0.a. Goal

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

0.b. Target

2.2: by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons

0.c. Indicator

2.2.3 Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status

0.d. Series

2.2.3 Proportion of women aged 15-49 years with anaemia, pregnant

2.2.3 Proportion of women aged 15-49 years with anaemia, non-pregnant

0.e. Metadata update

November 2020

1.a. Organisation

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2.a. Definition and concepts

Percentage of women aged 15−49 years with a haemoglobin concentration less than 120 g/L for non-pregnant women and lactating women, and less than 110 g/L for pregnant women, adjusted for altitude and smoking.

Anaemia: condition in which the concentration of blood haemoglobin falls below established cut-off values.

Iron deficiency state in which there is insufficient iron to maintain the normal physiological function of blood, brain and muscles (ICD-11, 5B5K.0 iron deficiency)

Iron deficiency anaemia: (ICD-11, 3A00, iron deficiency anaemia)

Blood haemoglobin concentration: concentration of haemoglobin in whole blood

2.b. Unit of measure

Percent

3.a. Data sources

Cambodia Demographic and Health Survey (CDHS)

3.b. Data collection method

The CDHS was conducted in 2000, 2005, 2010 and 2014. Before the CDHS, similar surveys known as Demographic Survey 1996 was also conducted by the NIS and followed by Nation Health Survey 1998 was conducted by Ministry of Health.

The CDHS is national household survey covering many areas related to the demographic and health situation within the population. It includes information on demography, family planning, infant and child mortality, domestic violence, and health-related information such as breastfeeding, antenatal care, children’s immunization, childhood diseases, and HIV/AIDS. Also, the questionnaires are designed to evaluate the nutritional status of mothers and children and to measure the prevalence of anemia.

The survey covered a sample of 15,000 plus households. All women age 15-49 in these households and all men aged 15-49 in a sub-sample of one-half of the households were eligible to be individually interviewed. The questionnaire is conducted in three parts for household, women and men in the household supplemented by blood collection for HIV and hemoglobin testing.

The CDHS data were collected by 17 teams, each consisting of a team supervisor, a field editor, and four female interviewers. Each team was in charge of data collection in one province or a group of provinces. Coordination and supervision of the interviewing activities were done by four survey coordinators and four supervisory staff members from the National Institute of Statistics and the Ministry of Health. Data collection took place over a six-month period, from February to July in the year of survey.

The detailed documentations of the survey, such as questionnaire, filed operation annual and technical report on survey design and implementation are stored in NADA (National Data Archive), NIS website: http://nada.nis.gov.kh/index.php/home

3.c. Data collection calendar

The next round survey: Quater3, 2021

3.d. Data release calendar

One year after the reference period of the survey

3.e. Data providers

National Institute of Statistics

3.f. Data compilers

National Institute of Statistics

3.g. Institutional mandate

By virtue of the article 12 of Statistics Law, NIS in is responsible for:

- Collecting, processing, compiling, analyzing, publishing and disseminating basic data by conducting censuses and surveys, and utilizing administrative data sources;
- Compiling national accounts and price indexes, as well as economic, environment and socio-demographic indicators;
- Coordination with line ministries as data producers as mandated by the Statistics Law; and
- Functioning as the central repository of CSDG/SDG indicators.

4.a. Rationale

Anaemia is highly prevalent globally, disproportionately affecting children and women of reproductive age. It negatively affects cognitive and motor development and work capacity, and among pregnant women iron deficiency anaemia is associated with adverse reproductive outcomes, including preterm delivery, low-birth-weight infants, and decreased iron stores for the baby, which may lead to impaired development. Iron deficiency is considered the most common cause of anaemia, but there are other nutritional and non-nutritional causes. Blood haemoglobin concentrations are affected by many factors, including altitude (metres above sea level), smoking, trimester of pregnancy, age and sex. Anaemia can be assessed by measuring blood haemoglobin, and when used in combination with other indicators of iron status, blood haemoglobin provides information about the

severity of iron deficiency. The anaemia prevalence for the population is used to classify the public health significance of the problem.

4.b. Comment and limitations

Despite the extensive data search, data for blood haemoglobin concentrations are still limited, compared to other nutritional indicators such as child anthropometry (1, 24); this was especially true in the high-income countries of the WHO European Region. As a result, the estimates may not capture the full variation across countries and regions, tending to “shrink” towards global means when data are sparse. Additionally, it was not possible to incorporate into the analyses some potentially important predictors of blood haemoglobin concentration, especially dietary iron and iron supplementation, because of limited data.

4.c. Method of computation

Number of the anemic women aged 15-49 years divided by number of the total women aged 15-49 years.

The anaemia status of women is assessed using blood haemoglobin concentrations. In surveys, blood haemoglobin concentrations are typically measured using the direct cyanmethemoglobin method in a laboratory or with a portable, battery-operated, haemoglobin photometer in the field that uses the azide-methaemoglobin method.

5. Data availability and disaggregation

Data available based on CDHS 2000, 2005, 2010 and 2014.

Data are available by age groups, sex, wealth, mothers' education geographic location (urban/rural) and by sub national and stratified estimates (e.g. sex, age groups, wealth, mothers' education, residence).

7. References and Documentation

Cambodia Demographic and Health Survey Reports: https://dhsprogram.com/Countries/Country-Main.cfm?ctry_id=6