



Cambodia

2021-22 Demographic and Health Survey

Summary Report





KINGDOM OF CAMBODIA
Nation-Religion-King



The 2021-22 Cambodia Demographic and Health Survey (2021-22 CDHS) was implemented by the National Institute of Statistics (NIS) in collaboration with the Ministry of Health. The funding for the CDHS was provided by the Royal Government of Cambodia (RGC), the United States Agency for International Development (USAID), the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Australian Aid, the United Nations Population Fund (UNFPA), the United Nation’s Children’s Fund (UNICEF), and the World Food Programme (WFP). ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2021-22 CDHS may be obtained from the National Institute of Statistics, 386 Monivong Boulevard, Sangkat Beong Keng Kang 1, Chamkar Mon, Phnom Penh, Cambodia; Telephone: (855) 23–213650; E-mail: linahang2002@gmail.com; Internet: www.nis.gov.kh, or from the Directorate General for Health, Ministry of Health 80 Samdech Penn Nouth Boulevard (289), Sangkat Boeungkak 2, Tuol Kork, Phnom Penh, Cambodia; Telephone: (855) 23-885970/23–884909; Email: webmaster@moh.gov.kh; Internet: www.moh.gov.kh.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA (telephone: 301-407-6500; fax: 301-407-6501; e-mail: info@DHSprogram.com; Internet: www.DHSprogram.com).

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The Ministry of Health



About the 2021-22 CDHS

The 2021-22 Cambodia Demographic and Health Survey (CDHS) is designed to provide data for monitoring the population and health situation in Cambodia. The 2021-22 CDHS is the 5th Demographic and Health Survey conducted in Cambodia since 2000. The objective of the survey is to provide reliable estimates of fertility, awareness and use of family planning methods, breastfeeding practices, nutritional status of women and children, maternal and child health, adult and childhood mortality, women's empowerment, domestic violence, awareness and behavior regarding HIV/AIDS and other sexually transmitted infections (STIs), and other health-related issues such as smoking that can be used by program managers and policymakers to evaluate and improve existing programs.

Who participated in the survey?

A nationally representative sample of 19,496 women age 15–49 in 20,806 households and 8,825 men age 15–49 in half of the selected households were interviewed. This represents a response rate of 98% of women and 97% of men. The sample design for the 2021-22 CDHS provides estimates at the national level, for urban and rural areas, and for each of Cambodia's 25 provinces.

CAMBODIA



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

Households in Cambodia have an average of 4.1 members. Women head 31% of Cambodian households. Nearly one-third of the household population in Cambodia is under age 15.

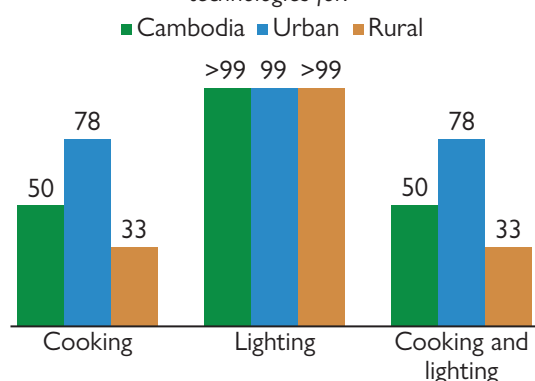
Cooking and Lighting

Half of the household population in Cambodia has access to clean fuels and technologies for cooking, including stoves/cookers using electricity, LPG/natural gas/biogas, solar, and alcohol/ethanol. Seventy-eight percent of the population in urban areas has access to clean fuels and technologies for cooking compared to 33% of the population in rural areas.

Nine in ten Cambodians have electricity, including 99% of the household population in urban areas and 88% of the household population in rural areas. Nearly all of the household population uses clean fuels and technologies for lighting, including electricity, solar lanterns, rechargeable flashlights/torches/lanterns, and biogas lamps.

Primary Reliance on Clean Fuels and Technologies by Residence

Percent of de jure population relying on clean fuels and technologies for:



Household Durable Goods

More than 8 in 10 households in Cambodia own a motorcycle/scooter, compared to 54% of households that own a bicycle and 15% of households that own a car/truck. Over half of Cambodian households own agricultural land, including 31% of urban households and 69% of rural households. In addition, 52% of households own farm animals, including cows, bulls, other cattle, horses, donkeys, goats, sheep, chickens, or other poultry.



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Information Communication Technology (ICT) and Internet Use

In Cambodia, 92% of households own a mobile phone, 52% of households own a television, 17% own a radio, and 10% own a computer. ICT ownership is generally higher in urban areas, except for radios, which are more common in rural areas.

Mass media exposure is generally low in Cambodia. Television is the most frequently accessed form of media, with 22% of women and 30% of men watching television at least once a week. Even fewer women and men read the newspaper or listen to the radio weekly. Overall, 72% of women and 57% of men access none of these three media at least once a week.

Nearly two-thirds of women and over three quarters of men in Cambodia have ever used the internet, with nearly all reporting they used the internet in the last 12 months.

Education and Literacy

In Cambodia, 12% of women and 6% of men age 15-49 have no education. Half of women and 58% of men have some secondary education or higher. Eighty-one percent of women and 86% of men age 15-49 are literate.

HOUSEHOLD WATER AND SANITATION

Drinking Water

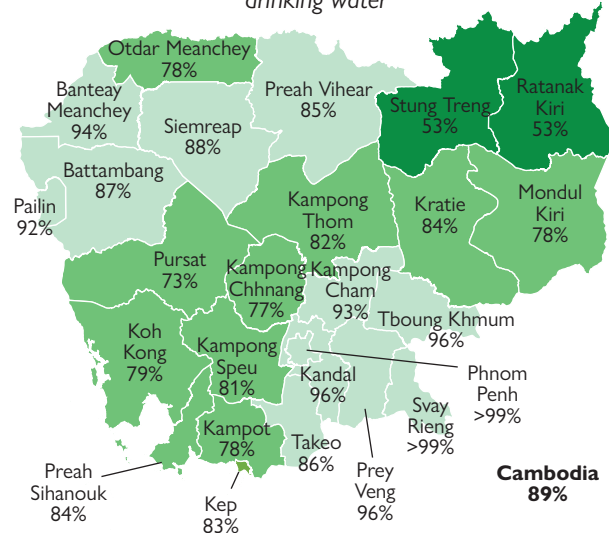
Overall, 89% of the household population in Cambodia (96% of the urban population and 85% of the rural population) has access to at least basic drinking water service during the dry season. At least basic drinking water service includes drinking water from an improved source, either on the premises or with a round-trip collection time of less than 30 minutes.

In the rainy season, 92% of the Cambodian population has access to at least basic drinking water service. Still, 1% have only limited service, 3% have access to unimproved sources, and 3% use surface water. Overall, 89% of the household population had sufficient quantities of drinking water in the month before the survey.

In both the dry and rainy seasons, the main sources of drinking water are water piped into the household's dwelling/yard/plot and bottled water, followed by tube wells or boreholes.

Basic Drinking Water Service in Dry Season by Province

Percent of de jure population with at least basic service for drinking water



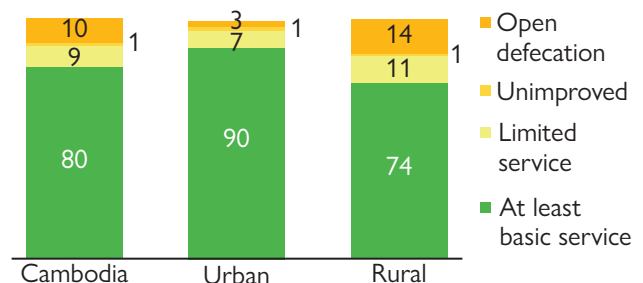
Sanitation

Eight in ten Cambodians (90% in urban areas and 74% in rural areas) have at least basic sanitation service, meaning they have access to improved facilities that are not shared with other households. Still, 10% of Cambodians have access to limited or unimproved sanitation service, and 10% practice open defecation.

Overall, 85% of the household population have appropriate management of household excreta.

Sanitation Service Ladder by Residence

Percent distribution of de jure population by type of sanitation service



Handwashing

In Cambodia, 84% of the population have access to a basic handwashing facility with soap and water, including 9 in 10 people in urban areas and 8 in 10 people in rural areas.

Menstrual Hygiene

Two-thirds of women age 15-49 with a menstrual period in the year before the survey used disposable sanitary pads to collect or absorb blood, 32% used reusable sanitary pads, 3% used underwear only, 1% used cloth and 1% used nothing. Among women with a menstrual period in the year before the survey who were at home during their last menstrual period, 92% used appropriate materials and were able to wash and change in privacy.



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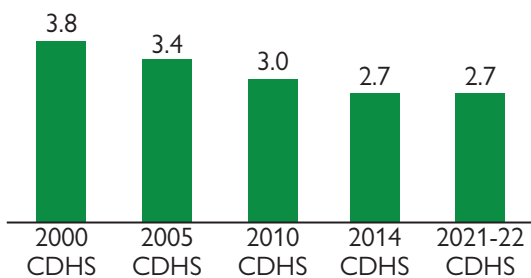
FERTILITY AND ITS DETERMINANTS

Total Fertility Rate

Currently, women in Cambodia have an average of 2.7 children. Fertility in Cambodia has declined from 3.8 children per woman in 2000 to 2.7 children per woman in 2014 and remains unchanged in 2021-22.

Trends in Fertility

Births per woman for the three-year period before the survey

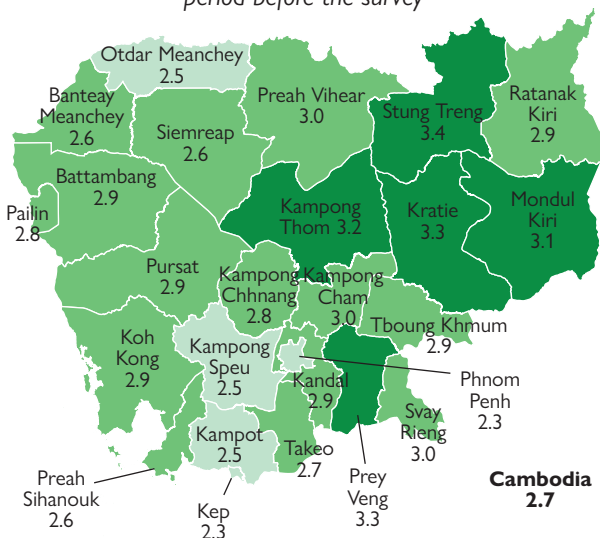


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On average, rural women have more children than urban women (3.0 children versus 2.4 children). By province, fertility ranges from 2.3 children per woman in Phnom Penh and Kep to 3.4 children per woman in Stung Treng.

Total Fertility Rate by Province

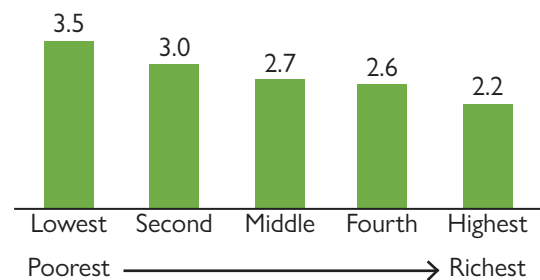
Births per woman for the three-year period before the survey



Fertility in Cambodia declines with increasing education, from 3.4 children among women with no formal education to 2.4 children among those with more than a secondary education. In addition, fertility also declines with household wealth. Women in the poorest households have 3.5 children on average, compared to just 2.2 among women in the richest households.

Total Fertility Rate by Household Wealth

Births per woman for the three-year period before the survey



* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Age at First Marriage, Sexual Intercourse, and Birth

Overall, 69% of women and 62% of men age 15-49 are married or living together with a partner. Nineteen percent of women age 25-49 were married by age 18, compared to just 6% of men. Among young people age 20-24, 18% of women and 3% of men were married by age 18.

Half of Cambodian women age 25-49 are married by age 21.5, the median age at first marriage. Rural women marry at a younger age than urban women (20.9 years compared to 22.3 years). Men tend to marry later than women; the median age at first marriage for men age 25-49 is 24.4 years.

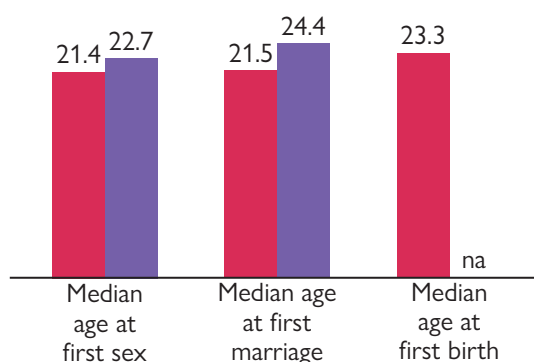
The median age at first sexual intercourse is 21.4 years among women age 25-49, and 22.7 years among men of the same age. Sixteen percent of women and 7% of men age 25-49 had sex before age 18, and only 1% of women and fewer than 1% of men age 25-49 had sex before age 15. Rural women initiate sexual intercourse 1.3 years earlier than urban women.

In Cambodia the median age at first birth for women age 25-49 is 23.3 years. This means that half of women age 25-49 give birth for the first time before this age. On average, urban women give birth for the first time 1.4 years later than rural women (24.1 years compared to 22.7 years respectively).

Median Age at First Sex, Marriage, and Birth

Among women and men age 25-49

■ Women ■ Men



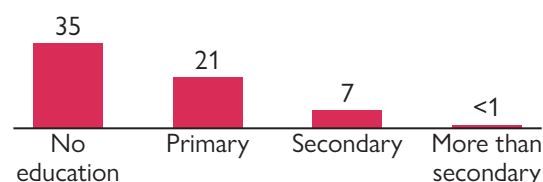
Teenage Pregnancy

In Cambodia, 9% of adolescent women age 15-19 have ever been pregnant: 7% have given birth, 3% were pregnant with their first child at the time of the survey, and 2% have ever had a pregnancy loss. By province, teen pregnancy ranges from 4% of young women age 15-19 in Kandal to 25% of young women in Stung Treng who have ever been pregnant.

Teenage pregnancy in Cambodia is four times higher among women in the poorest households (16%) than among women in the richest households (4%). Teenage pregnancy also declines with increasing education, from 35% of young women age 15-19 with no formal education to less than 1% of young women with more than secondary education who have ever been pregnant.

Teenage Pregnancy by Education

Percent of women age 15-19 who have ever been pregnant



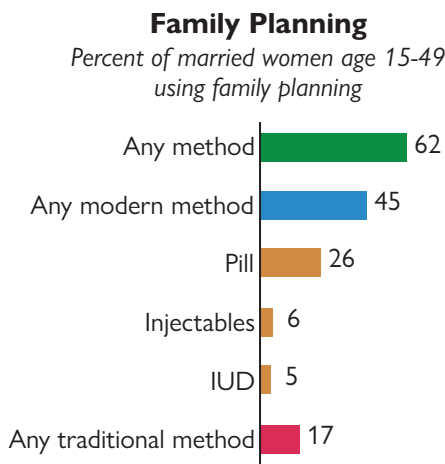
Pregnancy Outcomes and Induced Abortion

Of all pregnancies to women age 15-49 ending in the three years before the survey, 79% resulted in live births and 21% resulted in pregnancy losses. Among pregnancy losses, 12% were miscarriages, 9% were induced abortions, and fewer than 1% were stillbirths. Induced abortion increases with increasing pregnancy order, from 2% of first pregnancies that were voluntarily ended to 25% of fifth or higher order pregnancies.

FAMILY PLANNING

Current Use of Family Planning

In Cambodia, 62% of married women age 15-49 use any method of family planning, and 45% use any modern method. The most popular modern methods among married women are the pill (26%), injectables (6%), and intrauterine devices, or IUDs (5%). Seventeen percent of married women use a traditional method of family planning.

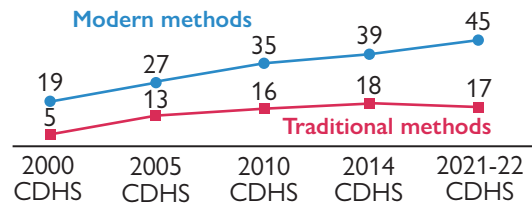


Use of modern methods of family planning is more common among married women in rural areas (47%) than among those in urban areas (41%). By province, use of modern family planning among married women ranges from 25% in Pursat to 58% in Ratanak Kiri. Use of modern methods decreases with increasing education and household wealth.

Among sexually active unmarried women, 29% use a modern method of family planning. The most popular modern methods among sexually active unmarried women are male condoms (14%) and the pill (9%).

Trends in Family Planning Use

Percent of married women age 15-49 using family planning



Trends in Family Planning Use

The use of modern methods of family planning among married women has increased steadily from 19% in 2000, to 39% in 2014, to 45% in 2021-22. The use of traditional methods increased from 2000 to 2014 but is essentially unchanged since 2014.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. In Cambodia, 68% of women age 15-49 using modern methods were informed about side effects, 70% were informed what to do if they experience side effects, and 65% were informed about other family planning methods that were available. Overall, 58% of women using modern methods received all three types of information, and 64% were informed that they could switch to another method if they wanted or needed to.



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Demand for Family Planning

Among married women in Cambodia, 45% do not want any more children and 29% want to delay childbearing (delay their first birth or space out births) for at least two years. Women who want to stop or delay childbearing are said to have a demand for family planning. Nearly 3 in 4 married women in Cambodia have a demand for family planning.

The total demand for family planning includes both met need and unmet need. Met need is the percent of married women who are currently using family planning. In Cambodia 62% of married women use any method—45% use modern methods and 17% use traditional methods.

Unmet need for family planning is defined as the proportion of women who want to stop or delay childbearing but are not using family planning. In Cambodia, 12% of married women have unmet need for family planning, including 7% who do not want any more children and 5% who want to delay childbearing.

Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Among married women in Cambodia, 61% of demand for family planning is satisfied by modern methods. Demand satisfied by modern methods decreases with increasing education and household wealth. By province, demand satisfied by modern methods ranges from 41% in Pursat to 76% in Ratanak Kiri.

Demand for family planning satisfied by modern methods has steadily increased from 33% in 2000 to 61% in 2021-22. In the same period, unmet need for family planning has declined from 33% to 12%.

Decision Making about Family Planning

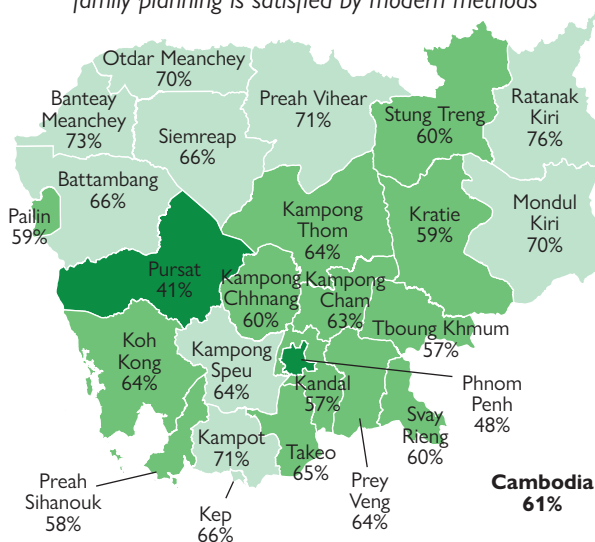
Overall, 93% of married women make the decision to use or not use family planning either alone (37%) or jointly with their husband/partner (57%). Sole decision making about family planning decreases with increasing education and household wealth, while joint decision making with husbands/partners increases with increasing education and household wealth.

Exposure to Family Planning Messages

Over half (55%) of women and 26% of men age 15-49 were exposed to family planning messages on a poster/leaflet/brochure in the 12 months before the survey, and 37% of women and 34% of men saw family planning messages on social media. Still, 27% of women and 48% of men were not exposed to family planning messages.

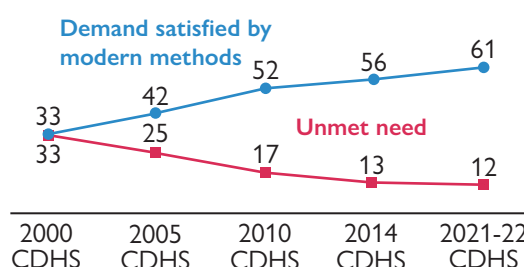
Demand for Family Planning Satisfied by Modern Methods by Province

Percent of married women age 15-49 whose demand for family planning is satisfied by modern methods



Trends in Unmet Need and Demand Satisfied for Family Planning

Percent of married women age 15-49



MATERNAL AND NEWBORN HEALTH CARE

Antenatal Care

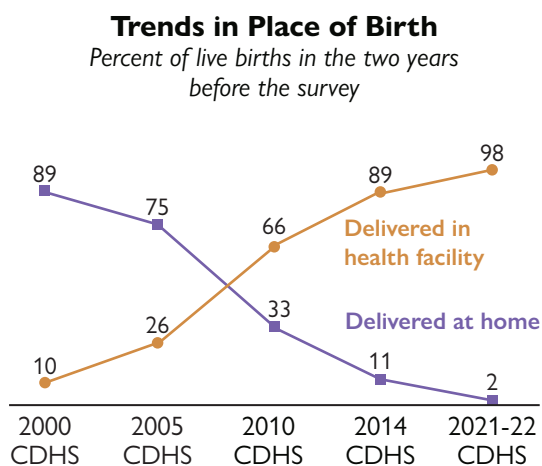
In Cambodia, nearly all women (99%) age 15-49 with a live birth or stillbirth in the two years before the survey received antenatal care (ANC) from a skilled provider. Skilled providers include doctors, nurse/midwives, and auxiliary midwives.

The timing and quality of antenatal care are also important. Overall, 86% of women age 15-49 made four or more ANC visits and 87% of women had their first ANC visit for their most recent birth or stillbirth in the first trimester. Among women who received ANC for most their most recent live birth or stillbirth, 99% had their blood pressure measured, 88% had a blood sample taken, and 76% had a urine sample taken.

Among women with a live birth or stillbirth in the two years before the survey, 98% took iron tablets or syrup during the pregnancy. Ninety-two percent of women's most recent live births were protected against neonatal tetanus.

Delivery and Postnatal Care

In Cambodia, 98% of live births and stillbirths are delivered in a health facility; the majority (78%) are delivered in a public sector facility. Still, 2% of births are delivered at home. By province, home births are most common in Ratanak Kiri (14%), Stung Treng (11%), Mondul Kiri (9%) and Kampong Thom (9%). Since 2000, health facility deliveries have steadily increased from 10% to 98%, and home deliveries declined from 89% to 2%.



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Nearly all births (99%) in Cambodia are delivered by a skilled provider. Postnatal care helps prevent complications after childbirth. Overall, 85% of women age 15-49 received a postnatal checkup within two days of delivery but 9% received no postnatal checkup within 41 days of delivery. Among newborns, 77% of most recent live births received a postnatal checkup within two days of birth and 19% received no postnatal checkup within 41 days of birth.

Cesarean Sections

In Cambodia, 18% of live births are delivered by Cesarean section (C-section). Half of births delivered in private non-NGO health facilities are C-section. C-section deliveries are most common among women with more than secondary education (36%), women in the wealthiest households (34%) and women in urban areas (24%).

Maternal Mortality

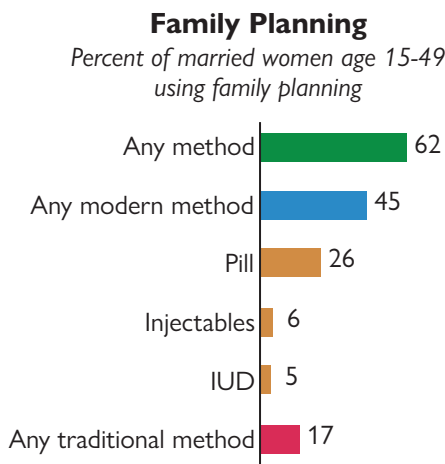
Maternal mortality includes deaths of women during pregnancy, delivery, and within 42 days of delivery excluding deaths that were due to accidents or violence. The maternal mortality ratio (MMR) for Cambodia is 154 maternal deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2021-22 CDHS MMR ranges from 69 to 239 deaths per 100,000 live births.

Previous CDHS surveys used a definition of maternal mortality that included deaths due to accidents or violence, and therefore MMR estimates are not comparable to estimates from previous surveys.

FAMILY PLANNING

Current Use of Family Planning

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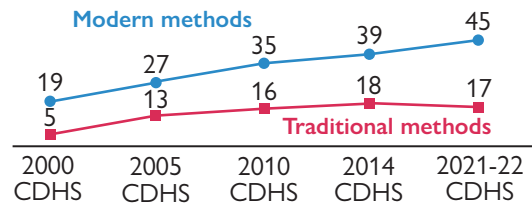


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Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Among married women in Cambodia, 61% of demand for family planning is satisfied by modern methods. Demand satisfied by modern methods decreases with increasing education and household wealth. By province, demand satisfied by modern methods ranges from 41% in Pursat to 76% in Ratanak Kiri.

Demand for family planning satisfied by modern methods has steadily increased from 33% in 2000 to 61% in 2021-22. In the same period, unmet need for family planning has declined from 33% to 12%.

Decision Making about Family Planning

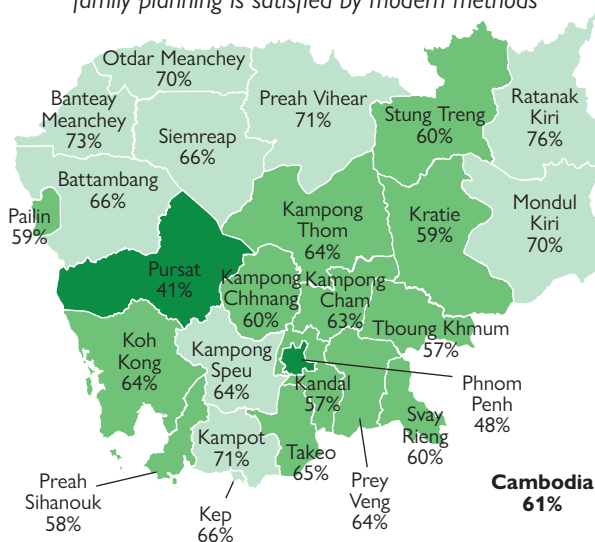
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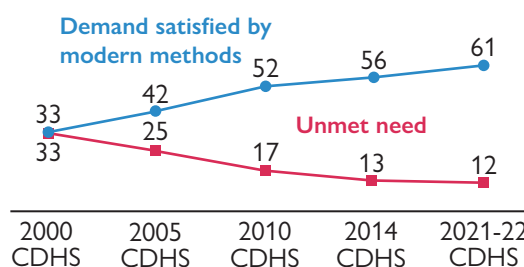
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Trends in Unmet Need and Demand Satisfied for Family Planning

Percent of married women age 15-49



MATERNAL AND NEWBORN HEALTH CARE

Antenatal Care

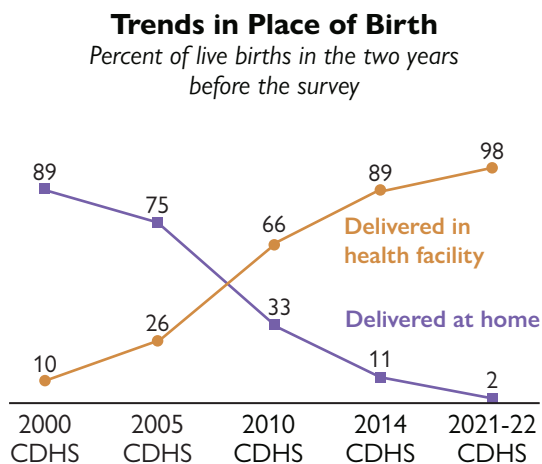
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The timing and quality of antenatal care are also important. Overall, 86% of women age 15-49 made four or more ANC visits and 87% of women had their first ANC visit for their most recent birth or stillbirth in the first trimester. Among women who received ANC for most their most recent live birth or stillbirth, 99% had their blood pressure measured, 88% had a blood sample taken, and 76% had a urine sample taken.

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CHILD HEALTH

Vaccination Coverage: Basic Antigens

In Cambodia, 76% of children age 12-23 months are fully vaccinated against all basic antigens—one dose each of BCG and measles-rubella and three doses each of DPT-containing vaccine and polio vaccine. Basic antigen vaccination coverage has increased slightly from 73% in 2014. Overall, 3% of children age 12-23 months have received no vaccinations.

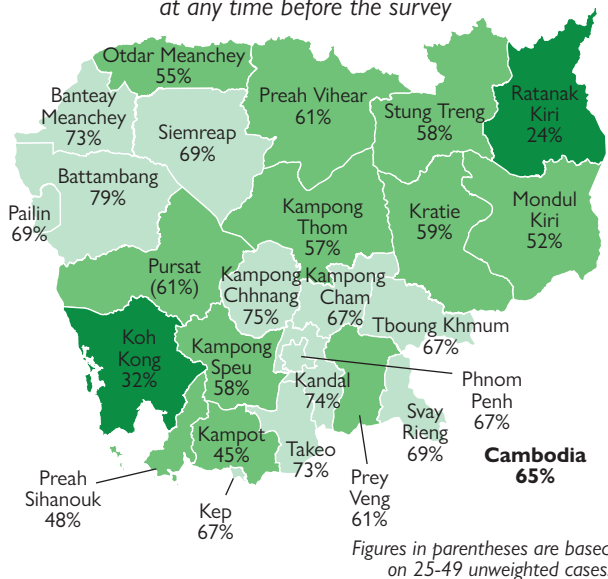
Vaccination Coverage: National Schedule

To be fully vaccinated according to the Cambodian national schedule, children age 12-23 months must be vaccinated against basic antigens and receive one dose of Hepatitis B vaccine at birth, one dose of inactivated polio vaccine, and three doses of Pneumococcal conjugate vaccine. In Cambodia, 65% of children age 12-23 months are fully vaccinated according to the national schedule.

Vaccination coverage according to the national schedule is higher in urban areas (70%) than in rural areas (61%). As mother's education increases, so does vaccination coverage according to the national schedule, from 54% of children whose mothers have no education to 82% of children whose mothers have more than secondary education. By province, vaccination coverage according to the national schedule ranges from 24% in Ratanak Kiri to 79% in Battambang.

Vaccination Coverage (National Schedule) by Province

Percent of children age 12-23 months who are fully vaccinated according to the national schedule at any time before the survey



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Children age 24-35 months should also receive all age appropriate vaccinations. These include the vaccinations according to the national schedule for children age 12-23 months and a second dose of measles vaccine. In Cambodia, 78% of children age 24-35 months are fully vaccinated against basic antigens and 55% are fully vaccinated according to the national schedule.

Childhood Illnesses

In Cambodia, 1% of children under age five had symptoms of acute respiratory infection (ARI) in the two weeks before the survey and 92% of children with symptoms of ARI were taken to a health facility or provider.

Overall, 13% of children under age five had fever in the two weeks before the survey. Four in 5 children with fever were taken to a health facility or provider.

Among children under age five, 6% had diarrhea in the two weeks before the survey. Diarrhea was most common among children age 6-11 months (12%). Among children under age five with diarrhea, 69% were taken to a health facility or provider.

Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT). While 53% of children under age five with diarrhea received ORT, 17% of children under age five with diarrhea received no treatment.

CHILDREN'S STATUS

Birth Registration

In Cambodia, 92% of children's births were registered with civil authorities. This includes 87% of children under five who have a birth certificate.

Access to Education

In Cambodia, 56% of children who were age five at the beginning of the school year participated in organized learning: 26% attended an early childhood education program and 31% attended primary school.

The net attendance ratio is the percent of school-age children who are in school. In Cambodia, 74% of primary school-age girls and 72% of boys are attending primary school. Attendance is lower for secondary school, with 45% of secondary school-age girls and 39% of boys attending school.

The Gender Parity Index (GPI) is the ratio of female to male students. A GPI of 1 indicates parity or equality between female and male school participation. In Cambodia, the GPI for primary school is 1.00, meaning that equal numbers of female and male students attend primary schools. The GPI for secondary school is 1.15, which means that for every 100 male students who attend secondary school, there are 115 female students attending.

Child Discipline



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In the 2021-22 CDHS, household questionnaire respondents were asked questions on child discipline about one randomly selected child age 1-14 per household. Overall, two-thirds of children age 1-14 experienced any violent discipline method in the month before the survey. This includes 59% of children who experienced psychological aggression, 43% who experienced any physical punishment, and 5% who experienced severe physical punishment. Fewer than 1 in 4 children (23%) experienced only nonviolent discipline.



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NUTRITIONAL STATUS

Children’s Nutritional Status

The 2021-22 CDHS measures children’s nutritional status by comparing height and weight measurements against an international reference standard.

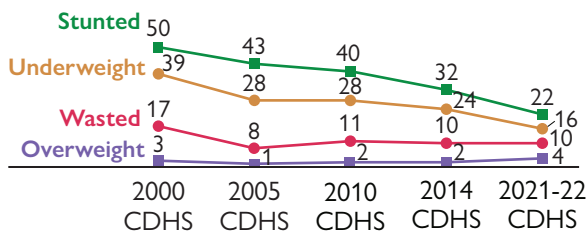
Overall, 22% of children under age five are stunted. Stunting is an indication of chronic undernutrition. Stunting declines with increasing mother’s education and increasing wealth.

One in ten children under age five are wasted. Wasting is an indication of acute malnutrition. Sixteen percent of children under age five are underweight. Only 4% of children under age five in Cambodia are overweight.

Stunting has steadily declined since 2000 when half of children were too short for their age. Children underweight has also steadily declined from 39% in 2000, while wasting declined from 2000 to 2014, but remains unchanged since 2014.

Trends in Child Growth Measures

Percent of children under age 5 who are malnourished



Women’s Nutritional Status

The 2021-22 CDHS also took weight and height measurements of women age 15–49. Among adolescent women age 15-19, 29% are thin according to body mass index for age (BMI-for-age) and 6% are overweight or obese. Among women age 20-49, 7% are thin according to BMI and 33% are overweight or obese.

Overweight/obesity among women age 20-49 decreases with increasing education from 39% among women with no education to 15% of women with more than secondary education. Overweight/obesity generally increases with increasing household wealth.

The 2021-22 CDHS is the first CDHS survey to collect data on food and liquids consumed by women the day before the survey. Overall, 57% of women consumed foods from at least five of the possible 10 food groups, achieving minimum dietary diversity. In the day before the survey, 63% of women consumed sweet beverages and 33% consumed unhealthy food in the day before the survey.



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FEEDING PRACTICES AND SUPPLEMENTATION



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Breastfeeding and the Introduction of Complementary Foods

In Cambodia, 82% of children under age two were ever breastfed. Half of children were exclusively breastfed for the first two days after birth, and 54% were breastfed in the first hour of life.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Half of children under six months living with their mother are exclusively breastfed, while 22% of children under six months are not breastfed.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Cambodia, 88% of children age 6-8 months were fed solid, semi-solid, or soft foods the day before the survey.

Minimum Acceptable Diet and Unhealthy Feeding Practices

Children age 6-23 months have a minimum acceptable diet when they are fed from at least five of eight defined food groups the minimum number of times or more during the day before the survey. Nonbreastfed children must also receive at least two milk feeds for a minimum acceptable diet. In Cambodia, 42% of children age 6-23 were fed a minimum acceptable diet the day before the survey. Over half (54%) of children in urban areas were fed a minimum acceptable diet compared to nearly one-third (35%) of children in rural areas.

For healthy growth, infants and young children should not be given sweet foods and beverages and instead should be fed healthy foods including fruits and vegetables. In Cambodia, 28% of children age 6-23 months were given a sweet beverage in the day before the survey and 21% were fed unhealthy foods high in sugar, salt, or unhealthy fats. Overall, 29% of children were not given any fruit or vegetables the day before the survey.

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Two in five children age 6-59 months were given vitamin A supplements in the last six months.

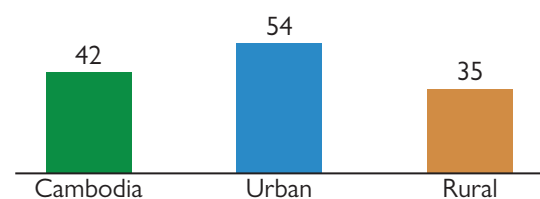
Iron is important for maintaining healthy blood. In Cambodia, 15% of children age 6-59 months were given iron-containing supplements in the 12 months before the survey. Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Nearly 9 in 10 women age 15-49 received iron supplements for at least 90 days during their last pregnancy.

Use of Iodized Salt

Salt was tested for iodine in 99% of households. In Cambodia, 49% of households have iodized salt.

Minimum Acceptable Diet by Residence

Percent of youngest children age 6-23 months living with their mother who received minimum dietary diversity, minimum meal frequency, and minimum milk feeding frequency



HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOR

Knowledge of HIV Prevention Methods

In general, women in Cambodia have greater knowledge of medicines to treat and prevent HIV than men. Overall, 64% of women age 15-49 have heard that antiretroviral medicines (ARVs) treat HIV, compared to 28% of men. In addition, 19% of women and 8% of men have heard of pre-exposure prophylaxis (PrEP).

Among young people age 15-24, 74% of women and 83% of men know using condoms can reduce the risk of HIV. Overall, 75% of young women and 79% of young men know that limiting sex to one uninfected partner can reduce the risk of HIV.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

In Cambodia 58% of women and 40% of men age 15-49 know that the risk of MTCT can be reduced by the mother taking special drugs during pregnancy.

Higher-Risk Sexual Partners

Fewer than 1% of women and 4% of men age 15-49 had sexual intercourse with a person who was neither their spouse nor lived with them in the last 12 months. Among those who had sex with a non-cohabiting partner, 47% of women and 76% of men used a condom during last sex with a non-cohabiting partner. In Cambodia women have 1.2 lifetime sexual partners and men have 4.1 lifetime sexual partners on average.

Male Circumcision

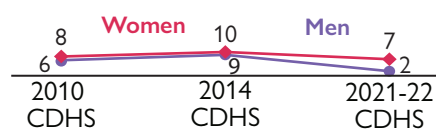
Male circumcision is rare in Cambodia. Only 2% of men age 15-49 are circumcised, either medically or traditionally.

HIV Testing

Two-thirds of pregnant women age 15-49 were tested for HIV during antenatal care and received the results. Overall, 47% of women and 28% of men age 15-49 have ever been tested for HIV and received the results. Still, 53% of women and 70% of men have never been tested for HIV. In the 12 months before the survey, 7% of women and 2% of men were ever tested for HIV and received the results. Recent HIV testing has declined since 2014, when 10% of women and 9% of men were ever tested for HIV and received the results in the 12 months before the survey.

Trends in Recent HIV Testing

Percent of women and men age 15-49 who were tested for HIV in the 12 months before the survey and received the results



DISABILITY

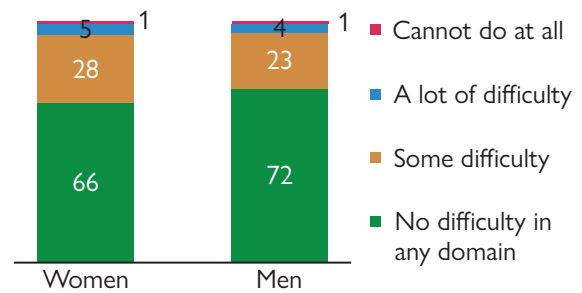
Disability

The 2021-22 CDHS included questions about six functional domains of disability – seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing all over or dressing – among the household population age five and above. Overall, 4% of the household population age five and above has a lot of difficulty or cannot function in at least one domain.

Among the household population age 15 and above, one-third of women and 28% of men have at least some difficulty in at least one domain of disability. Difficulty seeing and remembering or concentrating are the most common difficulties among women and men age 15 and above. Difficulty in at least one domain of disability is more common among women and men in rural areas, with no education, and among those in the poorest households. One in five women and men who are widowed have a lot of difficulty or cannot function at all in at least one domain.

Disability among Adults

Percent distribution of household population age 15+ by highest degree of difficulty in at least one domain



WOMEN'S EMPOWERMENT

Employment

In Cambodia, 79% of married women age 15-49 and more than 99% of married men were employed in the last 12 months. Overall 85% of married women and 82% of married men who were employed in the last 12 months earned cash, while 5% of women and 2% of men were not paid for their work.

Nearly all married women who were employed in the last 12 months and earned cash made decisions on how to spend their earnings either alone or jointly with their husband/partner. Among married women who received cash earnings, 16% earn more than their husband/partner, 39% earn less, and 44% earn about the same as their husband/partner.

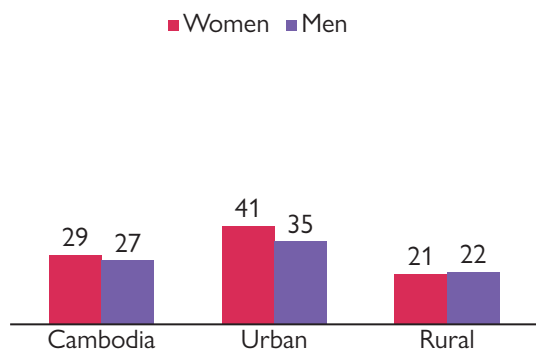
Ownership of Assets

In Cambodia, more women than men own a house or land. Nearly half of women age 15-49 own a house (alone or jointly) compared to 41% of men. Thirty-eight percent of women and 33% of men own land (alone or jointly).

More men than women own a mobile phone (91% versus 85%). However, slightly more women (29%) than men (27%) have and used a bank account or mobile phone for financial transactions in the last 12 months. Use of banks or mobile phones for financial transactions is higher in urban areas than in rural areas.

Use of Banks or Mobile Phones for Financial Transactions by Residence

Percent of women and men age 15-49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months



Participation in Household Decisions

The 2021-22 CDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to her family or relatives.

In Cambodia, 92% of married women have sole or joint decisionmaking power in their own health care, 92% make decisions about major household purchases, and 93% make decisions about visits to their family or relatives. Overall, 88% of married women participate in all three above decisions. Five percent of married women participate in none of three above decisions.

Among married men, 75% make decisions alone or jointly with their wife about their own health care and 80% make decisions about major household purchases. Overall, 69% of married men participate in both decisions either alone or jointly with their wife/partner, and 13% participate in neither of these decisions.

Problems in Accessing Health Care

In Cambodia, 3 in 5 women age 15-49 report experiencing at least one problem in accessing health care. Over half of women have problems getting money for treatment and 35% of women do not want to seek health care alone.

Attitudes toward Wife Beating

Overall, 37% of women and 16% of men believe a husband is justified in hitting or beating his wife/partner if she neglects the children, goes out without telling him, argues with him, refuses to have sexual intercourse, or burns the food. Neglecting the children is the most common justification among women (31%) and men (10%).

DOMESTIC VIOLENCE

Experience of Physical Violence

One in 10 women age 15-49 have ever experienced physical violence since age 15. In the last 12 months, 4% of women experienced physical violence. Twelve percent of women who are currently married or living together have ever experienced physical violence, compared to 2% of never-married women. Among women who are divorced, separated, or widowed, 26% have ever experienced physical violence.

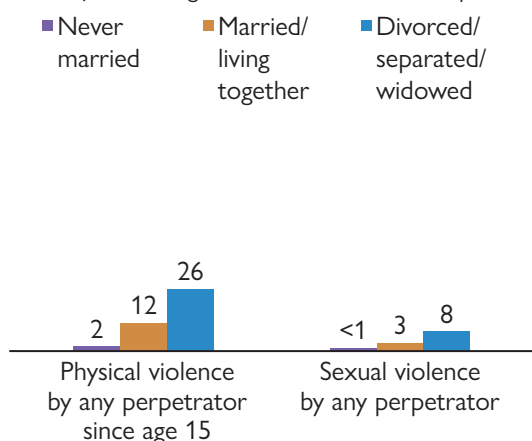
Among women who have ever been married or had an intimate partner, the most common perpetrators of physical violence are current and former husbands/intimate partners. Mothers/step-mothers and fathers/step-fathers are the most common perpetrators of physical violence among women who have never been married nor had an intimate partner.

Experience of Sexual Violence

In Cambodia, 3% of women age 15-49 have ever experienced sexual violence by any perpetrator, and 2% of women have experienced sexual violence in the last 12 months. Eight percent of women who are divorced, separated, or widowed have ever experienced sexual violence.

Experience of Violence by Marital Status

Percent of women age 15-49 who have ever experienced



Help-seeking to Stop Violence

Among women who have ever experienced physical or sexual violence, 31% sought help to stop violence and 16% did not seek help but did tell someone about the violence. Over half of women (53%) who experienced physical or sexual violence never sought help and never told anyone. The most common sources of help women seek are their own family (59%), police (21%), and neighbors (14%).

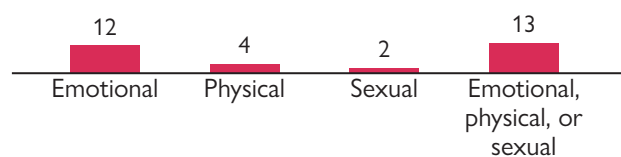
Intimate Partner Violence

One in five ever-partnered women have experienced violence committed by their current or most recent husband/intimate partner, whether physical, sexual, or emotional.

In the last 12 months, 13% of ever-partnered women experienced violence by any husband/intimate partner. This includes 12% who experienced emotional violence, 4% physical violence, and 2% experienced sexual violence.

Recent Violence by any Husband/Intimate Partner

Percent of women age 15-49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months



Recent experience of violence by any husband or intimate partner decreases with increasing women's education, from 20% among women with no education to 3% among those with more than secondary education. Recent experience of intimate partner violence also decreases with increasing household wealth. By province, recent intimate partner violence ranges from 4% of women in Phnom Penh to 35% of women in Mondul Kiri.

ADULT HEALTH ISSUES/HEALTH EXPENDITURES

Adult Mortality

Mortality is lower among women than men in Cambodia. In the seven years before the survey, 1.3 women age 15-49 died per 1,000 population, compared to 2.8 deaths per 1,000 population among men age 15-49.

Breast cancer

The 2021-22 CDHS asked women age 15-49 if they had ever been examined for breast cancer by a doctor or other health care worker. Overall, 11% of women have been examined for breast cancer.

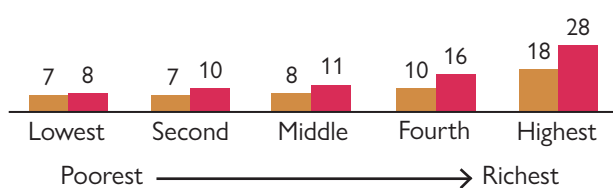
Cervical cancer

In Cambodia, 15% of women have been tested for cervical cancer. The percent of women who have received breast and cervical cancer examinations generally increases with increasing education and household wealth.

Breast and Cervical Cancer Exams by Household Wealth

Percent of women age 15-49 who were ever examined by a healthcare worker for:

■ Breast cancer ■ Cervical cancer



Use of Tobacco and Alcohol

Tobacco use among women in Cambodia is uncommon—2% of women age 15-49 use any type of tobacco, compared to 21% of men age 15-49. Most men who use tobacco smoke daily (19%) and 3% smoke occasionally. Among women and men, tobacco use decreases with increasing education.

Only 16% of women had at least one alcoholic drink in the last month, compared to 69% of men. Among women who had at least one alcoholic drink in the last month, 80% reported they usually consume one drink, while 16% reported they usually have two to three drinks on days when alcohol was consumed. Among men who drank, 56% reported they usually have one drink, 24% usually have two to three drinks, and 20% reported they usually have four or more drinks on days when alcohol was consumed.

Health Insurance Coverage

The 2021-22 CDHS collected information about specific types of insurance coverage. Overall, 22% of women and 13% of men age 15-49 have health insurance. Social security health insurance is the most popular type of coverage among both women (16%) and men (10%).



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INDICATORS

	Residence		
	Cambodia	Urban	Rural
Fertility			
Total Fertility Rate (number of children per woman)	2.7	2.4	3.0
Median age at first birth women age 25-49 (years)	23.3	24.1	22.7
Women age 15-19 who been pregnant ¹ (%)	9	8	10
Family Planning (among married women age 15-49)			
Current use of any method of family planning (%)	62	66	59
Current use of a modern method of family planning (%)	45	41	47
Demand satisfied by modern methods of family planning (%)	61	55	65
Maternal and Newborn Health Care			
Antenatal care by skilled provider ² (%)	99	99	99
Births delivered in a health facility (%)	98	99	97
Births delivered by a skilled provider (%)	99	>99	98
Child Health (among children age 12-23 months)			
Children who are fully vaccinated against all basic antigens ³ (%)	76	79	74
Children who are fully vaccinated according to the national schedule ⁴ (%)	65	70	61
Nutrition			
Children under five who are stunted (%)	22	17	25
Women age 20-49 who are overweight or obese according to BMI (%)	33	34	32
Women age 15-19 who are overweight or obese according to BMI-for-age (%)	6	7	6
Childhood Mortality (deaths per 1,000 live births for the 5-year period before the survey)			
Neonatal mortality	8	6	10
Under-five mortality	16	11	20
HIV/AIDS			
Women age 15-49 who have been tested for HIV and received the results (%)	47	55	41
Men age 15-49 who have been tested for HIV and received the results (%)	28	36	22
Women's Empowerment			
Women age 15-49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	29	41	21
Men age 15-49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	27	35	22
Domestic Violence			
Women age 15-49 who have experienced physical violence since age 15 (%)	10	9	11
Women age 15-49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months ⁵ (%)	13	9	16

¹Women age 15-19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. ²Skilled provider includes doctor, nurse/midwife, and auxiliary midwife. ³Fully vaccinated against basic antigens includes BCG, three doses of DPT-containing vaccine, three doses of polio vaccine, and one dose of measles-rubella. ⁴Fully vaccinated according to the national schedule includes BCG, HepB (birth dose), three doses of DPT-containing vaccine, three doses of OPV, one dose of IPV, three doses of pneumococcal vaccine, and one dose of measles-rubella. ⁵Whether emotional, physical, or sexual violence.



