproductive age being interested in birth control or spacing but being unable to do so owing to an inadequate supply of contraceptives (MoH, 1995). These levels of unmet contraception need are well above the levels observed in most other Asian countries. Too many pregnancies that are too close together expose women to health risks and complications. The poor availability of contraceptive options also means that many Cambodian women use traditional and dangerous methods when they want to terminate an unplanned pregnancy. Induced abortions by such methods are the major cause of maternal mortality in Cambodia.²⁵

In addition, poor access to maternal health services is another reason for the high rate of maternal mortality. A recent survey on the demand for health care in 14 provinces reveals that the vast majority of deliveries occur at home (89.9 per cent) and equally likely to be attended by traditional birth attendants (44.6 per cent) as by midwives (45.3 per cent) (MoH, 1998a). Data from the MoH's health information system indicate that only 905 Caesarean sections were performed in the country in 1996, which translates into a Caesarean section rate of 0.22 per cent. Worldwide, about 5 per cent of all deliveries typically involve a Caesarean section (MoH, 1997a). These data provide evidence of the grossly inadequate access to maternal health services in the country.

Sexually-transmitted diseases (STDs) pose another reproductive health risk that affects Cambodian women. The incidence of STDs has been growing in Cambodia, and the rate of HIV infection has been increasing at an alarming rate. For instance, the increase in HIV positive blood donors jumped from 0.1 per cent in 1991 to 3 per cent in 1997 (MoH, 1998b). Results from the latest round (July 1997 - March 1998) of the HIV Sentinel Surveillance indicate 6.2 per cent of the police personnel and 42.6 per cent of direct commercial sex workers in Cambodia are infected with HIV.²⁶ In Phnom Penh, more than 60 per cent of direct commercial sex workers are infected with HIV.

Nationally, 2.4 per cent of married women, selected at random from the general population, are infected with the virus, indicating that the epidemic has now spread to the general population. Furthermore, it is not only women who live in cities who are infected; in some

²⁵A new 1997 law on abortions clearly spells out the conditions under which abortions may be performed and provides for severe penalties for forced abortions or abortions performed by unauthorized practitioners. It also calls for complete record-keeping by health facilities on each abortion performed.

²⁶All remaining figures in this section are from MoH (1998c).

provinces, such as Takeo, rates of HIV infection among rural married women are greater than those among urban women. This is because men who become infected in the urban areas return home to their villages, and pass on their infection to their wives, who in turn pass the infection to their yet-to-be-born children.

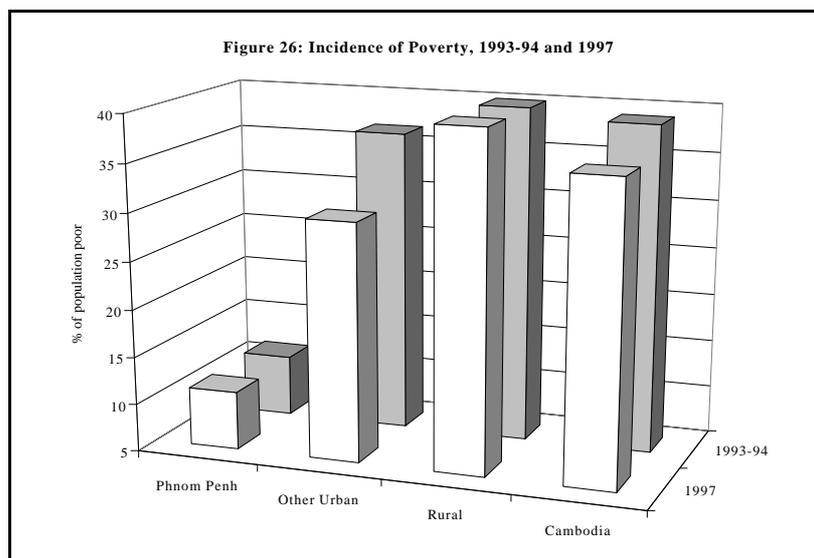
Cambodia now ranks with Thailand and Myanmar as having the most severe HIV epidemic in Asia. What is particularly worrying is that infection rates are highest among the young adult age groups. Among the police, it is the 20-29 year old policemen who have the highest levels of infection. Among married women, it is the women aged 13-20 years who have the highest rates of infection. And among sex workers, 41 per cent of the 15-19 year olds and 20 per cent of the 10-14 year olds are HIV infected. The majority of these young people, who represent the future of Cambodia, will die before they reach their years of maximum economic productivity.

Based on these findings it is estimated that there are approximately 140,000 HIV-infected people in Cambodia, and that the cumulative number of AIDS cases by the year 2000 could be about 25,000 (MoH, 1998b). This will place an increasing burden on the health-care system. Already, in the city of Phnom Penh, 11 per cent of hospital beds are now occupied by people who are HIV positive (MoH, 1998c).

V. POVERTY, CONSUMPTION AND INTRA-HOUSEHOLD DISCRIMINATION

A. Poverty in Cambodia

Poverty is endemic in Cambodia. The most recent estimate of poverty, based on the CSES 1997, suggests that 36 per cent of the Cambodian population lives below the poverty line (MoP 1998).²⁷ While this represents an improvement over the situation in 1993-94, when 39 per cent of the Cambodian population was poor,²⁸ the decline in poverty is extremely modest, considering that the economy was growing rapidly during this period.²⁹ The proportion of the population whose per capita consumption expenditure was below the poverty line fell significantly in the urban areas outside Phnom Penh, modestly in the rural areas, but not at all in Phnom Penh (Figure 26).



Source: MoP (1998).

The reason for the only slight improvement in poverty was that the rapid growth of the Cambodian economy was associated with a significant increase in consumption inequality. While the poorest 20 per cent of the population increased their real consumption expenditure per capita by 1.7 per cent between 1993-94 and 1997, the corresponding increase for the richest 20 per cent of the Cambodian population was 17.9 per cent (MoP, 1998).

²⁷The poverty line is defined as an expenditure of Riels 1819 per capita per day in Phnom Penh, Riels 1407 in other urban areas, and Riels 1210 in the rural areas.

²⁸The 1993-94 numbers are based on data from the Socioeconomic Survey of Cambodia 1993-94 (Prescott and Pradhan, 1997). However, the 1993-94 and 1997 data are strictly not comparable, as the CSES 1997 had a much better coverage of rural areas in the country than did the baseline survey (1993-94 SESC).

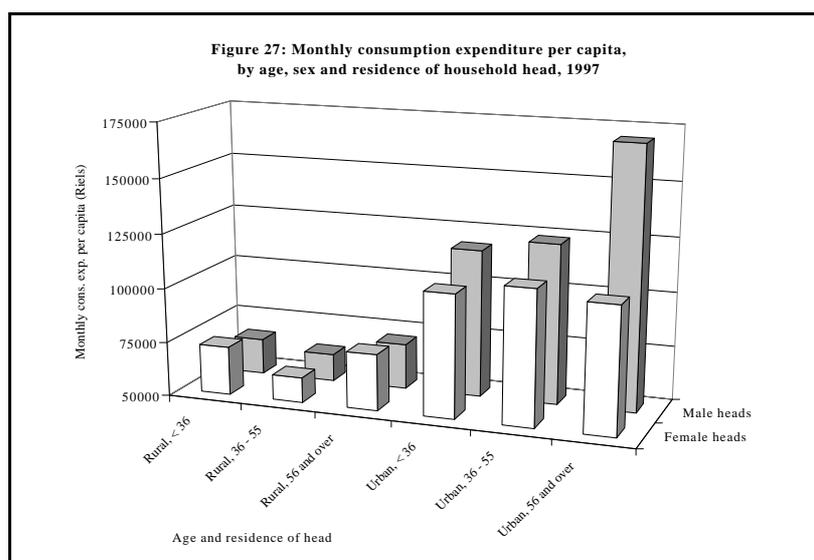
²⁹Real growth in GDP was 4 per cent in 1994, 7.6 per cent in 1995, and 6.5 per cent in 1996 (World Bank, 1997).

B. Magnitude of Poverty among Male- and Female-Headed Households

One outcome of the protracted conflict in Cambodia has been a high rate of female headship of households. Overall, a quarter (25.3 per cent) of Cambodian households are headed by women, with the proportion as high as 29.8 per cent for urban households (Rao and Zaan, 1997). There are marked regional differences in the proportion of households headed by women, with provinces in the Northwest and the South, such as Beanteay Meanchey, Battambang, Kampot and Kampong Speu, having much higher rates than those in the Northeast. While some of this difference could be cultural (the population of the Northeastern provinces is composed largely of hill tribes with different cultural and family patterns), some may be explained by the fact that provinces in the Northwest have experienced greater civil strife and conflict.

It is generally believed that female-headed households are worse off in

terms of their living standards than male-headed households. However, in Cambodia, the incidence of poverty is somewhat higher among male-headed households (37 per cent) than among female-headed households (33 per cent). This is a pattern that was also noticed in the 1993-94 and 1996 SESC data (Prescott and Pradhan, 1997; UNDP, 1997b). One possible explanation for this difference is that the average age of female heads of households (50.1 years) is higher than that of male heads of household (42.3 years), and that the incidence of poverty in Cambodia typically declines with the age of the head of household beyond age 35-39 years.³⁰ Another explanation for the lower rate of poverty among female-headed households may lie in their smaller (demographic) dependency burden -- a consequence of truncation in fertility of the female head owing to her husband's death or absence from home.



Source: CSES (1997).

³⁰ For instance, the incidence of poverty is 42 per cent for households in which the head is aged 35-39 years, while it is only 30 percent for households in which the head is aged 55 years or older.

However, Figure 27, which reports mean monthly consumption expenditure per capita by age, sex and rural/urban residence of the household head, shows that individuals living in female-headed households are at a disadvantage over those living in male-headed households *in the urban areas of the country*. Even in these areas, it is individuals living in households where the female head is aged 56 years and over who are most disadvantaged in terms of living standards.

Why are female-headed households in the urban areas at high risk of poverty? The probable answer is that extended (or joint) households are more common in the rural areas, and there are often multiple male earners (such as sons, sons-in-law, brothers-in-law, and other younger male relatives) who are present in a rural female-headed household and make up for the income loss associated with a missing male head. However, in the urban areas, female-headed households, especially where the female head is old (i.e., older than 55 years of age), often do not have the additional male earners to make up for the income loss associated with an absent male head.

It should be noted that the survey data merely show that female-headed households in the rural areas are not disadvantaged with respect to male-headed households *in terms of their per capita consumption levels*. This does not rule out other dimensions in which rural female-headed households might be worse off than male-headed households. For example, in most traditional societies, female-headed households have lower social status than male-headed households.

C. Intra-Household Allocation of Consumption Goods

It is also important to remember that most females are not heads of household nor do most females live in female-headed households (only 21 per cent do). It would, therefore, be of interest to know whether the consumption of male and female members differs in all households -- male- and female-headed. This is a difficult question to answer since consumption data are typically collected at the household -- not individual -- level. However, it is possible to infer the allocation of consumption goods within the household to different groups of members (such as female infants, male children aged 5-15 years, elderly females, etc.) by relating variations in household consumption expenditure to variations in household demographic composition.

Such an exercise is attempted and reported in Table Annex 6. The main empirical results are as follows.

- Female infants and children (below the age of 15 years) receive somewhat larger allocations of cereals (consisting mainly of rice) than male infants and children. However, among adults aged 15 years and over, males generally receive larger allocations than women (with the exception of males aged 45-59 years who receive less). For instance, monthly household expenditure on cereals increases by Riels 10,759 with an additional female aged 15-24 years in the household. However, it increases by Riels 12,258 with an additional male aged 15-24 years, suggesting that males aged 15-24 years consume 14 per cent more cereals than females aged 15-24 years. Males aged 25-44 years appear to consume 21 per cent more than comparably-aged females. However, these consumption differences may not entirely reflect household discrimination against women, since men aged 15-44 years typically have greater nutritional requirements owing to their larger body size and more physically-demanding occupations. But, at the same time, it is important to remember that many women in this age group also have greater nutritional needs owing to pregnancy and lactation.
- There is a distinct pattern of adult males receiving significantly larger allocations of discretionary food items, such as meat and eggs, than adult females. It is unlikely that these larger allocations are related to the greater food requirements of men.
- The empirical results likewise suggest that men aged 25 years and over make significantly greater demands than comparably-aged women on the household budget on clothing.

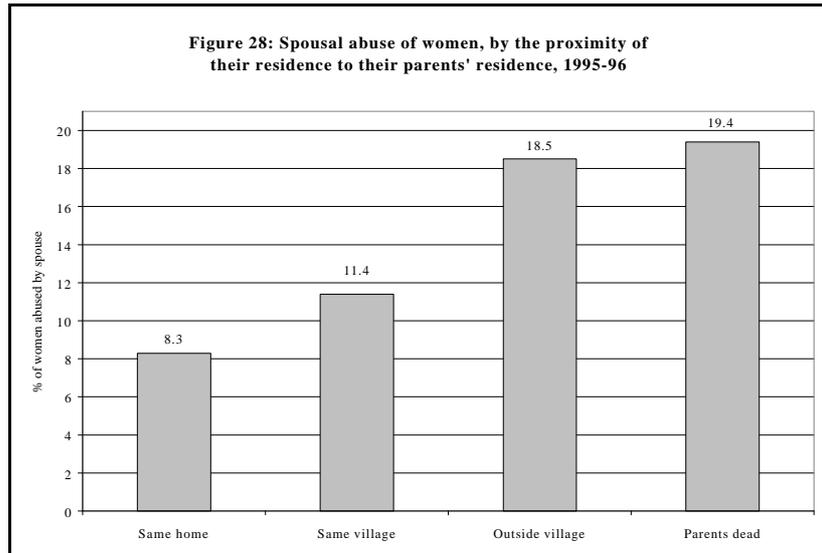
Thus, even if the evidence is ambiguous on whether females receive smaller allocations of essential consumption goods (such as rice) in relation to their nutritional requirements, it is clear in demonstrating that men are favored over females in the intra-household allocation of discretionary foods, such as meat, and nonfood items, such as clothing.

D. Domestic Violence Against Women

As in other countries, violence directed against women within the household is a serious problem in Cambodia. Because of the shame and fear involved, it is also rarely reported, with the result that there are no accurate statistics on the prevalence of domestic violence. A household survey conducted in Phnom Penh and six provinces in 1995-96 found that 16 per cent of all women surveyed reported being physically abused by their husbands (MoWA, 1996). One-half of these women reported sustaining injuries as a result of this abuse. Almost 50 per cent of women reporting abuse said that their husbands assaulted them after consuming alcohol. Nearly

three-quarters (73.9 per cent) of sampled individuals were aware of at least one family with domestic violence.

Not surprisingly, the survey found that women who resided with their blood relatives were significantly less prone to domestic violence than women who did not live in the same household as their parents (Figure



Source: MoWA (1996).

28). Proximity to parents thus acts as an insurance against spousal abuse for a married daughter.

The survey observed little difference in the rate of abuse among women with no education and those with primary education. However, the probability of being abused by a spouse dropped considerably for women with lower secondary schooling and even more for women with upper secondary schooling. It may be that women with higher education have higher status in the marriage because of their greater earnings power and financial independence, and this reduces the likelihood of their husbands physically abusing them. The results might also reflect the fact that women with higher education are more likely to marry men with higher education, and that men with higher education generally are not habitual spouse abusers.

The problem of domestic violence is not restricted to adult women. Children are often the victims of domestic violence by both their fathers and mothers. In the MoWA survey, 67.5 per cent of all adult respondents believed that they ought to hit their children as a disciplinary measure. Indeed, a larger percentage of women than men (71.6 per cent versus 57.3 per cent) thought it was all right to hit children. Not surprisingly, 92.4 per cent of women who were themselves physically abused by their husbands felt that it was all right to use physical force against their children to discipline them.

There is little doubt that domestic violence and physical abuse causes emotional trauma and inflicts deep scars in a woman or child. In addition, continued abuse at home can, in some cases, drive some children and women into prostitution. There are numerous cases of women and children in Cambodia fleeing home to avoid physical and emotional abuse, and ending up

as prostitutes either out of sheer financial necessity or because they were abducted from the streets.

VI. CONCLUDING REMARKS

The goal of the National Human Development Report is not to make specific policy recommendations but to instead describe the state of human development in the country, focusing particularly on the situation of women and on gender disparities in economic and social opportunities. Hopefully, this will trigger a national dialogue on human development and gender in Cambodia, which in turn will define the issues and priorities for action. In this section, however, some broad issues relating to gender that emanate from this report will be highlighted.

While the general finding in this report is that Cambodia's level of human and gender-related development is roughly comparable to its per capita income level, there is no reason to be complacent about the human development situation in the country. The experience of other countries in the region has shown that economic growth alone does not automatically generate human development. All the countries in Asia that have impressive human development indicators, such as Sri Lanka, China, Philippines and Thailand, have undertaken direct policy interventions during the last 2-3 decades to reduce child malnutrition and mortality and to improve schooling and literacy. Indeed, Sri Lanka and the Philippines have managed to achieve impressive human development outcomes even without strong economic growth. This suggests that there is considerable room for Cambodia to improve its human development situation in spite of its low level of per capita GDP.

Traditionally, Cambodian women have enjoyed relative equality with men because of Khmer kinship structures. However, with the disruption of family life and traditional norms during the last 25 years, the social structure that accorded social status to women is no longer as strong, especially in the urban areas of the country. In addition, the traditional kinship structure offers little protection to women against discrimination in such modern-day pursuits as formal schooling or the wage labor market. Indeed, these are the two spheres of life where Cambodian women are at most significant disadvantage relative to Cambodian men.

The large gender disparity in adult literacy rates is likely to narrow over time as large numbers of Cambodian girls complete primary schooling. However, the gender disparity in secondary and higher education enrollment rates is very wide, and very few women go on to secondary and post-secondary education. One reason for the parental tendency to pull their daughters out of upper primary or secondary school is their perception that female education does not have the same economic returns as male education. However, this is an incorrect perception, as the survey data show very conclusively that the pecuniary returns to female secondary schooling are considerably greater than those to male schooling. This means that the low enrollment of women in secondary and post-secondary education not only deprives women of

the right to expand their capabilities, it also deprives society of the valuable economic contributions they could have made.

Another important reason for not sending girls to secondary school has to do with access. Few villages in Cambodia have secondary schools, so attending secondary school typically means traveling long distances or staying away from home. While boys have traditionally had the option of staying in *wats* to pursue their education away from home, no such avenues are open to girls. Parents are reluctant, therefore, to send their daughters for secondary schooling away from home for fear of their safety. This fear has heightened in recent years with so many cases of girls getting abducted for trafficking and prostitution.

What this finding suggests is that increasing the number of secondary schools -- and thereby reducing the average distance that pupils have to travel to attend school -- is probably a *necessary* condition for expanding female enrollments at the secondary level.

However, increasing the number of secondary schools is unlikely to be *sufficient* to expand female enrollments. The evidence reviewed in this report suggests that an important reason for pulling girls out of school after the primary level is that the opportunity cost of their time becomes simply too valuable. Girls are needed at home to help in household chores, to look after younger siblings, and to tend after the family plot and animals. Indeed, the only ages at which the rates of economic activity are greater for females than for males are 12-21 years -- the ages when children typically obtain secondary and higher education.

The problem of low secondary school enrollment rates for girls is not unique to Cambodia. Many other developing countries have experimented with new and innovative approaches to encourage girls to attend and stay in school, such as establishing female teacher training schools in rural Tanzania, educating girls at night in India, and providing scholarships to girls in Guatemala and Bangladesh. These interventions are all based on the premise that unless the opportunity cost of girls' schooling is lowered for poor households, parents will be reluctant to release their daughters from their household and work responsibilities to attend school.

The labor market is another area where Cambodian women face discrimination. Women make a very important contribution to the Cambodian economy. Indeed, Cambodia has the highest female share of the labor force of any country in Southeast Asia. Yet there is compelling evidence that women in Cambodia are paid significantly less in wages than men for the same type of work. Women earn 30-40 per cent less in wages than men with the comparable qualifications. While wage discrimination is observed in most countries of the world, including

the industrial economies, all the governments participating in the Fourth World Conference on Women in Beijing in 1995 made a commitment to strive "... to eliminate occupational segregation and all forms of employment discrimination" (United Nations, 1995).

An important concern in Cambodia is the high risk of reproductive health problems that women face. Cambodia has one of the highest maternal mortality rates in Asia. In addition, a large number of women experience adverse health problems, many of them resulting in lifelong disability, due to pregnancy- and delivery-related complications. The high rates of maternal mortality and delivery-related health problems are directly the result of high rates of fertility among Cambodian women and inadequate availability of health services in the country. Cambodia's fertility is among the highest in Southeast Asia. There is evidence that there is a large unmet need for contraception, and that women are constrained from reducing their fertility because of inadequate availability of contraceptive choices and methods.

In addition, the poor quality and inadequate provision of health services, mainly maternal and child health services, is an important contributing factor to the problem of poor reproductive health among women. Nearly 90 per cent of deliveries in Cambodia take place at home. Fewer than half are attended by a traditional birth attendant. While there are many reasons for the poor quality and quantity of health services in the country, the fact that the national health budget constitutes only 5 per cent of the total government budget and 0.5 per cent of GDP constrains the ability to provide quality health services to the population (World Bank, 1998).³¹ There is little doubt that Cambodian women will benefit greatly -- perhaps even disproportionately -- from greater public spending on health and improved health services.

Prostitution and trafficking are two social problems relating to women that have become very serious in Cambodia in recent years. Prostitution and trafficking debase women and children, robbing them of their dignity. The sex trade violates the basic human rights of women and children, and prevents them from enjoying lives of economic, social and spiritual freedom. Additionally, with the rapid rise in the incidence of HIV/AIDS in Cambodia, women and children involved in commercial sex face the prospect of a life of suffering and early death.

Unfortunately, eliminating prostitution is an extremely challenging and difficult task, as poverty is an important -- perhaps root -- cause of prostitution. As long as poverty is widespread in Cambodia, there will be a strong incentive for impoverished women and children to go into

³¹As a point of comparison, Bangladesh spends 8.1 per cent of its national budget and 1.3 per cent of its GDP on health. The national health budget of Vietnam constitutes 12.3 per cent of its total government budget and 2.9 per cent of its GDP.

prostitution and for destitute parents to sell their daughters and sons into prostitution. In the long run, therefore, economic development and poverty alleviation will be the most effective means of addressing the problem. In the short run, more effective enforcement of laws on trafficking and rehabilitation of women and child CSWs in other gainful employment activities will be needed.

In conclusion, it needs to be pointed out that Cambodia has made considerable progress in recent years in drafting and passing legislation protecting women's rights. For example, new laws on trafficking, domestic violence, and abortions have been either proposed or ratified in the last year. The Labor Code of 1997 offers special protection to working women. Ultimately, however, it is the enforcement of laws that determines the actual status of women in a society. The machinery for law enforcement is weak in Cambodia, with there being very few trained lawyers and with judges, prosecutors and the police being greatly underpaid. The strengthening of the court system and the law enforcement system in the country would markedly further the cause of women's rights in Cambodia.

ANNEX TABLES

Annex Table 1: Human Development Index, by Population Subgroups, Cambodia, 1997									
Group or subgroup	% children 0-5 years severely stunted	Avg. life expectancy at birth (years)	Life expectancy index	Adult literacy rate (%)	Combined first, second and third level gross enrollment rate (%)	Educational attainment index	Real per capita consumption expenditure	Adjusted income index	HDI
Cambodia	33.1	54.42	0.490	65.86	51.62	0.611	\$1,084	0.163	0.421
Rural	33.8	53.84	0.481	62.91	48.85	0.582	65979	0.236	0.433
Urban	27.8	58.7	0.562	76.70	62.35	0.719	125709	0.620	0.633
Poorest 20%	36.1	51.95	0.449	57.29	45.32	0.533	29142	0.000	0.327
Second 20%	36.2	51.86	0.448	62.55	49.79	0.583	42621	0.086	0.372
Third 20%	33.6	54	0.483	64.03	53.12	0.604	56232	0.174	0.420
Fourth 20%	29.5	57.31	0.538	68.62	52.03	0.631	78491	0.317	0.495
Richest 20%	27.2	59.2	0.57	74.36	58.78	0.692	185015	1	0.754

Notes: Average life expectancy at birth for different subgroups is derived by taking a single national figure of life expectancy (54.42 years), and scaling it for different subgroups in the same ratio as their severe child stunting figures (shown in column 1).

Source: The figure under "Real per capita consumption expenditure" for Cambodia is Cambodia's real per capita GDP (in PPP \$), as reported in UNDP (1997a). All other figures in that column are real monthly consumption expenditure per capita from the CSES (1997) data.

Annex Table 2: Gender-Related Development Index, by Population Subgroups, Cambodia, 1997								
Indicator	Cambo-			Per capita expenditure quintile				
	dia	Rural	Urban	Poorest	Second	Third	Fourth	Richest
% males 0-5 years severely stunted	35.4	36.4	28	40	38.8	37.7	30.8	25.2
% females 0-5 years severely stunted	30.78	31.2	27.6	32.2	33.6	29.7	28.2	29
Adjusted male life expectancy (years)	50.30	49.52	56.04	46.74	47.68	48.50	53.88	58.24
Adjusted female life expectancy (years)	58.62	58.26	61.31	57.39	56.21	59.57	60.79	60.11
Equally-distributed life expectancy index	0.491	0.481	0.561	0.448	0.449	0.480	0.540	0.567
Male adult literacy rate (%)	78.5	76.17	86.94	70.24	75.69	77.41	81.55	85.18
Female adult literacy rate (%)	55.34	51.91	68.03	46.89	51.85	52.41	57.97	65.16
Combined first, second and third level enrollment rate for males (%)	58.09	55.07	69.95	51.65	54.22	59.37	59.26	66.99
Combined first, second and third level enrollment rate for females (%)	45.26	42.73	55	39.1	45.57	46.48	45.38	50.58
Equally-distributed educational attainment index	0.598	0.568	0.709	0.52	0.571	0.588	0.617	0.679
Per capita monthly consumption expenditure	1,084	65,979	125,709	29,142	42,621	56,232	78,491	185,015
Male share of total population (%)	0.476	0.477	0.472	0.483	0.471	0.486	0.467	0.473
Female share of total population (%)	0.524	0.523	0.528	0.517	0.529	0.515	0.533	0.527
Ratio of female to male nonagricultural wage	0.74	0.629	0.726	0.536	0.672	0.692	0.779	0.745
Male share of economically-active population (%)	0.484	0.475	0.528	0.469	0.478	0.486	0.484	0.502
Female share of economically-active population (%)	0.516	0.525	0.472	0.531	0.522	0.514	0.516	0.498
Equally-distributed income index	0.193	0.283	0.647	0.010	0.120	0.229	0.403	1.140
GDI	0.427	0.444	0.639	0.326	0.380	0.432	0.520	0.796

Notes: See notes to Annex Table 1.
Source: CSES, 1997.

Annex Table 3: Human Poverty Index, by Population Subgroups, Cambodia, 1997							
Population subgroup	% of children under 5 severely stunted	% of pop. not surviving to age 40 years	% of adult population illiterate	% of pop. with no access to safe water	% of pop. with no access to health services	% of children under 5 moderately or severely under-weight	HPI
Cambodia	33.07	31.90	34.14	63.34	30.51	49.33	42.53
Male	35.40	34.50	21.50	63.34	29.21	51.10	38.31
Female	30.78	29.61	44.66	63.34	31.57	47.60	49.22
Rural	33.79	32.57	37.09	71.87	32.85	50.25	44.91
Urban	27.81	28.99	23.30	30.47	20.37	42.51	34.19
Rural males	36.40	37.94	23.83	71.87	31.29	52.27	41.94
Rural females	31.21	27.92	48.09	71.87	34.15	48.26	51.61
Urban males	28.03	29.21	13.06	30.47	19.52	42.56	31.11
Urban females	27.60	24.69	31.97	30.47	20.99	42.47	37.00
<i>Per capita expenditure quintile:</i>							
Poorest	36.11	34.80	42.71	70.67	40.82	53.81	50.16
Second	36.22	34.91	37.45	71.04	34.38	51.67	46.49
Third	33.60	32.38	35.97	69.71	30.58	47.20	43.90
Fourth	29.53	28.46	31.38	61.67	28.35	47.43	38.74
Richest	27.19	26.21	25.64	43.62	23.57	43.91	33.66
<i>Per capita expenditure quintile and sex:</i>							
Poorest quintile males	39.97	41.66	29.76	70.67	37.46	57.69	47.35
Second quintile males	38.77	40.41	24.31	71.04	34.17	51.85	44.11
Third quintile males	37.72	39.31	22.59	69.71	30.66	49.47	42.55
Fourth quintile males	30.80	32.10	18.45	61.67	25.59	49.69	35.34
Richest quintile males	25.20	26.26	14.82	43.62	21.94	43.03	29.02
Poorest quintile females	32.22	28.83	53.11	70.67	43.91	49.90	56.32
Second quintile females	33.62	30.07	48.15	71.04	34.56	51.49	52.44
Third quintile females	29.65	26.53	47.59	69.71	30.52	45.03	50.66
Fourth quintile females	28.22	25.24	42.03	61.67	30.68	45.09	45.46
Richest quintile females	29.02	25.96	34.84	43.62	24.74	44.72	39.84
Notes: Figures on percentage of population not surviving to age 40 have been derived by taking a single national figure of percentage of population not surviving to age 40 (31.9), and scaling it for different subgroups in the same ratio as their severe child stunting figures (shown in column 1).							
Source: CSES, 1997							

Annex Table 4: Regression analysis of logarithm of individual monthly earnings (in Riels) for estimating the pecuniary returns to schooling, Cambodia, 1997		
Independent Variable	Parameter	T-ratio
Whether female?	-0.255	-0.95
Whether completed primary schooling?	0.099	1.79
Whether female X primary schooling	0.225	2.75
Whether completed lower secondary schooling?	0.354	5.65
Whether female X lower secondary schooling	0.291	3
Whether completed upper- or post-secondary schooling?	0.418	4.65
Whether female X upper or post secondary schooling	0.382	2.54
Age (years)	0.049	5.54
Whether female X Age	-0.008	-0.61
Age squared	-0.48	-4.83
Whether female X Age squared	0.0759	0.48
Intercept	10.03	54.57
Number of observations	4828	
R-squared	0.076	
F-ratio	28.69	
Source: CSES, 1997.		

Annex Table 5: Regression analysis of logarithm of individual monthly earnings (in Riels) for estimating the extent of wage discrimination in the Cambodian labor market, 1997		
Independent Variable	Parameter	T-ratio
Intercept	10.865	57.49
Whether female?	-0.364	-10.19
Whether completed primary schooling?	0.175	4.42
Whether completed lower secondary schooling?	0.341	7.02
Whether completed upper or post-secondary schooling?	0.381	5.13
Age (years)	0.041	6.08
Age squared (x 1000)	-0.401	-5.16
<i>Whether worker belongs to the following occupation**:</i>		
Legislators, senior officials, managers	-0.900	-4.25
Professionals	-0.689	-3.71
Technicians and associate professionals	-0.374	-1.86
Clerks	(dropped)	
Service workers	-0.226	-1.74
Skilled agricultural and fishery workers	-0.829	-6.51
Craft and related trades workers	-0.323	-2.40
Plant and machine operators and assemblers	-0.242	-1.64
Elementary occupations	-0.569	-3.98
Number of observations	4,616	
F-ratio	39.11	
R-squared	0.125	
Source: CSES, 1997.		

Annex Table 6: Regression analysis of monthly household consumption expenditure on specific items
on the number of household members belonging to different demographic groups, 1997

Independent Variable	Monthly household consumption expenditure (Riels) on:													
	Cereals		Fish		Meat		Eggs		Clothing		Recreation		Personal Care	
	Parameter	T-ratio	Parameter	T-ratio	Parameter	T-ratio	Parameter	T-ratio	Parameter	T-ratio	Parameter	T-ratio	Parameter	T-ratio
Males aged 0-4 years	9,134	5.00	5,785	5.11	-1,441	-1.39	297	1.13	-253	-0.51	-455	-2.95	29	0.07
Males aged 5-14 years	11,293	7.99	6,386	8.18	966	1.04	784	3.92	335	0.97	-64	-0.42	-353	-0.64
Males aged 15-24 years	12,258	8.28	8,336	7.26	4,337	4.34	1,269	5.71	4,178	8.13	424	2.33	1,720	2.71
Males aged 25-44 years	14,104	7.14	13,300	11.12	12,672	7.10	2,488	9.92	5,833	9.91	608	2.48	2,146	5.55
Males aged 45-59 years	10,524	4.39	13,116	7.03	18,319	5.88	1,433	3.86	5,246	6.04	534	1.55	1,231	1.85
Males aged 60 years and over	11,159	6.01	8,975	5.38	8,989	3.63	858	2.26	3,370	4.07	50	0.15	1,414	1.41
Females aged 0-4 years	10,030	6.09	8,016	6.11	3,070	1.03	591	2.10	1,263	1.71	494	1.04	1,216	1.08
Females aged 5-14 years	11,544	6.02	4,277	6.26	492	0.54	251	1.68	1,021	2.92	34	0.21	151	0.29
Females aged 15-24 years	10,759	9.14	6,584	7.59	3,743	3.29	867	4.36	3,950	8.28	90	0.48	2,012	3.50
Females aged 25-44 years	11,635	7.90	12,628	10.96	12,049	5.18	1,636	7.52	4,419	6.36	735	2.75	3,916	2.94
Females aged 45-59 years	14,855	8.35	15,781	10.04	7,430	4.84	1,245	4.05	3,103	4.23	677	1.74	2,325	1.52
Females aged 60 years and over	9,935	5.38	11,032	7.27	4,278	2.78	1,397	3.74	898	1.33	67	0.23	806	1.49
Number of observations	6010		6010		6010		6010		6010		6010		6010	
F-ratio	497.99		524.3		213.58		168.49		194.49		15.88		82.63	
R-squared	0.477		0.531		0.264		0.265		0.334		0.030		0.102	

Source: CSES, 1997.

APPENDIX

Data Source

This report is largely based on household data from the 1997 Cambodia Socio-Economic Survey (CSES), which was undertaken under a World Bank/UNDP project on “Capacity Development for Socio-Economic Surveys and Planning.” The CSES survey utilized three separate questionnaires: (i) a core household questionnaire, (ii) a social-sector household module (intended to be the first in a series of rotating, special-purpose household questionnaires), and (iii) a village questionnaire. The core household questionnaire collected data on the demographic characteristics of household members, current and previous school enrollment, employment and earnings, morbidity and health care utilization, housing characteristics, household expenditures, and the ownership of durables. The social-sector household module obtained more detailed information at the individual and household level on health and educational outcomes and on access and utilization of health and educational services. The village questionnaire collected information on land use, access to community and social services (e.g., roads, electricity, markets, schools, health facilities), and retail prices for selected food and non-food items (including ten specific medicines).

The 1997 CSES was administered to randomly selected households in a stratified sample of randomly selected villages in 20 of Cambodia’s 23 provinces.³² The field work was conducted in a single round of interviewing, which began in the last week of May 1997 and was completed at the end of June 1997. In the first stage of sampling, 474 villages were selected using systematic random sampling (with probability proportionate to population size) from each of three strata: (i) Phnom Penh (120 villages) ; (ii) other urban areas (100 villages); and (iii) rural areas (254 villages). In the second stage of sampling 10 (15) households were selected using systematic random sampling from each urban (rural) village, yielding a total sample size of 6,010 households. The CSES is not a self-weighting sample, and all of the estimates presented in this report are weighted to reflect sampling probabilities calculated by the National Institute of Statistics (NIS, 1997).

The sampling frame of the 1997 CSES (as well as of earlier household surveys in Cambodia) did not cover all villages in the country. Table 2 summarizes the characteristics of the sampling frame used in the 1997 CSES. The 1997 CSES sampling frame includes all villages in Phnom Penh but excludes 73 (9 percent) of the villages in the ‘Other Urban’ stratum and 1,571

³²Excluded provinces were Mondul Kiri (included in the sampling frame, but not represented in the randomly selected sample), Preah Vihear, and Oddar Meanchey.

(14 percent) of the villages in the rural stratum. The estimates presented in the remainder of this report apply only to the villages included in the sampling frame (i.e., no attempt has been made to extrapolate the estimates to include villages not in the sampling frame).

Coverage of the 1997 CSES				
	1997 CSES sample size (1)	1997 CSES sampling frame (2)	Cambodia* (3)	Coverage of 1997 CSES sampling frame (%) (4=2/3)
<u>Phnom Penh</u>				
Villages	120	615	615	100.0
Households	1,200	134,212	134,212	100.0
<u>Other Urban</u>				
Villages	100	761	834	91.2
Households	1,000	143,030	150,310	95.2
<u>Rural</u>				
Villages	254	9,903	11,474	86.3
Households	3,810	1,218,640	1,379,143	88.4
<u>Cambodia</u>				
Villages	474	11,279	12,923	87.3
Households	6,010	1,491,725	1,663,665	89.7
Notes: *Based on updated UNTAC list (NIS 1997).				

GLOSSARY OF TERMS

Adult literacy rate is the percentage of people aged 15 and above who can read or write.

Contraceptive prevalence rate is the percentage of married women of child-bearing age who are using, or whose husbands are using, any form of contraception, whether modern or traditional.

Dependency ratio is the ratio of the population defined as dependent -- those under 15 and over 64 -- to the working-age population, aged 15-64.

Economically-active population is the number of persons who supply labor for the production of economic goods and services, as defined by the UN System of National Accounts, during a specified time period (a week, month or year), whether for the market, for barter or for own-consumption.

Enrollment ratio (gross and net) The gross enrollment ratio is the number of students enrolled in a level of education – whether or not they belong in the relevant age group for that level – as a percentage of the population in the relevant age group for that level. The net enrollment ratio is the number of students enrolled in a level of education who belong in the relevant age group, as a percentage of the population in that age group. The age groups corresponding to the primary, lower secondary and upper secondary levels in Cambodia are 6-11 years, 12-14 years, and 15-17 years.

Gender Empowerment Measure (GEM) is a measure of the relative participation of women and men in political and economic spheres of activity. It is a composite measure of the representation of women in legislative (parliament) bodies, in administration and management, and in the technical-professional field relative to their representation in the general population. In addition, it includes a measure of income, but (like the GDI) discounts real per capita GDP on the basis of the relative disparity in the male and female shares of earned income.

Gender-Related Development Index (GDI) is similar to the HDI but adjusts the average attainment of each country in life expectancy, educational attainment and income in accordance with the disparity in achievement between men and women.

Gross domestic product (GDP) is the total output of goods and services for final use produced by an economy, by both residents and non-residents, regardless of the allocation to

domestic and foreign claims. It does not include deductions for depreciation of physical capital or depletion and degradation of natural resources.

Health services access The percentage of the population that can reach appropriate local health services on foot or by local means of transport in no more than one hour.

Human Development Index (HDI) is a composite measure of longevity, as measured by average life expectancy at birth; educational attainment, as measured by a combination of adult literacy and combined primary, secondary and tertiary enrolment ratios; and standard of living, as measured by real GDP per capita (expressed in purchasing power parity-adjusted exchange rates).

Human Poverty Index (HPI) measures deprivation in three essential elements of human life -- longevity, knowledge and a decent standard of living. It is a composite measure of the percentages of people who are not expected to survive to age 40, who are illiterate, and who have no access to safe water and health services, as well as the percentage of moderately and severely underweight children under 5 years of age.

Infant mortality rate is the annual number of deaths of infants under one year of age per 1,000 live births.

Low birth-weight infants The percentage of babies born weighing less than 2,500 grams.

Maternal mortality rate is the annual number of deaths of women from pregnancy-related causes per 100,000 live births.

Per capita expenditure quintiles are obtained by ranking all individuals in the CSES 1997 sample on the basis of their monthly consumption expenditure per capita, and then dividing the sample population into five equally-sized groups. The poorest quintile thus represents the poorest 20 per cent of the Cambodian population, while the richest quintile represents the richest 20 per cent of Cambodians. To obtain real per capita consumption expenditures, nominal expenditures were deflated using the food poverty lines for Phnom Penh, Other Urban and Rural Areas (MoP, 1998).

Real per capita GDP (PPP\$) is the GDP per person of a country converted into US dollars on the basis of the purchasing power parity of the country's currency.

Safe water access The percentage of the population with reasonable access to safe water supply, including treated surface water or untreated but uncontaminated water such as that from springs, sanitary wells and protected boreholes.

Sex ratio is the number of men in a population per 100 women.

Stunting (moderate and severe malnutrition) The percentage of children under five who are below minus two standard deviations from the median height for age of the reference population. The reference standards are typically those developed by the United States National Center for Health Statistics (NCHS).

Total fertility rate is the average number of children that would be born alive to a woman during her lifetime, if she were to bear children at each age in accord with prevailing age-specific fertility rates.

Underweight (moderate and severe malnutrition) The percentage of children under five who are below minus two standard deviations from the median weight for age of the reference population. The reference standards are typically those developed by the United States National Center for Health Statistics (NCHS).

Wasting (moderate and severe malnutrition) The percentage of children under five who are below minus two standard deviations from the median weight for height of the reference population. The reference standards are typically those developed by the United States National Center for Health Statistics (NCHS).

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