Better Care Network

Cambodia DHS 2014:
Children's Care and Living Arrangements

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This report was written by Garazi Zulaika and Florence Martin.

This series of country briefs aim to provide an analysis of children's living and care arrangements according to the latest available data from ***Demographic and Health Surveys (DHS)*** *or* ***Multiple Indicators Cluster Surveys (MICS)*** *at the time of publication.*

Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly ***Demographic and Health Surveys (DHS)*** *and* ***Multiple Indicators Cluster Surveys (MICS)****, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out, to be able to do so as part of the Technical Working Group on Children and Care under the Child Protection Monitoring and Evaluation Reference Group (CP MERG). The content of these papers will evolve as a result, and feedback and suggestions are welcome on the content of the briefs as well as how they can be improved. Communications should be sent to* *Florence.martin@bettercarenetwork.org*

The briefs are targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels. In order to enable researchers and policy makers in the countries and regions to conduct further analysis, tables with the data extracted for the purpose of this brief have been included at the end of this report.

Source of data, unless otherwise noted is DHS implementing partners and ICF International. (2000-2015). Demographic and Health Surveys 2000-2015. Data extract from DHS Recode files. Integrated Demographic and Health Series (IDHS), version 2.0, Minnesota Population Center and ICF International [Distributors]. Accessed from http://www.dhsprogram.com/.

Front cover map from National Institute of Statistics, Directorate General for Health, and ICF International, 2015. Cambodia Demographic and Health Survey 2014. Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.
Other maps are produced through ICF International. (2012). The DHS Program STATcompiler. Retrieved from http://www.statcompiler.com.

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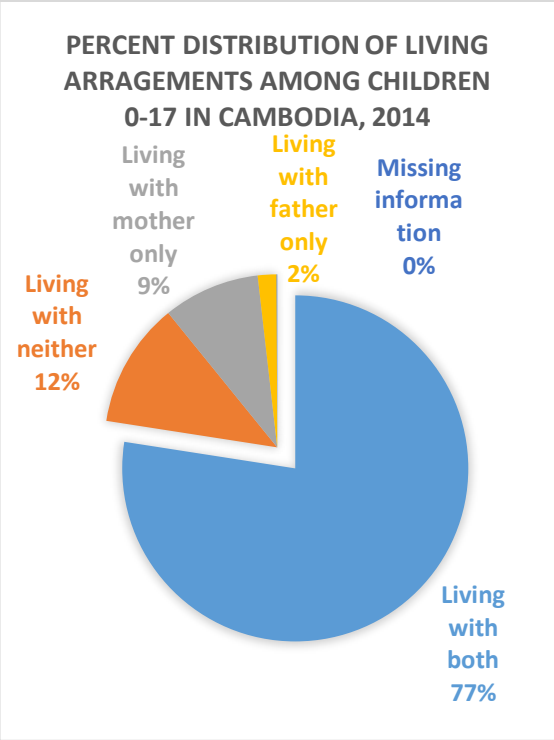
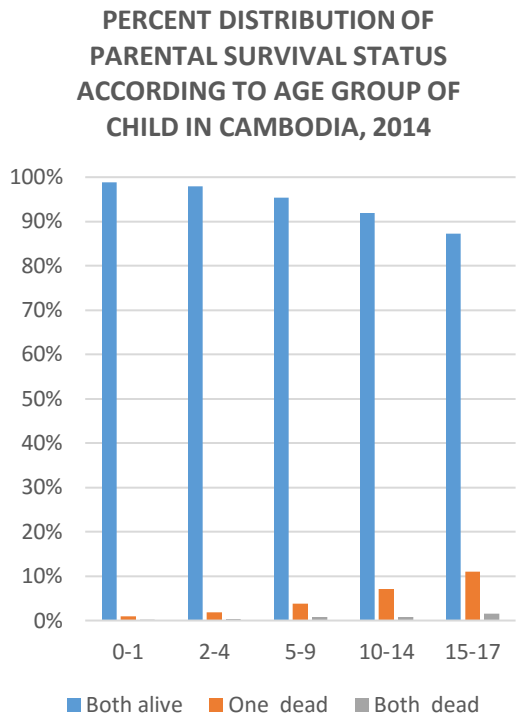
EXECUTIVE SUMMARY:

Children's Living Arrangements:

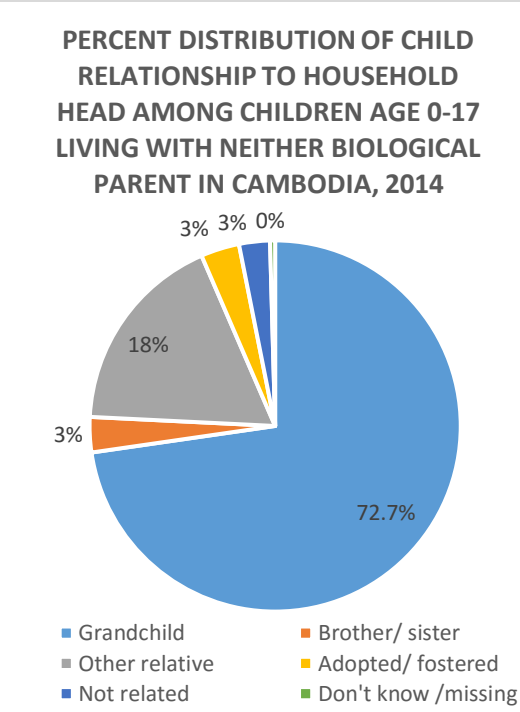


- More than 3 out of every 4 children (age 0-17) in Cambodia live with both biological parents (78%). Another 9% live with their biological mother only and 2% with only their biological father. A significant percentage of children (12%) do not live with either biological parent.
- Large variations in living arrangement are seen according to age group, wealth quintile, rural-urban, and regional background characteristics and slight variations are seen according to gender.
  - At an early age the large majority of children still live with both biological parents; this declines with age for children 0-17 (85% to 72%). Living with neither biological parent, on the other hand, becomes more common as children age, doubling between the youngest and oldest age groups (6% among those 0-1 to 12% for children ages 15-17).
  - For children 0-17 in Cambodia, the proportion of children living with only their mother increases as children age, with 8% of newborns and 13% of teenagers living with only their mothers. To a l lesser degree, the proportion of children living with their biological father increases as well as children age, going from under 1% in the youngest age group to 3.1% in the oldest age cohorts).
  - Wealth quintile is weakly associated with living with neither biological parent. Households in the richest quintile more frequently house children who are living with neither biological parent than households in the poorest wealth quintiles (12% of the richest households compared to 9% of households in all wealth quintiles nationwide). The majority of these children living outside of parental care still have two living biological parents. Additionally, wealth quintile appears to be associated with children living with only one biological parent of their biological father, although this seems to be strongly correlated with parental death – discussed below.
- Significant regional variations are found in children's living arrangements in Cambodia. This is partly driven by urban-rural differences, where more children live with both biological parents in rural areas. In the nation's capital, Phnom Penh, only 77% of children live with both parents while more rural regions such as Mondul Kiri/Ratanak Kiri (86%) see higher rates of children living with both parents. However, this does not always explain the variation as can be seen with provinces like Kandal which has a high urban concentration but also many children living with both biological parents at 81%.
  - While nationally fewer than 9% of children live with their biological mother only, the province of Pursat sees considerably more at 14%.
- In the Southeast Asia regional context, Cambodia has one of the highest rates of children living with neither biological parent at 12% for children ages 0-14, only Thailand (23%) has a higher rate of children under the age of 15 who do not live with a biological parent.

Parent Survivorship:



- Less than 1% of all children ages 0-17 in Cambodia experience being orphaned in the country (the loss of both biological parents). However, 5% of children have lost one parent by age 18 and 4.2% of children have lost a mother or a father before reaching 15 years of age.
  - There is a greater percentage of children living in rural areas with one deceased biological parent (5.2%) compared to those living in urban areas (4.7%).
  - Great diversity is seen in the regional distribution of parental death for children under the age of 18 in Cambodia ranging from 8% of children in the Takeo region who have lost a mother or a father to 3% in the Kampong Speu region who have experienced the same.
- Regionally, Cambodia has the highest rate of orphaning in the Southeast Asia region at 0.6%. Timor Leste and Indonesia see higher levels of single parent loss for children 0-14 in the region.
- Wealth quintile appears to be associated with children living with only one biological parent of their biological father. While 5% of children in the poorest wealth quintile who had lost their biological father, less than half the children living in the richest cohort had experienced the same (2%). This association does not seem to exist for losing both biological parents in Cambodia.



Living Arrangements of Children Living with Neither Biological Parent:

- In Cambodia, nearly 12% of children age 0-17 live with neither biological parent. Of these, 84% have two living biological parents and another 10% have one. In Cambodia, 7% of these children do not have a surviving biological parent. This underlines the reality in Cambodia that most children living out of parental care have at least one parent alive (94%).
- The large majority of these children living with neither biological parent - 97% - live in households headed by a relative.
  - In the regional context, Cambodia's prevalence of children 0-14 who live in households in which they are related to the household head is comparable to other Southeast Asian countries.
- Among children living with neither biological parent, age is a clear determinant of whom children are

most likely to live with. In the youngest age groups the prevalence of living in households headed by a grandparent is high at 91% for children aged 0-1 and 92% for children aged 2-4, but only 32% for the oldest age group of 15-17. Conversely, these younger age groups have low rates of living in households headed by aunts, uncles, siblings, or other relatives, while in the older age groups the likelihood of living with these relative becomes much more common. In fact, for the oldest age group of years 15-17, more children live with their aunts or uncles than with their grandparents (35% vs. 27%).

- Differences across gender are seen when looking at living arrangements in Cambodia. Boys are more likely to live with their grandparents and siblings. Girls, on the other hand, more commonly live with in-laws or other relatives.
- Only 3% of surveyed households report hosting a child 0-17 unrelated to the head of the household.
    - In the region, Cambodia has a comparable rate of children living out of family care. Only Indonesia sees over 1% of children 0-14 living out of family care at 4%.
- Households in wealthier quintiles have a higher likelihood of hosting unrelated children and these children are generally in the older age groups.
- The Mondul Kiri/Ratanak Kiri region sees a strikingly high number of children living in unrelated care compared to the rest of the country with 11% of all children living with neither biological parent living in households with an unrelated household head.

"The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members."

– The Guidelines for the Alternative Care of Children (2009) II.A.3

Over the last 30 years there has been a growing understanding of the critical importance of the family and a family environment for children in terms of their development and well-being. This realization is at the core of the *United Nations Convention on the Rights of the Child* adopted in 1989, and more recently, of the *Guidelines for the Alternative Care of Children* welcomed by the United Nations General Assembly in 2009.[1]

A major body of empirical research in psychology, neuroscience, social work, and other disciplines has demonstrated the importance of investing in children's early years to support this critical period of child development.[2] Findings about the negative impact of emotional deprivation and institutionalization for younger children have further reinforced the critical importance of parental care and a family environment.[3] As a result, reforms of child protection and alternative care systems for children deprived of parental care, or at risk of being so, have been ongoing in virtually all regions of the world, with a particular focus on moving away from the use of residential care and strengthening the capacity of parents and families to care for their children.[4]

These reforms have also been informed by research that has shown that the vast majority of children in residential care are not placed there because care is genuinely needed or that they are without parental or family care, but rather because their families are facing a range of challenges in their capacity to care, including poverty, lack of access to social services, discrimination and social exclusion, as well as a result of personal or social crises and emergencies.[5] As a result, governments and other stakeholders in these reform processes have recognized that a major focus of this shift away from the use of residential care for children is not simply about reducing the numbers of institutions and removing children from there, but also about establishing better preventive and family support services to reduce child-family separation and stop children going into alternative care in the first place.

Understanding better the situation of children in 'care vulnerable situations', including those outside of parental care, has become crucial not only for HIV prevalent countries but for all countries seeking to strengthen their responses and systems for children facing a range of care and protection risks. A

[1] UN General Assembly, Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly, 24 February 2010, (A/RES/64/142). Available at: http://www.bettercarenetwork.org/docs/Guidelines-English.pdf

[2] National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

[3] For a review of the evidence, see for example Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/docs/Families%20Not%20Orphanages.pdf; Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care. Better Care Network and Save the Children Working Paper). Retrieved from http://www.bettercarenetwork.org/docs/The_Risk_of_Harm.pdf; Csaky (2009) Keeping Children Out of harmful institutions, Save the Children UK. Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=21471&themeID=1003&topicID=1023

[4] For documentation of these reforms, go to Better Care Network online Library of Documents at: www.bettercarenetwork.org

[5] Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=23328&themeID=1003&topicID=1023.

number of organizations and initiatives have drawn attention to the need for more systematic data on children's care situations, including family arrangements, parental status, care practices, and their impact on child well-being.

National household surveys provide critical data to monitor population-level patterns and trends in relation to key socio-demographic indicators at national and sub-national levels that can also be used to draw important comparisons between countries at both regional and international levels. These surveys provide particularly rich data sets through which changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty and deprivation, and other key indicators of child and family well-being are being gathered on a five yearly basis for a nationally representative sample of households. Initial analysis of this data for a small number of countries has shown how critical this data can be to understand the care situations of these children but also to highlight potential indicators of vulnerability associated with different care and living arrangements. [6]

Demographic and Health Surveys (DHS) have been conducted in middle to low income countries by national statistical agencies with support from USAID since the mid-1980s in over 90 countries. The DHS has now entered its Phase 7 (2013-2018). The survey includes 3 main questionnaires (Household, woman and man's questionnaires) and provides nationally representative data on health and population, including fertility, maternal and child survival, immunization, water and sanitation, education, living arrangements among others. In addition, the DHS has included questionnaire modules on a range of topics such as domestic violence, Female Genital Mutilation, Fistula, out of pocket expenditures.

Multiple Indicators Cluster Surveys (MICS) have been conducted with support from UNICEF since the mid-1990s in more than 100 countries, tracking progress and trends on more than 20 indictors relating to the Millennium Development Goals (MDGs) and other major international commitments relevant to the situation of women and children. MICS has entered in its fifth phase, MICS 5 (2012-2014). The survey includes a household questionnaire, a questionnaire for women 15-49 years of age with or without birth history, a questionnaire on children under 5 years of age administered to the mothers or caretaker of these children and a questionnaire for men 15-49 years of age. The questionnaires cover a wide range of issues, including education, child labor, child discipline, water and sanitation, maternal and new born health, marriage and union, FGM, birth registration, early childhood development, breastfeeding, sexual behavior, fertility and Tobacco and alcohol use among others.

Both DHS and MICs have also increasingly gathered data on attitudes and beliefs on some critical social issues such as child care practices, attitudes towards HIV AIDS, domestic violence and child discipline.

Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly DHS and MICS data, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. In collaboration with members of the Child Protection Monitoring, Evaluation Reference Group (CP MERG) and its Technical Working Group on Children Without Adequate Care, and with support from Save the Children,

[6] See for examples, Family for Every Child and INTRAC (2012) Context for Children and Policy situation paper, Roby (2011) Children in Informal Alternative Care, UNICEF; Child Frontiers (2012) Family support services and alternative care in Sub-Saharan Africa: Background paper; Better Care Network (2013) Analysis of DHS data (Ghana, Liberia, Rwanda, Jordan, Sierra Leone); Save the Children (2013). Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

it is developing a series of country briefs using the latest available data set from DHS or MICS for the country and presenting the data and analysis of the trends, when data is available, regarding children's living arrangements and care situations. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out to be able to do so and the content of these papers will evolve as a result. The brief is targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels.

The DHS and MICS core questionnaires contain a number of questions in relation to children's living arrangements, survivorship of parents, and relationship to the head of the household. This data in some countries is collected for all children under 15 years of age in a household and in others for children under 18 years of age. The data on survival status of parents is collected under the HIV AIDS section of the questionnaire and whilst it is collected systematically in countries with high HIV prevalence, other countries do not always collect it. This data is key to understanding the extent of parental loss (single/double orphans) but also the extent to which parental loss is a significant factor in children's living arrangement as well as a number of outcome indicators.

A core question asked by all DHS/MICS questionnaires relates to the relationship between children in a particular household to the head of the household. Although there are slight variations in the range of possible relationships provided, there is general consistency as far as the key categories are concerned (grandchild, niece and nephews, foster child, unrelated, for example). This data is systematically collected but rarely extracted and analyzed in the national reports, despite its clear relevance to children's care situations. Although that data is not a perfect proxy indicator for caregiving arrangements, as it does not provide actual information as to who the legal or de facto caregiver for a particular child is in that household, it is nonetheless a clear indicator of whether a child is living within or outside of family care. This information is key to understanding the extent and patterns of informal alternative care, particularly kinship care, in a given country and this, in turn is critical to inform policies seeking to strengthen parental care, prevent harmful separation but also support adequate family care and family based alternative care.

The DHS and MICS data has huge potential to inform child protection policy and programming, however currently this potential is not being realized. A key barrier is that in most cases the data that would be useful, such as on children's care and different living arrangements, is not extracted and presented in national reports. Furthermore, awareness of this potentially useful DHS and MICS data amongst child protection practitioners is very low. Given the scarcity of national monitoring data on child protection issues in many contexts, it is important that the sector explores the potential of the DHS and MICS data and also is better informed of what it could offer and how it could be used to support better policies and interventions targeting at risk children and families. It is hoped that these country briefs can contribute to this.

CAMBODIA 2014 DHS:

The data presented in this report come from the 2014 Cambodia Demographic and Health Survey (DHS) that was carried out by the Directorate General for Health (DGH)[7] in partnership with the Ministry of Health, National Institute of Statistics (NIS) of the Ministry of Planning (MOP) under the technical guidance of ICF International. MEASURE DHS is a USAID-funded project that provides technical support in the implementation country-wide surveys across the world. Funding for this effort came from the United States Agency for International Development (USAID), the Australian Department of Foreign Affairs and Trade (Australia-OF AT), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), Japan International Cooperation Agency (JICA), Korean International Cooperation Agency (KOICA) and the Health Sector Support Program-Second Phase (HSSP-2).

The primary objective for this data collection effort is to provide country-wide information on demographic characteristics, health conditions and behaviors, and indicators around mortality. The child well-being indicators reported here come from the DHS Household Questionnaire. This questionnaire is used to list all individuals who spent the previous night in a selected household. It collects basic information of each member listed: name, sex, age, education, relationship to head of the household, and disability status. Additionally, for children under the age of 18 survival status of parents is also recorded.

During the 2014 Cambodia DHS data collection effort, a total of 15,825 households were interviewed and 69,471 household members were listed as having slept in the household during the previous night. Of these, 28,215 individuals were under the age of 18 and 24,252 children were under the age of 15. The household questionnaire retained a response rate of 99.3%. All figures reported here have accounted for sample weights, none are unweighted. No exclusion criteria has been applied – the data presented below represent the entire sample of individuals present in the dataset. As a result, the numbers below are slightly larger than the figures reported in the 2014 Cambodia DHS country report. Data were analyzed using the statistical software package SAS 9.4. To measure statistically significant levels of association chi-squared tests and t-tests were run using a 5% alpha level.

To understand Cambodia in its regional context and compare across other Southeast Asian states, data was pulled from nationally representative Demographic and Health Surveys (DHS) that were most recently run in these neighboring countries. The Southeast Asia Region includes the following countries: Cambodia[7], Indonesia[8], Laos[9], Myanmar[10], Philippines[11], Thailand[12], Timor Leste[13], and Vietnam[14]. Given

[7] National Institute of Statistics, Directorate General for Health, and ICF International, 2015. Cambodia Demographic and Health Survey 2014. Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.
[8] Statistics Indonesia (Badan Pusat Statistik—BPS), National Population and Family Planning Board (BKKBN), and Kementerian Kesehatan (Kemenkes—MOH), and ICF International. 2013. Indonesia Demographic and Health Survey 2012. Jakarta, Indonesia: BPS, BKKBN, Kemenkes, and ICF International.
[9] Ministry of Health and Lao Statistics Bureau 2012. Lao Social Indicator Survey 2011-12, Final Report. Vientiane, Lao.
[10] Ministry of National Planning and Economic Development and Ministry of Health, Myanmar, 2011. Myanmar Multiple Indicator Cluster Survey 2009 - 2010 Final Report. Nay Pyi Taw, Myanmar. Ministry of National Planning and Economic Development and Ministry of Health, Myanmar.
[11] Philippine Statistics Authority (PSA) [Philippines], and ICF International. 2014. Philippines National Demographic and Health Survey 2013. Manila, Philippines, and Rockville, Maryland, USA: PSA and ICF International.
[12] National Statistical Office and UNICEF, 2012. Thailand Multiple Indicator Cluster Survey 2012, Final Report. Bangkok, Thailand.
[13] National Statistics Directorate (NSD) [Timor-Leste], Ministry of Finance [Timor-Leste], and ICF Macro. 2010. Timor-Leste Demographic and Health Survey 2009-10. Dili, Timor-Leste: NSD [Timor-Leste] and ICF Macro
[14] General Statistics Office and UNICEF, 2015. Viet Nam Multiple Indicator Cluster Survey 2014, Final Report. Ha Noi, Viet Nam.

that many of these countries collected data for the 0-15 age range until recently, for cross country comparisons under 15 age groups will be used. Lastly, all country level development statistics were pulled from the Human Development Report 2014[15].

[15] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

BASIC STATISTICS:[21,22]

Country

- Total population (2013): 15,140,000
- Gross Domestic Product per capita (2011): $2,789.08
- Human Development Index: .584 (Rank – 136)
- Population living below $1.25 a day: 18.6%
- Life expectancy at birth: 71.92 years
- Median age: 25.01 years
- Urban vs. rural distribution: 20% of the population is urban, 80% rural
- Under-5 mortality rate: 40 deaths per 1,000 live births. (2015 DHS reports 35 deaths per 1,000 live births).
- HIV/AIDS prevalence: 0.8%
- Birth registration of children (% under age 5): 73% (DHS).
- Child labor (age 5-14): 36%

Households

- Mean household composition: 4.6 members
- Percent of individuals under the age of 15: 35%
- Female headed households: 27%; many more urban households are female headed vs rural households (28% vs 27%).
- Urban vs. rural distribution: 28% of sampled households were urban; 72% rural
- Educational attainment in Cambodia: 19% of women and 10% of men have no education and 55% of women and 52% of men have attended only primary school. As a result 24% of women and 16% of men are illiterate.

Marriage:

- Median age at first marriage: 21 years for women; 23 years for men
  - Women in rural households marry on average nearly 2 years earlier than women in urban households (20.3 years vs 21.7).
  - Early marriage: 15% of young women age 15-19 are currently married.
- Three percent of all married women are married to men who are in a polygynous union.

Fertility

- Total Fertility Rate: 2.7 children
  - Fertility for women living in rural households is nearly the same as those living in urban areas (2.9 vs 2.1).
  - The TFR increases with each decrease in wealth quintile, ranging from 2.2 children per woman in the highest wealth quintile to 3.8 children per woman in the lowest wealth quintile.
  - Adolescent fertility: 57 per 1,000 girls age 15-19. **(HDI reports 44/1000).**
  - 12% of women age 15-19 are already mothers or currently pregnant with their first child.
  - 10% of all Cambodian women report having given birth prior to age 18 and 28% by age 20.
  - 13% of births occur within 24 months of a previous birth.

[16] National Institute of Statistics, Directorate General for Health, and ICF International, 2015. Cambodia Demographic and Health Survey 2014. Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International.

[22] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

CHILDREN'S LIVING ARRANGEMENTS:

In Cambodia, 78% of children under the age of 18 live in households with both biological parents. They represent the majority of children living in households in the country. Another 11% of children 0-17 live with one biological parent, with more than five times as many children living with their biological mothers than with their biological fathers. Twelve percent of children live with neither biological parent.

When disaggregated by background characteristics, factors such as age and geographic region appear to significantly influence living arrangements among children in Cambodia. Gender, on the other hand, does not appear to be significantly related with children's living arrangements. Near equal proportions of boys and girls living with and without their parents in Cambodia.

FIGURE 1: PERCENT DISTRIBUTION OF LIVING ARRANGEMENTS AMONG CHILDREN 0-17 IN CAMBODIA, 2014

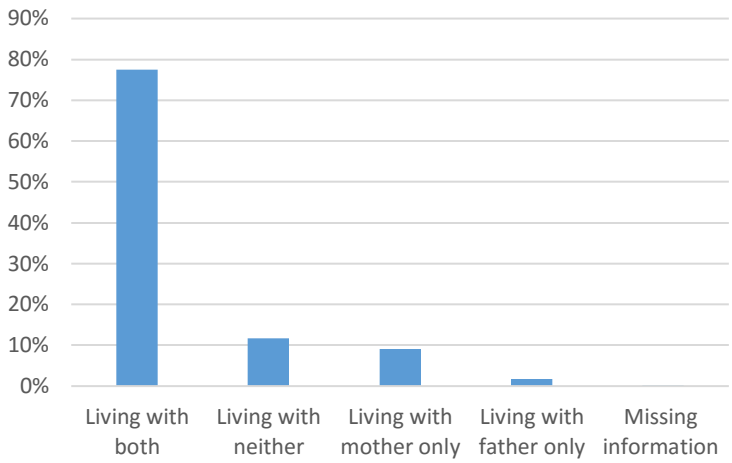
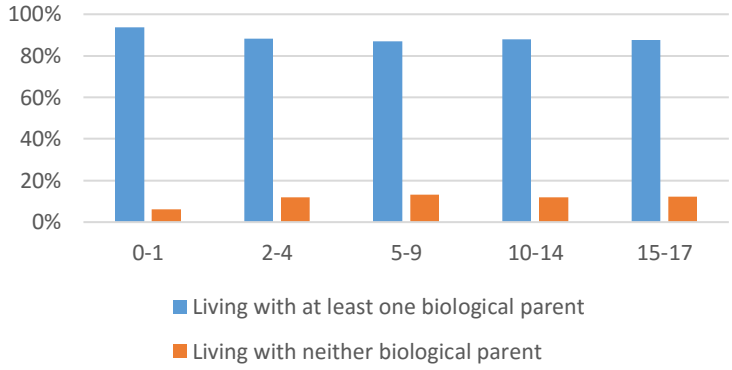


FIGURE 2: PERCENT DISTRIBUTION OF CHILDREN LIVING WITH AT LEAST ONE BIOLOGICAL PARENT VS NEITHER BIOLOGICAL PARENT AMONG CHILDREN 0-17 IN CAMBODIA, ACCORDING TO AGE GROUP



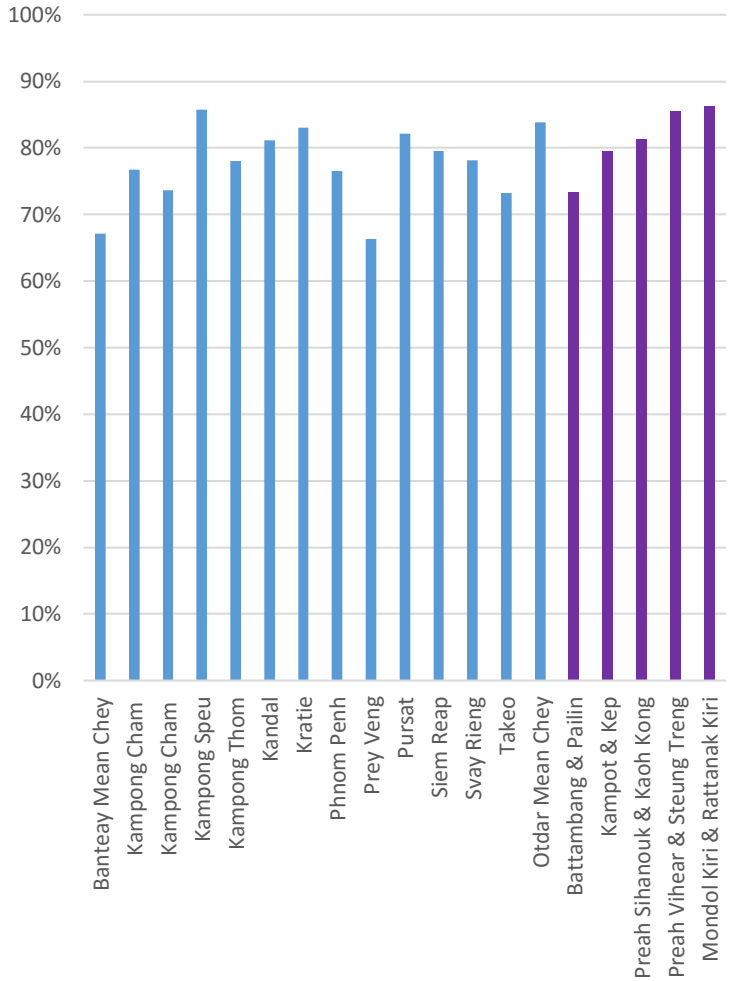
Variations in living arrangements across age groups are evident in Cambodia. At an early age the large majority of children still live with both biological parents; this proportion declines with age. Where only 72% of children in the oldest age group live with both of their biological parents, 80% of children ages two to four and 85% of children under two live with both biological parents. The proportion of children living with a single biological parent increases as children age in Cambodia. Where 8% of children under 4 live with only one biological parent, among children in the oldest age group this rate becomes doubled, with 16% of boys and girls living with only one parent. Across all age groups, fewer children live with their father only, while more live with only their biological mother. Part of this can be explained by the death of a biological parent. Since more children experience the loss of a parent as they get older, the proportion of children living with their only surviving parent increases with age – where only 0.7% of children in the youngest age group live with their mother only after losing their father, 7% of children 15-17 do the same. A similar, but less pronounced, trend is seen for children

living with only their biological father after their mother has passed. Interestingly, among children living with a single biological parent when their other parent is still living, the proportion living with their mother only decreases with age while the proportion living with only their father increases as children age. While 0.4% of children under 2 live with only their biological father when their mother is alive, 1 .2% of children 15-17 live only with their father when their mother is still living. Conversely, while 7.3% of children under two years of age live with only their mother when they have a living biological father, 5.7% of children 15-17 maintain this living arrangement. More research is needed to understand why this decreasing trend occurs.

Simultaneously, the likelihood that a child will live with neither biological parent increases with age. While 6% of children under 2 live with neither biological parent, as children age the proportion of children living with neither biological parent doubles, reaching 12% for children age 15-17 (as seen in Figure 2).

Children in rural regions of Cambodia more commonly live with both biological parents when compared to children living in urban households (78% vs. 74%). During the 2013-14 DHS data collection Cambodia was subdivided into 19 sampling domains made up of 14 provinces and 5 grouped provinces (Battambang and Pailin, Kampot and Kep, Preah Sihanouk and Koh Kong, Preah Vihear and Stung Treng, and Mondul Kiri and Ratanak Kiri). The sample excluded special settlement areas that were not considered normal residential areas. The country is predominantly rural with the 2014 DHS recording 80.5% of the population living in rural areas. The country's capital, Phnom Penh has approximately 1.3 million inhabitants.

FIGURE 3: PERCENT OF CHILDREN 0-17 LIVING WITH BOTH BIOLOGICAL PARENTS BY REGION



As Figure 3 shows, the likelihood of children in Cambodia living with both biological parents in variable by region. While some provinces like Otdar Mean Chey, Pursat, Kratie, Kandal and Kampong Speu see over 80% of children 0-17 living with both parents, other provinces like Prey Veng and Banteay Mean Chey see fewer than 70% of children doing the same. In the capital, Phnom Penh, 77% of children 0-17 live with both their mother and their father.

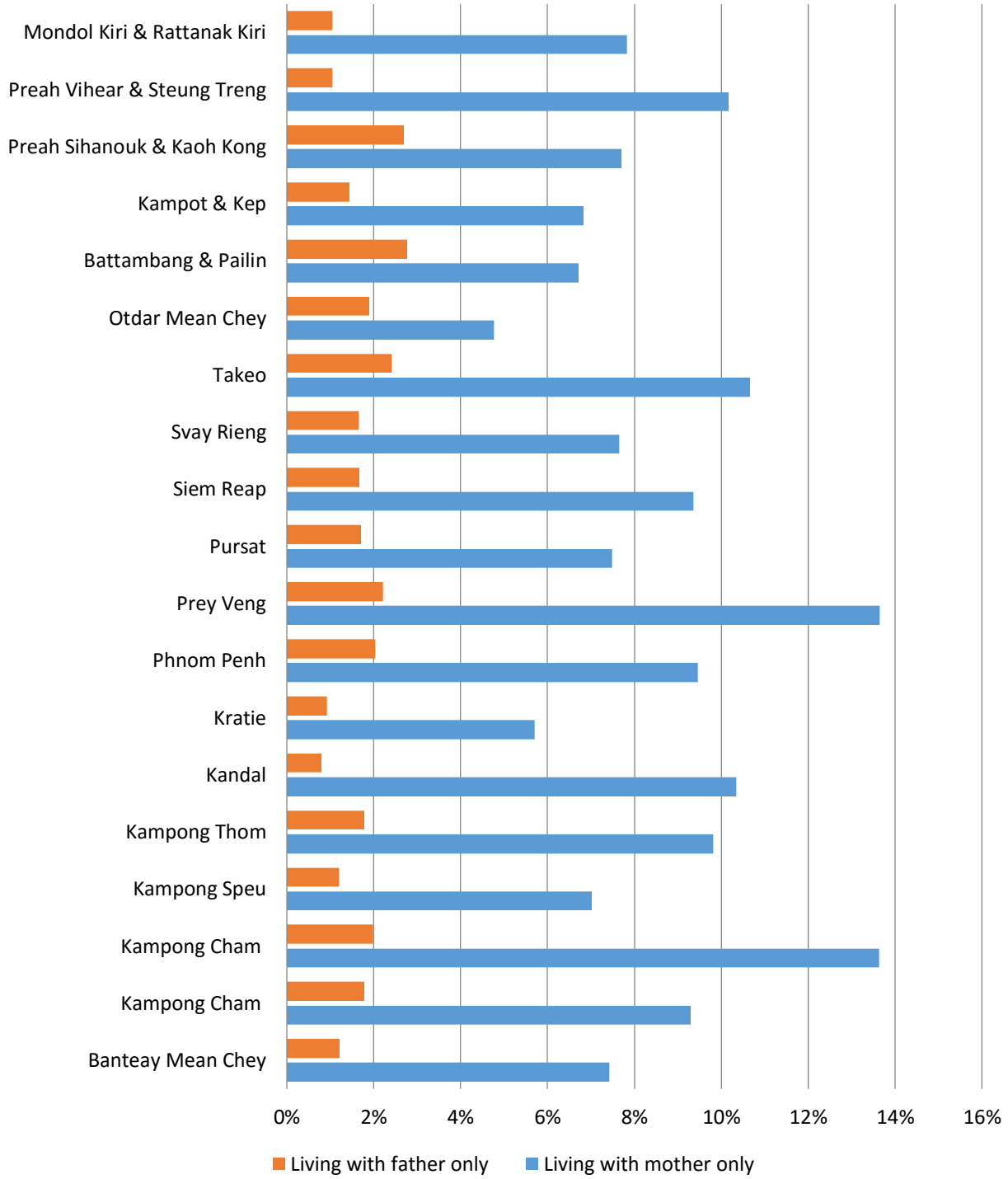
Cambodia is still predominantly rural with only 19.5% of the population residing in city centers as of the 2014 DHS. Agriculture continues to be the country's main economic activity and for local residence subsistence agriculture is a primary livelihood. Among children living in households, proportionally more children living in rural households lived with both biological parents than in urban households (78% vs 74%). However, more children living in urban areas live with a single parent than among children living in rural areas (12% vs. 10.5%). Similarly, among those under 18 years of age, more children living in urban areas (14%) live with neither biological parent compared to rural households (11%) – nearly one in every seven children living in urban centers lives without either biological parent.

Household wealth quintile does not appear to be associated with the likelihood of children living with both biological parents. However, in the poorest households, proportionally more children were found to live with at least one biological parent (91%) when compared to households in the richest quintile (87%). Among children living with neither biological parent, more children appear to be hosted by families in wealthier quintiles. Where 9% of children living in the poorest wealth quintile lived in households without either biological parent, over 12% of children living in the richest quintile lived in households with neither biological parent. This may be due to richer households wielding more resources to support unrelated children or being more likely to employ domestic workers. This association with to wealth is likely conflated with rural-urban and regional characteristics. In Cambodia, wealth is concentrated in urban centers with 84 percent of Phnom Penh's population falls in the highest wealth quintile while for more rural provinces like Pursat, only 5 percent of the population belongs to that quintile.

When it comes to children living with one biological parent varied regional landscape is seen across Cambodia. In its 14 regions, living with a single parent ranges from a low of 7% in Kratie and Otdar Mean Chey to a high of 16% in Kampong Cham and Prey Veng. This variability extends to different living arrangements among those living with only one biological parent. For example, the province of Otdar Mean Chey sees only 2.3% of children 0-17 living with their biological mother only when they have a surviving biological father; Prey Veng, sees over four times this rate at 10% of all children in the province 0-17 living with only their biological mother even when they have a surviving father as seen in Figure 4.

Regionally, Cambodia sees more children living without both biological parents than do other Southeast Asian states. Of the seven countries with data in the region, Cambodia ranks second in the lowest percentage of children living with both biological parents, second highest in percentage of children living with neither biological parent, and second highest in proportion of children 0-14 living with a single biological parent all after Thailand. Additionally, Cambodia ranks first in the percentage of children who have been orphaned, with 0.6% of all children 0-14 orphaned in the country. Other countries in the region see over 84% of all children living with both biological parents.

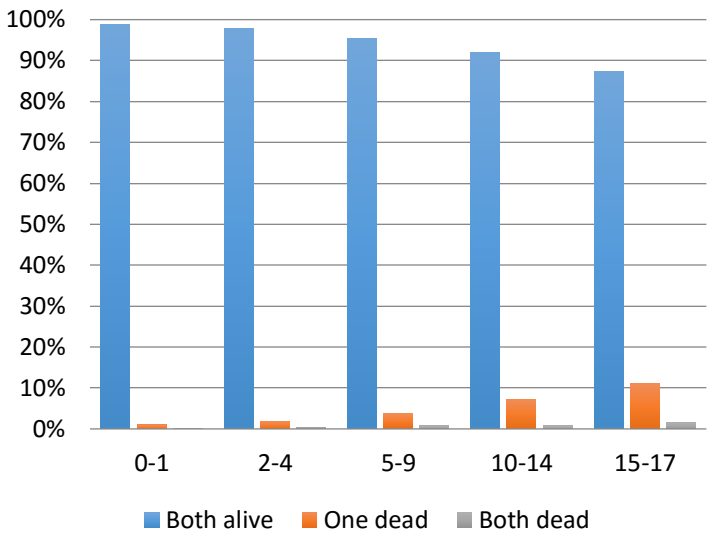
FIGURE 4: PERCENT OF CHILDREN 0-17 LIVING WITH ONE BIOLOGICAL PARENT BY REGION



DEATH OF A PARENT (SINGLE AND DOUBLE "ORPHANHOOD"):

In Cambodia, orphanhood is rare and is experienced only by 0.8% of all children 0-17. Among children 0-14 even fewer - 0.6% - have experienced the death of both parents. As can be expected, loss of a single parent is more frequent – 4.2% of children lose one parent before the age of 15 and 5.1% of children lose a mother or a father by age 18. Parental loss is positively associated with age: almost all children living in households (99%) under the age of two have two living parents, while 11% of children age 15-17 have lost one biological parent and 1.5% have lost both as seen in Figure 5. Cambodia has a recent history of the Khmer Rouge regime which left nearly 2 million Cambodians dead. While the overall rate of parental death (single and double parent death combined) has declined, the history has been exceptional for the region.

FIGURE 5: PERCENT DISTRIBUTION OF PARENTAL SURVIVAL STATUS ACCORDING TO AGE GROUP OF CHILD, CAMBODIA 2014



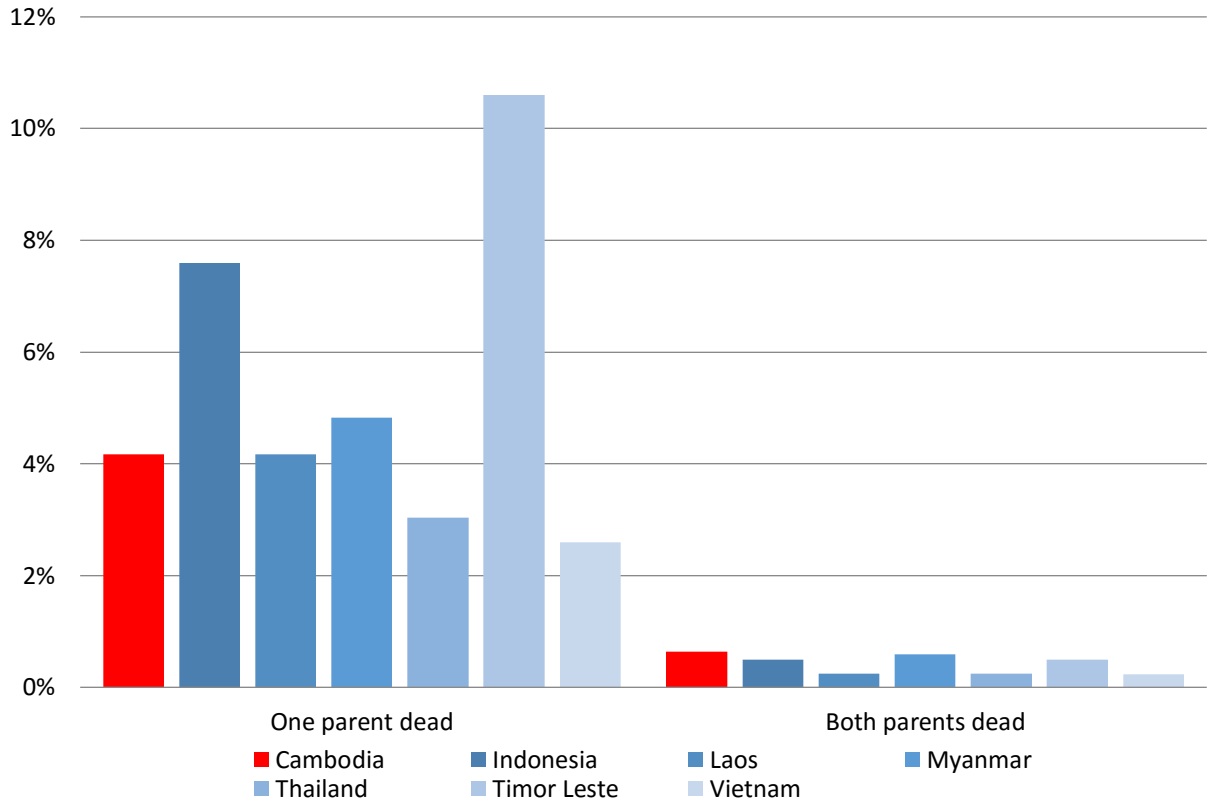
Wealth quintile of the household does not clearly correlate with the likelihood of losing a parent for children in Cambodia. While the rates of double parent death remain fairly unchanged across children 0-17 living in all five wealth quintiles, it appears that children living in the poorest wealth quintiles have experienced single parent death at a slightly higher rate (6%) than children living in the highest wealth quintiles (4%). This may indicate that households wealth is protective against parent mortality in Cambodia. While 5% of children in the poorest wealth quintile had lost their biological father, less than half the children living in the richest cohort had experienced the same (2%).

A higher percentage of children who have experienced the death of both biological parents were living in urban areas in Cambodia than in rural areas. However, children in rural areas were more likely to have had one parent die before they turned 18 (5.2% and 4.7% respectively). Further research is needed to ascertain whether these children lived in urban areas prior to the death of their parents, or whether they migrated into urban centers after the death(s).

High variability in parent death is seen when disaggregated by province in Cambodia. While the majority of the country is rural, some the provincial groupings like Preah Sihanouk & Kaoh Kong see just over 3.3% of children who have lost a father or a mother, while other rural groupings like Preah Vihear & Steung Treng see twice that percentage at 7.2%. The province of Kampong Speu sees the lowest rate of parental death in Cambodia at 3.1% while its neighbor, Takeo, sees the highest rate at 7.7%, both areas that host more of the urban populations. More research is needed to understand this geographic diversity found in parental death as well the underlying drivers of child migration.

Regionally, Cambodia ranks third in the Southeast Asia region for least single parent loss after Thailand and Vietnam. Children in Indonesia experience parental death twice as frequently as do children in Cambodia at 8%, while children in Timor Leste are nearly three times as likely to suffer the loss of a mother or a father at 11%, the highest rate in the region. On the whole, the region sees low rates of orphaning.

FIGURE 7: PERCENT OF PARENT LOSS AMONG CHILDREN AGE 0-17 BY COUNTRY, DHS AND MICS SOUTHEAST ASIA REGION



CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT:

Nearly one in every eight children under the age of 18 in Cambodia lives with neither biological parent (12%). In the last two decades the prevalence of children living with neither biological parent in Cambodia has steadily increased, tripling from 4% in 2000 to 12% in 2014 among children 0-14. As shown in Figure 7, this has been the norm in South East Asian countries, with all countries seeing a relative increase in the proportion of children living outside of parental care.

FIGURE 7: PERCENT OF CHILDREN NOT LIVING WITH A BIOLOGICAL PARENT, SOUTH EAST ASIA REGION: 1991-2014

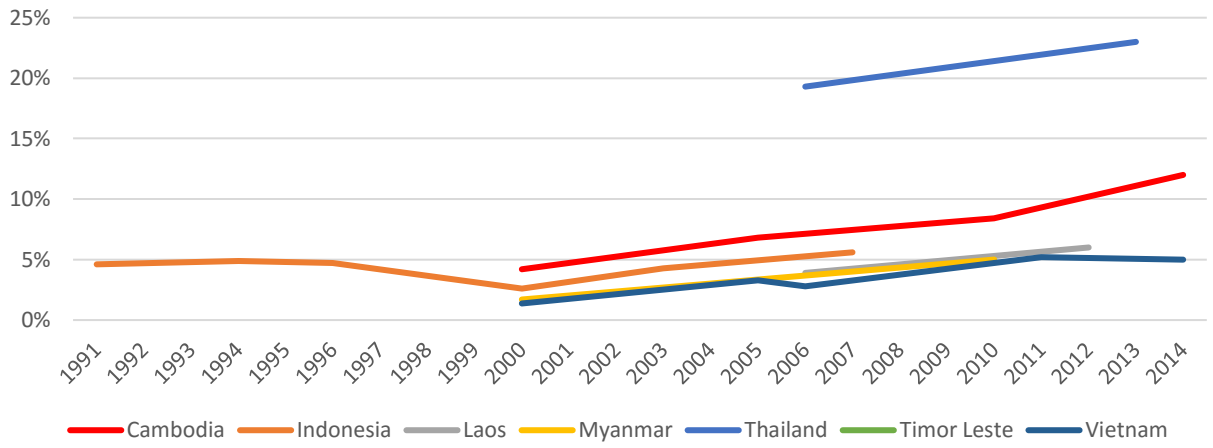
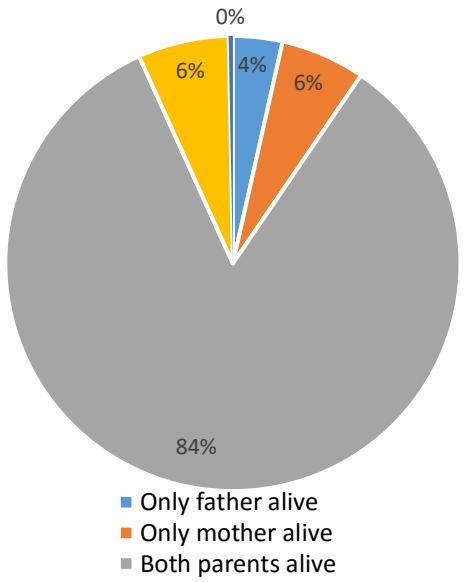
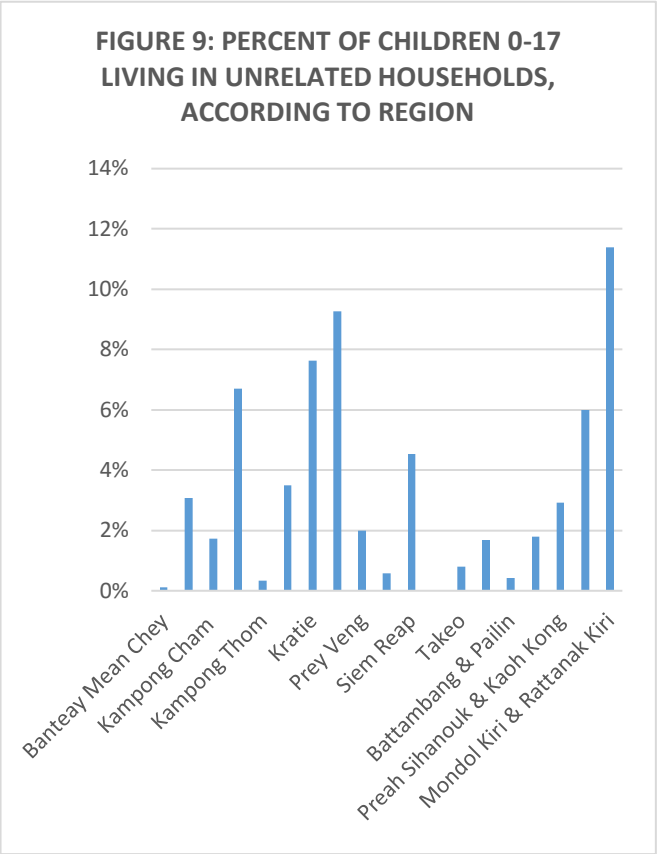


FIGURE 8: PERCENT DISTRIBUTION OF CHILDREN 0-17 NOT LIVING WITH A BIOLOGICAL PARENT, ACCORDING TO SURVIVAL STATUS OF PARENT



According to the 2013-14 DHS, the vast majority of these children – 84% - had both biological parents still living, while 6% had a living mother, 4% had a living father and 7% of these children had lost both parents[18]. These realities underline that orphanhood is not the primary factor for children not living with their parents and highlights the need to better understand the true drivers behind children not living with their parents.

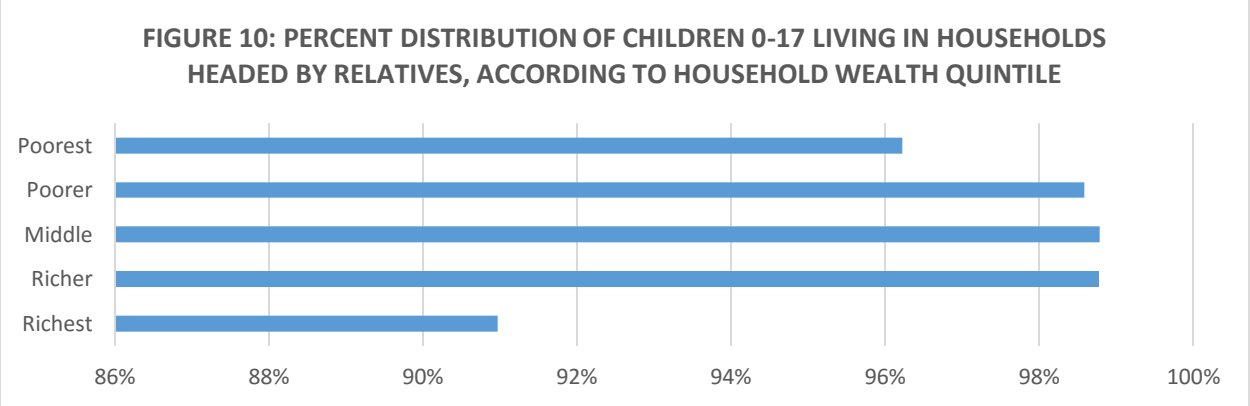
[18] According to the World Bank, in 2014 32% of the total population in Cambodia was between the ages of 0-14. Therefore, nearly 575,000 children under the age of 15 live with neither biological parent, of which fewer than 40,000 children have lost both biological parents.



The overwhelming majority of children in Cambodia under the age of 18 who are not living with a biological parent remain in family care, residing instead in households with their grandparents, aunts, uncles, siblings, and other relatives. Nationwide, 97% of children aged 0-17 live in family care, with only 3% of children living in households headed by an unrelated person. The likelihood of living in family care does not seem to be significantly related to gender. Instead, there appear to be significant urban-rural difference in children living in or out of family care. While 92% of children living in urban areas live in family care, significantly more – 98% - of children in rural areas do the same. (92%) compared to rural areas (98%). As can be imagined, differences in household work contribution, child migration for education, or work opportunities impact the age at which children move out of living in family care. Living in family care seems to be negatively associated with age, with the oldest age group having a higher likelihood of living in a household headed by a non-relative; however, given the small sample size in the youngest age categories, caution must be employed in interpreting these findings.

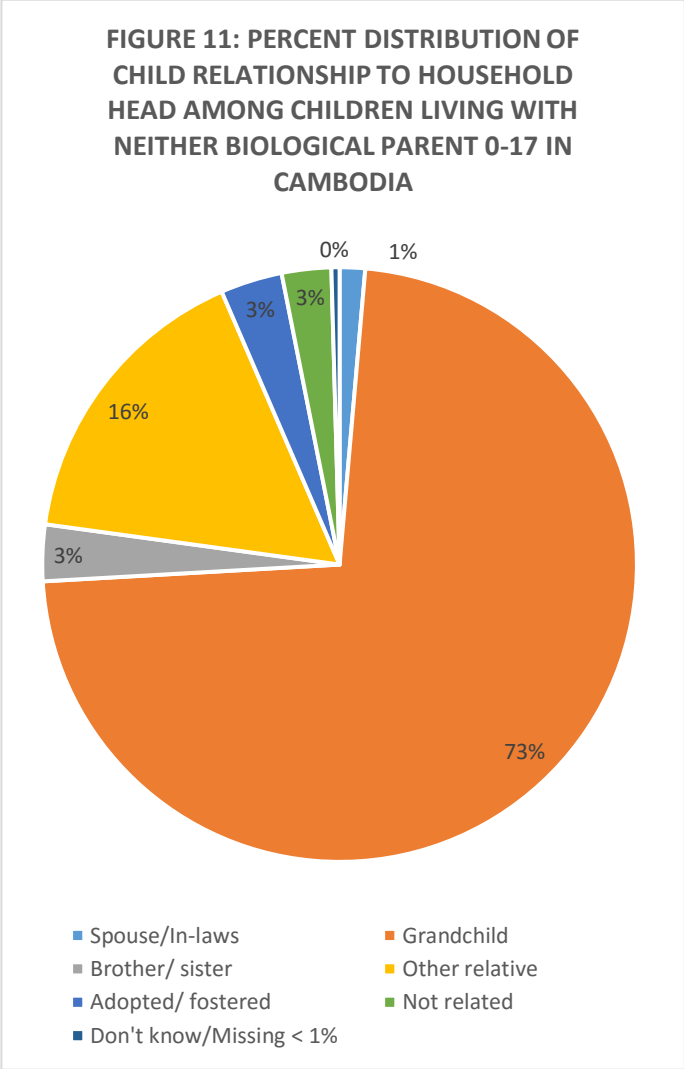
In Cambodia, the regional diversity found in living arrangements extends to children living outside of related care. Some areas like Banteay Meanchey see only 0.2% of children living in unrelated households while others like Mondul Kiri/Ratanak Kiri see over one in ten children living with neither biological parent living with no family member (11.4%). More research is needed to disentangle these regional differences in Cambodia's 14 provices and 5 provincial groupings.

Interestingly, households hosting unrelated children are more likely to be in either the richest (8.8%) or poorest (3.2%) wealth quintile. Households situated in the middle three wealth quintiles house the



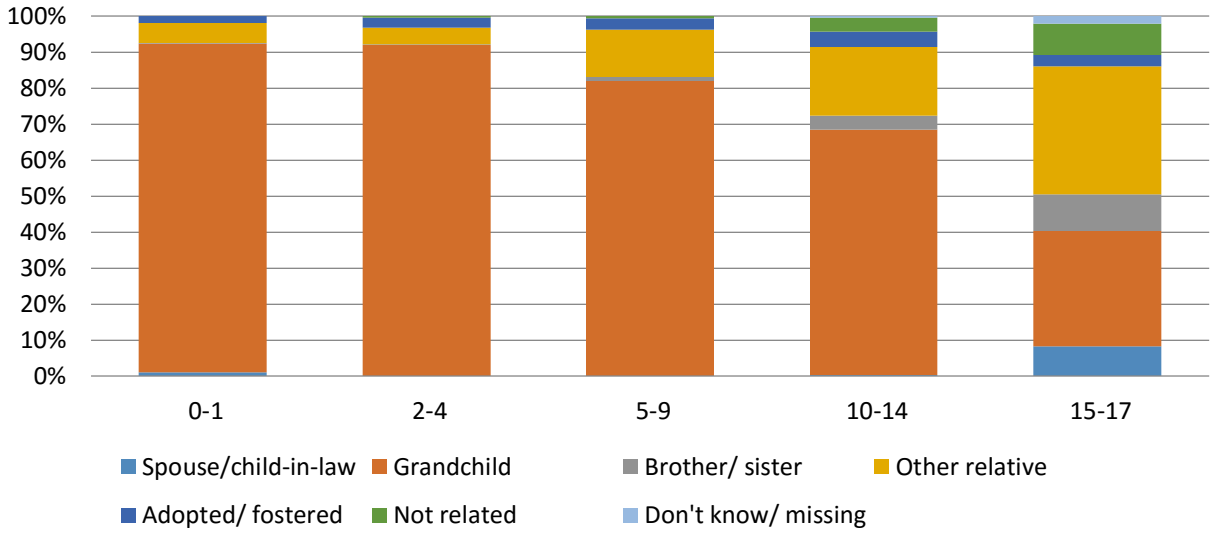
lowest proportion of children 0-17 living outside of related care at around or below 1%. Further research is needed in this area to better tease apart who the children living in these quintiles are and what led them to live in households positioned in the most extreme quintiles.

In Cambodia, 73% of children 0-17 living with neither biological parent live with their grandparents, 16% live in households headed by other relatives, and 3% live with siblings. The full break down can be found in Figure 11.



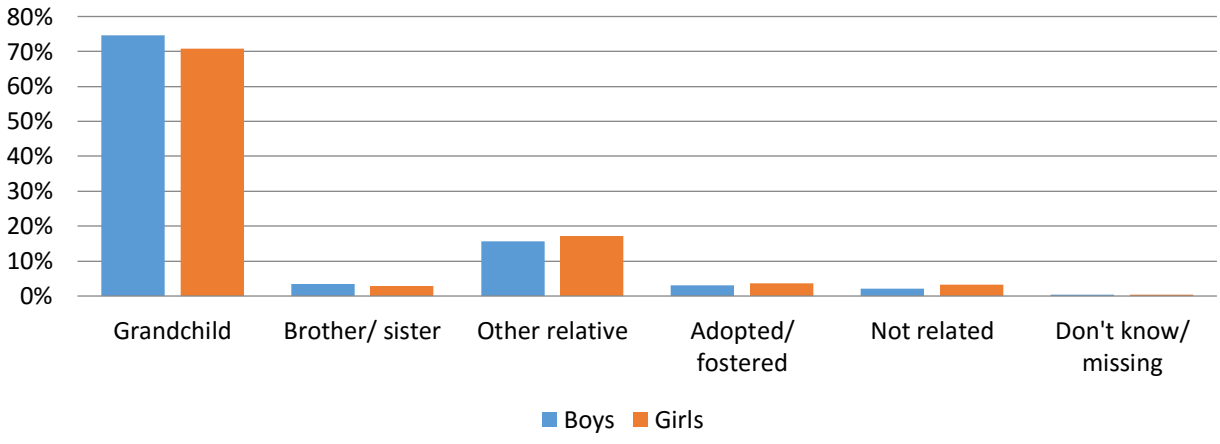
Children ages 0-14 have a higher likelihood of living with their grandparents at 80%. In fact, living with grandparents seems to be negatively associated with the age of the child – becoming less likely as children get older, while living with other relatives and with unrelated household heads seems to become more common as children age. Children under the age of two have the highest likelihood of living with their grandparents, with 91% of all children under 2 who live with neither biological parent living in households headed by their grandmother or grandfather. An incremental decrease is seen in this proportion as children age, coming to a low prevalence of 32% for children 15-17. In fact in the oldest age cohort, there is a higher likelihood that a child lives in a household headed by another relative among those living with neither biological parent. In this oldest age group, 32% live with a grandparent and 35% live in a household headed by some other relative. One thing to note, early marriage occurs in Cambodia, with 8.1% of children age 15-17 reporting living with their spouse or parents-in-law (as shown in Figure 12).

FIGURE 12: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT IN CAMBODIA, ACCORDING TO AGE



Gender also seems to play a role in determining who children live with when living outside of the care of their biological parents. More boys age 0-17 live with their grandparents than do girls (75% vs. 71%) and siblings. Slightly more girls live living with neither biological parent are found to live with other relatives and outside of family care when compared to boys. Possible explanations might include different reproductive and economic life phases of older and younger generation family members and how these realities intersect with the need for assistance in the house, for example with childcare or manual labor. Additionally, among girls 0-17 not living with a biological parent, 0.4% of girls are living with their husband and 1.6% living with their husband's parents. This might reflect the differences seen in the median age at marriage between girls and boys where, on average, girls marry approximately two years earlier than boys do.

FIGURE 13: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN CAMBODIA, ACCORDING TO GENDER



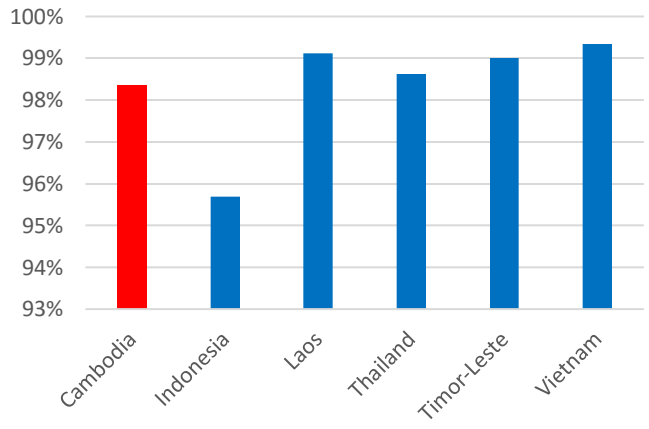
When disaggregated by geographical characteristics, significantly more children 0-17 in rural areas live in households headed by their grandparents than among children living in urban centers (76% vs 55%). The opposite is true for children living with other relatives wherein twice as many children found in urban areas who are living without a biological parent live with these relatives (28%) compared to in rural areas (14%). This later association where more children live in urban areas is also true for children living in households headed by unrelated individuals (8% to 1.6%). Given that children living with other relatives tend to be older, it is possible that these children move to live with their relatives in urban centers in order to access education, work or better services. More research is needed to understand fully the mechanisms behind these living arrangements and their implications in terms of child well-being.

Clear differences are again seen between different regions of the country. While only 48% of children in the country's capital live with their grandparents, in provinces like Svay Rieng (87%) and Prey Veng (85%) nearly twice as many children do the same. Interestingly, while more provices see under 1% of children 0-17 living with their spouse, in Kandal (4%) and the northeast regions of Mondol Kiri & Rattanak Kiri(3%) and Preah Vihear & Steung Treng(2.3%) significantly more children 0-17 are living with their wife or husband.

Adoption and fostering appears to occur slightly more frequently in older age groups and in urban centers. Nonetheless, caution must be employed when analyzing figures in these categories given the ambiguous definition around fostering within the DHS program. The DHS program defines fostering as "children under age 18 living in households with neither their mother nor their father present." However, as seen throughout this report, most children living with neither biological parent are not categorized as "fostered." Therefore, it is difficult to ascertain which children would be classified as "fostered" in the field. Additionally, in many of these settings formal adoption and fostering is quite limited; therefore, these categories may capture some children in informal foster care and adoption arrangements, but the data might be a significant underestimation of the total population of children in those care situations.

Regionally, Cambodia's prevalence of children 0-17 who are not living with their parent, but live in households in which they are related to the household head (family household) is comparable to other Southeast Asian countries. Only Indonesia sees over 1% of children 0-14 living in unrelated households (4%).

FIGURE 15: PERCENT OF CHILDREN 0-14 LIVING IN RELATED HOUSEHOLDS PER COUNTRY



LIMITATIONS:

The data presented here represent children who were residing in households at the time of data collection. It does not include the most vulnerable cohort of children ages 0-17 who are not living in households. These data look at the relationship between the child and the head of the household. They do not provide information on the primary caregiver of the child. Moreover, it does not capture multigenerational households across children not living with a biological parent; therefore, it is possible that a child who is reported as the grandchild of the household head is also cohabitating with an aunt or uncle, sibling, or other relative. Also to note, the available questionnaire categories that capture relationships to household head do not distinguish between maternal and paternal relatives, an area that may warrant closer attention in further data collection efforts.

Another limitation found in this report is the inflexibility of the structured household. Flows of communication, individuals, and funding that build the networks of each individual household remain hidden. The data cannot uncover whether children living with neither biological parent who have living biological parents communicate with them, are visited by them, or are supported financially by them. It does not capture the stability of the household composition, leaving unknown the timing of when a parent left or whether the parent comes and goes routinely. These limitations highlight areas of study that require additional data in order to uncover children's care structures in Cambodia.

Cambodia, 2014	Table 1. Percent distribution of children under age 18 by living arrangement and survival status of parents, according to background characteristics, Cambodia 2014 TOTAL N=28580															
	Living with both 77.5%	Living with neither 11.7%				Living with mother only 9.0%		Living with father only 1.7%		Missing information 0.1%	Total Count 100.0%	Summary Figures				
		Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead			Not living with a biological parent	Both parents dead	One parent dead	Number of children 0-14	Number of children 0-17
Sex																
Male	77.3%	0.4%	0.6%	9.9%	0.7%	5.9%	3.4%	1.0%	0.7%	0.1%	100.0%	11.6%	0.7%	5.2%	12423	14518
Female	77.6%	0.4%	0.8%	9.8%	0.8%	5.6%	3.1%	1.0%	0.8%	0.0%	100.0%	11.9%	0.8%	5.1%	12129	14062
Age																
0-1	85.4%	0.2%	0.2%	5.8%	0.2%	7.3%	0.7%	0.4%	0.0%	0.0%	100.0%	6.3%	0.2%	1.0%	3187	3187
2-4	80.0%	0.1%	0.4%	11.1%	0.3%	6.0%	1.2%	0.8%	0.1%	0.0%	100.0%	11.9%	0.3%	1.8%	4745	4745
5-9	77.7%	0.4%	0.7%	11.2%	0.9%	5.3%	2.2%	1.1%	0.6%	0.0%	100.0%	13.1%	0.9%	3.8%	8474	8474
10-14	75.6%	0.6%	0.9%	9.7%	0.8%	5.5%	4.7%	1.2%	0.9%	0.1%	100.0%	12.0%	0.8%	7.2%	8146	8146
15-17	71.5%	0.8%	1.2%	8.9%	1.5%	5.7%	7.2%	1.2%	1.9%	0.1%	100.0%	12.3%	1.5%	11.0%	0	4027
Residence																
Urban	74.2%	0.6%	0.9%	11.1%	0.9%	7.3%	2.5%	1.5%	0.6%	0.2%	100.0%	13.6%	0.9%	4.7%	3212	3813
Rural	78.0%	0.4%	0.7%	9.6%	0.7%	5.5%	3.4%	0.9%	0.7%	0.0%	100.0%	11.4%	0.7%	5.2%	21341	24767
Region																
Banteay Mean Chey	67.1%	0.3%	0.1%	23.7%	0.2%	4.5%	3.0%	0.8%	0.4%	0.0%	100.0%	24.3%	0.2%	3.8%	1129	1267
Kampong Cham	76.8%	0.2%	0.7%	9.9%	1.3%	5.6%	3.7%	0.9%	0.9%	0.1%	100.0%	12.1%	1.3%	5.6%	3270	3787
Kampong Cham	73.6%	0.3%	0.4%	9.6%	0.5%	7.9%	5.8%	1.3%	0.7%	0.0%	100.0%	10.8%	0.5%	7.1%	872	1028
Kampong Speu	85.7%	0.1%	0.2%	5.6%	0.2%	4.9%	2.1%	0.4%	0.8%	0.0%	100.0%	6.1%	0.2%	3.1%	1561	1838
Kampong Thom	78.1%	0.4%	0.3%	8.8%	0.8%	6.4%	3.4%	0.8%	0.9%	0.0%	100.0%	10.3%	0.8%	5.0%	1285	1534
Kandal	81.1%	0.2%	0.5%	6.4%	0.8%	6.4%	4.0%	0.3%	0.5%	0.0%	100.0%	7.7%	0.8%	5.1%	1759	2061
Kratie	83.1%	1.7%	0.6%	7.7%	0.4%	3.6%	2.1%	0.6%	0.4%	0.0%	100.0%	10.3%	0.4%	4.7%	797	911
Phnom Penh	76.6%	0.9%	1.0%	8.9%	0.9%	7.3%	2.1%	1.3%	0.8%	0.3%	100.0%	11.6%	0.9%	4.7%	1746	2108
Prey Veng	66.3%	0.3%	0.7%	16.4%	0.5%	10.3%	3.3%	1.4%	0.8%	0.0%	100.0%	17.8%	0.5%	5.1%	1691	1943
Pursat	82.1%	0.3%	0.6%	7.1%	0.6%	3.5%	3.9%	1.5%	0.2%	0.1%	100.0%	8.6%	0.6%	5.1%	1013	1158
Siem Reap	79.5%	0.5%	0.8%	7.2%	0.9%	5.1%	4.2%	0.6%	1.0%	0.1%	100.0%	9.4%	0.9%	6.6%	1763	2051
Svay Rieng	78.1%	0.2%	0.7%	10.6%	1.0%	5.2%	2.5%	1.3%	0.4%	0.0%	100.0%	12.5%	1.0%	3.8%	866	985
Takeo	73.2%	0.1%	2.6%	9.8%	1.2%	6.4%	4.3%	1.7%	0.7%	0.0%	100.0%	13.7%	1.2%	7.7%	1444	1717
Otdar Mean Chey	83.8%	0.5%	0.4%	7.1%	1.5%	2.3%	2.4%	1.4%	0.4%	0.1%	100.0%	9.4%	1.5%	3.8%	448	515
Battambang & Pailin	73.4%	0.7%	0.9%	14.7%	0.7%	5.2%	1.5%	1.9%	0.9%	0.2%	100.0%	17.0%	0.7%	3.9%	2019	2312
Kampot & Kep	79.6%	0.8%	0.7%	10.3%	0.4%	3.7%	3.2%	0.6%	0.8%	0.0%	100.0%	12.1%	0.4%	5.4%	1077	1257
Preah Sihanouk & Kaoh Kong	81.4%	0.1%	0.6%	7.2%	0.3%	5.8%	1.9%	1.9%	0.8%	0.0%	100.0%	8.2%	0.3%	3.3%	521	614
Preah Vihear & Steung Treng	85.5%	0.3%	0.1%	2.3%	0.5%	4.0%	6.1%	0.5%	0.6%	0.0%	100.0%	3.3%	0.5%	7.2%	692	810
Mondol Kiri & Rattanak Kiri	86.3%	0.6%	0.3%	2.8%	1.1%	4.5%	3.4%	0.5%	0.6%	0.0%	100.0%	4.8%	1.1%	4.8%	599	685
Wealth index																
Poorest	79.4%	0.3%	0.6%	7.3%	0.7%	5.3%	4.5%	1.0%	0.9%	0.0%	100.0%	8.9%	0.7%	6.3%	5860	6656
Poorer	77.1%	0.5%	0.5%	9.5%	0.8%	5.7%	3.7%	1.1%	1.0%	0.0%	100.0%	11.3%	0.8%	5.7%	5273	6085
Middle	76.4%	0.4%	0.8%	10.8%	0.7%	6.3%	2.8%	1.2%	0.5%	0.1%	100.0%	12.7%	0.7%	4.6%	4850	5666
Richer	76.5%	0.5%	0.8%	11.9%	0.8%	5.4%	3.0%	0.7%	0.5%	0.0%	100.0%	13.9%	0.8%	4.7%	4482	5317
Richest	77.5%	0.4%	0.9%	10.4%	0.8%	6.1%	2.0%	1.1%	0.7%	0.2%	100.0%	12.4%	0.8%	3.9%	4088	4855
Total < 15	78.4%	0.4%	0.6%	10.0%	0.6%	5.7%	2.6%	1.0%	0.5%	0.1%	100.0%	11.6%	0.6%	4.2%	24553	24553
Total < 18	77.5%	0.4%	0.7%	9.8%	0.8%	5.7%	3.3%	1.0%	0.7%	0.1%	100.0%	11.7%	0.8%	5.1%	24553	28580

Cambodia, 2014	Table 2. Living arrangements among children under age 18 not living with a biological parent - the percent distribution of survival status of parent and the percent distribution of relationship to head of household, according to background characteristics, Cambodia 2014 TOTAL N=3354																				
	Living with neither								Relationship to head												
	Only father alive	Only mother alive	Both alive	Both dead	Missing	Total	Both parents dead	Only one dead	Wife/ husband	Son/ daughter-in-law	Grandchild	Brother/ sister	Other relative	Adopted/ fostered	Not related	Don't know/ missing	Total in family care	Total not in family care	Total number of weighted children 0-14	Total number of weighted children 0-17	Total number of unweighted children 0-17
Sex																					
Male	3.8%	5.0%	85.4%	5.8%	0.4%	100.0%	5.8%	8.8%	0.4%	0.4%	74.7%	3.4%	15.6%	3.1%	2.0%	0.4%	97.5%	2.0%	1447	1684	1589
Female	3.2%	7.1%	82.6%	7.2%	0.2%	100.0%	7.2%	10.3%	0.4%	1.6%	70.7%	2.8%	17.1%	3.6%	3.3%	0.5%	96.2%	3.8%	1408	1670	1667
Age																					
0-1	2.8%	2.5%	91.8%	3.2%	0.0%	100.0%	3.2%	5.1%	0.0%	1.1%	91.2%	0.2%	5.7%	1.9%	0.0%	0.0%	100.0%	0.0%	210	200	194
2-4	0.6%	3.6%	93.4%	2.4%	0.0%	100.0%	2.4%	4.2%	0.0%	0.0%	92.0%	0.3%	4.6%	2.8%	0.4%	0.0%	99.6%	0.4%	588	565	535
5-9	2.7%	5.1%	85.7%	6.5%	0.0%	100.0%	6.5%	7.8%	0.0%	0.0%	81.9%	1.2%	13.2%	3.2%	0.6%	0.0%	99.4%	0.6%	1195	1108	1017
10-14	5.0%	7.5%	81.1%	6.5%	0.9%	100.0%	6.5%	12.5%	0.0%	0.3%	68.1%	3.8%	19.1%	4.3%	3.9%	0.4%	95.7%	3.9%	1099	982	971
15-17	6.3%	9.4%	71.9%	12.4%	0.4%	100.0%	12.4%	15.7%	2.5%	5.6%	32.2%	10.1%	35.5%	3.2%	8.7%	2.1%	89.2%	8.7%		499	539
Residence																					
Urban	4.8%	6.5%	82.0%	6.7%	0.6%	100.0%	6.7%	11.3%	0.3%	0.7%	54.8%	3.1%	28.2%	4.1%	8.4%	0.4%	91.2%	8.4%	371	520	958
Rural	3.3%	5.9%	84.3%	6.4%	0.3%	100.0%	6.4%	9.2%	0.4%	1.1%	76.0%	3.1%	14.2%	3.2%	1.6%	0.4%	97.9%	1.6%	2484	2835	2318
Region																					
Banteay Mean Chey	1.1%	0.5%	97.7%	0.7%	0.0%	100.0%	0.7%	1.6%	0.0%	0.6%	80.9%	2.5%	13.8%	1.3%	0.1%	0.7%	99.1%	0.1%	288	308	363
Kampong Cham	1.9%	5.7%	81.9%	10.5%	0.7%	100.0%	10.5%	7.6%	0.0%	0.5%	70.5%	0.2%	22.2%	3.6%	3.1%	0.0%	96.9%	3.1%	382	460	194
Kampong Cham	2.4%	3.7%	89.2%	4.7%	0.0%	100.0%	4.7%	6.1%	0.0%	0.0%	66.6%	4.6%	21.6%	3.9%	1.7%	1.7%	96.6%	1.7%	95	111	162
Kampong Speu	1.1%	3.4%	91.7%	3.8%	0.0%	100.0%	3.8%	4.5%	0.0%	5.2%	66.3%	3.6%	13.6%	4.6%	6.7%	0.0%	93.3%	6.7%	89	111	100
Kampong Thom	3.7%	3.2%	85.4%	7.6%	0.2%	100.0%	7.6%	7.0%	0.2%	0.8%	75.4%	5.5%	10.1%	7.7%	0.8%	0.0%	99.7%	0.3%	131	159	172
Kandal	2.0%	5.9%	82.2%	9.8%	0.0%	100.0%	9.8%	8.0%	3.9%	0.8%	75.4%	1.9%	9.2%	5.3%	3.5%	0.0%	96.5%	3.5%	136	160	119
Kratie	16.2%	5.4%	74.9%	3.5%	0.0%	100.0%	3.5%	21.6%	0.5%	0.7%	75.9%	1.2%	10.8%	3.1%	7.6%	0.0%	92.4%	7.6%	82	94	173
Phnom Penh	7.6%	8.2%	76.7%	7.5%	1.1%	100.0%	7.5%	15.8%	0.0%	1.1%	48.3%	3.0%	33.9%	4.0%	9.3%	0.4%	90.4%	9.5%	163	248	186
Prey Veng	1.5%	3.7%	91.8%	2.9%	0.0%	100.0%	2.9%	5.3%	0.0%	0.3%	85.0%	2.0%	6.3%	2.1%	2.0%	2.3%	95.7%	2.0%	314	346	235
Pursat	3.8%	7.2%	82.6%	6.4%	0.6%	100.0%	6.4%	11.0%	0.0%	3.5%	73.4%	5.0%	14.8%	2.8%	0.6%	0.0%	99.4%	0.6%	86	101	145
Siem Reap	5.6%	8.6%	76.5%	9.5%	0.4%	100.0%	9.5%	14.3%	0.9%	2.4%	62.8%	3.8%	18.6%	6.8%	4.5%	0.4%	95.1%	4.5%	162	193	173
Svay Rieng	1.4%	5.8%	84.6%	8.1%	0.0%	100.0%	8.1%	7.2%	0.0%	0.8%	87.4%	0.8%	10.8%	0.2%	0.0%	0.0%	100.0%	0.0%	115	124	154
Takeo	0.5%	19.3%	71.1%	9.1%	0.0%	100.0%	9.1%	19.8%	0.0%	0.5%	83.2%	6.4%	7.3%	1.7%	0.8%	0.0%	99.2%	0.8%	206	236	186
Otdar Mean Chey	5.1%	3.9%	74.8%	16.2%	0.9%	100.0%	16.2%	9.1%	1.7%	1.2%	75.9%	3.5%	12.5%	5.4%	1.7%	0.0%	98.3%	1.7%	43	49	146
Battambang & Pailin	4.2%	5.1%	86.7%	4.0%	0.6%	100.0%	4.0%	9.3%	0.2%	0.0%	75.1%	3.3%	18.3%	2.8%	0.4%	0.0%	99.6%	0.4%	356	394	278
Kampot & Kep	6.4%	5.5%	84.9%	3.2%	0.1%	100.0%	3.2%	11.9%	0.6%	0.6%	71.8%	1.3%	22.5%	1.4%	1.8%	0.0%	98.2%	1.8%	132	153	167
Preah Sihanouk & Kaoh Kong	0.8%	6.9%	88.1%	4.2%	0.0%	100.0%	4.2%	7.7%	0.0%	1.5%	62.5%	11.5%	16.8%	4.5%	2.9%	0.3%	96.8%	2.9%	39	50	130
Preah Vihear & Steung Treng	10.4%	4.1%	70.8%	14.6%	0.6%	100.0%	14.6%	14.6%	2.3%	6.1%	42.0%	9.7%	21.5%	11.9%	6.0%	0.6%	93.4%	6.0%	18	27	87
Mondol Kiri & Rattanak Kiri	12.7%	6.1%	57.9%	23.2%	0.1%	100.0%	23.2%	18.8%	3.1%	6.7%	31.0%	14.2%	28.9%	2.6%	11.4%	2.0%	86.6%	11.4%	18	33	86
Wealth index																					
Poorest	3.3%	6.6%	81.7%	8.3%	0.0%	100.0%	8.3%	9.9%	0.4%	0.9%	78.0%	3.2%	11.6%	2.0%	3.1%	0.7%	96.2%	3.1%	527	596	581
Poorer	4.3%	4.5%	83.8%	7.4%	0.0%	100.0%	7.4%	8.8%	0.2%	0.6%	77.7%	3.2%	13.8%	3.1%	1.2%	0.2%	98.6%	1.2%	683	687	611
Middle	3.5%	6.5%	84.7%	5.3%	0.5%	100.0%	5.3%	10.0%	0.6%	1.1%	79.2%	3.4%	10.5%	4.0%	0.4%	0.8%	98.8%	0.4%	621	723	618
Richer	3.3%	5.6%	85.5%	5.5%	0.1%	100.0%	5.5%	9.0%	0.7%	1.2%	77.1%	2.4%	14.0%	3.4%	1.1%	0.2%	98.8%	1.1%	646	788	673
Richest	3.2%	7.0%	83.6%	6.2%	1.0%	100.0%	6.2%	10.2%	0.0%	1.1%	49.0%	3.1%	33.6%	4.2%	8.7%	0.3%	91.0%	8.7%	432	610	823
Total < 15	3.0%	5.4%	86.1%	5.5%	0.3%	100.0%	5.5%	8.5%	0.0%	0.2%	79.8%	1.8%	13.0%	3.4%	1.6%	0.2%	98.2%	1.6%	2855	2855	2717
Total < 18	3.5%	6.0%	84.0%	6.5%	0.3%	100.0%	6.5%	9.5%	0.4%	1.0%	72.7%	3.1%	16.3%	3.4%	2.7%	0.4%	96.9%	2.7%	3092	3354	3256