

When the NHS 1998 survey was undertaken, the Ministry of Health was beginning to implement a redesigned Health Coverage Plan created to improve the accessibility and quality of government health services. The major points of the new health care plan were to create a network of health centers throughout the country delivering the “Minimum Package of Activities” services. The data collected in the NHS 1998 survey was considered to be a baseline of health conditions in the country before implementation of the new health coverage plan. The CDHS 2000 survey can be used to provide a first-round analysis of health care delivery under the new plan.

Utilization of health services was assessed in the Household Questionnaire. The questions were asked of all households in the sample. First, information was collected to assess the prevalence of injuries and deaths due to accidents in the past year. Second, the informant was asked whether any household members suffered from any physical impairments. Third, inquiry was made of the severity of illness or injury and the subsequent utilization of health services for all members of the household who had been ill or injured in the 30 days prior to the interview.

3.1 ACCIDENTAL DEATH OR INJURY

The respondent in all households was asked whether any household members had suffered accidental injuries or deaths in the past 12 months. If anyone was injured, the cause of the injury was recorded. The respondent was asked whether the victim was alive or dead, and if dead, whether the accident was the cause of death. The questions were designed in this order to definitively assess the cause of injury and the cause of death, if a death was noted.

Frequency of accidental death or injury

The frequency of injuries and deaths among the Cambodian population is not high (Table 3.1). A total of slightly less than 1 percent of the population had suffered an injury or death by accident in the past 12 months. Accidental injuries were almost four times more common than accidental deaths but were found in less than three-quarters of 1 percent of the population. This is the equivalent of 7 persons injured out of 1,000. Accidental deaths were found in less than one-quarter of one percent of the population, or 2 persons out of 1,000.

The percentage of the population injured in the past 12 months increases with age. For children to young adults (from birth to 19 years), 0.6 percent were injured. The percentage increased with age: 1.1 percent of those 40-59 years old were found to be injured. Similar trends were found in accidental deaths. Only 0.1 percent or 1 out of 1,000 children less than 9 years of age died in an accident, whereas 6 out of 1,000 adults over 60 years of age had died in an accident.

Men were twice as likely to be injured in an accident as women. One percent of the male population was injured in an accident in the past 12 months, compared with only 0.5 percent of women. Despite the large differences of accidental injuries by sex, men and women perished in accidents at an equal rate. There were no differences in accidental injuries or deaths by urban-rural residence. There were strong differences found by region. The highest percentage of accidental

Table 3.1 Injury or death in an accident

Percentage of the de facto household population injured or killed in an accident in the past 12 months, according to background characteristics, Cambodia 2000

Background characteristic	Result of accident			Number of household members
	Injured	Killed	Total injured or killed	
Age group				
0-9	0.6	0.1	0.7	17,576
10-19	0.6	0.1	0.7	17,552
20-39	0.8	0.2	1.0	16,394
40-59	1.1	0.2	1.3	9,123
60+	0.8	0.6	1.4	3,631
Sex				
Male	1.0	0.2	1.2	30,772
Female	0.5	0.2	0.7	33,502
Residence				
Urban	0.7	0.2	0.9	9,903
Rural	0.7	0.2	0.9	54,373
Region				
Banteay Mean Chey	0.4	0.3	0.7	2,989
Kampong Cham	0.6	0.4	1.0	8,467
Kampong Chhnang	0.6	0.4	1.0	2,462
Kampong Spueu	0.5	0.0	0.5	3,516
Kampong Thum	0.8	0.1	0.9	3,259
Kandal	1.7	0.1	1.8	6,245
Kaoh Kong	0.8	0.1	0.9	648
Phnom Penh	0.9	0.1	1.0	5,615
Prey Veang	0.1	0.1	0.3	5,348
Pousat	0.9	0.1	1.0	1,920
Svay Rieng	0.5	0.2	0.7	2,809
Takaev	0.4	0.2	0.5	4,670
Bat Dambang/Krong Pailin	0.9	0.1	1.0	4,475
Kampot/Krong Kaeb/ Krong Preah Sihanouk	0.9	0.1	1.0	4,215
Preah Vihear/Stueng				
Traeng/Kracheh	0.2	0.2	0.4	2,539
Mondol Kiri/Rotanak Kiri	0.4	0.0	0.4	714
Siem Reab/Otdar				
Mean Chey	1.2	0.3	1.5	4,387
Total	0.7	0.2	0.9	64,276

injury was found in Kandal Province (1.7 percent). The lowest percentage of accidental injury was found in Prey Veang province (0.1 percent). The provinces with the highest percentages of accidental death were Kampong Cham and Kampong Chhnang (0.4 percent). The lowest percentages of accidental death were found in Kampong Spueu and Mondol Kiri/Rotanak Kiri (less than 0.1 percent).

Type of accident

Originally, the question about the type of accident was meant to assess the impact of landmines on the population. Due to the great increase in use of motorized vehicles and motor accidents in Cambodia in recent years, data on prevalence of road accidents was also requested. To collect this information, a list of the most common accidents was made and integrated into the question. The question was field-tested and found to be effective. However, in the final results, the response “other” was found to be one of the most common answers, indicating most likely that there are types of accidents that were not included in the list of potential responses.

The most widespread cause of accidental injury or death was that of road accident (33 percent) (Table 3.2). The second most common cause of accidents was a fall from a building or tree (13 percent). Landmine accidents (3 percent) were less common than accidents with guns (5 percent) and snake or animal bites (5 percent). Drowning accounted for the same percentage of injuries and deaths as landmines (3 percent).

There were significant differences in accidental injuries and deaths in the last 12 months by age. Landmines injured or killed the most economically active population. Those age 20-39 (6 percent) were injured or killed three times as often as younger Cambodians age 0-19 (2 percent). Gunshot injuries and deaths affected those 10-39 years of age to the greatest extent (6 percent).

Table 3.2 Injury and death in an accident by type of accident

Percent distribution of the de facto household population who were injured or killed in an accident in the past 12 months by type of accident, according to background characteristics, Cambodia 2000

Background characteristic	Type of accident										Total	Number of persons injured/killed
	Landmine/unexploded bomb	Gunshot	Road accident	Severe burning	Snake/animal bite	Fall from tree/building	Drowning	Poisoning (chemical)	Other	Don't know		
Age group												
0-9	2.0	1.1	29.3	5.4	9.2	19.4	4.9	1.3	26.6	0.8	100.0	116
10-19	1.6	6.6	33.0	2.7	4.8	17.8	0.9	2.2	28.9	1.5	100.0	123
20-39	6.4	6.3	39.7	0.8	3.2	8.7	2.4	3.0	29.1	0.5	100.0	161
40-59	0.9	3.9	40.0	0.8	7.0	9.4	0.4	1.0	35.4	1.2	100.0	117
60+	4.5	4.1	22.4	0.0	0.9	16.1	4.1	2.1	41.4	4.4	100.0	52
Sex												
Male	4.1	5.7	27.9	1.9	5.0	14.7	3.8	1.5	34.3	1.0	100.0	373
Female	1.1	3.8	42.2	2.5	5.3	10.3	1.3	2.6	27.0	3.8	100.0	220
Residence												
Urban	1.6	6.9	40.9	1.1	3.5	8.4	1.0	1.8	34.4	0.4	100.0	88
Rural	3.3	4.7	31.9	2.3	5.4	13.9	3.2	1.9	31.1	2.3	100.0	505
Region												
Banteay Mean Chey	*	*	*	*	*	*	*	*	*	*	*	22
Kampong Cham	(0.0)	(2.9)	(17.1)	(2.8)	(2.8)	(19.9)	(2.9)	(0.0)	(45.8)	(5.7)	100.0	85
Kampong Chhnang	(0.0)	(4.3)	(32.3)	(0.0)	(6.5)	(9.7)	(0.0)	(0.0)	(44.6)	(2.7)	100.0	25
Kampong Spueu	*	*	*	*	*	*	*	*	*	*	*	16
Kampong Thum	(0.0)	(6.1)	(15.1)	(3.0)	(3.0)	(24.1)	(0.0)	(0.0)	(48.8)	(0.0)	100.0	28
Kandal	0.0	0.0	61.6	0.0	2.8	4.3	1.4	2.9	27.0	0.0	100.0	113
Kaoh Kong	(3.2)	(11.4)	(54.1)	(3.2)	(3.2)	(6.5)	(0.0)	(0.0)	(16.2)	(2.3)	100.0	6
Phnom Penh	(0.0)	(8.2)	(61.9)	(0.0)	(2.4)	(7.8)	(0.0)	(2.8)	(16.8)	(0.0)	100.0	55
Prey Veang	*	*	*	*	*	*	*	*	*	*	*	14
Pousat	(0.0)	(4.2)	(34.1)	(8.6)	(4.2)	(7.1)	(2.3)	(0.0)	(28.4)	(11.1)	100.0	20
Svay Rieng	*	*	*	*	*	*	*	*	*	*	*	19
Takaev	*	*	*	*	*	*	*	*	*	*	*	24
Bat Dambang/Krong Pailin	(10.6)	(0.0)	(27.4)	(0.0)	(7.9)	(18.4)	(8.0)	(0.0)	(27.7)	(0.0)	100.0	46
Kampot/Krong Kaeb/Krong Preah Sihanouk	(0.0)	(8.2)	(34.7)	(2.5)	(7.9)	(13.0)	(2.5)	(0.0)	(31.1)	(0.0)	100.0	43
Preah Vihear/Stueng Traeng/Kracheh	*	*	*	*	*	*	*	*	*	*	*	10
Mondol Kiri/Rotanak Kiri	*	*	*	*	*	*	*	*	*	*	*	3
Siem Reab/Otdar Mean Chey	(13.3)	(9.9)	(6.5)	(7.0)	(14.2)	(25.5)	(1.7)	(4.0)	(17.9)	(0.0)	100.0	65
Total	3.0	5.0	33.2	2.1	5.1	13.1	2.9	1.9	31.6	2.0	100.0	593

Note: Total includes 25 persons for whom information on age is not available. Figures in parentheses are based on 25-49 unweighted

Road accidents were the most common among the population age 20-59 (40 percent). Falls from trees or buildings followed a different pattern. The population most affected by falls were the youngest and the oldest. The 0- to 9-year-olds, the 10- to 19-year-olds, and those age 60 and older were injured or killed by falls most frequently (19 percent, 18 percent, and 16 percent, respectively).

There were other significant differences in accidental injuries and deaths in the last 12 months by sex, urban-rural residence, and region. Men were almost four times as likely to be injured or killed by landmines (4 percent) as women (1 percent). Men were only slightly more likely than women to be involved in an injury or death by gunshot (6 percent compared with 4 percent, respectively). Road accidents were a more common type of accident among women than among men: road accidents made up 42 percent of accidents among women, whereas they constituted only 28 percent of accidents in men. It is important to note at this point that almost twice as many men were injured or killed in the past 12 months (373 cases) as women (220 cases). Landmine accidents were slightly more common in rural areas (3 percent) than in urban areas (2 percent). Road accidents were much more common in the urban areas (41 percent) than in rural areas (32 percent). Urban areas also had more accidents from falling than rural areas. This can be expected because large building construction is much more common in urban areas than rural areas. Fourteen percent of urban persons were injured or killed in falls, compared with only 8 percent of the rural population. Differences are evident in injuries and deaths by region but the sample sizes are too small to make any legitimate observations. The only region with more than 49 unweighted cases of injuries or deaths was Kandal Province. It is interesting to note that almost 20 percent of all accidental injuries or deaths in the country occurred in Kandal Province. Kandal Province is represented by a largely urban population living immediately outside of Phnom Penh. The busiest roads in Cambodia lead from the edges of Phnom Penh past numerous factories into Kandal Province. This helps to explain why the majority of injuries and deaths in Kandal Province were road accidents (62 percent).

3.2 PHYSICAL IMPAIRMENT

Following the section on accidental injuries and deaths were questions on physical impairment. These questions inquired as to whether any living household members were physically impaired, and if so, what caused the impairment. In Cambodia, almost 2 percent of the population has a physical impairment (Table 3.3). Physical impairments increase with age: the population older than 60 years of age is more likely to have physical impairments (4 percent) than those 10-19 years old (1 percent). Men are twice as likely (2 percent) to be impaired physically as women (1 percent). There is no difference in physical impairments by urban-rural residence, although there are regional differences. The areas with the highest percentage of the population with physical impairments are Kampong Chhnang and Bat Dambang/Krong Pailin (3 percent each). The areas with the lowest prevalence of physical impairments are Prey Veang (0.5 percent) and Mondol Kiri/Rotanak Kiri (0.6 percent).

Table 3.3 Physical impairment

Percentage of the de facto household population physically impaired and percent distribution of the impaired de facto household population by cause of impairment, according to background characteristics, Cambodia 2000

Background characteristic	Physically impaired	Number of household members	Cause of impairment						Total	Number of impaired persons
			Birth	Illness	Land-mine	Gun	Road accident	Other accident		
Age group										
0-9	0.6	17,576	51.4	32.0	0.0	2.2	0.5	13.9	100.0	109
10-19	1.0	17,552	29.7	41.8	3.2	2.3	3.9	19.0	100.0	179
20-39	1.9	16,394	16.7	27.6	24.9	13.1	3.3	14.4	100.0	313
40-59	3.1	9,123	6.8	32.6	19.5	20.5	4.3	16.3	100.0	286
60+	4.0	3,631	5.8	63.1	5.5	2.2	3.8	19.6	100.0	146
Sex										
Male	2.2	30,772	14.9	31.8	19.5	14.3	3.9	15.6	100.0	668
Female	1.1	33,502	24.7	46.3	4.6	3.8	2.7	18.0	100.0	364
Residence										
Urban	1.9	9,903	12.1	48.2	8.9	14.0	4.2	12.6	100.0	186
Rural	1.6	54,373	19.7	34.5	15.4	9.8	3.3	17.3	100.0	846
Region										
Banteay Mean Chey	1.6	2,989	22.5	18.2	20.7	12.9	7.4	18.4	100.0	49
Kampong Cham	1.4	8,467	17.9	48.3	5.9	9.9	0.0	17.9	100.0	122
Kampong Chhnang	3.2	2,462	7.2	32.6	9.7	23.3	5.2	21.9	100.0	79
Kampong Spueu	1.8	3,516	21.3	18.4	21.1	15.1	6.1	18.0	100.0	62
Kampong Thum	1.1	3,259	(18.6)	(37.1)	(18.7)	(9.3)	(2.3)	(13.9)	100.0	37
Kandal	1.6	6,245	19.8	46.4	6.6	7.1	6.6	13.5	100.0	97
Kaoh Kong	0.8	648	(27.9)	(23.0)	(0.0)	(4.0)	(26.4)	(18.7)	100.0	5
Phnom Penh	2.0	5,615	13.0	53.8	5.3	15.0	5.3	7.6	100.0	111
Prey Veang	0.5	5,348	*	*	*	*	*	*	*	27
Pousat	2.1	1,920	15.5	33.0	20.6	8.8	4.5	17.6	100.0	40
Svay Rieng	2.2	2,809	25.2	21.5	15.2	7.5	1.7	28.9	100.0	60
Takaev	0.8	4,670	(12.5)	(56.4)	(6.2)	(0.0)	(3.1)	(21.8)	100.0	37
Bat Dambang/Krong Pailin	2.7	4,475	17.3	32.9	31.2	5.3	3.1	10.1	100.0	123
Kampot/Krong Kaeb/Krong Preah Sihanouk	1.7	4,215	16.3	41.0	15.5	9.4	0.0	17.8	100.0	73
Preah Vihear/Stueng Traeng/Kracheh	0.9	2,539	(15.2)	(44.9)	(12.8)	(12.5)	(2.5)	(12.1)	100.0	23
Mondol Kiri/Rotanak Kiri	0.6	714	*	*	*	*	*	*	*	4
Siem Reab/Otdar Mean Chey	1.9	4,387	26.2	19.7	19.1	13.9	1.3	19.8	100.0	83
Total	1.6	64,276	18.3	36.9	14.3	10.6	3.5	16.4	100.0	1,032

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

The largest cause of physical impairments in Cambodia stems from disease (37 percent). These impairments are largely caused by poliomyelitis and other debilitating illnesses. The second most common cause of impairments is birth defects (18 percent). The remaining common causes of impairments are other accidents (16 percent), landmines (14 percent), and guns (11 percent).

The causes of impairments are analyzed by age, sex, residence, and region. The cause of impairment varies significantly by age. Impairments experienced from the time of birth are much more common for the young population of 0-9 years (51 percent) than for the older population of 60 years or more (6 percent). This change in distribution may be due to the increasing risk of exposure to other forms of physical impairment, such as accidents, as age increases. The percentage of the population impaired due to illness increases with age: 63 percent of the oldest population (60 years or more) claimed to be impaired by disease, while only 32 percent of the youngest population

(0-9 years) were recorded as impaired by illness. Landmines mostly affected the 20-39 and the 40-59 age groups. This might be explained by the fact that they most likely have lived through the time of war when landmines were in common use. Impairments by gunshots follow the same pattern, perhaps for the same reasons. Impairments by road accidents and other accidents do not vary as greatly by age as the other causes.

The cause of impairment varies by sex, residence, and region. As for gender differences, there are almost twice as many cases of men being impaired as women. It appears that the difference between males and females is due primarily to exposure to landmines and gunshot accidents. Males are more than four times as likely to be impaired by a landmine (20 percent) as females (5 percent). Males are also almost four times more likely to be impaired by a gunshot (14 percent), compared with women (4 percent). By urban-rural residence, there are more impairments experienced from the time of birth in rural areas (20 percent) than in urban areas (12 percent). This contrasts with the finding that there are more impairments by illness in urban areas (48 percent) than in rural areas (35 percent). Persons impaired by landmine injuries are more common in rural areas (15 percent) than in urban areas (9 percent), whereas persons impaired by gunshot injuries are more common in urban areas (14 percent) than in rural areas (10 percent). Analysis of the causes of physical impairment by region is complicated by the fact that two regions have an insufficient number of cases, and four other regions have such a small number of cases that one must interpret the results with caution.

3.3 PREVALENCE AND SEVERITY OF ILLNESS OR INJURY

All households were asked whether any members were sick or injured at any time in the 30 days before the interview. If any members were sick, their names were recorded in order to ask specifically about their conditions in the questions that followed. The Household Questionnaire allotted space for information to be recorded for three household members, but the interviewers were instructed to use extra household questionnaires to record the information on all household members who were ill or injured. The respondent was asked to judge the illness or injury as slight, moderate, or severe. Then questions were asked as to whether the ill or injured household members sought care, where they sought care, how much they spent on transport, and how much altogether was spent on treatment. These questions were repeated for each incident of health-care-seeking behavior in order to determine whether there are specific patterns of health-care-seeking behavior. For example, a man might first seek treatment from a Kru Khmer traditional healer; should the illness continue, he might then go to a more formal health clinic. Only three health-care-seeking attempts were recorded in the questionnaire for each ill or injured person.

Ten percent of household members were ill in the 30 days prior to the interview (Table 3.4). This percentage may underrepresent the actual prevalence of morbidity and injury for two reasons. First, the questions were asked only about living household members at the time of the interview; thus, the recorded episodes of illness and injury exclude any cases that ended in death of a household member in the 30 days prior to the interview. Second, the responses are based on the 30-day recall of one respondent in the household. That respondent might not have been aware of all the illnesses or injuries that had occurred within the household. It is likely that illnesses or injuries that occurred at the beginning of the 30-day period or those that were of mild severity were forgotten and not reported.

Table 3.4 Prevalence and severity of illness or injury in previous 30 days

Percent distribution of the de facto household population ill or injured in the previous 30 days by severity of illness or injury, according to background characteristics, Cambodia 2000

Background characteristic	Not ill or injured	Severity of illness or injury			Total	Number of household members
		Slight	Moderate	Serious		
Age group						
0-9	88.1	5.9	5.0	0.9	100.0	17,576
10-19	95.6	1.7	2.2	0.5	100.0	17,552
20-39	91.6	2.8	4.4	1.2	100.0	16,394
40-59	86.3	4.7	7.2	1.8	100.0	9,123
60+	83.3	4.8	9.6	2.3	100.0	3,631
Sex						
Male	91.5	3.2	4.2	1.0	100.0	30,772
Female	89.6	4.2	5.1	1.1	100.0	33,502
Residence						
Urban	92.4	3.4	3.2	1.0	100.0	9,903
Rural	90.2	3.8	4.9	1.1	100.0	54,373
Region						
Banteay Mean Chey	96.4	0.3	2.4	0.8	100.0	2,989
Kampong Cham	92.0	2.5	4.2	1.2	100.0	8,467
Kampong Chhnang	78.8	10.1	9.7	1.5	100.0	2,462
Kampong Spueu	93.5	0.8	4.9	0.8	100.0	3,516
Kampong Thum	82.8	8.3	7.4	1.5	100.0	3,259
Kandal	81.8	9.1	8.2	1.0	100.0	6,245
Kaoh Kong	92.7	1.7	3.9	1.7	100.0	648
Phnom Penh	95.2	2.2	2.1	0.5	100.0	5,615
Prey Veaeng	98.2	0.3	1.0	0.4	100.0	5,348
Pousat	84.4	4.5	9.6	1.5	100.0	1,920
Svay Rieng	89.5	4.7	4.9	0.8	100.0	2,809
Takaev	94.7	1.0	3.4	1.0	100.0	4,670
Bat Dambang/Krong Pailin	87.2	8.2	3.7	0.9	100.0	4,475
Kampot/Krong Kaeb/ Krong Preah Sihanouk	94.4	0.8	3.0	1.9	100.0	4,215
Preah Vihear/Stueng Traeng/Kracheh	94.9	2.1	2.5	0.5	100.0	2,539
Mondol Kiri/Rotanak Kiri	98.0	0.0	0.5	1.5	100.0	714
Siem Reab/Otdar Mean Chey	85.0	4.4	8.4	2.2	100.0	4,387
Total	90.5	3.7	4.7	1.1	100.0	64,276

Considering these factors that may cause an underestimation and assuming the reported prevalence to represent an average month, the annual number of illnesses or injuries per person per year would be about 1.1 episodes. This number is an estimation limited both by the factors mentioned above and the fact that it is an annual projection based on the month that preceded the interview. This survey took place between February and July, so the data collected only represents half of the year. The fieldwork occurred during the dry season and the beginning of the rainy season, so it does not represent the conditions that could arise in the rainy season.

Nine-tenths of all illnesses or injuries were slight or moderate in severity. Only 1 percent of the household members experienced serious illness or injury. The oldest and the youngest age groups of the population suffered the most illnesses and injuries. The highest percentages of illness or injury were found among those 60 years old and higher (16 percent) and among those 40-59 years old (14 percent). This was closely followed by the 0-9 year-olds (12 percent). The oldest age group suffered the most moderate illnesses or injuries (10 percent) and the most serious illnesses or injuries (2 percent). There were few differences found by sex of household member or urban-rural residence. The regions with the highest percentage of illness or injury were Kampong

Chhnang (21 percent) and Kandal (18 percent). The regions with the lowest percentage of illness or injury were Prey Veang and Mondol Kiri/Rotanak Kiri (2 percent).

3.4 TREATMENT SOUGHT FOR ILLNESS OR INJURY

Questions on health-care-seeking behavior were used in the NHS 1998 survey. In that survey, only the highest level of treatment was recorded in the case of multiple treatments. The questions on the CDHS 2000 survey were redesigned in order to collect more information on health-care-seeking behavior. The questions collected information on the first three treatments received. Table 3.5 represents the percentage of the ill or injured population who sought treatment once, twice, and three times or more. The type of treatment recorded in these questions included, but was not limited to, care given by medically trained professionals. For example, if a sick child was first given a remedy by a Kru Khmer traditional healer, that is recorded as the first treatment. If the parents note the child is still ill, and go to a shop selling drugs in the market, that is recorded as the second treatment. If the drugs do not work and the child is still ill, the parents might take the child to a doctor at a private clinic, in which case the private clinic is recorded as the third treatment.

In the CDHS 2000, 89 percent of household members who were ill sought at least one treatment (Table 3.5). This is slightly higher than the percentage of ill or injured household members who sought at least one treatment in the NHS 1998 (86 percent). In the CDHS 2000, 22 percent of those ill or injured sought at least two treatments, and 7 percent sought at least three treatments. There was no difference in health-care-seeking behavior by sex or age of the person ill or injured.

Significant differences are noted considering the percentages of those seeking treatments by severity of illness or injury, urban-rural residence, and region. There is a positive relationship between the severity of illness or injury and the likelihood of seeking treatment. Household members with illness or injury considered serious were more likely to go for treatment than those with slight illness or injury (98 percent versus 84 percent for the first treatment). Rural residents who were ill or injured were slightly less likely to seek a first treatment (88 percent) than urban residents (94 percent). The provinces with the highest percentage of ill or injured seeking first treatment were Kampong Spueu and Kampong Thum (99 percent each). The province with the lowest percentage of ill or injured seeking first treatment was Banteay Mean Chey (65 percent). Phnom Penh had the highest percentage of ill or injured seeking second and third treatments (50 percent and 32 percent, respectively). The access to health care in Phnom Penh appears to facilitate health-care-seeking behavior. The two provinces with the lowest percentage of ill or injured seeking a third treatment were Kampong Thum and Kandal (1 percent each).

Table 3.5 Percentage of ill or injured population who sought treatment

Percentage of household members who were ill or injured in the past 30 days who sought a first, second, and a third treatment, according to background characteristics, Cambodia 2000

Background characteristic	Treatment for illness or injury			Number of household members
	First treatment	Second treatment	Third treatment	
Severity of illness or injury				
Slight	84.0	15.7	5.1	2,404
Moderate	90.1	23.0	7.8	3,001
Serious	98.4	37.9	13.4	695
Age group				
0-9	90.8	19.8	5.9	2,086
10-19	87.9	19.3	6.6	780
20-39	88.6	22.5	8.8	1,382
40-59	86.0	25.9	9.2	1,249
60+	87.7	21.7	6.4	606
Sex				
Male	89.2	21.5	7.0	2,608
Female	88.2	22.0	7.6	3,496
Residence				
Urban	94.0	25.7	10.3	751
Rural	87.9	21.2	6.9	5,352
Region				
Banteay Mean Chey	65.2	11.2	2.5	106
Kampong Cham	79.9	26.7	10.2	673
Kampong Chhnang	92.1	25.6	11.7	523
Kampong Spueu	99.2	15.7	2.6	229
Kampong Thum	98.5	10.3	1.2	561
Kandal	81.0	12.6	1.4	1,140
Kaoh Kong	91.5	27.4	8.7	47
Phnom Penh	94.3	49.9	32.4	271
Prey Veang	88.7	20.9	8.1	94
Pousat	94.8	24.3	5.2	300
Svay Rieng	89.7	28.3	12.0	295
Takaev	86.6	20.0	2.8	248
Bat Dambang/Krong Pailin	91.1	19.4	3.5	572
Kampot/Krong Kaeb/ Krong Preah Sihanouk	91.8	29.9	9.5	238
Preah Vihear/Stueng				
Traeng/Kracheh	88.0	18.7	3.0	130
Mondol Kiri/Rotanak Kiri	87.9	34.4	13.5	14
Siem Reab/Otdar Mean Chey	91.7	27.2	12.3	661
Total	88.6	21.8	7.4	6,104

Note: Total includes 4 persons for whom information on severity of illness is not available.

3.5 UTILIZATION OF HEALTH CARE FACILITIES

Information on the sector and location of the health care provider was collected in order to trace where those who were ill or injured went for treatment. All considerable public-sector, private-sector and nonmedical-sector health care provider options were provided. Descriptions of the distinctions between the different types of hospitals, clinics, pharmacies, and drug sellers were given to the interviewers. If there were difficulties distinguishing the type of health care provider, the field editor or team supervisor with local knowledge was referred to for exact specification.

Figure 3.1 Percentage of Household Members Ill or Injured Seeking Treatment by Order of Treatment and Sector of Health Care

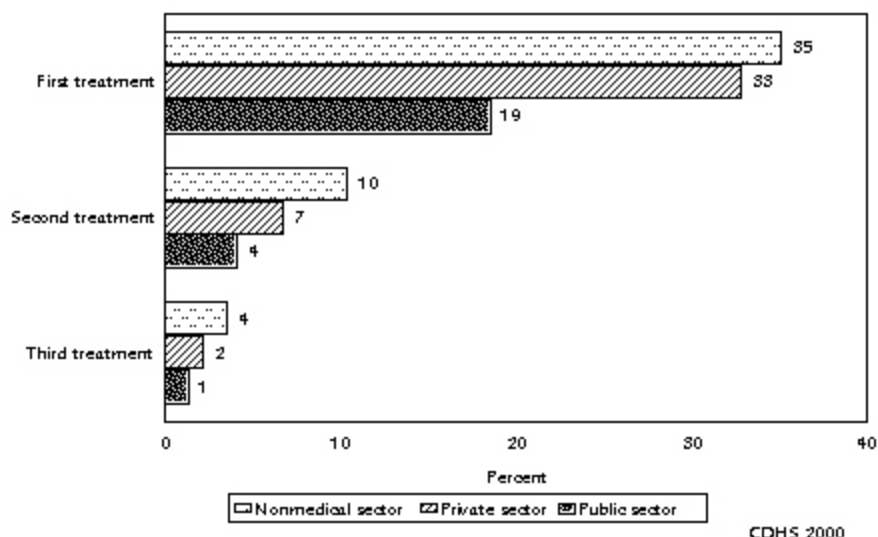


Figure 3.1 presents the percentages of ill or injured household members who sought treatment by the number of treatments and the sector where they went for treatment. The trend that appears from the first through the third treatment is that the nonmedical sector is the most popular sector for health care. The private sector is the second most popular, followed by the public sector. For the first treatment and only treatment for most of the ill or injured population, the nonmedical sector (35 percent) and the private sector (33 percent) were the most common for treatment. The public sector was slightly more than half as common for the source of first treatment (19 percent). For the third treatment, the nonmedical sector was the most common source of treatment (4 percent). The private sector was half as common as the nonmedical sector (2 percent), and the public sector was one-quarter as common (1 percent) as the nonmedical sector. It is likely that people seek treatment from the nonmedical sector for two primary reasons. First, the nonmedical sector may be closer to the population and thus easier to access (see Table 3.8: transportation costs to the nonmedical sector are lowest). Second, it appears from the information in Table 3.8 that the nonmedical sector is considerably less expensive than the other sectors; this could also be an explanatory factor for the high rates of health care seeking in the nonmedical sector.

Table 3.6 presents the utilization of health services by urban-rural residence and total percentages. There are some significant differences evident by residence. Rural residents who are ill or injured are twice as likely not to seek treatment (12 percent) as urban residents (6 percent). There are no significant differences between rural and urban regions for the use of all public-sector or all private-sector sources for health treatment. Within the private sector, the private clinic was twice as common as a source of treatment in urban areas as in rural areas from the first to the third treatment. The nonmedical sector was more common as a first treatment in urban areas (43 percent) than in rural areas (34 percent). No differences were found in the second and third treatments. Dedicated drug stores with approved government licenses were three times as common for first treatment in urban areas (14 percent) as in rural areas (5 percent).

Table 3.6 Utilization of health care facilities

Percent distribution of household members who were ill or injured in the past 30 days by place of treatment, according to number of treatments and residence, Cambodia 2000

Place of treatment	Number of treatments for illness or injury								
	Urban			Rural			Total		
	First	Second	Third	First	Second	Third	First	Second	Third
Did not seek treatment	6.0	74.3	89.7	12.1	78.8	93.1	11.4	78.2	92.6
Public sector	16.8	4.8	2.1	18.8	4.0	1.2	18.5	4.1	1.3
Central hospital (Phnom Penh)	4.4	1.5	0.8	3.6	0.7	0.1	3.7	0.8	0.2
Provincial hospital	7.5	1.8	1.1	2.9	0.7	0.3	3.5	0.9	0.4
District hospital	0.9	0.4	0.0	5.1	1.3	0.4	4.6	1.1	0.3
Health center	2.0	0.6	0.0	3.1	0.7	0.1	2.9	0.7	0.1
Khum clinic	1.2	0.0	0.0	3.1	0.5	0.2	2.9	0.4	0.2
Health worker	0.7	0.4	0.2	0.7	0.1	0.1	0.7	0.1	0.1
Other public	0.1	0.0	0.0	0.3	0.1	0.0	0.3	0.0	0.0
Private sector	32.2	7.3	3.0	33.0	6.7	2.1	32.9	6.8	2.2
Private hospital	2.9	0.6	0.4	1.2	0.4	0.1	1.4	0.4	0.2
Private clinic	15.2	4.2	1.8	8.8	2.4	0.8	9.6	2.6	1.0
Home/office trained health worker	1.6	1.0	0.0	3.4	0.7	0.1	3.1	0.7	0.1
Visit of trained health worker/nurse	10.6	1.1	0.7	16.3	2.7	0.8	15.6	2.5	0.8
Other private medical	1.8	0.4	0.0	3.3	0.6	0.2	3.1	0.6	0.2
Nonmedical sector	43.2	13.1	5.0	34.0	10.0	3.4	35.1	10.4	3.6
Dedicated drugstore	14.3	6.2	2.3	4.6	1.9	0.8	5.8	2.4	1.0
Shop selling drugs/market	26.6	5.1	1.5	26.3	6.1	1.9	26.4	6.0	1.9
Kru Khmer/magician	2.0	1.5	1.0	2.8	1.9	0.7	2.7	1.9	0.7
Monk/religious leader	0.3	0.2	0.1	0.1	0.1	0.0	0.1	0.1	0.0
Traditional birth attendant	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0
Other	1.4	0.5	0.3	1.5	0.4	0.1	1.5	0.4	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	751	751	751	5,352	5,352	5,352	6,104	6,104	6,104

3.6 COST FOR HEALTH CARE

Distribution of cost for health care

For each ill or injured person, the household respondent had to state the costs expended for transportation and treatment for each visit to a health care provider. These costs are presented in U.S. dollars in Table 3.7 by amount of money spent for transport and treatment. Transport costs were less than treatment costs in most cases. For all treatments, 83 percent of those ill or injured spent less than one dollar on transport to the health care provider. Expenditures on the actual treatment were much more varied. Slightly more than one-quarter of the ill or injured spent between one and four dollars for treatment. This was the most common amount of money spent for treatment. For total costs, consisting of both transport and treatment, the most common amount of money spent was one to four dollars (29 percent). A very small proportion of the ill or injured population paid for transport or treatment without money, that is, in kind (less than 1 percent).

Table 3.7 Distribution of cost for health care

Percent distribution of those household members who were ill or injured in the past 30 days and sought treatment by amount of money spent for transport and health care, according to number of treatments, Cambodia 2000

Amount spent for transport and health care	Treatment for illness or injury											
	First treatment			Second treatment			Third treatment			All treatments		
	Trans- port	Health care	Total cost	Trans- port	Health care	Total cost	Trans- port	Health care	Total cost	Trans- port	Health care	Total cost
Monetary cost												
<\$1	84.0	21.6	20.1	80.3	28.0	25.2	83.3	29.8	27.6	82.7	19.8	18.5
\$1 - \$4	11.8	29.9	31.1	13.8	28.9	31.8	12.0	34.9	37.9	12.0	28.4	29.3
\$5 - \$9	2.1	17.4	17.6	3.2	16.0	16.0	2.9	12.6	13.2	2.5	16.8	17.0
\$10 - \$19	1.0	13.4	13.6	0.9	11.3	11.5	1.5	7.9	8.0	1.3	14.2	14.3
\$20 - \$49	0.3	9.2	9.8	0.6	7.7	8.5	0.0	9.1	9.6	0.7	10.6	11.1
\$50 - \$99	0.1	4.3	4.4	0.3	3.9	4.2	0.0	1.9	1.9	0.2	5.3	5.5
\$100 +	0.1	3.1	3.3	0.4	2.2	2.4	0.0	1.5	1.5	0.2	4.0	4.4
Nonmonetary cost												
In kind	0.2	0.1	0.0	0.0	0.3	0.0	0.0	0.1	0.0	0.2	0.1	0.0
Don't know/missing	0.3	0.9	0.0	0.6	1.6	0.5	0.4	2.3	0.4	0.2	0.8	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: One US\$ = 4,000 riels.

There are few differences among the percent distributions of money spent for transport and treatment by first, second, and third treatments. For the first through third treatments, 80 to 84 percent of all ill or injured spent less than one dollar for transport costs. For the first and second treatments, almost one-third of all ill or injured spent one to four dollars for transport and treatment. On the third visit, 38 percent of the ill or injured paid one to four dollars for the combined costs of transport and treatment. For the first, second, and third treatments between 2 and 3 percent of the ill or injured spent 100 dollars or more in total expenditures for transport and treatment.

Expenditures for Health Care

To present the information on health care expenditures in another manner, the mean costs of transport and treatment are displayed in Table 3.8. There is an inverse relationship between cost of treatment and the number of treatments. As the number of treatments rise, the total cost for treatment decreases from 15 dollars at the first treatment to 10 dollars at the third treatment. The mean cost of transport does not follow a pattern. The first treatment transport costs are on average one dollar. The mean costs then rise for the second treatment to two dollars, indicating the need for further travel or more rapid transport. The average expenditures on the third treatment fall to slightly more than one-half of one dollar.

Mean costs of transport and treatment vary according to health sector, severity of illness or injury, age group, residence, and region. Examining health care costs by health sector shows that for the first treatment, the highest mean expenditure is for public-sector and “other” types of treatment (27 dollars). A response that falls into the category of “other” possibly represents going to another country such as Thailand or Vietnam for health care or going to trained medical professionals with specialized services. Private health care for the first treatment is less expensive (21 dollars) than public health care. The lowest mean expenditure is for those who sought care in the nonmedical sector (4 dollars). First treatments make up the majority of all health care seeking.

Table 3.8 Expenditures for health care

Mean expenditures (in U.S. dollars) for transport and health care by household members who were ill or injured in the past 30 days for transport or treatment by order of treatments, according to background characteristics, Cambodia 2000

Background characteristic	Treatment for illness or injury											
	First treatment			Second treatment			Third treatment			All treatments		
	Trans- port	Health care	Total	Trans- port	Health care	Total	Trans- port	Health care	Total	Trans- port	Health care	Total
Type of health sector												
Public	1.7	27.2	28.6	2.1	19.4	21.4	1.6	13.0	13.9	2.2	30.1	31.9
Private	0.8	20.6	21.2	1.5	19.5	20.4	0.4	16.7	17.0	1.3	26.1	27.1
Nonmedical sector	0.1	3.5	3.6	0.4	5.0	5.4	0.3	5.5	5.7	0.3	8.2	8.5
Other	12.4	26.7	37.9	29.2	73.6	92.7	0.0	5.3	5.3	16.8	40.6	55.9
Severity of illness or injury												
Slight	0.3	3.8	4.1	0.2	3.2	3.3	0.1	2.8	3.0	0.3	4.6	4.9
Moderate	1.2	16.1	17.2	1.3	12.1	13.3	0.6	9.7	10.2	1.6	20.0	21.5
Serious	2.0	46.8	47.7	4.9	32.0	36.7	1.0	22.6	21.8	4.0	61.7	64.5
Age group												
0-9	0.3	6.3	6.6	0.9	5.0	5.9	0.5	3.0	3.4	0.6	7.6	8.1
10-19	0.8	16.2	16.9	0.4	8.6	8.8	0.4	3.9	4.3	1.0	18.3	19.1
20-39	1.6	21.1	22.4	1.0	10.7	11.2	0.5	10.0	10.2	1.8	24.7	26.2
40-59	1.7	21.8	23.3	4.5	26.8	31.1	1.0	20.2	20.4	3.2	31.8	34.7
60+	0.6	20.3	20.6	0.6	19.9	20.5	(0.0)	(14.7)	(14.7)	0.7	26.1	26.6
Sex												
Male	0.7	14.5	15.1	1.6	12.9	14.4	0.4	10.2	10.5	1.2	18.4	19.4
Female	1.2	15.9	16.9	1.8	13.9	15.5	0.7	10.4	10.7	1.7	20.2	21.7
Residence												
Urban	1.8	15.8	17.4	4.7	18.2	22.8	0.6	18.7	18.9	3.2	22.7	25.7
Rural	0.8	15.3	16.0	1.2	12.7	13.7	0.6	8.5	8.9	1.2	18.9	20.0
Region												
Banteay Mean Chey	1.3	32.0	33.2	*	*	*	*	*	*	1.7	36.3	38.0
Kampong Cham	2.0	22.0	23.0	1.7	21.0	21.5	(1.4)	(17.1)	(17.8)	2.7	31.1	32.5
Kampong Chhnang	0.2	6.1	6.4	0.2	4.2	4.4	0.3	3.4	3.7	0.3	7.7	8.0
Kampong Spueu	0.8	14.3	15.0	(0.8)	(7.5)	(8.3)	*	*	*	0.9	15.5	16.4
Kampong Thum	0.3	12.7	13.0	1.9	10.3	12.0	*	*	*	0.5	13.9	14.4
Kandal	0.8	17.7	18.4	1.6	18.3	19.8	*	*	*	1.1	20.6	21.5
Kaoh Kong	5.4	31.4	36.3	3.5	47.2	48.6	*	*	*	6.6	47.4	53.4
Phnom Penh	5.7	23.8	29.0	6.4	23.3	29.4	0.5	9.5	9.8	9.4	39.2	47.9
Prey Veang	2.7	31.3	33.4	*	*	*	*	*	*	3.6	41.1	44.0
Pousat	0.2	9.9	10.1	2.5	9.8	12.2	(0.1)	(3.3)	(3.4)	0.9	12.5	13.4
Svay Rieng	0.6	13.9	14.4	0.2	5.4	5.6	(0.2)	(4.1)	(4.3)	0.7	16.1	16.7
Takaev	0.6	11.7	12.2	(1.6)	(22.8)	(24.4)	*	*	*	1.0	17.8	18.6
Bat Dambang/Krong Pailin	0.1	12.8	12.9	0.8	10.3	10.8	*	*	*	0.3	15.4	15.7
Kampot/Krong Kaeb/Krong Preah Sihanouk	1.0	20.5	21.3	1.8	10.4	12.2	*	*	*	1.6	24.6	26.0
Preah Vihear/Stueng Traeng/Kracheh	0.4	17.0	17.3	(0.6)	(16.9)	(17.5)	*	*	*	0.5	21.0	21.3
Mondol Kiri/Rotanak Kiri	3.4	20.9	24.2	(2.9)	(13.5)	(16.0)	*	*	*	4.6	31.1	35.4
Siem Reab/Otdar Mean Chey	0.4	11.7	12.1	0.3	5.6	5.9	0.3	11.3	11.4	0.6	14.8	15.4
Total	1.0	15.3	16.2	1.7	13.5	15.0	0.6	10.3	10.6	1.4	19.4	20.7

Note: Table includes only persons who paid cash or who reported no cost. One US\$ = 4,000 riels. Total includes 4 persons for whom information on severity of illness is not available. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

The majority of those who are seeking health care for the ill or injured go to the nonmedical sector, likely because it is the most affordable. By the second treatment, public and private health care have the same average cost (19.5 dollars). The mean costs for the nonmedical sector increased slightly (5 dollars) at the second treatment. The costs for “other” health care increased dramatically to 74 dollars. This increase is also marked in the transport cost to “other” medical treatment (29 dollars). It is likely that there are a few cases of large expenditures for the second treatment of “other” health care that make the average higher than the expenditures in the public or private sector. By the third treatment, the highest expenditures are for the private sector (17 dollars), followed by the public sector (13 dollars). Costs for nonmedical and “other” health care are similar (about 5.5 dollars).

The health care costs rise quickly by severity of illness or injury. At the first treatment, health care spending for serious conditions (47 dollars) is 12 times as much as the spending for treatment of slight conditions (4 dollars). This ratio of spending for severe conditions compared with slight conditions continues in the second (10 times as much) and third treatments (8 times as much). Transport costs vary slightly by severity of conditions. For slight conditions, transport costs are less than half a dollar for all three treatments. For severe conditions, transport costs range from one to five dollars.

The highest health care and transport costs for all treatments are paid for patients age 40-59 (35 dollars), followed by patients 60 years or older (27 dollars) and patients age 20-39 (26 dollars). The lowest health care costs are paid for patients 0-9 years of age (8 dollars). The total expenditures for health care and transport varies slightly by sex of patient. More is spent on care and transport in all treatments for women (22 dollars) than for men (19 dollars).

Health care and transport are more expensive in the urban areas than the rural areas. For all treatments, health care and transport cost 26 dollars in urban areas, compared with only 20 dollars in rural areas. At first treatment, there are small differences between urban and rural, but urban health care costs increase in the second and third treatments, while rural health care costs decline. Health care expenditures vary greatly in the different regions of Cambodia. For the first treatment, the highest expenditures for health care and transport are found in rural provinces such as Kaoh Kong (36 dollars), Prey Veang, and Banteay Mean Chey (both 33 dollars). The lowest health care and transport costs are found in Kampong Chhnang (6 dollars). When examining health care costs by region, it is evident that many provinces do not have enough cases to analyze the data for second and third treatments. For all treatments, the highest total costs are found in Kaoh Kong (53 dollars) and Phnom Penh (48 dollars). Kaoh Kong is a province with limited services on the border of Thailand. It is probable that the high expenditures reflect health-care seeking across the border. The lowest total costs were identified in Kampong Chhnang (8 dollars).

Since the health care system in Cambodia is largely a fee-based system, it is important to know the source of the money used to pay for health care. One goal of the health care system is to have appropriate funding mechanisms for the population to acquire health care without deepening poverty. The majority of money spent on health care comes from savings (54 percent) (Table 3.9). Other sources include wages or pocket money (16 percent), borrowed money with interest (11 percent), borrowed money without interest (9 percent), and sold assets (6 percent).

There are differences in source of money spent on health care by health sector. Savings are the most common source of funding in all sectors. Borrowed money with interest is more commonly used for public-sector health care (14 percent) and private-sector health care (12 percent) than for nonmedical-sector health care (8 percent). The same trend was found

Table 3.9 Source of money spent on health care

Percent distribution of the source of expenditures for transport and health care according to background characteristics, Cambodia 2000

Background characteristic	Source of money for health care							Total	Number ¹
	Wages/ pocket money	Savings	Borrowed money (no interest)	Borrowed money (with interest)	Sold assets	Other	Missing		
Type of health sector									
Public	17.3	47.0	10.6	14.2	7.9	1.7	1.3	100.0	762
Private	13.3	50.9	10.8	12.4	7.3	3.7	1.6	100.0	1,494
Nonmedical sector	17.1	61.2	6.1	8.2	4.0	1.6	1.7	100.0	1,632
Other	8.9	56.9	4.0	12.2	14.0	4.1	0.0	100.0	96
Severity of illness or injury									
Slight	20.1	59.6	5.4	8.2	2.2	1.6	2.8	100.0	1,441
Moderate	14.4	55.0	9.2	10.9	6.5	2.5	1.6	100.0	2,020
Serious	7.1	37.1	15.0	18.6	16.1	4.7	1.5	100.0	540
Monetary cost (US\$)									
<1	20.7	64.5	3.9	2.6	2.0	2.6	3.8	100.0	659
1-4	16.9	64.1	6.2	5.8	2.6	1.6	2.8	100.0	1,190
5-9	16.1	55.9	8.9	11.5	4.4	1.7	1.5	100.0	685
10-19	14.1	48.3	11.9	15.4	7.2	1.8	1.2	100.0	564
20-49	11.7	36.6	16.1	20.5	10.6	3.9	0.6	100.0	475
50-99	11.5	35.6	10.2	20.8	17.4	3.7	0.8	100.0	232
100+	4.7	36.8	9.2	20.2	22.1	6.6	0.5	100.0	200
Sex									
Male	16.2	53.1	8.8	10.8	6.1	2.7	2.3	100.0	1,678
Female	14.9	55.1	8.6	11.0	6.3	2.3	1.8	100.0	2,326
Residence									
Urban	22.8	57.0	5.0	7.3	4.3	3.2	0.4	100.0	512
Rural	14.4	53.9	9.2	11.5	6.5	2.3	2.2	100.0	3,492
Region									
Banteay Mean Chey	5.8	37.8	14.3	27.5	8.7	1.4	4.3	100.0	62
Kampong Cham	12.8	52.4	7.7	13.1	5.1	6.2	2.7	100.0	443
Kampong Chhnang	24.3	56.4	6.4	2.8	3.7	5.3	1.1	100.0	301
Kampong Spueu	3.4	60.4	8.6	7.0	17.9	1.6	1.1	100.0	172
Kampong Thum	7.9	66.6	8.4	6.4	8.4	0.7	1.6	100.0	377
Kandal	18.2	55.8	8.5	12.2	2.8	0.5	2.0	100.0	635
Kaoh Kong	3.0	65.4	12.8	11.0	1.9	2.7	3.2	100.0	36
Phnom Penh	24.8	50.0	4.8	12.1	1.6	6.7	0.0	100.0	199
Prey Veaeng	7.9	49.0	7.8	15.7	11.8	3.9	4.0	100.0	77
Pousat	4.0	65.1	5.3	7.6	16.5	1.0	0.5	100.0	199
Svay Rieng	36.3	34.9	10.1	3.9	11.3	1.6	1.9	100.0	236
Takaev	16.5	49.8	12.4	8.1	8.7	0.0	4.6	100.0	203
Bat Dambang/Krong Pailin	26.6	40.4	8.2	21.4	2.4	0.6	0.3	100.0	370
Kampot/Krong Kaeb/ Krong Preah Sihanouk	4.8	59.5	10.7	9.6	10.4	3.2	1.8	100.0	185
Preah Vihear/Stueng Traeng/Kracheh	34.8	44.7	8.2	7.6	3.4	0.7	0.7	100.0	87
Mondol Kiri/Rotanak Kiri	4.4	61.8	12.2	3.0	12.2	3.6	2.8	100.0	10
Siem Reab/Otdar Mean Chey	3.1	63.0	10.9	13.7	2.0	3.1	4.1	100.0	412
Total	15.5	54.3	8.6	10.9	6.2	2.5	2.0	100.0	4,004

Note: Total includes 20 cases for whom information on type of health sector is not available and 3 cases for whom information on severity of illness is not available.

¹ Number of households with at least one household member who was ill or injured in the past 30 days and who spent cash for treatment.

for borrowed money without interest. Regarding source of money for treatment by severity of illness or injury, there are other important differences. Wages/pocket money and savings are the most common sources of money for care for the least severe illness, becoming less common as severity increases. Sold assets are an increasing source of money for health care as the severity of condition rises. The same trend is found for borrowed money with and without interest.

The monetary costs of health care treatment show similar trends as those described above. Wages/pocket money and savings are the most utilized sources of money for health care expenditures when the costs are low. As costs increase, the proportion of funds pulled from these two sources decreases. Savings is still the most common source of money for health care when costs reach 100 dollars or more (37 percent). Borrowed money with interest becomes a more important source of money as treatment costs increase. When treatment costs are 20 dollars or more, borrowed money with interest increases to more than 20 percent of all cases. When treatment costs are 100 dollars or more, 22 percent of the ill or injured rely on sold assets as the source of money for health care.

There are no real differences in the source of money for health care by sex of the patient. Examining urban-rural residence, it is evident that urban residents rely more on wages or pocket money for health care (23 percent) than rural residents (14 percent). Rural residents rely more on borrowed money with interest for health care (12 percent) than urban residents (7 percent). Greater differences are found in the sources of money for health care by region than by urban-rural residence. The regions with the highest use of wages or pocket money for spending on health care were Svay Rieng (36 percent) and Preah Vihear/Stueng Traeng/Kracheh (35 percent). The provinces with the highest reliance on savings for health care spending were Kampong Thum (67 percent), Kaoh Kong and Pousat (both 65 percent). The highest reliance on money lenders offering loans with interest for health care was in Banteay Mean Chey (28 percent) and Bat Dambang/Krong Pailin (21 percent). The lowest reliance on these types of money lenders was found in Kampong Chhnang and Mondol Kiri/Rotanak Kiri (3 percent). The highest reliance on selling assets for money to spend on health care was found in the Kampong Spueu (18 percent) and Pousat provinces (17 percent).