KINGDOM OF CAMBODIA

Nation- Religion- King

General Population Census of Cambodia 2019

Thematic Report

on

Disability in Cambodia

National Institute of Statistics, Ministry of Planning
Phnom Penh, Cambodia
July 2022

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Foreword

The General Population Census of Cambodia of 2019 provides a crucial opportunity to examine past achievements and to guide future development plans and strategies. Aware of the vital importance of the project, the Royal Government of Cambodia allocated major national resources towards the implementation of the Census.

I am gratified that the Census has been a success and that reliable and timely data will be made available to specialized users and the general public. In addition to the present document, the National Institute of Statistics will generate a range of thematic reports with the assistance of specialists from various sectors, including academia.

On behalf of the Ministry of Planning, I would like to express our deep gratitude to **Samdech Akka Moha Sena Padei Techo HUN SEN, Prime Minister of the Kingdom of Cambodia**. His unwavering support has been integral to the successful completion of the Census. I would also like to extend our sincerest thanks to **Samdech Kralahorm Sar Kheng, Deputy Prime Minister, Minister of the Interior and Chairman of the National Census Committee (NCC)** and the other members of the Committee, for their guidance.

As Chair of the Technical Committee and the Publicity Committee for the General Population Census of Cambodia of 2019 - and on behalf of the Ministry of Planning – I would like to thank all members of the census committee working in the capital, provinces, municipalities, districts, khans and communes/sangkats. They did an excellent job and, by working together, we have been able to successfully implement our planned activities and obtain valuable results.

I would also like to thank the United Nations Population Program (UNFPA), the Swedish International Development Cooperation Agency (SIDA) and the Federal Republic of Germany and their implementer, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). Their financial and technical assistance supported the census planning and also the data entry, cleaning and analysis phases. They also provided training in report writing and helped draft the final census report.

I would like to thank **Dr Nott Rama Rao** for providing technical assistance in the census planning process and for reviewing all technical aspects of the census. And **Dr Ricardo Neupert**, Census Chief Technical Advisor, for providing overall technical assistance, particularly in writing the final census report. **Dr Arij Dekker** also provided much-appreciated help with the data cleaning and the preparation of the census priority tables. And **Kjell Tambour**, Senior Advisor with Statistics Sweden/SIDA, provided welcome assistance with the data processing.

I would like to express my special thanks to the Government of the People's Republic of China for providing material assistance worth a total of $2.5 million to support the census. This valuable contribution included automobiles, motorcycles, desktops, laptops, printers, photocopiers, tablets, servers and other electronic devices.

Last but not least, I would like to express my gratitude and appreciation to all staff of the National Institute of Statistics. **H.E. Ms. Hang Lina**, Delegate of the Royal Government of Cambodia in-charge of Director-General of the National Institute of Statistics, who carefully coordinated all census operations, with the assistance of Deputy Directors-General **H.E. Sok Kosal**, **H.E. Saint Lundy** and **H.E. They Kheam.** I would like to express particular thanks to all

compatriots who supported and participated in the successful completion of census operations in the Kingdom of Cambodia in 2019.

We are pleased to present to line-ministries, international agencies, non-government organization, policy makers, programme implementers, development planners, and researchers a publication with a plethora of useful information of a series thematic report. We hope to receive feedback and contributions from our readers to learn from mistakes and improve subsequent of the Series Census publications.

Senior Minister
Minister of Planning

Kitti Settha Pandita Chhay Than

Preface

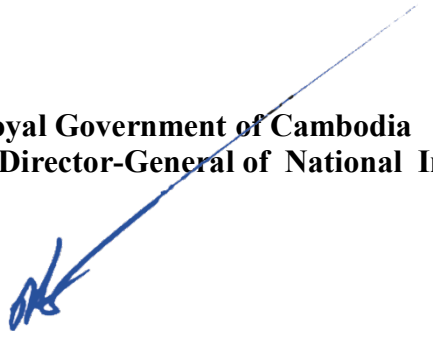
The General Population Census of Cambodia 2019 was conducted not only to obtain the much needed demographic data following the census, but also to serve as a means to build capacity of NIS and Provincial Planning Officials in this thematic data analysis, particularly during the process of development of the thematic data analyses on "**Disability in Cambodia**" on the results of GPCC 2019. There was planned to produce more a series thematic report based on the results of the census, on other topics of interest furthermore, some other thematic reports are expected to be issued 2022.

I would like to extend special thanks are due to **Kitti Settha Pandita Chhay Than**, Honorable Senior Minister, Minister of Planning whose keen interest in censuses and the surveys was always a source of inspiration and encouragement both to the national and international staff of the project.

We sincerely thank to the United Nations Children Fund (UNICEF) for supporting the whole process of the development of this report including resources and technical assistance provided by census experts, Mr. Frank Eelens and Ms. Marianne Eelens, with emphasis on capacity development. We would like to take this opportunity to thank the European Union (EU) GIZ, UNFPA and other DPs for their financial and technical contribution to the Census. The Royal Government of Cambodia through the Ministry of Economy and Finance has provided full financial support. I am also grateful to the People's Republic of China for supplying equipment such as vehicles, motorbikes, computers, printers and photocopiers, which were and still are essential for census operations.

Finally, I wish to thank all the staff of the National Institute of Statistics, Line Ministry of the Royal Government of Cambodia and the Provincial Census Officers, the District Census Officers, the Commune Census Officers, village chiefs, field supervisors and enumerators for their dedication and hard work. This has enabled us to produce timely data of good quality. My acknowledgements would be incomplete if I did not mention the general public who provided the much-needed information without hesitation

Delegate of Royal Government of Cambodia
In-charge of Director-General of National Institute of Statistics



Hang Lina

Map Kingdom of Cambodia

List of Abbreviation and Acronyms

CDPO	Cambodia Disabled People's Organization
CMAA	Cambodia Mine Action and Victim Assistance Authority
CMVIS	Cambodia Mine/ERW Victim Information System
COVID-19	Coronavirus Disease
CRPD	Convention on the Rights of Persons with Disabilities
CSES	Cambodia Socio-economic Survey
DAC	Disability Action Council
DHS	Demographic and Health Survey
EPR	Employment to Population Ratio
ERW	Explosive Remnants of War
GDS	General Directorate of Statistics
GPCC	General Population Census of Cambodia
ICF	Inner City Fund
ICF	International Classification of Functioning
ICT	Information Communication Technology
ILO	International Labour Organization
NEE	Not in Education or Employment
NEET	Not in Education, Employment, or Training
NGO	Non-Governmental Organization
NIS	National Institute of Statistics
PCA	Principal Component Analysis
SDGs	Sustainable Development Goals
SMAM	Singulate Mean Age at Marriage
SRHR	Sexual and Reproductive Health and Rights
TFR	Total Fertility Rate
WG	Washington Group
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNTC	United Nations Treaty Collection
US$	United States Dollar
WG	Washington Group
WG-SS	Washington Group Short Set on Functioning
WHO	World Health Organization
WIPO	World Intellectual Property Organization

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Executive Summary

Rapid aging is a global phenomenon and has been accompanied by a rise in non-communicable diseases such as cancer, cardiovascular disease, mental health disorders, pulmonary diseases and diabetes. Consequently, there has been a significant increase in the number of persons with disabilities. An estimated one billion persons – or 15 percent of the global population – live with some form of disability. Approximately 190 million of these persons aged 15 and over face significant difficulties in functioning (WHO, 2020). Persons with disabilities often face stigma and discrimination, and have difficulties accessing the needed quality healthcare, education, and employment. In recent years, there has been a global push to reach disability-inclusive development, prompting countries to take increasing action on policymaking, programming, and research on disability. National and international frameworks such as the 2030 Sustainable Development Goals, the 2006 Convention on the Rights of People with Disabilities (CRPD) and the Asia and Pacific region's Incheon Strategy (2013-2022), are encouraging and guiding disability-related action across the globe.

The Kingdom of Cambodia is no exception to this. The country's recent history is tainted by instability, conflict, and violence, with many people facing lifelong physical and psychological consequences due to this. National commitment to create an inclusive society and guaranteeing the rights of persons with disabilities has been displayed by the adoption of various national, regional, and international frameworks. In December 2012, Cambodia ratified the 2006 CRPD, though not its optional Protocol. The CRPD is the most important and internationally recognized treaty that promotes and protects the rights of persons with disabilities. Furthermore, the country adopted the 2030 Agenda for Sustainable Development and the regional Incheon Strategy "Make the right real", among numerous others. The most prominent national legal framework on disability is the 'Law on Protection and Promotions of the Rights of Persons with Disabilities' which was signed in 2009 and ratified in December 2012, aiding the country to meet its responsibilities under the CRPD. Article two of the law stipulates its purpose: to reduce and eliminate discrimination against those with a disability; promote full and equal participation in society for persons with disabilities by ensuring physical, mental, and vocational rehabilitation; and protect the rights, freedom, and interests of persons with disabilities. Under this law, the Disability Action Council (DAC) serves as the national coordinator and advisor on disabilities in the country (Kingdom of Cambodia, 2009). The Law is currently being further amended to be more in line with the CRPD and rights-based approach and should be approved by the Council of Ministers in 2021. To strengthen implementation of the national law, DAC developed the second National Disability Strategic Plan (2019-2023) which envisions that "persons with disabilities and families have good quality of life, get actively and fully involved, are equal in the society with respect of their rights and dignity as well as are included in all sectors and development" (DAC, 2019).

Monitoring progress towards the achievement of the aforementioned frameworks and responding to the needs of persons with disabilities requires a thorough understanding of the

current situation. Therefore, the 2019 General Population Census of Cambodia (GPCC) included six Washington Group questions – an international tool which is used for identifying functional difficulties. It includes questions on self-reported difficulties of each household member related to seeing, hearing, walking or climbing steps, remembering or concentrating, self-care and communicating. Possible answers included: no difficulty, some difficulty, a lot of difficulty or could not perform the activity at all.

Calculating the prevalence of disability from the answers to the WG-questions is not a straightforward matter. The problem is that there is no golden rule to determine which person is with a disability and which person is not. Functional difficulties are not a clear dichotomy 'can do/cannot do' but spread over a broad scale of a person's capabilities and limitations. Drawing the cut-off line between disability and no-disability has a direct effect on the estimated number of persons with a disability. To avoid this problem, all three functional difficulties or "degrees of disability" (some, a lot or could not perform at all) are presented separately. This provides the most complete picture of those who are at risk of social exclusion due to their functional limitations.

At the time of the Census, Cambodia had a total population of 14.1 million persons aged five years and above who were living in both conventional and institutional households. A reported 690 thousand persons were having a disability, i.e. answered 'some problems', 'a lot of problems' or 'cannot do at all' to one or more of the six WG-questions. Of these persons, 523 thousand reported having a mild disability (some problems), 120 thousand had a moderate disability (a lot of problems) and 44 thousand had a severe disability (cannot do at all), representing 3.71, 0.87 and 0.31 percent of the total population, respectively. When adding the mild, moderate and severe disability percentages, this amounts to a total of 4.89 percent of the Cambodian population indicating they had some or more difficulty with at least one of the six functional domains. If only considering those with a moderate or severe functional difficulty as having a disability, the percentage would be 1.18 percent. More women than men reported to have at least a mild disability: 403 thousand women against 287 thousand men. Disability in Cambodia is positively correlated with age; as persons become older, their likelihood of reporting a disability also increases. Whether these figures represent an increase or decrease compared to the 2008 Census findings is impossible to determine, as different questions were asked in both censuses.

The comparison between the prevalence rate of the Cambodia census with other sources is complicated by the fact that in most cases different definitions were used and because of differences in type of data collection. In Cambodia, the 2014 Demographic and Health Survey is the best source of comparison with the census data because exactly the same questions were asked. According to the DHS, 9.5 percent of the population aged five and over were indicating they had some difficulty, a lot of difficulty or could not do one or more of the six functions, 2.1 percent were having a lot of difficulty or could not do one or more of the six functions. These percentages are considerably higher than those reported in the 2019 GPCC. These figures show that there is an undercount in the census of the number of persons with disabilities. Because of

the underreporting of the functional difficulties, the prevalence figures from the census should be interpreted with caution. Nevertheless, despite this shortcoming, a lot of important, detailed and reliable socioeconomic characteristics of persons with disabilities can be obtained from the census and are presented in this report.

It is important to note that even if functional difficulties are underreported in a population census, still valuable information can be extracted from the data. A wealth of information on socio-economic characteristics and living conditions from about 700,000 persons reporting a functional limitation was gathered in Cambodia. The census is therefore a better source of information to describe the characteristics and living conditions of persons with disabilities rather than a way to estimate the prevalence of disability in the country.

This report presents the living conditions of persons with disabilities in Cambodia, including household characteristics, marital status, living standards, education, economic activity, migration, among others. Important differences were found between those with and those without disabilities, signaling greater challenges and disadvantages among the former group, particularly those with severe disabilities.

Out of the total of 690 thousand persons with disabilities recorded in the census, 34.7 percent lived in urban areas and 65.3 percent lived in rural areas. A small difference in type of residence exists between the male and female population with a disability: 35.1 percent of men with a disability live in an urban area, against 34.4 percent of women with a disability. Large differences exist in the observed prevalence of disability between the various provinces of Cambodia. Battambang has the highest percentage of persons with disabilities (6.2 percent), followed by Kampong Chhnang (5.8 percent) and Kampong Cham (5.6 percent). At 3.2 percent, Phnom Penh and Ratanak Kiri are the provinces with the lowest disability prevalence.

The legal age of marriage in Cambodia is 18 years for women and 20 years for men. Early marriage is more pronounced for women than for men: among all women aged 20 – 24 years old with no disability, 14.9 percent married before the age of 18. For men, 8.1 percent married before the age of 20. For both sexes, early marriage rates for persons with a mild disability are slightly higher than for persons with no disability, but levels are consistently lower for those with moderate or severe disabilities. Among all women aged 20 – 24 years old with a mild disability, 16.3 percent were married before age 18, for women with moderate or severe disabilities this was 11.0 and 8.4 percent, respectively.

Persons with a mild disability have a slightly lower percentage of being married after age 30, with women generally having a lower probability of being in a marital union than men. The percentage of women and men who are married is considerably lower for those with a moderate or severe disability. For instance, in age group 45-49 years, 52.4 percent of men with a severe disability are married against 93.5 percent of those with no disability. For women, the corresponding percentages are 54.4 and 85.2. Disability is also related to a higher likelihood of separation or divorce among those aged between 40 and 60 years with a moderate or severe disability

compared to persons without a disability. These figures suggest that stigma may impact marriage rates and that older persons with disabilities particularly require more support and care, as they are more likely to be alone.

On the basis of the census data a wealth index was calculated for each household. This index has a value from 1 to 5 and indicates to which wealth quintile a household belongs. Households with and without a member with disability showed different categories of the wealth index. Among households with a member with a moderate or severe disability, 14.0 percent belong to the richest quintile. In comparison, 20.7 percent of households with no members with a moderate or severe disability can be found in the richest quintile. On the other hand, 23.5 percent of households with a member with a moderate/severe disability belong to the poorest quintile compared to 19.0 percent of households with no members with a moderate or severe disability. Among households with a member with a moderate/severe disability, a difference can be seen between households headed by females and by males. While 23.5 percent of all male headed households with a member with a moderate or severe disability belong to the poorest quintile, this is 28.8 percent for female headed households.

When it comes to attending school, boys and girls with disabilities are in a disadvantageous position. In the age group 5-9, 22.5 percent of boys without a disability had never been to school, against 48.7 and 59.9 percent of boys with a moderate and severe disability. The pattern for young girls is similar. Among boys and girls between 5 and 9 years old with no disability, 76.7 and 77.8 percent are in school. For those with a moderate or severe disability, the percentages for boys are 48.0 and 38.5 percent, and for girls 53.7 and 44.3 percent, respectively. Also, in the age groups 10 – 14,15 -19 and 20 -24 children and youngsters with disabilities have a disadvantageous position. The figures for all age groups indicate that significant efforts should be geared towards promoting inclusive education.

Decent employment creates economic empowerment which can aid independent living. It is the most effective way to break vicious cycles of poverty and marginalization, including among persons with disabilities. The employment to population rate showed that while more than 80 percent of all persons 15 – 64 years old with no disability were employed most of the year preceding the census, the corresponding percentage was less than half for persons with a severe disability. Persons with a moderate and severe disability score more than 20 and 30 percent lower compared to persons with no disability, respectively.

The 2019 GPCC findings also revealed interesting results on household amenities and facilities. No real trends could be established based on the type of water supply for the various degrees of disability. The only noticeable difference is the fact that households with one or more persons with a moderate or severe disability have somewhat less access to piped water in the dwelling: 25.6 percent for households with no person with a disability against 22.4 percent for households with a person who has a moderate or severe disability. Furthermore, households with at least one member with a moderate or severe disability owned on average more radios, the same number of televisions, but less cell phones and computers and had less indoor access to the

internet. Ownership of these items was found to be less common among female-headed households with and without persons with disabilities.

According to the 2019 GPCC , a total of 309 thousand persons lived in institutional households. Among persons five years of age and older with no disability 2.0 percent lived in an institutional household, against 4.0 percent among persons with a moderate disability and 9.1 percent among persons with a severe disability. For each degree of disability, the percentage of men residing in an institutional household is somewhat higher than the percentage of women. Unfortunately, the type of institutional household was not asked for in the 2019 GPCC.

Recommendations

Based on the findings in this report some important recommendations could be made:

- Society should place special attention upon children and young persons with disabilities' access to education. In order to reach the Incheon goal of halving the gap in primary and secondary education enrollment, Cambodia still has a long way to go. The mainstream education system should ensure that persons with disabilities "have access to inclusive and equitable quality education and lifelong learning opportunities" as stipulated in the Policy on Inclusive Education adopted in June 2018 (Ministry of Education, Youth and Sport (MOEYS), 2018, p. 3) and also align its actions with the Action Plan on Inclusive Education 2019-2023 (MOEYS, 2019). Further attention should be paid to those who live in institutional households. Encouraging independent living or living with family has proven to be more beneficial for persons with disabilities.
- Persons with disabilities more often reside in rural areas and are concentrated in certain regions. It is unclear whether the regional distribution reflects data collection flaws or is an accurate picture, further research is required in order to adequately determine this. Solutions such as outreach activities for those living in unconcentrated, harder to reach areas should be explored.
- Marriage rates among persons with disabilities are lower while their divorce and separation rates are higher. Efforts should be tailored towards decreasing the causes of these hardships and adequate support should be provided to ensure alleviation of these.
- More needs to be done to ensure decent work for persons with disabilities, as they have lower employment to population rates than those without disabilities. Inclusive laws and policies – such as the quota to enforce jobs for persons with disabilities and social protection schemes – need to be further developed and/or implemented. Specific interventions/services that are inclusive and improve physical access to facilities in- and outside of the workplace need to be devised.
- General discrimination and stigma surrounding disabilities needs to be tackled, among different stakeholders such as employers, schools, service providers, families and communities, policymakers, and so on.

- More needs to be done for women and girls with disabilities, as they are more marginalized than their male counterparts. Specific services and programs should be developed to counteract gender inequality in disability and beyond. Furthermore, disability and gender need to be mainstreamed across policies and the life cycle.
- Much of the abovementioned efforts are stipulated in the law or strategic plan on disability, but adequate resources, political commitment and data will need to be produced to implement these and track progress towards the committed goals.

The 2019 GPCC revealed a number of interesting characteristics of persons and households with members who have a disability compared to those without a disability. However, the data on disabilities in the census were far from flawless. Several factors made the identification of persons with one or more difficulties in the six functional domains challenging, among others:
1) persisting stigmatization and sociocultural factors most likely prevented both enumerators and respondents to provide accurate information at all times; 2) data on disability was not collected for children under the age of five; 3) the way the questions were placed in the questionnaire may have been confusing for a number of enumerators and resulted in not obtaining information for all household members and erroneously indicating that a persons had problems with all six activities. Various recommendations were made to improve data collection on persons with disabilities:

- Conduct additional research to better understand the situation of children below the age of five years with disabilities. This can improve early interventions and counteract negative repercussions to do delayed onset of services or support.
- Conduct more research on disabilities by using the extended set of WG questions to better understand all types of disabilities and create a complete picture of disabilities in Cambodia. It is advised to do this in a separate survey, not the census, and ensure sufficient time for training enumerators.
- Ensure the questions in the next census are complete and asked as intended and that enumerators are appropriately trained to maximize accurate responses. Add question on the cause of disability and ensure questions on skilled birth attendance and civil registration of the newborn are asked to all respondents.
- Promote data collection on disability and adequate disaggregation of data, including by disability and sex, age, income, type of disability, social groups.
- Improve quality of the census data on disability by improving the questionnaire format. A digital questionnaire can be introduced to address this.

CHAPTER 1: INTRODUCTION

The global population is rapidly ageing. At the same time, non-communicable diseases such as cancer, diabetes, cardiovascular diseases and mental health conditions are also on the rise. Although more and more persons live longer, they are also more likely to live with a disability at some point in their lives. Conflicts and wars have further contributed to an increase in mental and physical disabilities, often lasting many years beyond the actual conflict has ended. Landmines and explosive remnants of war (ERWs) are classic, mutilating, and deadly examples of this.

Disability is considered "complex, dynamic, multidimensional and contested" and an evolving concept (WHO & World Bank, 2011, p.3). It is therefore difficult to define, and subsequently hard to measure accurately. Differences in definitions bring forth differences in prevalence data which makes comparison difficult. Consequently, there is no such thing as the exact number of persons with disabilities or the exact disability prevalence rate. However, by using well-defined cutoffs it is possible to produce reliable insights.

In 2006, the World Health Organization attempted to calculate the prevalence of disability worldwide. This effort was based on World Health Survey data (2002–2004) collected from 59 countries, as well as the WHO Global Burden of Disease study (2004 update). To estimate the prevalence of disability from The World Health Survey estimated the prevalence of disability by giving each person a score from 0 to 100, with an increasing score indicating increasing severity of the disability. Two thresholds were then used: 40 to indicating significant difficulties in tasks of everyday live and 50 indicating very significant difficulties. The Global Burden of Disease study calculates the severity of disability by using the prevalence of diseases, injuries and distributions of limitations in functioning[1]. By combining these two methodologies, the WHO estimated that one billion persons – or 15 percent of the global population – live with some form of disability, with 190 million of persons aged 15 and above facing significant difficulties in functioning ((World Health Organization (WHO), 2020).

The Asia and Pacific region have an estimated 690 million persons with disabilities (United Nations Department of Economic and Social Affairs (UNDESA), 2018). Demographic trends and increases in chronic health conditions are causing a dramatic rise in the number of persons with disabilities. Many of these persons are treated as second-class citizens and are excluded from many aspects of society. Generally, they do not have adequate access to quality health care and rehabilitative services due to prohibitive costs, limited availability, physical barriers and inadequate skills and knowledge of health workers (WHO, 2020). Their opportunities in accessing education or employment are often limited as well (UNDESA, 2018).

[1] For a full description of the methodology used in the World Report on Disability see WHO & World Bank (2011), Technical Appendix B (p.281) and Appendix C (p. 287).

The manner in which 'disability' is often defined can be divided in two categories: the medical model and the social model. The former focuses on the physical inabilities that are mainly the "problem" of the person with the disability, whilst the latter sees society as the debilitating factor that is creating the barriers for those with functional difficulties. Over the years, the more inclusive social model has become more prominent, with a general acceptance that circumstances should be created or adapted so that all persons with disabilities can fully participate in all aspects of society (University of Leicester, n.d.). High quality data on disability is crucial for identifying the barriers persons with disabilities face, but data collection is often hampered by stigmatization which conceals the true magnitude of the situation (Pettinicchio & Maroto, 2021). As a result, limited evidence on disabilities is available in many countries across the globe. To counteract this and protect the rights of persons with disabilities, there has been a global push for disability-inclusive development, including better and more disaggregated data production on disabilities. This *Thematic Report on Disabilities in Cambodia* forms part of this effort and aims to fill some of the existing hiatus in Cambodia.

Disability-specific and disability-mainstreamed action has been included in numerous international, regional and national frameworks, including the 2030 Agenda for Sustainable Development and the Convention on the Rights of Persons with Disabilities (CRPD). Disability-inclusive development frameworks in the Asia and Pacific region include the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities 2013-2022 and the Incheon Strategy to 'Make the Right Real' for Persons with Disabilities.

A central pledge of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs) is to create an equitable and inclusive society and to leave no one behind. A key aspect in this regard is empowering people in vulnerable situations, including meeting the needs of persons with disabilities and other disadvantaged groups (e.g., refugees and internally displaced persons). Disability is a cross-cutting issue in all 17 SDGs as it is relevant across the life course and touches upon all areas of a person's life. Therefore, disability should be considered in the implementation of all the goals, recognizing that persons with disabilities are both agents and beneficiaries. There are seven SDG targets and ten indicators which directly refer to persons with disabilities. These refer to "access to education and employment, availability of schools sensitive to students with disabilities, inclusion and empowerment of persons with disabilities, accessible transport, accessible public and green spaces, and building capacity of countries to disaggregate data by disability" (United Nations (UN), n.d.a., p. 1).

A more detailed list of each target and indicator that mentions "disability" in the Global Indicator Framework for the Sustainable Development Goals and Targets of the 2030 Agenda for Sustainable Development is presented in Table 1.1. It should be noted that the 2021 refinement of the Global Indicator Framework does not specify "disability" in indicator 4.a.1 as was previously the case (UNDESA, 2021).

The Convention on the Rights of Persons with Disabilities CRPD is a United Nations (UN) human rights treaty that promotes, protects, and ensures the dignity and human rights of persons with

disabilities across the globe. It is guided by eight principles on respect, non-discrimination, equality, inclusion, equality of opportunity, gender equality, respect for the evolving capacities of children with disabilities and accessibility[2] (UN, n.d.b.). The Asia and Pacific region developed the 'Pacific Decade of Persons with Disabilities 2013-2022' and adopted the regional Incheon Strategy "Make the Right Real" (United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), 2019a). This strategy is based on the CRPD principles and sets out a course of action for the promotion of rights and livelihoods of the 690 million persons with disabilities in the Asia-Pacific region for the period 2013-2022. It aids the ratification and implementation of the CRPD across the region (UNDESA, 2018). It also provides a framework for the disability-inclusive development goals which were regionally agreed upon and covers 10 interrelated goals (see Figure 1.1), 27 targets and 62 indicators (UNESCAP, 2014). Goal 8 of the Incheon Strategy aims to "improve the reliability and comparability of disability data" by producing and disseminating reliable and internationally comparable disability statistics (target 8a) and establish reliable disability statistics by 2017 to track progress of the Incheon strategy (target 8b) (UNESCAP, 2014).

A critical component to the achievement and success of the goals outlined in these frameworks are reliable, timely and quality statistics. Census data offer an important source for such data. They can provide a national picture of the situation, and if the same questions and definitions are used, they can also provide international comparisons. Whilst there are shortcomings in the collection of the disability data in the 2019 General Population Census of Cambodia (GPCC), it still provides important insights into the lives of persons with disabilities and can provide valuable information for the implementation of the National Strategic Development Plan (NSDP) 2019-2023. Another important source for information that can be used for international comparisons and to evaluate the coverage and content of disability information is the Demographic and Health Survey (DHS). In Cambodia the last DHS was held in 2014. In contrast to other national sources, the DHS used the same questions on disability as the GPCC which makes comparisons possible. At various places in this report comparisons will be made between the 2019 GPHC and the 2014 DHS.

[2] Further details on the CRPD can be accessed here
https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

Table 1 SDG Targets and Indicators on Disability

Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development	
Goals and targets on Disability	*Indicators on Disability*
Goal 1. End poverty in all its forms everywhere	
1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable
Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	
4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations 4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated
Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	
8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value	8.5.1 Average hourly earnings of employees, by sex, age, occupation and persons with disabilities 8.5.2 Unemployment rate, by sex, age and persons with disabilities
Goal 10. Reduce inequality within and among countries	
10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status	10.2.1 Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities
Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable	
11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons 11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities	11.2.1 Proportion of population that has convenient access to public transport, by sex, age and persons with disabilities 11.7.1 Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with 11.7.2 Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	
16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels	16.7.1 Proportions of positions in national and local institutions, including (*a*) the legislatures; (*b*) the public service; and (*c*) the judiciary, compared to national distributions, by sex, age, persons with disabilities and population groups 16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group
Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development	
Data, monitoring and accountability	
17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts	

Figure 1 Ten Goals of the Incheon Strategy "Make the Right Real" [3]

[3] Source: UNESCAP (2014)

CHAPTER 2: METHODOLOGY

Theoretical and methodological explanations about the analysis are given in this chapter. An overview of the 2019 census as the main source for the thematic report is firstly made. Then, the definition of disability and how it was measured in the Census are extensively covered. Finally, the limitations related to the data production on disability in Cambodia are discussed.

2.1. The 2019 General Population Census of Cambodia

The General Population Census of Cambodia 2019 (GPCC 2019) is the fourth census in a series of census-taking in the Kingdom of Cambodia. It is part of the 2020 Round of Population and Housing Censuses, as recommended by the United Nations. The first census in Cambodia was conducted in 1962, with follow-up exercises undertaken in 1998 and 2008. Cambodia continues to use paper-based questionnaires and pencil recording to collect data. This required a thorough preparation of questionnaires, manuals, training guides, pre-test and pilot census, and so forth.

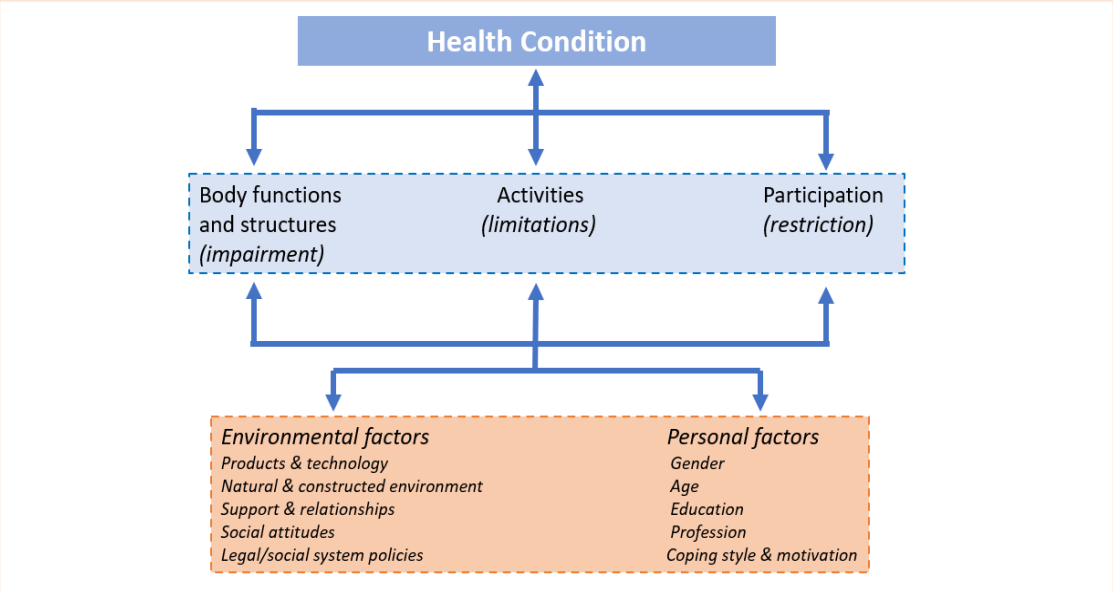
Census preparations started in early 2016 by developing an initial census plan, which was approved by the Royal Government of Cambodia. A National Census Committee was formed in 2017. A census strategy was formulated also in 2017, which allowed the enumeration to commence on March 3, 2019. The National Institute of Statistics (NIS) produced the enumeration maps using hand-sketched area plans across the country. Every Enumeration Area (EA) is separately delineated.

The previous three censuses enabled the Royal Government of Cambodia to build up its capacity for conducting the Census of 2019. The inquiry covers population data as well as certain household characteristics. Results from the census will provide essential demographic and household data for all forms of evaluation and planning.

2.2. Definition of disability within an international context

There are various conceptual models of disability that have been produced. The most widely accepted model nowadays is the International Classification of Functioning (ICF), Disability and Health model of the World Health Organization (WHO), commonly referred to as the ICF model. In 2001, this model was accepted by 191 WHO member states as the standard for their scientific work on disability and health. The ICF model brings together the medical and social approach to disability. The medical approach considers disability as a medical outcome of disease, trauma, or health condition(s), while the social approach treats disability as an outcome of the social

Figure 2 The components and interactions of the ICF biopsychosocial model of disability [4]



environment rather than a characteristic of the individual person. As such, the ICF model should be considered a bio-psycho-social model that "understands functioning and disability as a dynamic interaction between health conditions and contextual factors, both personal and environmental" (WHO, 2002; WHO, 2011, p. 4). Figure 2.1 summarizes the various components and interactions discerned in the ICF model.

The ICF model refers to *functioning* as "all body functions, activities and participation" (WHO, 2002) and disability as "the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)" (WHO, 2011, p. 4). Both the definition of CRPD and the Incheon Strategy are based on the ICF model. In this report, the CRPD definition is used: "Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (UNESCAP, 2014, p.2).

The definition used in Cambodia's National Disability Strategic Plan 2019-2023, closely follows the international conceptual model of the ICF and the definition used in the CPRD. In the Plan, persons with disabilities are defined as: "those with long-term physical, mental, cognitive or sensual impairments who face challenges that prevent them from getting equally, fully and effectively involved in the society with others." This definition is in line with the CPRD (2006, p. 4). In this context it is important to indicate that the CRPD recognizes that "disability is an evolving concept and that disability results from the interaction between persons with impairments and

[4] This figure as an adapted version if WHO (2002), ICF

attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others" (CRPD, 2006, preamble E).

2.3. Measuring disability

Disability status cannot be treated as a discrete condition, where persons either have a disability or not. As aspects of physical and social functioning are closely related to a person's disability status, it should be seen as a continuous spectrum depending on a set of differing biological, psychological, social, cultural and environmental factors. As such, measuring the prevalence of disability and the characteristics of persons with disabilities has been a challenge for years, with many organizations and researchers attempting to describe the characteristics of disability using a large variety of methods.

Since 2001, the Washington Group (WG) on Disability Statistics has been active as a United Nations Commission City Group to develop a methodology for "collecting valid, reliable and cross-nationally comparable data on disability, and to developing methods to improve statistics on persons with disabilities globally" (Washington Group on Disability Statistics, n.d.). The 2019 GPCC adopted the methodology developed by the WG, which is used in many countries around the globe in population censuses and large-scale household surveys.

The WG developed a set of six questions, based on the ICF framework to be asked about each individual in a household. These questions are generally referred to as the WG Short Set on Functioning (WG-SS). These questions are all related to difficulties a person might have in undertaking core functional domains that would put them at increased risk of limitations in participating in society such as in education, employment or household activities to the same extent as persons without functional difficulties. The six questions were also included in the 2019 GPCC questionnaire and are the following:

Table 2 The six question of the Washington Teamwork

Column 17: Functional Difficulties
Do you have difficulty……
17.1. seeing, even if wearing glasses?
17.2 hearing, even if using a hearing aid?
17.3 walking or climbing step?
17.4 remembering or concentrating?
17.5 with self-care (such as washing all over or dressing)?
17.6 using your usual (customary) language, do you have difficulty speaking, for example understanding or being understood?
Codes for column 17
1. No – no difficulty
2. Yes – some difficulty
3. Yes – a lot of difficulty
4. Cannot do at all

As noted, disability is not inherently a dichotomy but is defined by a continuum. In order to identify a population with disability to determine if their rights have been met under the CRPD,

SDGs or Incheon Strategy, it is necessary to define a cut point on that continuum. According to the WG, the challenge to draw such a line will -" identify a group that, because of functional difficulties, is at greater risk than the general population of being excluded from participation because of barriers in the environment. To do this, it is necessary to find the most appropriate place on the continuum to place a threshold – where those above that threshold have a disability and those below it do not. The threshold selected (often called the cut point or cutoff) should be selected to meet the needs for which the data are being collected" (Washington Group on Disability Statistics, 2021, p.1). Where that cutting point is chosen will determine the prevalence of disability and the characteristics of those with disability. There are no universal cutting points, but the selection of the cutting points should reflect the intended uses of the data. As such, the prevalence rates based on census data encompass a considerable amount of heterogeneity.

The WG defined disability as 'those who have a *lot of difficulty with* or *cannot do at all* on at least one of the basic functional domains included in the question set' (Washington Group on Disability Statistics, 2020). However, there is no real gold standard for determining who is living with a disability and who is not (Washington Group on Disability Statistics, 2021). The WG recognize that using the dichotomy of persons with disabilities being defined as having a *lot of difficulty* or *cannot do at all* leads to a loss of information. For instance, persons who have lot of difficulty executing a particular function may well be different from those who cannot do it at all in terms of being excluded due to barriers in the social environment. This is important as people who cannot do a certain function at all are often the group with the highest risk of being excluded and have the most pressing need for support. Also, persons with some difficulty may have different characteristics than those with no difficulties.

Therefore, this report incorporates all three groups with functional limitations (some difficulty, a lot of difficulty and cannot do at all) as this approach provides a more complete picture of those who are at risk of social exclusion This approach allows for a better description of the continuum of functioning compared to a simple dichotomy of disability. However, in some cases, when necessary, those who have a *lot of difficulty* or *cannot do at all* will be placed in one group.

Table 3.1 Disability degrees of Washington Group

DEGREES OF DISABILITY		
MILD disability	**MODERATE disability**	**SEVERE disability**
↓	↓	↓
Persons who experience **some** functional difficulties	Persons who experience a **lot** of functional difficulties	Persons who **cannot perform** the function **at all**

Another reason to highlight all three categories of disability (mild, moderate, severe) is to address the different data needs for the differing degrees; identify specific support needed; and assess participation restrictions in the community that may come with milder or more severe disabilities. In some cases, government benefits are directed to one particular group of persons with disabilities, such as those who are unable to work because they cannot perform certain functions.

As the ESCAP (2014) guide on disability indicators for the Incheon strategy specifies, for other purposes such as designing an inclusive school system, it may be important to cover the complete range of difficulties, ranging from mild to severe.

Table 3.2 Washington Group Response Categorization

WASHINGTON GROUP RESPONSE CATEGORIZATION
If **all questions** were answered with **no difficulty,** then the person was considered to have **no disability**
If the answer to **one or more of the questions** was **some difficulty**, but **no questi**on was answered with **a lot of difficulty or cannot do at all**, the person was considered to have a **mild disability**
A person who answered **a lot of difficulty** at the most to **one or more questions** was considered to have a **moderate disability**.
A person who answered **cannot do at all to one or more** of the questions was considered to have a **severe disability**

2.4. Limitation of the measurement of disability

Several factors related to data collection and analysis present limitations to the disability data collected in censuses. The first factor is a general one and is related to two limitations of the WG-SS to assess the prevalence and characteristics of disability in a population:

- Limitation to persons aged 5 and over: The WG-SS questions cannot be applied to children below the age of five and for many children older than five developmental disabilities are missed. For that reason, the Child Functioning Module was developed by UNICEF and the WG with the goal of better including children with disabilities. Two versions of this module are available, one for children aged 2-4 years and one for children aged 5-17 years. Both are administered to mothers or primary caregivers and a version to be administered to teachers is under development. (Washington Group on Disability Statistics, 2020). Because the number of questions that can be asked in a census are limited, the specific questions on functional difficulties of children younger than five years of age were not asked in the 2019 GPCC. Throughout the report, the analysis is therefore limited to the population aged five and over.
- Not all types of disabilities: The six WG questions do not cover all types of disabilities and exclude persons with psychosocial disabilities and those with limitations in the upper body (Washington Group, 2020) that are not related to the domains covered. For example, some of those with psychosocial disabilities also have difficulties with communication or with cognition and those with upper body difficulties can have difficulties washing and dressing. As psychosocial disabilities are often not considered, the WG developed an additional set of four questions to identify psychosocial disabilities. However, as these questions are mainly developed for household surveys and are impractical to use in population censuses, they were not included in the 2019 GPCC.

The second limitation is related to the fact that in many countries, disability is a topic that is subsequently difficult to research for various reasons:

- Disability is part of a cultural, psychological, and socio-economic framework in which persons with disabilities are often stigmatized. Collecting data on disability can therefore be hampered by respondents who try to conceal some information or do not want to identify themselves as living with a disability (Pettinicchio and Maroto, 2020). Also, family members can be embarrassed and tend to "forget" to register persons with disabilities, or do not report on a household member's functional limitations.
- Another factor that may lead to under enumeration of persons with disabilities could be that enumerators are uncomfortable with asking the WG questions as stated. As a result, they fill in 'no problem' for all questions or ask a very general screening question about all members of the household and then fill in the answers, without asking the actual detailed questions. For this reason, household surveys in which interviewers are extensively trained and sensitized to deal with these types of questions deliver more accurate results than general surveys and censuses. However, enumerators can be trained to ask the Washington Group questions in a way that avoids these data collection challenges is not insensitive.

Because of both limitations, the prevalence of disability may be underestimated in population censuses. As shown in this report, this is indeed the case for the 2019 GPCC as the prevalence is unrealistically low. The WG is well aware that the WG-SS does not identify all persons with disabilities. It also indicates that the main purpose of the questions is to enable researchers to describe characteristics of the population by disability status. To do so, it is not necessary to identify *all* persons with a disability. The introduction to the Washington Group on Disability Statistics Question Sets states that: "It is only necessary to identify the large majority and to do so in a way that the results are not biased. If these conditions are met, it is possible to identify associations between disability and various outcomes in the data. Of course, with enough resources more questions can be added. The WG-SS represents the smallest number of questions which can identify a large enough percentage of people with disabilities to make prevalence and disaggregation results meaningful" (Washington Group, 2020).

The constraints of a census in terms of length and complexity of the operation require that the number of questions – and thus the level of detail – be limited. It is assumed that other data collection systems can be used to obtain information on the cause of the difficulty, in addition to other information related to the difficulty. As such, the 2019 GPCC did not include additional detailed questions on disability. Although not included as a core topic from the United Nations Principles and Recommendations for Population and Housing Censuses, a useful question in a census is the origin of the limited functionality in one or more of the WG-SS. Questions on cause have been added to a number of censuses, but this was not the case in the 2019 GPCC. The lack of such information means, for instance, that no information can be provided on the number of persons with disabilities due to violence, landmines or ERWs. Nevertheless, the lack of such detail does not affect the disability prevalence obtained from the 2019 GPCC.

CHAPTER 3: CAMBODIA COUNTRY CONTEXT ON DISABILITY

Between 1998 and 2019, Cambodia achieved an average real growth rate of 7.7 percent and positioned itself as one of the fastest-growing economies in the world (World Bank, 2021). Despite boasting such development in the past decades, with a GDP per capita of 1,643.1 current US$ in 2019, the country remains one of the poorest nations in East Asia and the Pacific (World Bank, n.d.). The poverty rate stood at 13.5 percent in 2014 – dropping from 47.8 percent in 2007 – and 90 percent of the poor lived predominantly in rural areas. Like elsewhere across the globe, the coronavirus disease (COVID-19) pandemic did not spare Cambodia's socioeconomic development and the well-being of its population. It caused its growth engines of tourism, manufacturing exports and construction – which previously contributed more than 70 percent to growth and provided about 40 percent of paid employment – to decelerate significantly. In 2020, economic growth stood at -3.1 percent, though recovery to a growth rate of 4 percent is anticipated for 2021. With around 4.5 million people living just above the poverty line, it is crucial to analyze specifics on vulnerable groups residing in Cambodia – such as persons with disabilities – and seek the best ways in strengthening response efforts and meeting their needs (World Bank, 2021). In order to do so, it is firstly crucial to better understand the background of disability in Cambodia.

Cambodia's recent history is characterized by instability and conflict, a discourse which has marginalized and terminated the lives of many. During the reign of the Khmer Rouge (1975-1979), hunger, forced labor, diseases, torture and execution killed an estimated two million people. In addition, many suffered physical and psychological harm and have faced lifelong consequences because of this. After the reign's fall, the country had trouble rebuilding due to the continuation of instability and unrest for many years. Whilst across the literature the population of persons with disabilities is perceived to be significant, prevalence estimates vary due to ranging definitions and data collection methods (e.g., household surveys such as the Cambodia Socio-economic Survey and the General Population Census of Cambodia give varying figures) (Palmer, Williams & McPake, 2016).

Persons with disabilities and relevant policy frameworks

Persons with disabilities remain one of the most vulnerable groups in society and commonly lack equal access to health, education, safe drinking water and hygiene, social support, employment, or training, among others (ILO, 2009a; MacLeod, Pann, Cantwell & Moore, 2014). On average, those living without a disability are three times more likely to access healthcare than persons with disabilities (UNDESA, 2018). Nearly 70 percent of Cambodia's population is not covered by health insurance, whilst 31 percent are covered by the National Social Security Fund (covers formal sector workers) and the Health Equity Fund (for poor households) (Nakamura et al., 2020). Furthermore, healthcare services are reportedly hard to physically access by persons with disabilities for numerous reasons (location, roads, public transport, infrastructural barriers,

distance, etc.). The country has 11 Physical Rehabilitation Centres, which is grossly insufficient to serve everyone's needs (Palmer, Williams & McPake, 2016). Those with disabilities are also confronted with barriers related to voting, as the legal framework makes voter registration a cumbersome task; registration offices may be inaccessible and ill-equipped; and voter education campaigns often do not reach them. The National Election Committee and various civil society and disabled person's organizations have collaborated, however, in efforts to improve this (Cambodia Disabled People's Organization (CDPO), 2015).

The Cambodian government's commitment in creating an inclusive society and guaranteeing the rights of persons with disabilities has been showcased by the adoption of various national and international laws, resolutions, and policies. Article 74 in the 1993 Cambodia Constitution stipulates that "The State shall help support the disabled and the families of combatants who sacrificed their lives for the nation" (Constitute Project, 2008).

Cambodia is responding to the needs of persons with disabilities under numerous international treaties. These include the 2006 CRPD, which the country ratified in December 2012 (though not its optional Protocol). The country is also signatory to the Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination Against Women, and the International Covenant on Economic, Social and Cultural Rights – all of which obligate the State to address the needs and rights of persons with disabilities in one way or another. As a member of the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), the country adopted resolution 68/7 Asian and Pacific Decade of Persons with Disabilities 2013-2022 (UNESCAP, 2019a) and was the first member state to adopt the regional Incheon Strategy "Make the Right Real" (Disability Action Council (DAC), n.d.). The country also ratified the Ottawa Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction in 1999 (United Nations Treaty Collection (UNTC), n.d.).

The most prominent national legal framework on disability is the 'Law on Protection and Promotions of the Rights of Persons with Disabilities' which was signed in 2009 and ratified in December 2012, aiding the country to meet its responsibilities under the CRPD. Article two of the law stipulates its purpose: to reduce and eliminate discrimination against those with a disability; promote full and equal participation in society for persons with disabilities by ensuring physical, mental, and vocational rehabilitation; and protect the rights, freedom, and interests of persons with disabilities. Under this law, the Disability Action Council (DAC) serves as the national coordinator and advisor on disabilities in the country (Kingdom of Cambodia, 2009). DAC was founded in 1999 as a national semi-autonomous coordinating body in charge of the rehabilitation sector, advising government on disability issues, coordinating relevant activities of national and international non-governmental organizations (NGO), and ensuring the private sector and line ministries implement the Law, CRPD, the Incheon Strategy, and the Asian and Pacific Decade of Persons with Disabilities 2013-2022 (ILO, 2009b; DAC, 2019). In numerous articles of the law, it is stated that details of the implementation should be further specified in sub-decree, *prakas* or ministerial orders. One sub-decree covers progressive measures against non-discrimination in employment, including the specification of a set quota of employees with a disability that legal public and private entities should apply (Kingdom of Cambodia, 2009; Kingdom of Cambodia,

2010). Currently, the Government is in the process of revising the existing Law on Protection and Promotions of the Rights of Persons with Disabilities. The aim of this revision is to eliminate discrimination of persons with disabilities.

Whilst the adoption of the law is a significant milestone, a stakeholder report prepared by Cambodia's Disabled People Organizations (CDPO) opines that the Law falls short of important aspects that were enshrined in the CRPD. These include an absence of mentioning particularly vulnerable women and children with disabilities and the lack of addressing "…important rights including access to justice, freedom from exploitation, violence and abuse, freedom of expression and opinion, and access to information, protection of persons with disabilities during situation of risk and humanitarian emergencies etc. (p. 3)." Furthermore, the report questions whether all sub-decrees, *prakas*, or ministerial orders that are mentioned in the Law and needed for implementation, have been developed (Cambodia Disabled People's Organization, n.d.).

To strengthen the implementation of the law, related sub-decrees and other policies the country is committed to, DAC led the development of a second National Disability Strategic Plan, this time covering the period 2019-2023. The Action Plan envisions that "persons with disabilities and families have good quality of life, get actively and fully involved, are equal in the society with respect of their rights and dignity as well as are included in all sectors and development" (DAC, 2019, p. 18). The Plan's strategic objectives are outlined in Figure 3.1.

The Strategic Plan now also encourages the ratification of the Marrakesh Treaty (Strategy 9.1.8) (DAC, 2019). This treaty eases the process of producing and internationally transferring books which are adapted for persons with blindness or visual impairments. It does this by establishing a set of limitations and exceptions to traditional copyrights law" and officially commenced in September 2016 (WIPO, 2013).

Despite significant progress made in the last two decades in clearing mine-affected areas in Cambodia, landmines and ERWs remain a challenge in rural areas. The Cambodia Mine/ERW Victim Information System (CMVIS) reported a total of 64,849 casualties between January 1979 and October 2019. Between January and October 2019, there were a total of 71 casualties (of which 11 deadly), of which 73 percent were ERWs and 27 percent were mine casualties (CMAA, 2019).

Global and national prevalence of disability

The 2011 World Disability Report provides an overview of prevalence data from 59 countries that participated in the World Health Survey, the largest multi-national health and disability survey conducted in 2002-2004. Using their definition of disability , an estimated 978 million people (or 15.3 percent of the global population) were identified as having a disability that was moderate or severe. About 2.9 percent had a severe disability. In South-East Asian countries, this was estimated to be 16.0 percent and 2.9 percent, respectively (WHO, 2011).

Figure 3.1 Strategic Objectives of the National Disability Strategic Plan 2019-2023

Disability at a Glance 2019 (UNESCAP, 2019b).

or severe. About 2.9 percent had a severe disability. In South-East Asian countries, this was estimated to be 16.0 percent and 2.9 percent, respectively (WHO, 2011).

The disability prevalence in Cambodia has been estimated by various national studies in the past, including the General Population Census of Cambodia 2008 (GPCC), the Cambodia Socio-economic Surveys (CSES) and the Demographic and Health Survey (DHS). Due to the variation in methodologies and definitions used in these studies, the prevalence figures differ quite considerably. In 2008, the Cambodia GPCC included a question on physical and mental disability for the first time and covered five disability types (seeing, speech, hearing, movement and mental). If a person had two or more types of disabilities, only one would be recorded and the enumerator would decide which disability would be recorded. According to the 2008 census, an estimated 192,538 persons (in the non-institutional population) had a disability in the country, which accounts for 1.44 percent of the total population (National Institute of Statistics (NIS), 2009).

The last CSES was conducted in 2019/2020 and estimated that 4.7 percent or 722,643 persons (in the non-institutional population) of any age had at least one disability. The CSES included the following disability types: seeing, hearing, speaking, moving, feeling or sensing, psychological, learning and fits. The most common disability was seeing, with 2.8 percent of the total population having difficulty with this (NIS, 2020a). The 2014 DHS is the latest publication that can be referred to. In the DHS, the population aged five and over with some form of disability was 10 percent. The study used the same WG-SS questionnaire as the 2019 GPCC, whereby the six functional domains were included (seeing, hearing, walking or climbing, remembering and concentrating, self-care and communicating). For each functional domain, persons were asked to indicate the degree of functional difficulty in performing a task: no difficulty, some difficulty, a lot of difficulty, or could not perform the functional domain at all. A broad understanding of disability was included in the study, whereby those who experienced at least some difficulties were referred to as 'any disability' and those who had a lot of difficulty or could not do the function at all were classified as a 'severe disability.'

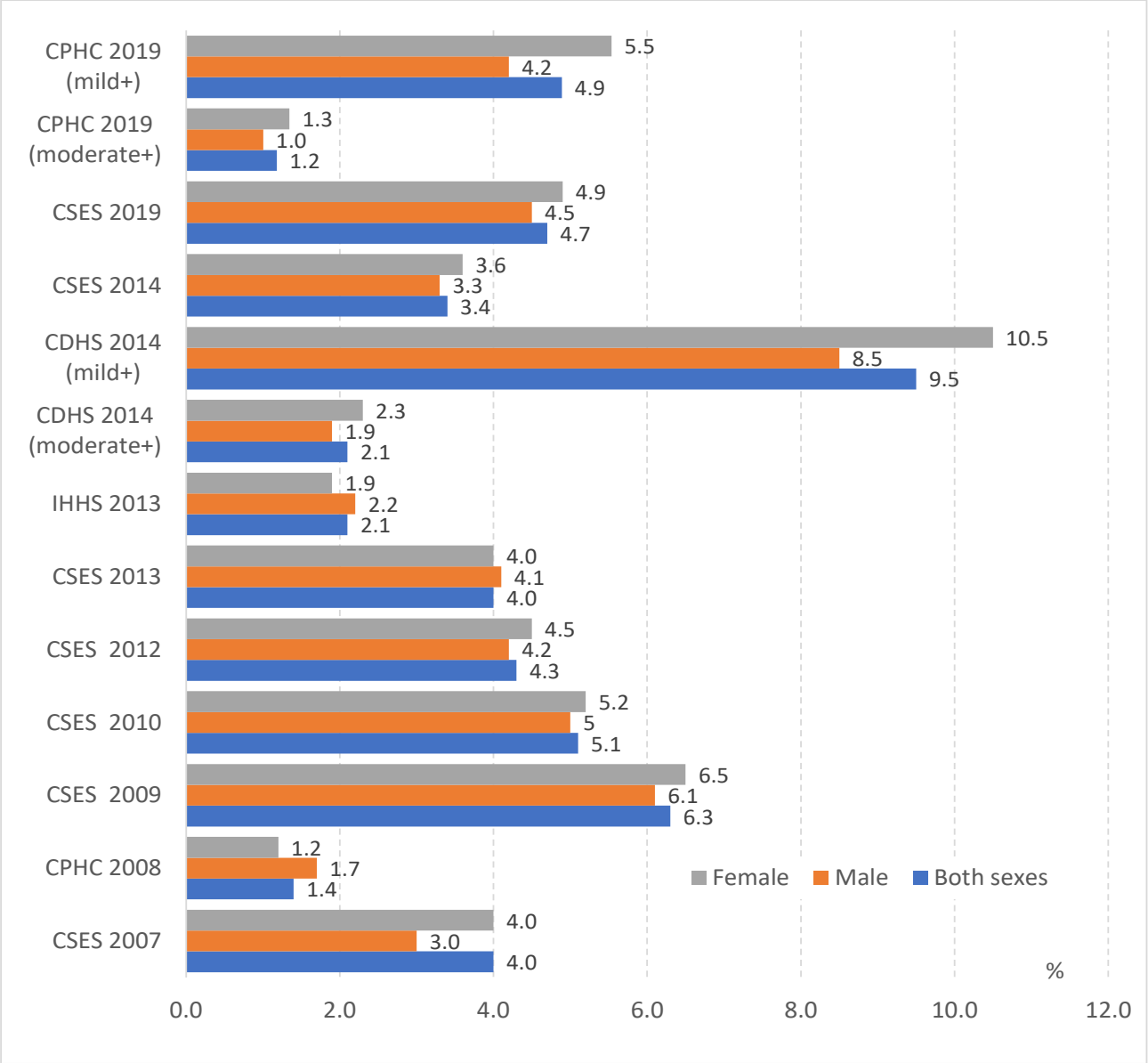
Figure 3.2 presents an overview of the observed disability prevalence for the period 2007-2019 obtained from various surveys and censuses, including the 2019 GPCC. The graph shows significant differences between the prevalence rates calculated from the 2008 and 2019 GPCC, the 2013 Cambodia Intercensal Population Survey, the 2014 Cambodia DHS and from the various CSES[5]. The large differences should not come as a surprise as the prevalences are based on completely different methodologies and definitions. The graph therefore does not intend to show comparable data, nor increase or decreases in the prevalence, but rather showcases the significant variety in prevalence that differing methodologies can produce.

The only data in figure 3.2 that *are* truly comparable with the 2019 GPCC, are those of the DHS. Comparing the moderate and severe disability prevalence rates from the 2014 DHS and the 2019 GPCC shows that the DHS values were almost twice as high. The same pattern can be observed when comparing all levels of functional limitations (mild or severe disability). In the 2019 GPCC, 4.9 percent of all persons five years and above indicated that for at least one of the six functional domains they had some problem doing it. In the 2014 DHS, this percentage was 9.5, which is about two times higher. This comparison clearly suggests that the number of persons with

[5] National Institute of Statistics, Ministry of Planning, 2009, 2009a, 2010, 2013, 2013a, 2014, 2014a, 2015, 2020

disabilities was underestimated in the census and that the prevalence of disability is significantly higher than observed.

Figure 4.2 Prevalence rates in various Cambodia censuses and surveys 2007 - 2019



Source : GPCC, CDHS, CSES, IHHS.

CHAPTER 4: GENERAL CHARACTERISTICS OF PERSONS WITH DISABILITIES

4.1 Prevalence of disability

According to the 2019 GPCC, a total population of 14.1 million persons aged five years and above was living in Cambodia, of which 6.8 million were male and 7.3 million were female. Among the population aged five years and above, 3.71 percent had some problems doing at least one of the functional domains, 0.87 percent a lot of problems and 0.31 percent could not do one or more of the functions at all. More women than men reported to have at least a mild disability. While the male to female sex ratio among the total population aged five years and above is 93.8 percent, it is only 71.2 percent among persons with any disability,[6] illustrating the higher prevalence of disability among females (Table 4.1).

Table 4.1 Percentage distribution of population of five years and above by degree of disability and sex, GPCC 2019

	Population 5 years and older	No disability	Mild disability	Moderate disability	Severe disability
Number of persons					
Both sexes	14,102,052	13,412,520	523,162	122,725	43,645
Male	6,825,874	6,539,215	218,172	49,564	18,923
Female	7,276,178	6,873,305	304,990	73,161	24,722
Percentage of population 5 years and over					
Both sexes	100.00	95.11	3.71	0.87	0.31
Male	100.00	95.80	3.20	0.73	0.28
Female	100.00	94.46	4.19	1.01	0.34

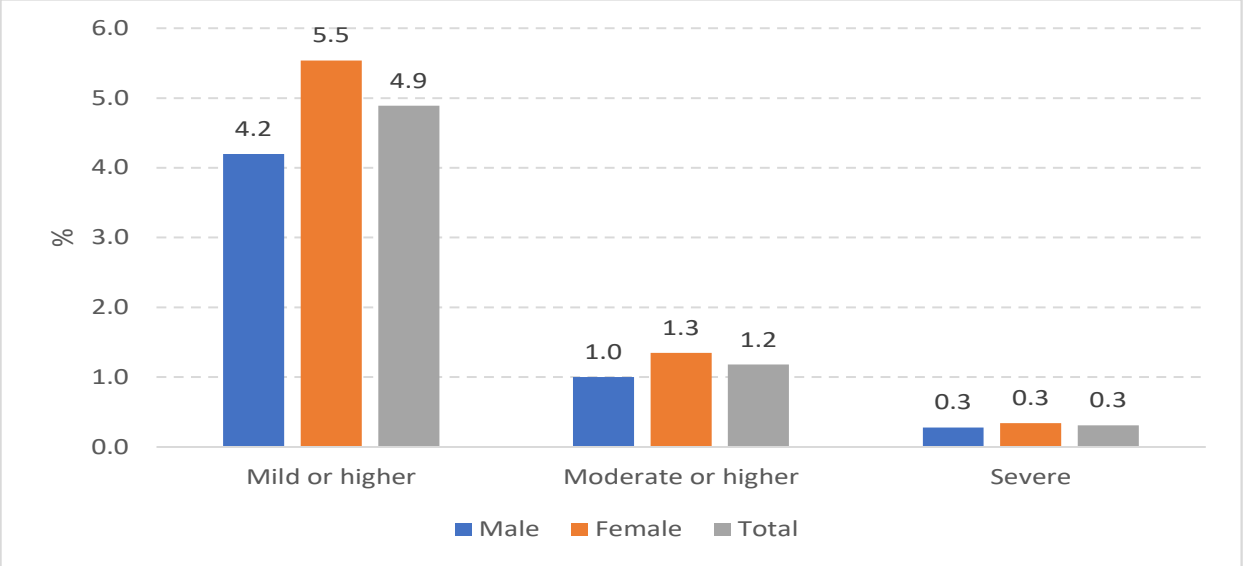
Source: National Institute of Statistics, GPCC 2019

Based on the 2019 figures presented in Table 4.1, the three observed disability prevalence rates for Cambodia can be calculated. The 'mild or higher' disability prevalence rate is based on people reporting at least one of the three categories of functional difficulties (mild, moderate or severe); the 'moderate or severe' disability prevalence encompasses persons with moderate or severe degrees for at least one of the six domains, while the 'severe' disability rate covers those who could not do at least one of the six functional activities at all.

Figure 4.1 shows the disability prevalence rates by the degree of disability and sex. While almost one in 20 persons aged five and above has a mild, moderate or severe disability, only 0.3 percent of the population indicated they were unable to do one of the six functional activities, while the prevalence moderate or higher – as assessed by the WG questions – is 1.2 percent.

[6] The sex ratio is the number of males for every 100 females in a given population.

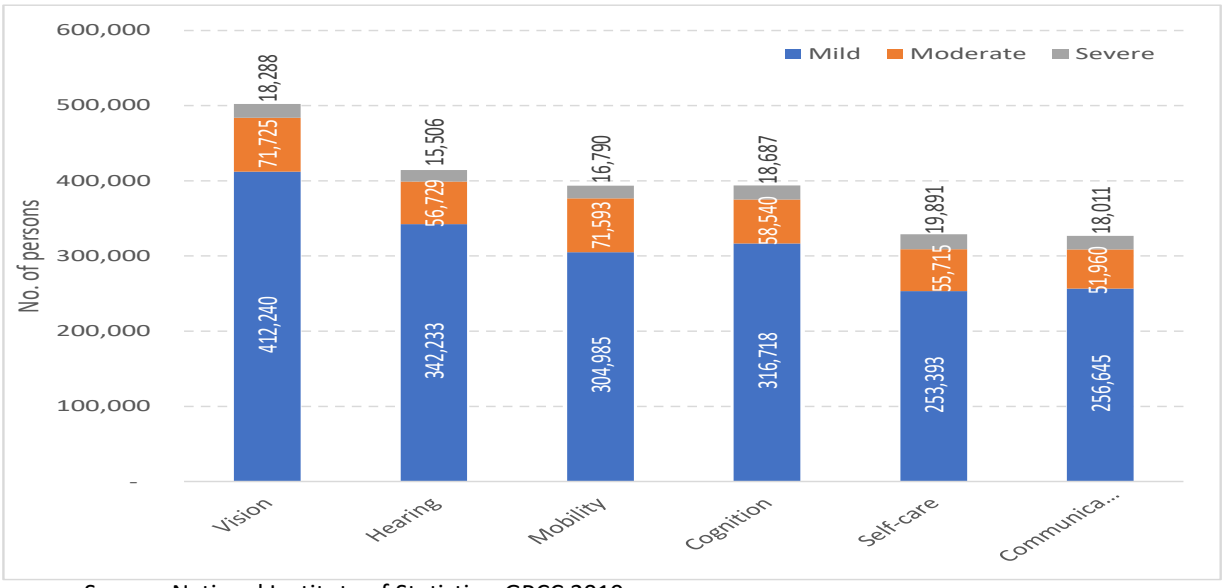
Figure 4.1 Disability prevalence rates by degree of disability and sex, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

The estimation of the prevalence of different forms and types of disability, preferably disaggregated by age, sex and location for example, can provide evidence to ensure equitable access to relevant services for persons with disabilities. Figure 4.2 shows the different types and degrees of disability among the population of five years and above. The 2019 GPCC enumerated roughly 18 thousand persons (0.13 percent) in Cambodia with severe difficulty with their vision, 16 thousand persons (0.11 percent) with severe problems hearing, 17 thousand persons (0.12 percent) who could not walk, 19 thousand persons (0.13 percent) who could not remember or concentrate at all, 20 thousand persons (0.14 percent) who were unable to perform self-care and 18 thousand (0.13 percent) who could not understand others or make themselves. Note that some of these people may have had multiple difficulties.

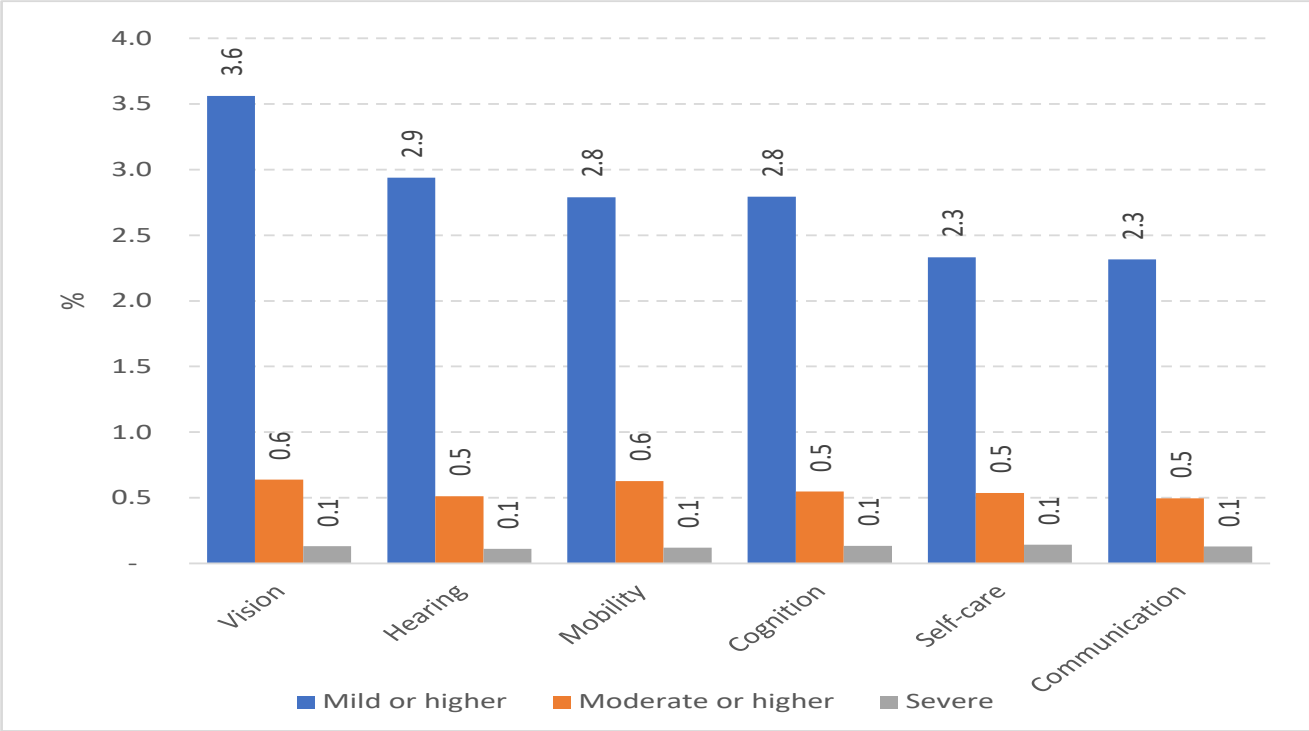
Figure 4.2 Number of persons five years and above by type of disability, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

When considering the prevalence of disability by type and degree, an unexpected pattern emerges among those who have a lot of difficulties or cannot do a certain functional activity at all. Figure 4.3 shows the prevalence of disability of persons five years and older by type and degree of disability. One would not directly expect that only such small differences exist between the various types of disabilities as shown in figure 4.3, as generally some forms of disabilities have a much higher frequency than others. The prevalence rates for moderate and severe difficulties are similar, with moderate disability being in the 0.5 - 0.6 percent range and severe disability all hovering around 0.1 percent. These results on disability prevalence by type of disability are definitely not in line with international figures.

Figure 4.3 Prevalence of disability of persons five years and above by type and degree of disability, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

4.2 Disability prevalence data challenges

Measuring disability prevalence rates is not an easy matter. Cross-national comparisons of disability prevalence rates show that high-income countries often have considerably higher levels of disability than low- and middle-income countries. Pettinicchio & Maroto (2021) indicated that the differences in observed prevalence rates are closely linked to the cultural and institutional settings of countries, but as shown earlier, differences can also be due to differing methodologies.

The previous section showcased the low disability prevalence observed in the 2019 census – a common pattern seen across the South-East Asian region. Using the same definition as proposed by the WG, where disabled persons are defined as having a lot of difficulties or unable to do at least one of the functional domains, shows that other censuses have similarly low reporting of difficulty in these domains and thus the resulting disability prevalence rates. For instance, the

2014 Myanmar Population and Housing Census showed a prevalence rate of 1.1 percent (Department of Population & Ministry of Labour, Immigration and Population, 2017), while the 2016 Timor-Leste DHS estimated a disability prevalence of 1.6 percent (General Directorate of Statistics (GDS), Ministry of Health & ICF, 2018). This prevalence rate was exactly the same as in the 2020 Philippines Census.[7] The Laos 2015 census showed a prevalence of 0.9 percent (Lao Statistics Bureau, Ministry of Planning and Investment, n.d.). The results obtained in the GPCC should be seen in this light.

A further check to look into possible data problems, is to examine the number of persons by the number of difficulties they report on. This is done in Figure 4.4. One would expect that most persons with disabilities would have only one disability and only a minority would have a multitude of disabilities. Normally, as the number of disabilities per person increases, the total population who have these multiple disabilities decreases.

Figure 4.4 shows that the category of persons with six disabilities is unrealistically large. Actually, more people mentioned having six mild disabilities than one mild disability: 245 thousand versus 225 thousand, respectively. Among all persons with one or more disabilities, 33.4 percent were registered as having all six disabilities. More than 45 thousand persons experienced a lot of problems or could not do any of the six functional domains. Not being able to see, hear, move, remember, self-care and communicate would place a person in an almost vegetative state. A quick analysis of the group of those who cannot do any of the six functional domains shows that out of the 9,954 persons in this group, 1,315 were employed, 60 were unemployed, 1,075 were homemakers, 4,305 were literate in Khmer and 306 were currently attending school. It is obvious, that people who cannot do any of the WG domains would not be able to perform these activities. It is unclear what exactly caused this pattern.

Given the abovementioned challenges related to the data, the following should be considered when interpreting the findings:

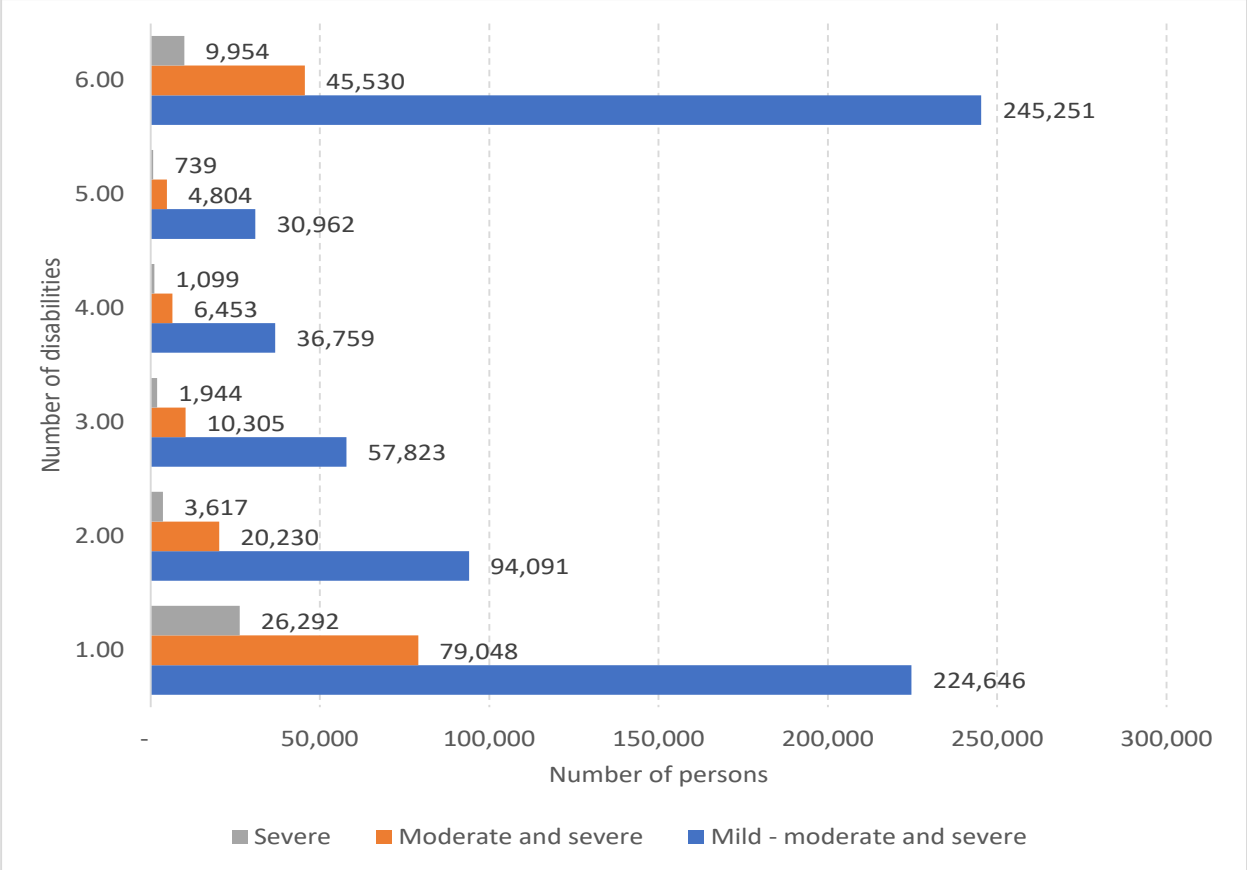
a) The 2019 census underestimates the disability prevalence, particularly for moderate and severe cases. Because of the poor quality of the data in both Cambodia and the surrounding countries, it is best not to make comparisons with other Southeast Asian countries, or with the 2008 GPCC.
b) The high percentage of persons reporting difficulties with all six functional domains implies that the distribution of disability types for the whole population could be inaccurate. Therefore, this report provides no in-depth analysis on the separate functional domains reported in the GPCC. Only the general disability status of people and their characteristics was considered.

However, despite the reportedly low disability prevalence and high number of difficulties with all six functional domains, the GPCC findings remain very valuable as they depict the socio-economic characteristics and living conditions of about 700,000 persons reporting a disability. The GPCC should therefore be seen as a source to describe the characteristics and living conditions of

[7] Retrieved from: https://psa.gov.ph/content/persons-disability-philippines-results-2010-census.

persons with disabilities, rather than a means to indicate the exact number of persons with disabilities in the country. The remainder of the report is written with this in mind.

Figure 4.4 Number of persons with disabilities, by number of disabilities and degree of disabilities, GPCC 2019



Source: CSES 2004, CSES 2009, CSES 2014 and CSES 2019/2020

4.3 Disability prevalence by age and sex

More women than men reported to have one or more mild/moderate/severe disabilities: the 2019 GPCC enumerated 402,873 women with a disability against 287 thousand men (National Institute of Statistics, 2020). While the sex ratio among the total population is 95.7 percent, it is only 71.2 among persons 5 years of age and above with a disability[8]. For each degree of disability, the prevalence is higher for women than for men, with the difference being smallest for severe disability (0.34 percent for women against 0.28 percent for men). The higher prevalence of disability for women in the census is in line with the findings from the WHO World Re[port on Disability (WHO, 2011). This difference is caused by higher age-specific prevalence rates together with a greater number of older women than older men.

Worldwide age and disability are positively correlated; as people become older, they are also more likely to report having a disability (WHO, 2011). The cumulative effect of each of the three levels of disability (mild, moderate, severe) can give an indication of the severity of disability over

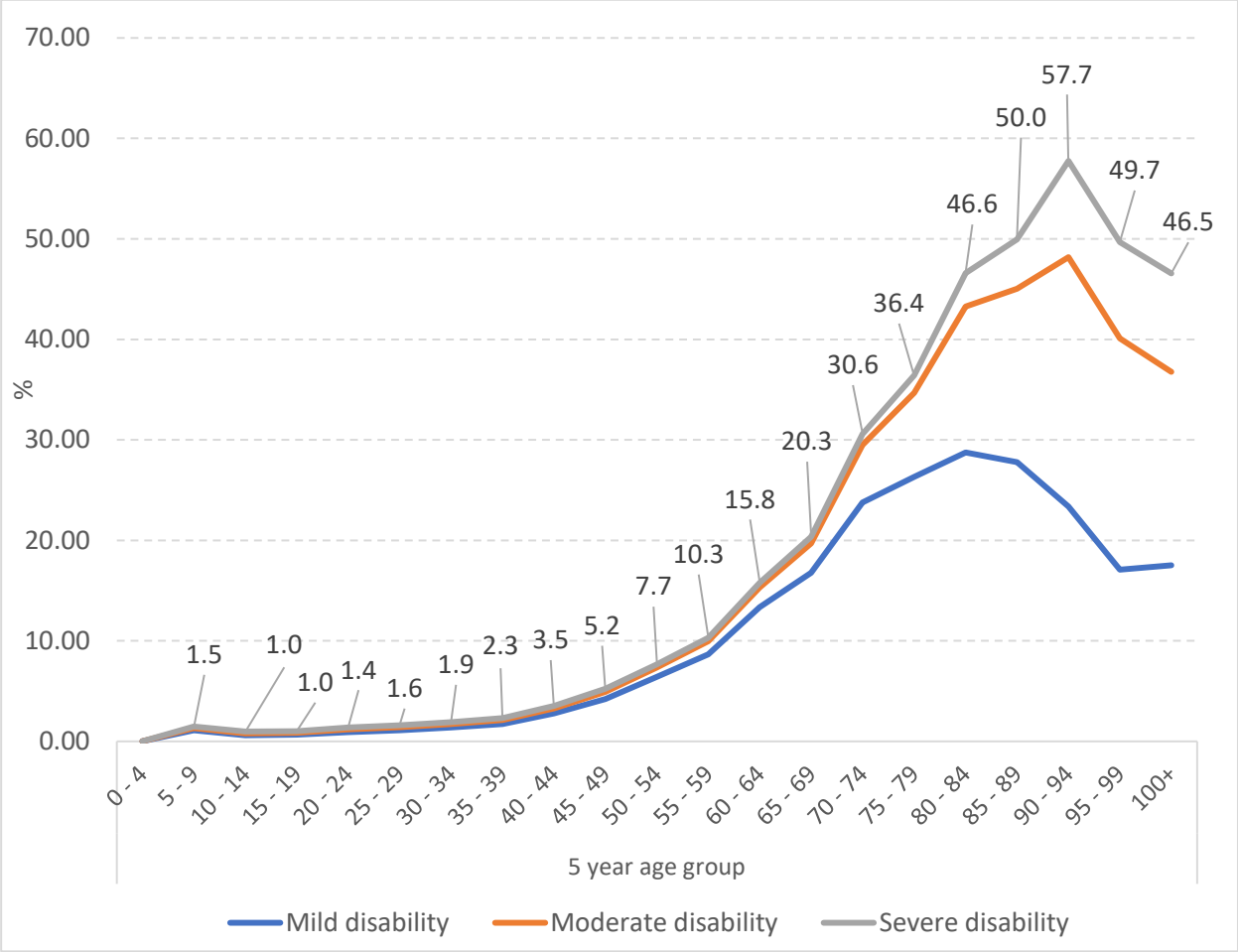
[8] The sex ratio is the number of males for every 100 females in a given population.

a population's lifetime. The cumulative age-specific prevalence rates are indicated for each age group in Figure 4.5. The graph shows some interesting patterns:

i) Until about age 25, the prevalence is very low.
ii) After age 35, the prevalence starts rising at an increasingly rapid rate mainly due to the occurrence of more and more mild disabilities.
iii) The prevalence of disability has an increasing trend up to the age of 90, where 57.7 percent of the population indicates they have a disability. After this, it drops due to unclear reasons, though likely due to small sample variability or underreporting. Around age 70, the increase in disability is due to the growing number of persons with a mild disability, while after this age it is because of a growing number of people having a moderate or severe disability. At that age, about 31 percent of people live with a mild, moderate or severe disability.
iv) The prevalence of mild disability drops after age 80. Nevertheless, the overall disability prevalence after this age continues to rise due to increasing numbers of moderate and severe disabilities.

The fact that the prevalence of disability is higher at older age-groups has some serious consequences for the future. The National Ageing Policy (2017 – 2030) expects that in the coming years the percentage of older persons with disabilities will increase rapidly and that the consequences of population ageing need to be addressed. According to the 2008 population projections, the percentage of persons 60 years and over will increase from 6.5 percent in 2010 to 11.0 percent in 2030. As disability is closely related to older age, it means that in the coming years also the absolute number of persons with disabilities will increase rapidly. This will place a heavy burden on the country's social support system. Because of its high social importance the impact of demographic changes on the absolute and relative number of persons with disabilities should be further analyzed as soon as the population projections based on the 2019 GPCC are ready.

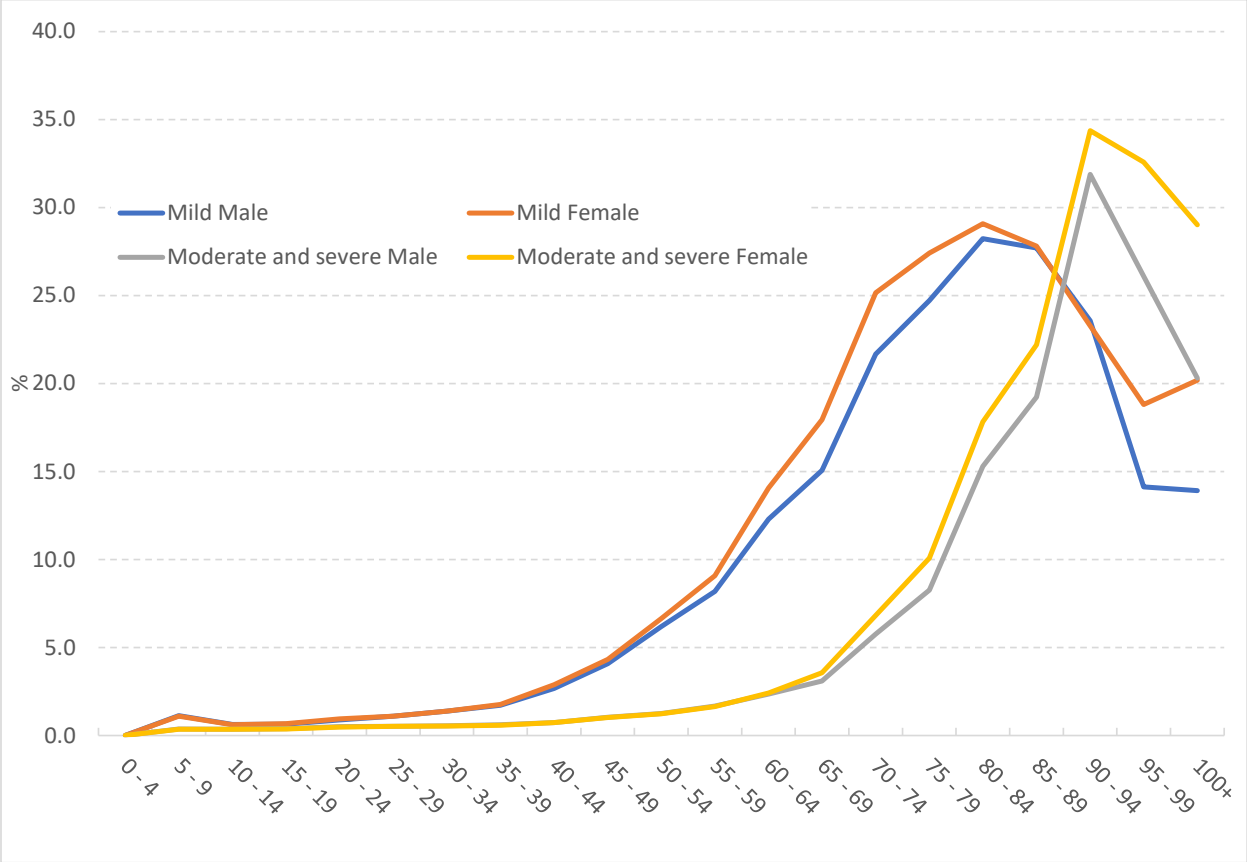
Figure 4.5 Cumulative age-specific prevalence of disability by degree for persons five years and above, by 5-year age groups, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

Figure 4.6 shows the age-specific prevalence rates for males and females by degree of disability. The graph solely illustrates two categories: a) mild disabilities (some problems) and b) a joint category of moderate and severe disabilities (a lot of problems and cannot do at all). As people grow older, the increase in the prevalence of disabilities is somewhat more rapid for women than for men. Furthermore, the rapid increase in the percentage of persons with disabilities starts at a much younger age for mild disabilities than for moderate/severe disabilities. The prevalence of mild disability is highest in the age group 80 – 84, where 29.1 percent of women and 28.2 percent of men have a mild disability. After this age, the prevalence of mild disabilities decreases, while the prevalence of moderate and severe disabilities further increases till age 90. This could be due to the evolution of mild disabilities into more debilitating conditions as one grows older.

Figure 4.6 Age-specific disability prevalence rates for persons five years and above, by 5-year age groups, sex and degree of disability, GPCC 2019

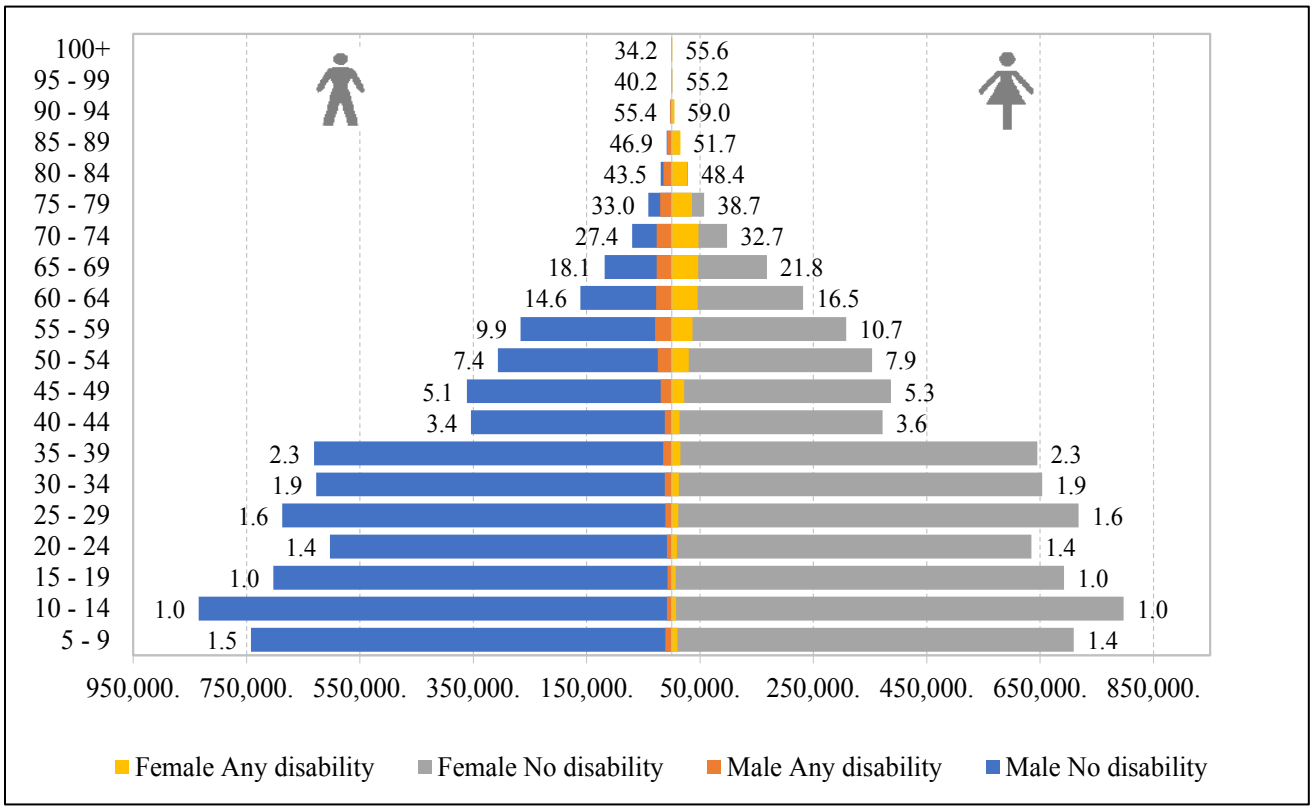


Source: National Institute of Statistics, GPCC 2019

The age and sex distribution of disability in Cambodia is closely related to the overall age distribution of the total population. Figure 4.7 shows the age pyramid from five years and above for the whole population, as well as the portion of each age category that is formed by persons with any type of disability. Next to each bar, the percentage of persons with disabilities (total of mild, moderate, severe) is given. Interestingly, with the strong reduction in the number of people in the age group 40 – 44, the pyramid illustrates the dramatic decline in fertility under the Khmer Rouge, with the crude birth rate dropping from a level of 40 per 1,000 in the 1960s to between 20 and 25 per 1,000 during the period 1975 – 1979 (Dasvarma & Neupert, 2002). At the same time of this decline, high levels of mortality due to violence, starvation and disease during the Khmer Rouge regime occurred. It can be assumed that many persons 40 years of age and over with disabilities may have gotten their functional limitations during this period. The census did not include a question on the cause of disability given the constraint of the number of questions. The 2010 DHS did report the causes of physical impairments and indicated that about 1.7 percent of the population had a physical impairment. The main causes of this were illness (34.1 percent), birth defects (19.8 percent), other accidents (19.4 percent), landmines (11.4 percent) and guns (5.1 percent) (National Institute of Statistics, 2011). Old age was not used as a cause of physical disability. The 2000 DHS also included physical impairment and its cause. Among the 1.6 percent of persons with a physical impairment, the most common causes were disease (36.9 percent) and birth defects (18.3 percent). Other causes included other (non-road) accidents (16.4 percent),

landmines (14.3 percent) and guns (11 percent) (National Institute of Statistics, 2001)[9]. In the 2019/2020 CSES, the cause of difficulty performing each functional domain was asked. A total of 18 different causes were discerned. Unfortunately, the percent distribution is not given for the group of persons with disabilities, but rather for the whole population. Results showed that about 0.1 percent of the population had a disability due to mines, unexploded ordnances or war injuries, 0.3 percent due to traffic or work accidents, 1.2 percent due to diseases, 2.3 percent because of old age and 0.4 percent because of congenital causes.

Figure 4.7 Population pyramid for persons five years and above, by disability, GPCC 2019



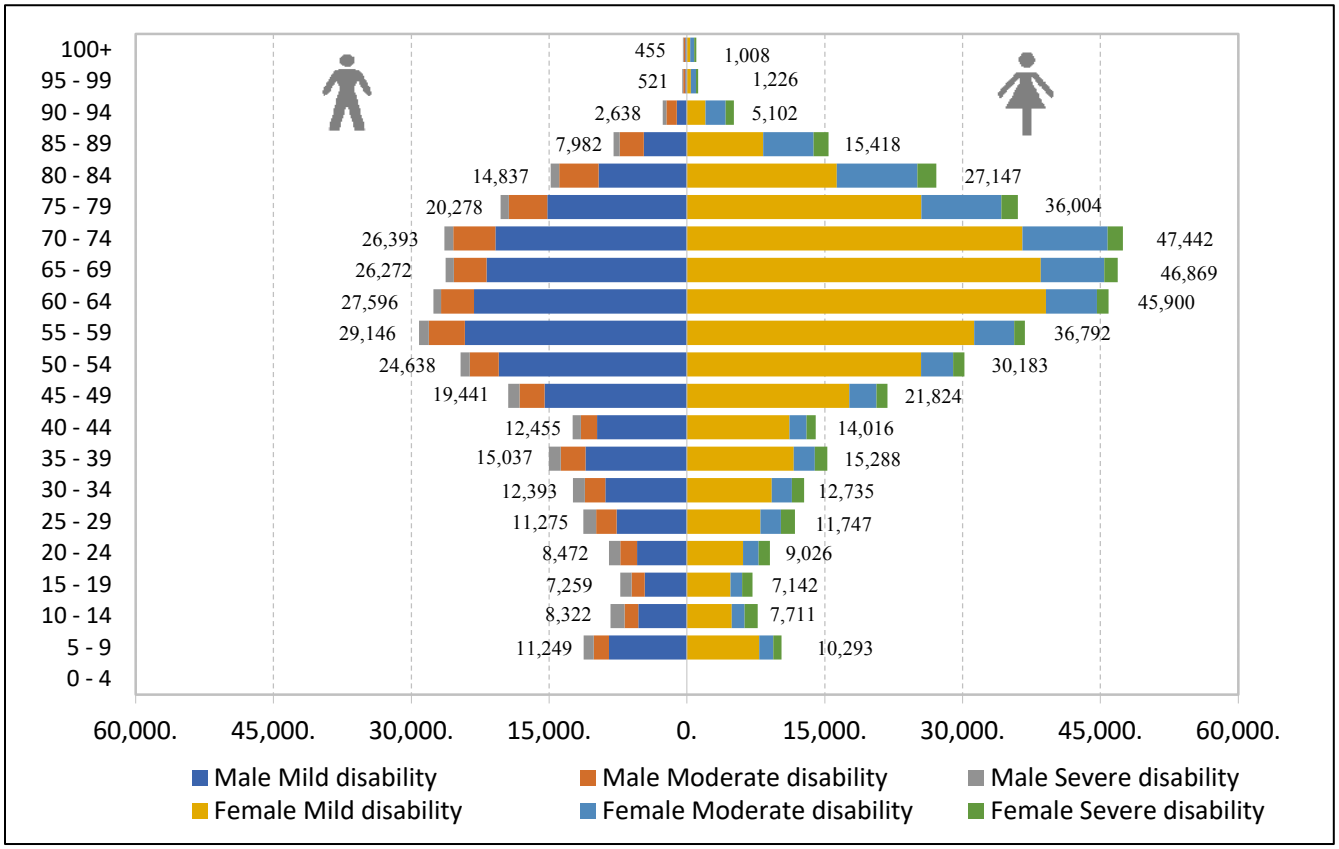
Source: National Institute of Statistics, GPCC 2019

Figure 4.8 depicts the population pyramid only for persons with disabilities, by degree of disability. The graph clearly shows that the population with a disability is predominantly situated in the age groups 50 and older and that significantly more women than men reportedly have a disability. To show the effect of age on the distribution of disabilities, the mean age of all persons older than 5 years was calculated by degree of disability. Persons with no disability above age 5 had a mean age of 27.9 years, while those with a mild disability were on average 56.4 years old. Those with a moderate and severe disability were aged 60.3 and 49.6 years, respectively. It is somewhat surprising that persons with a severe disability have a younger mean age than those with a mild or moderate disability. It is unclear what causes this, but it may be related to the missing cause

[9] It should be noted that neither the 2014 nor the 2010 DHS used the Washington Group questions. A simple question about impairment was asked: 'Is there any person who usually lives in your household who has any type of physical impairment?'. Another question was asked whether any person who usually lived in the household had a mental impairment. However, in the report no results for this question were reported.

of disability. Mild and moderate disability could be more often caused by old age, while severe disability could be due to other factors such as congenital causes or accidents. Then again, it could also be due to data issues. Further research is needed to explain this.

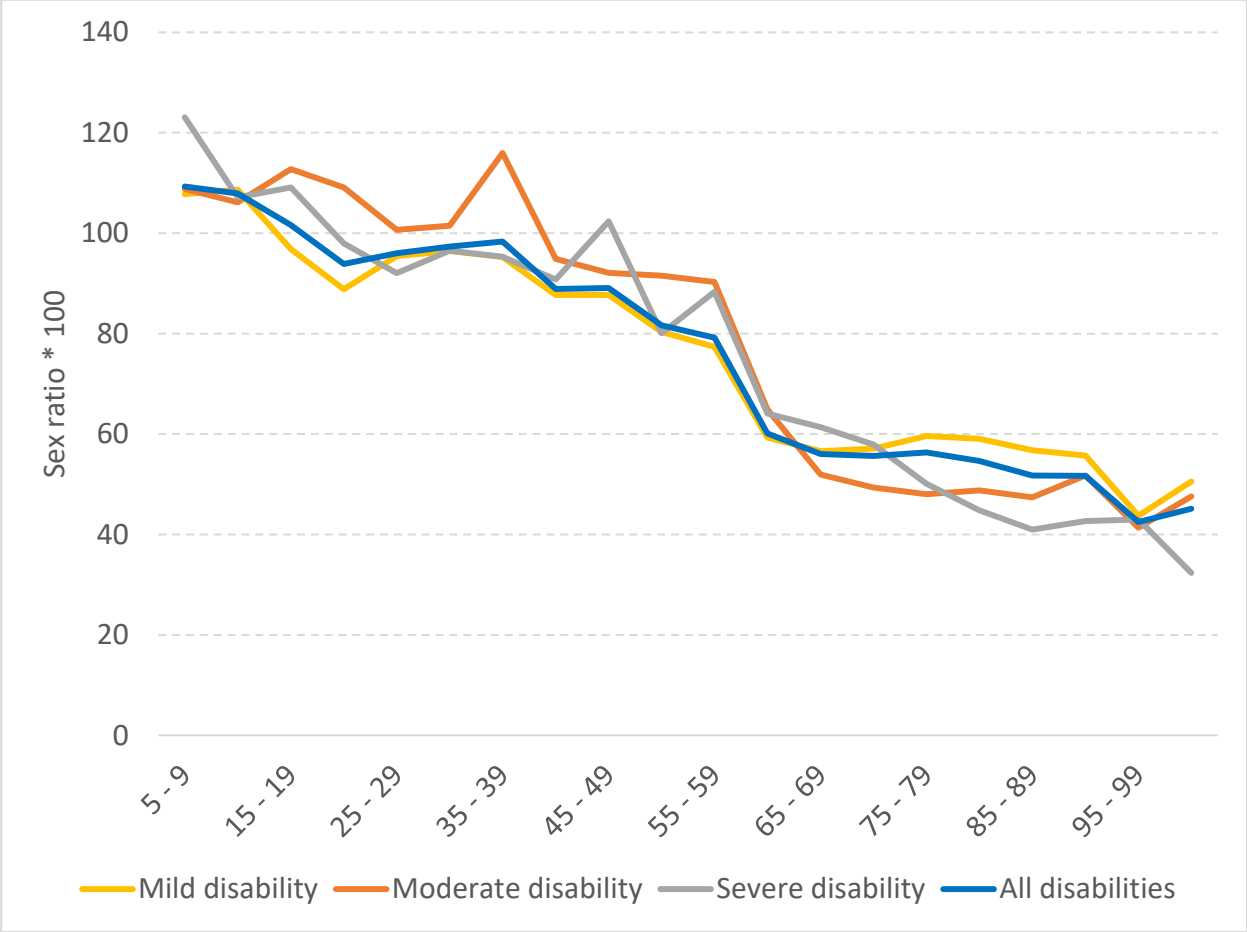
Figure 4.8 Population pyramid for persons five years and above with a disability, by degree of disability, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

Figure 4.9 shows the age-specific sex ratios of persons aged 5 years and above by mild, moderate or severe disability. At the younger ages (up until age 20), more men than women have a disability. After age 20, the sex ratio declines in a more or less linear manner and reaches approximately 40 percent at the oldest age groups. The age pattern of the sex ratios is somewhat different for moderate disabilities compared to the other two levels of disability. While the sex ratios for mild and severe disabilities drops below 100 percent at age twenty, for moderate disabilities this is only after age 40. It is unclear what causes this difference.

Figure 4.9 Age-specific sex ratios of persons five years and above, by 5-year age groups and degree of disability, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

4.4 Regional and urban rural differences

Place of residence may play an important role in the living conditions of persons with disabilities. For instance, the 2014 DHS showed that persons with disabilities who lived in urban areas were 7 percent more likely than those in rural areas to seek treatment for illnesses or injuries. The 'Health care utilization of persons with disabilities in Cambodia' report stated that this could be due to more persons in urban areas reporting illness or injuries and the higher proportion or private clinics and pharmacies available in those areas. Conversely, those with disabilities living in rural areas were five times more likely to use public health centers compared to those in urban areas. This is likely due to lower ability to pay and better affordability in rural areas (Kleinitz et al., 2012; in WHO, 2017).

According to the results from the 2019 GPCC, 6,1 million persons (39.4 percent) lived in urban areas and 9,4 million persons lived in rural areas. Table 4.2 shows the number of persons with disabilities by type of residence and degree of disability. Out of a total of 689,532 persons with disabilities recorded in the census, 34.7 percent lived in urban areas and 65.3 percent lived in rural areas. In the 2008 GPCC, a higher prevalence of disability was found in rural areas (1.5 percent) than in urban areas (1.1 percent) (National Institute of Statistics, 2009).

Table 4.2 Disability by degree, sex and type of residence, GPCC 2019

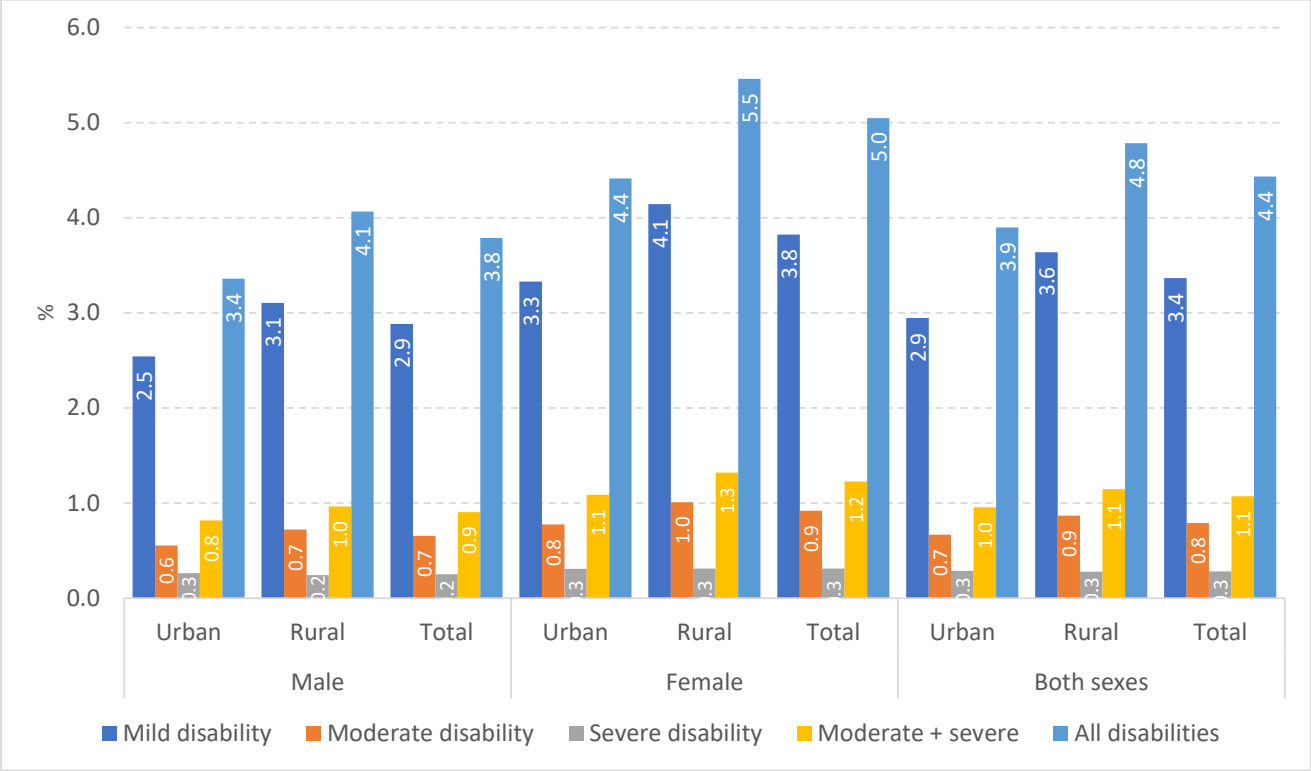
		Number of persons						
		No disability	Mild disability	Moderate disability	Severe disability	Moderate + severe	Total persons with disability	Total population
Male	Urban	2,892,841	76,058	16,555	7,885	24,440	100,498	2,993,339
	Rural	4,392,337	142,114	33,009	11,038	44,047	186,161	4,578,498
	Urb+Rur	7,285,178	218,172	49,564	18,923	68,487	286,659	7,571,837
Female	Urban	3,003,218	104,562	24,370	9,705	34,075	138,637	3,141,855
	Rural	4,574,283	200,428	48,791	15,017	63,808	264,236	4,838,519
	Urb+Rur	7,577,501	304,990	73,161	24,722	97,883	402,873	7,980,374
Total	Urban	5,896,059	180,620	40,925	17,590	58,515	239,135	6,135,194
	Rural	8,966,620	342,542	81,800	26,055	107,855	450,397	9,417,017
	Urb+Rur	14,862,679	523,162	122,725	43,645	166,370	689,532	15,552,211

Source: National Institute of Statistics, GPCC 2019

Figure 4.10 shows that for both females and males, the prevalence of disability is higher in rural than in urban areas and the prevalence of any degree disability is 4.8 percent in rural areas and 3.9 percent in urban areas. Both mild and moderate cases of disability have slightly higher prevalence in rural areas. The percentage of severe disabilities for males and females in urban and rural areas is around 0.3 percent. The WHO report on Disability (2011) shows that worldwide the prevalence of disabilities is higher in rural than in urban areas. There are several reasons why prevalence is higher in rural areas in Cambodia. First, the proportion of older persons is somewhat higher in rural than in urban areas: according to the 2019 GPCC, 10.3 percent of the population in urban areas was above age 60, against 11.9 percent in rural areas. Second, the fact that rural areas have higher health challenges, such as inadequate access to safe drinking water, lack of improved sanitation facilities, and lack of specialized health facilities and qualified physicians and midwives increases the chance that an injury or illness results in a lifelong disability. Third, as landmines are usually found in rural areas, rural residents more often fall victim to accidental detonation.

Large differences exist in the observed prevalence of disability between the various provinces of Cambodia. Figure 4.11 shows the overall prevalence of disabilities, as well as the combination of moderate and severe disability prevalence per province. This comparison assumes that the reporting on problems with doing one or more of the functional domains is independent from the province where one lives. In other words, the degree of non-response is the same across all provinces. It is unsure what causes the provincial differences, and to find out, one would need to conduct more in-depth research on the provincial data quality, availability of support services, exposure to risk factors, etc..

Figure 4.10 Percentage of persons with disabilities by degree of the disability, sex and type of residence, GPCC 2019

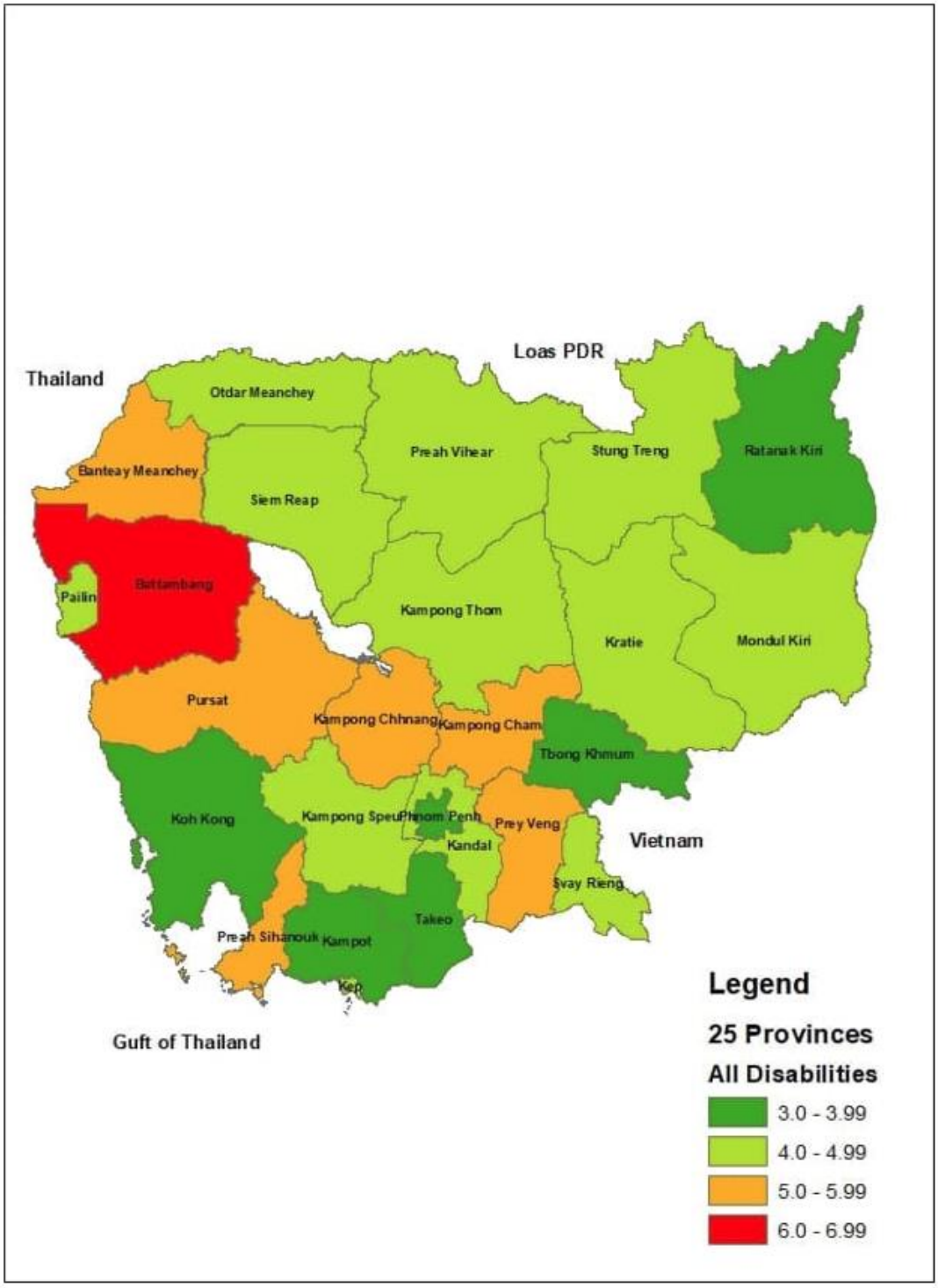


Source: National Institute of Statistics, GPCC 2019

Battambang has the highest percentage of persons with disabilities (6.2 percent), followed by Kampong Chhnang (5.8 percent) and Kampong Cham (5.6 percent). At 3.2 percent, Phnom Penh and Ratanak Kiri are the provinces with the lowest disability prevalence, almost twice as low as Kampong Chnang. The cause of this is unknown. No statistical relationship was found between the degree of urbanization in each province and its impact on the disability prevalence. Generally, there is a direct link between the prevalence of all disabilities and the prevalence of moderate/severe disability, but several provinces are an exception. The province of Preah Sihanouk has a moderate/severe disability rate of 3.0 percent, which is more than double the prevalence of the second highest provinces which have a prevalence of 1.4 percent (Battambang, Kampong Cham and Prey Veng). Another province that shows a distinct pattern is Kampong Chhnang which has a high prevalence for all disabilities (5.8 percent), but a rather low prevalence for moderate/severe disability (1.0 percent).

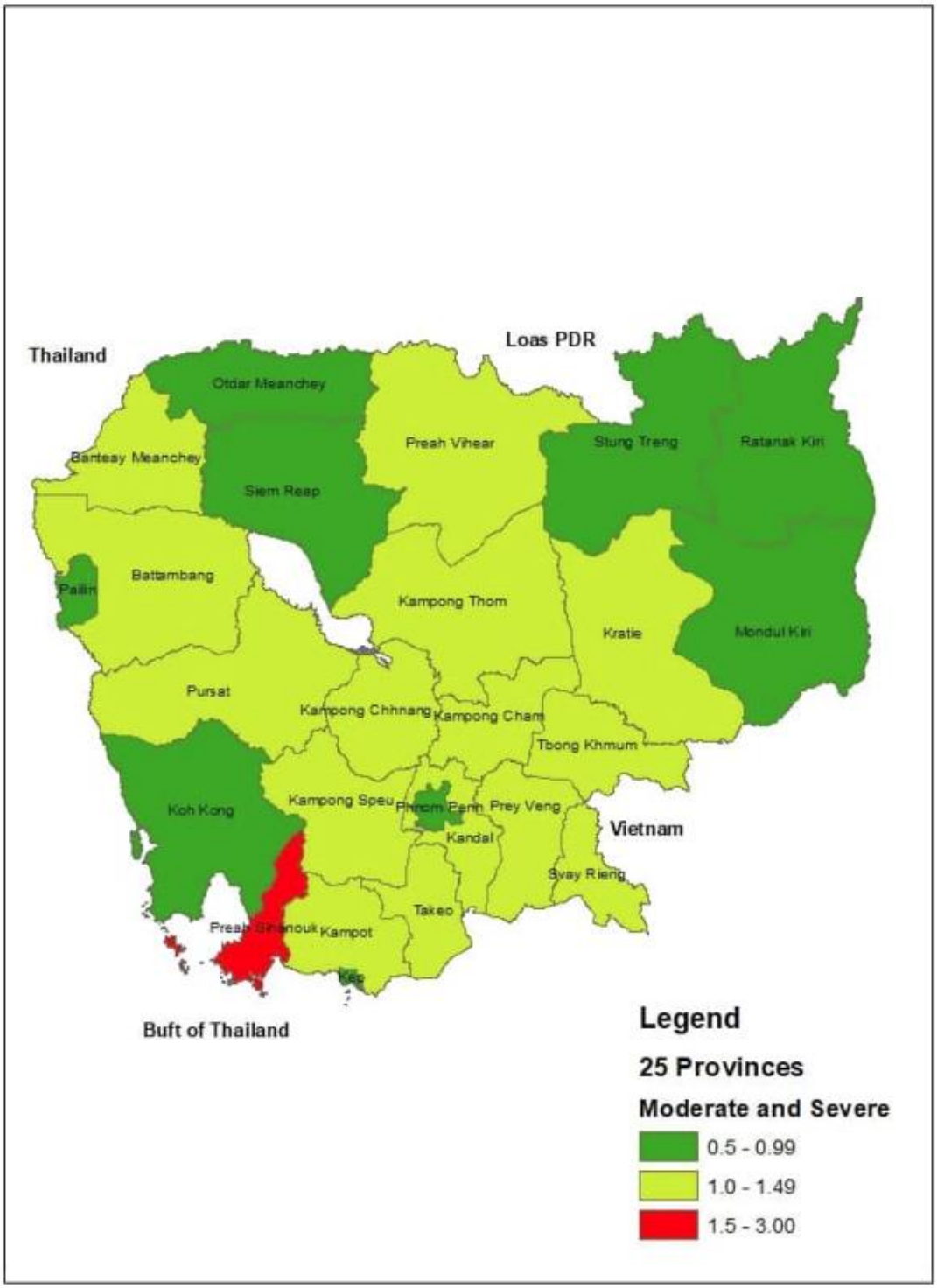
Figure 4. 11.a – b. Prevalence of disability by degree and province, GPCC 2019

A. All disabilities



Source: National Institute of Statistics, GPCC 2019

B. Moderate and severe disabilities



Source: National Institute of Statistics, GPCC 2019

CHAPTER 5: CHARACTERISTICS OF HOUSEHOLDS WITH A PERSON WITH A DISABILITY

Family support is a crucial and often a life-long necessity for those living with a disability. Whilst professional help and institutional assistance can provide much support, it can never be an alternative to the security, affection and loving care that can be provided by close family members. Adequate family support enables persons with disabilities to remain at home and promotes social and community integration. It is therefore crucial to study the characteristics of households which have persons with disabilities. The first part of this chapter presents the family composition of households in which persons with disabilities live, whilst the second part discusses marital status of persons with disabilities. As children often play an active role in the care of older persons with disabilities, the last section presents women with disabilities' fertility, as well as children present in the household of a person with a disability.

5.1 Composition of households with persons with disabilities

The 2019 GPCC counted a total of 3.43 million regular households. Given the total population size of 15.6 million, the average household size was 4.3 persons, down from 4.7 in the 2008 GPCC (National Institute of Statistics, 2020). As households often act as the main support system for persons with disabilities, it is important to know the number of households containing persons with disabilities. The emphasis in this analysis is on the number of households which have persons

Table 5.1 Number of regular households by number of persons with moderate or severe disability living in the household, GPCC 2019

Number of persons with disability in the household	No. of households	Percentage
0	3,415,415	96.13
1	120,489	3.39
2	15,314	0.43
3	1,207	0.03
4	284	0.01
5	99	0.00
6	45	0.00
7	24	0.00
8	10	0.00
9	3	0.00
10+	131	0.00
	3,553,021	100.00

Source: National Institute of Statistics, GPCC 2019

with a moderate or severe disability. In total, among all regular households, 137,606 had a member with either a moderate or severe disability, which amounts to 3.4 percent of all

households. Table 5.1 shows the number of households by the number (and percentage) of members with a moderate or severe disability. The largest group consisted of those with only one member with a disability (120,489 households), representing 3.39 percent of all households and 0.43 percent of households had two members with a disability (15,314 households). The number of households with more than 2 members with a disability was quite small. There were 131 regular households which indicated they had more than 10 persons with disabilities.

Among all 689,532 persons five years of age and older who were living with a disability, 14,899 live in an institutional household (Table 5.2). This constitutes 2.2 percent of all persons with disabilities. The vast majority of persons with disabilities still live in regular households. The census recorded 8,028 persons as homeless. Among them, only 394 were recorded as having any type of disability, which is 4.9 percent of all homeless people. The transient population in the census consists of people who were found in the following conditions on the night the census took place: (i) persons who were in airports, railway stations, bus stands, harbors, ferries and in carts (as travelers) (ii) nomadic population who camped in a village (iii) persons who were on ships in the Cambodian territorial waters and (iv) persons who were at international border posts. Among the 47,117 enumerated transient people, 2,003 indicated they had a disability, which is 4.3 percent of the total transient population. Among persons on boats, 117 were recorded as having a disability, totaling 3.0 percent.

Table 5.2 Number of persons five years of age and older by type of household they reside in, by sex and degree of disability, 2019 GPCC

	No disability			Mild disability			Moderate disability			Severe disability			Total
	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	
Normal or Regular Household	7,064,946	7,447,446	14,512,392	213,610	301,642	515,252	46,995	70,337	117,332	16,902	22,633	39,535	15,184,511
Institutional Household	188,948	104,795	293,743	3,651	2,320	5,971	2,355	2,605	4,960	1,956	2,012	3,968	308,642
Homeless Household	3,947	3,687	7,634	151	165	316	31	28	59	11	8	19	8,028
Boat Population	1,956	1,840	3,796	45	48	93	9	7	16	5	3	8	3,913
Transient Population	25,381	19,733	45,114	715	815	1,530	174	184	358	49	66	115	47,117
Not stated	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	7,285,178	7,577,501	14,862,679	218,172	304,990	523,162	49,564	73,161	122,725	18,923	24,722	43,645	15,552,211
	Percentage distribution												
Normal or Regular Household	97.0	98.3	97.6	97.9	98.9	98.5	94.8	96.1	95.6	89.3	91.6	90.6	97.6
Institutional Household	2.6	1.4	2.0	1.7	0.8	1.1	4.8	3.6	4.0	10.3	8.1	9.1	2.0
Homeless Household	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.1	0.0	0.0	0.1
Boat Population	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Transient Population	0.3	0.3	0.3	0.3	0.3	0.3	0.4	0.3	0.3	0.3	0.3	0.3	0.3
Not stated	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

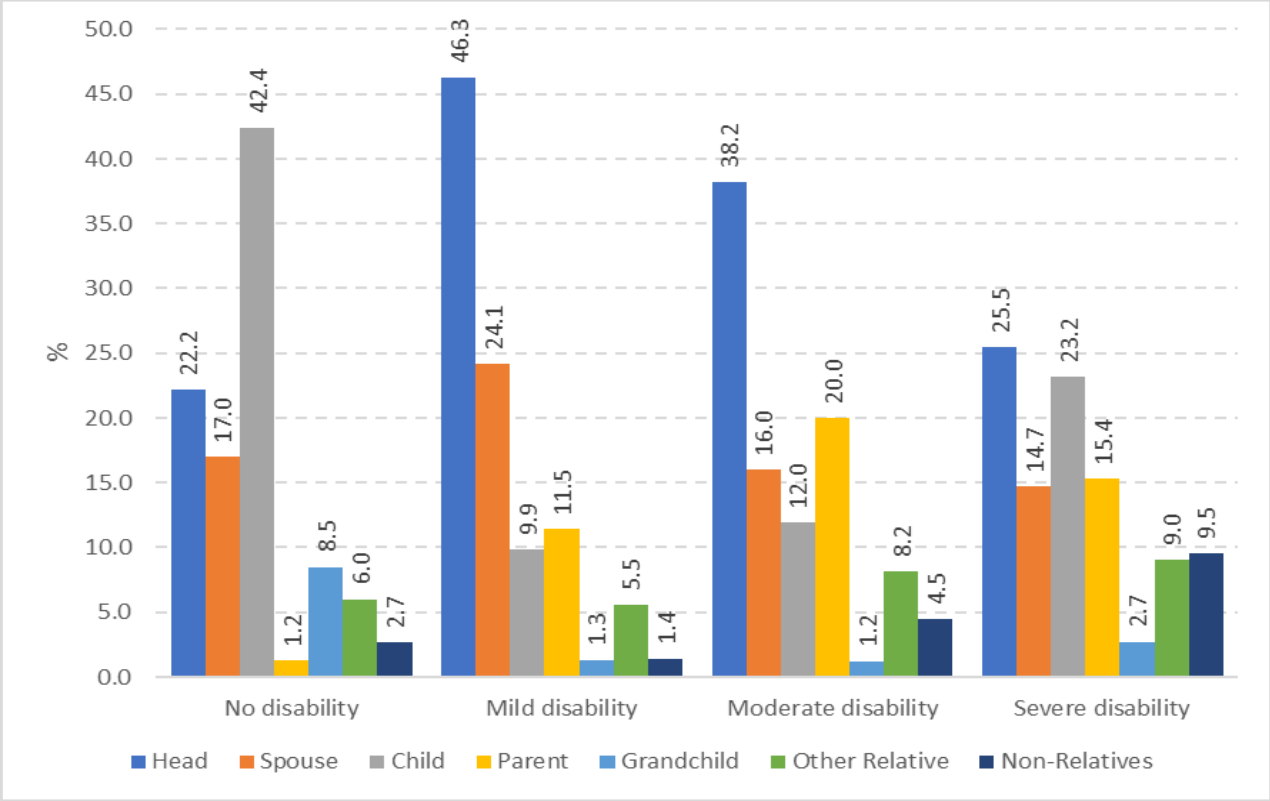
Source: National Institute of Statistics, GPCC 2019

In the census, the type of household is determined on the basis of each member's relationship to the head of household.[10] Figure 5.1 shows the relationship of all persons in the population to the head of household, by degree of disability. For each of the four disability groups, their

[10] According to the census definitions: 'For census purposes the head of household is a person who is recognized as such by the household members. He or she is generally the person who bears the chief responsibility for the management of the household and takes decisions on behalf of the household. The head of household need not necessarily be the oldest member. The head of household can be male or female' (National Institute of Statistics, 2020, p. 142).

relationship to the head of household is plotted. Of all persons without any disability, 22.2 percent are the head of household, 17.0 percent are the spouse of the head and 42.4 percent are a child of the head. Among persons belonging to all three disability degrees, the percentage of persons who are the head of household is higher than for those with no disability. Of the persons who have a mild disability, 46.3 percent are the head. For persons with a moderate or severe disability, this is 38.2 and 25.5 percent, respectively. These higher rates are not surprising as having both a disability and being the head of a household are closely related to an older age.

Figure 5.1 Percentage of persons by degree of disability and their relationship to the head of household or lead person in an institution, GPCC 2019



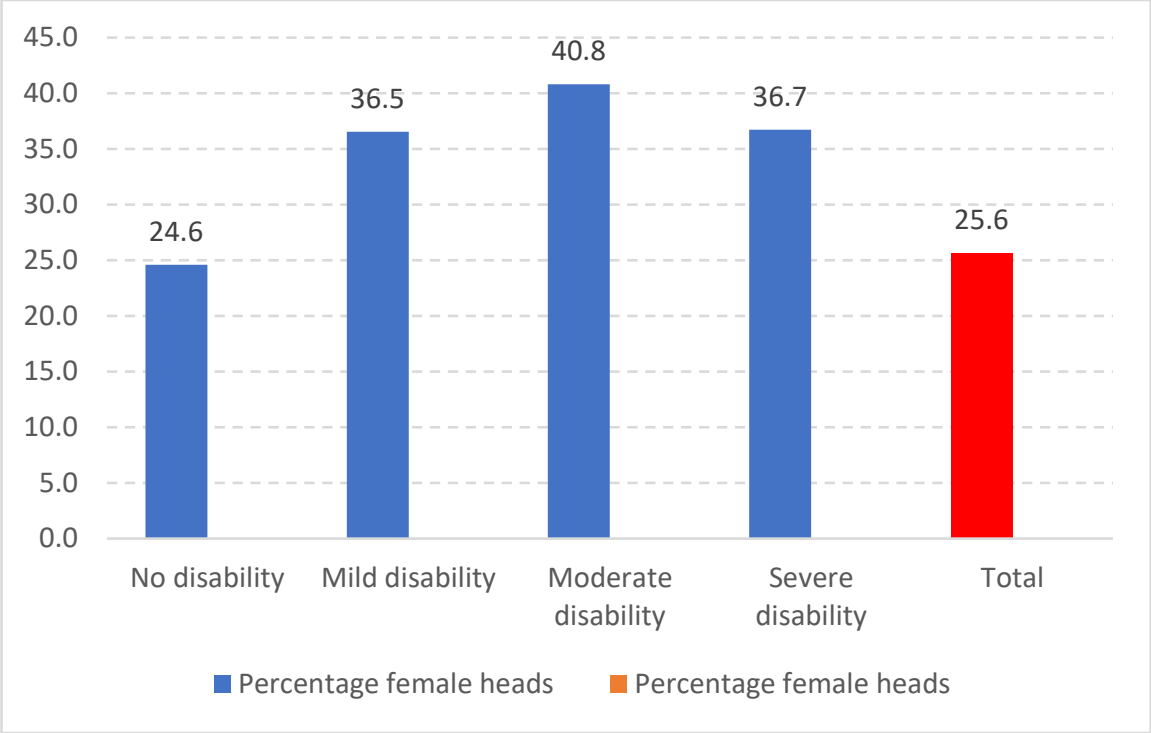
Source: National Institute of Statistics, GPCC 2019

Another observation is that the percentage of persons with disabilities who were recorded as a child of the head of household, is much higher for persons with a severe disability, compared to those with a mild or moderate disability. This could be because persons with disabilities may stay at home at a much higher rate when they grow up than those with mild or moderate disabilities and remain at their parents' place at a more advanced age. While only a small portion of parents without a disability live in the household of one (or more) of their children (1.2 percent), this is certainly not the case for parents with a disability. This could indicate that, normally, parents live on their own, but in case they become disabled, they become part of their child's household.

Among all 3,594,031 households in Cambodia, 25.6 percent are headed by women (Figure 5.2). Household headship is different for the various degrees of disability. Among heads of household who do not have a disability, 24.6 percent are women. If the head of the household has a mild disability, 36.5 percent are women. The percentage of women is highest among the group of

household heads with a moderate disability: 40.8 percent of heads with a moderate disability are women; among heads with a severe disability this is 36.7 percent. Also in this case age plays an important role, as women with a disability tend to be older than the rest. In the census a higher proportion of older women, compared to younger women are head of the household.

Figure 5.2 Percentage of female heads by degree of disability, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

It is important to understand the types of households that persons with disabilities reside in, because often they fully depend on other persons in the household for daily assistance. The following types of households were discerned[11]:

- One-person household
- Nuclear household: husband and wife, no children
- Nuclear household: husband and wife with children
- Nuclear household: one parent and children
- Extended household
- Composite Household
- Institutional household, non-conventional household
- Household, type not clear

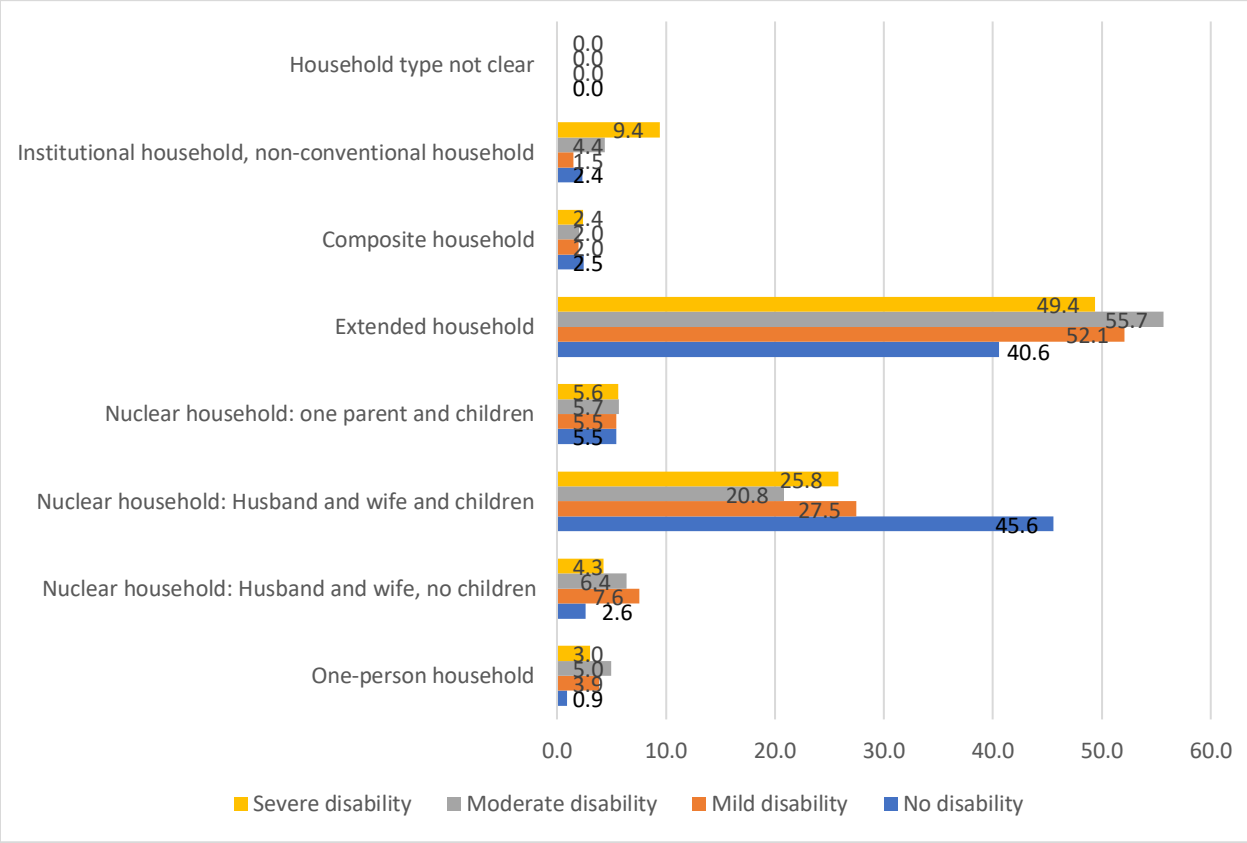
The last category is a residual category. It is comprised of households that contain inconsistent information, which made it impossible to determine the household type. The difference between an extended and composite household is that both contain other members than those strictly

[11] The definition of the different household types is explained in the Glossary of terms and definitions at the end of this report.

belonging to a family nucleus. In an extended household, all members are related, while in a composite household they are not (UN, 2017).

More than half of all persons with disabilities live in extended households. While 40.6 percent of all persons without a disability live in extended households, this percentage is 52.1, 55.7 and 49.4 percent for persons with a mild, moderate and severe disability (Figure 5.3). These figures indicate that family members with a disability still commonly live within the household of close family members. persons with disabilities. No substantial differences between rural and urban areas were found in terms of percentage living in extended households. For persons without a disability, this is the most frequent form of living together (45.6 percent of all persons). Persons with disabilities who live alone (one-person households) can be particularly vulnerable, highlighting the need to particularly target this population with social care services. Five percent of persons with a moderate disability and three percent of persons with a severe disability live on their own. About ten percent of all persons with a severe disability live in an institutional household. Unfortunately, it cannot be determined how many of these persons were living in special care institutions, as this was not asked in the census.

Figure 5.3 Percentage of persons by degree of disability and type of household, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

5.2 Marital status

According to article five of the 1989 'Law on the Marriage and Family', marriage for men is allowed from the age of 20 years and for women from the age of 18. If one or both of the partners are not of legal age and the woman is pregnant, they may marry upon consent of parents or

guardians. Marrying at a too young age or by force is prohibited (National Assembly of the State of Cambodia, 1989).

In recent years, the position of the international community has drastically changed with regards to the rights and protection of persons with disabilities to marry and be a parent. In 1994, at its 48th session, the UN General Assembly adopted a set of 'Standard Rules on the Equalization of Opportunities for Persons with Disabilities'. Section two of the 9th rule clearly states the position of the international community towards disability and marriage/parenthood (UN, 1994). These persons should not be denied the experience of their sexuality or being in a sexual relationship, nor being a parent. Therefore, States should offer appropriate counselling to these persons, as they may experience more difficulty in starting a family or marrying. Finally, the rules state that there should be equal access to SRHR information and services. (UN, 1994). The CRPD further built on these Standard Rules and in article 23 asserts that states should work towards eliminating discrimination related to marriage, family, relationships and being a parent for persons with disabilities (UN, 2006). Regarding the implementation of these agreements, it is important to look at whether – or to what extent – these commitments related to relationships, parenthood and marriage are being fulfilled.

Traditionally, marriage in Cambodia needs approval from both sides of the family. The woman is not allowed to choose her husband and must wait for a man's marriage proposal or his family to request a marriage. Gartrell and Becker (2017) examined sexual and reproductive health aspects of women with a disability in Cambodia. Through in-depth interviews and a focus group discussion they collected in-depth information from 33 women with disabilities in Kampot province. The study revealed that women with disabilities often wait for a man's proposal, though feel much less capable of being an attractive, desirable woman who can reproduce and be a mother. According to Gartrell, Baesel & Becker (2017), they "did not feel attractive and confident because of gender and disability specific social norms" (p. 35) and "were perceived as a burden by the families of potential spouses" (p. 36). They are often seen as unbefitting as marital partners or parents and can be considered gender neutral or even entirely asexual human beings (McCallum, 2020). In addition, women with disabilities are easy targets for abuse. The study by Astbury and Walji (2013) showed that women with disabilities in Cambodia showed similar levels of partner violence than women without disabilities. However, significantly higher levels of emotional, physical and sexual violence by household members other than partners were observed.

Figures 5.4.a and 5.4.b depict the age-specific percentages of men and women who are married by the degree of disability. Both graphs show that the percentage of people married for each five-year age group is quite similar for persons with no disability and those with a mild disability. After age 30, persons with a mild disability have a slightly lower percentage of being married. The discrepancy between both groups increases somewhat at older age groups. The percentage of women and men who are married is considerably lower for those with a moderate or severe disability. For instance, in age group 45-49 years, 52.4 percent of men with a severe disability are married against 93.5 percent of those with no disability. For women, the corresponding percentages are 54.4 and 85.2. The marriage percentages for persons with a moderate disability

are slightly above those of persons with a severe disability, but still well below those with mild disabilities or no disabilities.

Note that at older ages (65 and older), the four different disability groups (no disability, mild, moderate and severe) converge. This could be because many older persons may have become disabled at an older age and may have been married for many years. For all older age groups, the percentages for women are lower than for men. This is related to the higher life expectancy of women compared to men (76.8 years for females, against 74.3 year for men), but also due to the

Figure 5.4 a Age-specific percentages of male persons married by five-year age groups and degree of disability, GPCC 2019

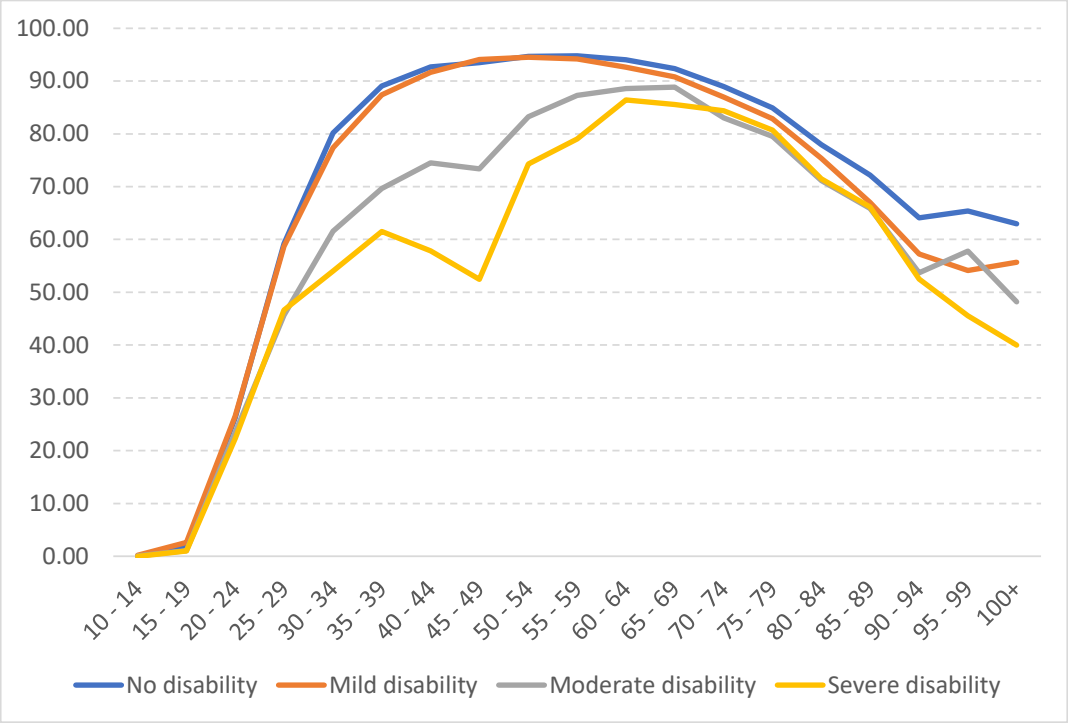
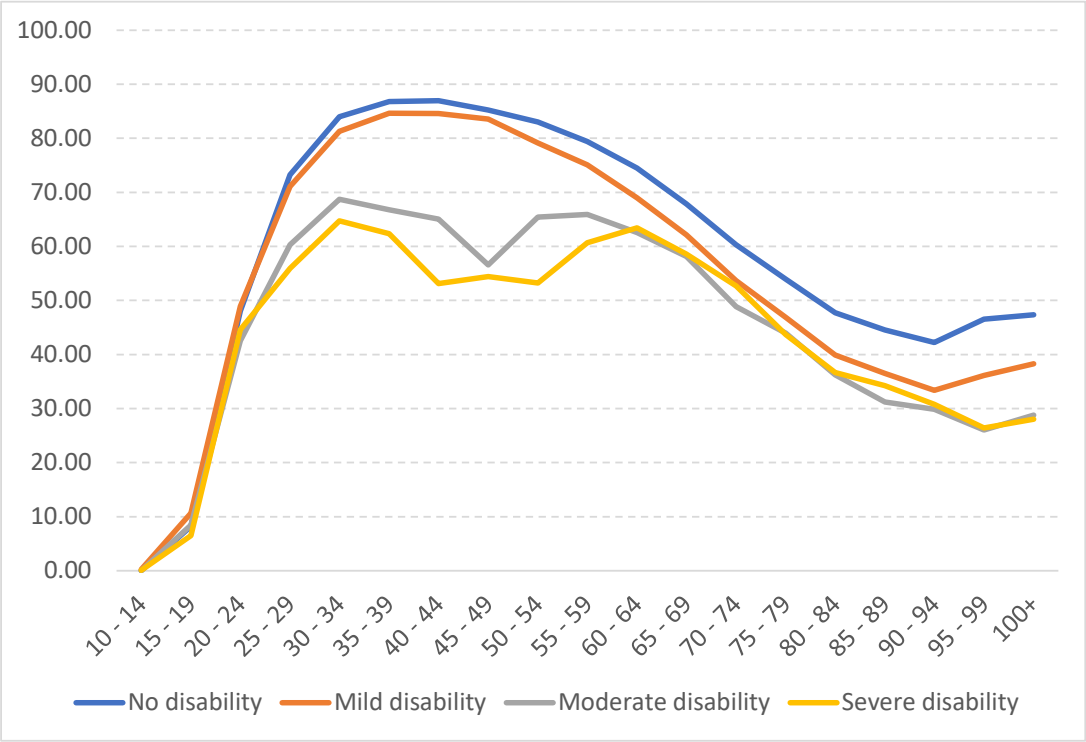


Figure 5.4.b Age-specific percentages of female persons married by five-year age groups and degree of disability, GPCC 2019



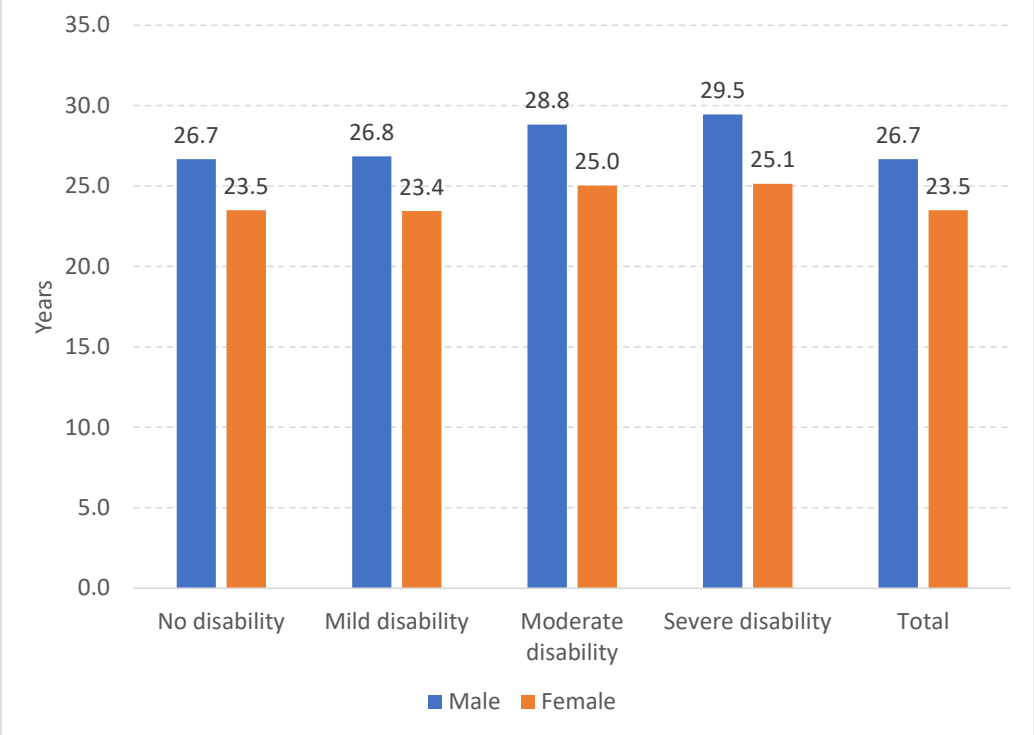
Source: National Institute of Statistics, GPCC 2019

difference in mean age at first marriage, which is 27.0 years for males and 24.0 years for females (National Institute of Statistics, Ministry of Planning, 2020).

The chances of persons with disabilities to get married are lower for both males and females. The age at first marriage also increases by the degree of disability. The singulate mean age at marriage (SMAM)[12] by sex and degree of disability is depicted in Figure 5.5. Little difference exists between the SMAM for persons with no disabilities and those with mild disabilities. For men, the SMAM for those with a moderate disability is 28.8 years which is about two years higher than for those with a mild disability. Men with a severe disability marry at an average age of 29.5 years. This is about three years later than men without a disability.

[12] SMAM stands for the average length of never married life for those who subsequently marry before age 50 and is calculated from the proportions never married in five-year age groups from a census or survey (Hajnal (1953).

Figure 5.5 Singulate mean age at marriage (SMAM) by sex and degree of disability GPCC 2019



Source: National Institute of Statistics, GPCC 2019

Among women, the differences in age at first marriage are slightly less distinct. While the average age at first marriage for women with no disability was 23.5 years, it was 25.0 years for women with a moderate disability and 25.1 years for women with a more severe disability. In order to examine the net differentials in marriage formation between persons with disabilities and others, it is important to control for other intervening factors, such as educational level, sex and regional distribution, by applying multivariate statistical techniques. As the dependent variable (never married against ever married) is a dichotomy a logistic regression has to be used.

In a logistic regression, the regression coefficients are the natural logarithms of the odds for a person in the chosen age group of 30 – 34 years to be married at the time of the census. The natural exponential (e^b) of the regression coefficient (b) is calculated and measures the odds ratio of being married for a person in the specific category, compared to a person in the reference category. The odds ratio is the chance of being married versus not being married. For instance, if 'male' is the reference category for the variable sex and the natural exponential of the regression coefficient is .7, then this means that the odds of a woman to be married is only 70 percent compared to the odds of a man to be married. For a better understanding of the net effects of each of the explanatory variables on the chances of a person aged 30 – 34 years old to be married, the odds ratios are presented graphically (see figure 5.6). As the census deals with the total population, no levels of significance need to be presented. In the graph, the reference category for each explanatory variable is presented in green and has a value of 1.00. An odds ratio higher than 1 means that a person belonging to that particular category has higher odds of never been married than a person belonging to the reference category, while a person belonging to a category with a value lower than 1 has lower odds of never been married.

In Cambodia, a sizeable number of people are married by the time they turn 30 years old[13]. Therefore, for persons in the age group 30 – 34 years old, an analysis was set up to look at whether persons in this age group are married or not. This marital status is then used as the dependent variable and made a function of several explanatory variables, such as the degree of disability (no, mild, moderate, severe) and other control variables. As the dependent variable is a dichotomy (never versus ever married), a logistic regression was used.[14] After extensive testing, the following explanatory variables were introduced in the equation: province, educational attainment, employment status, degree of disability, sex and wealth index. The wealth index was specifically created by the authors of this report and the same methodology was applied as in the DHS (Rutstein, 2008). An explanation of the wealth index calculation is provided in Annex 2.

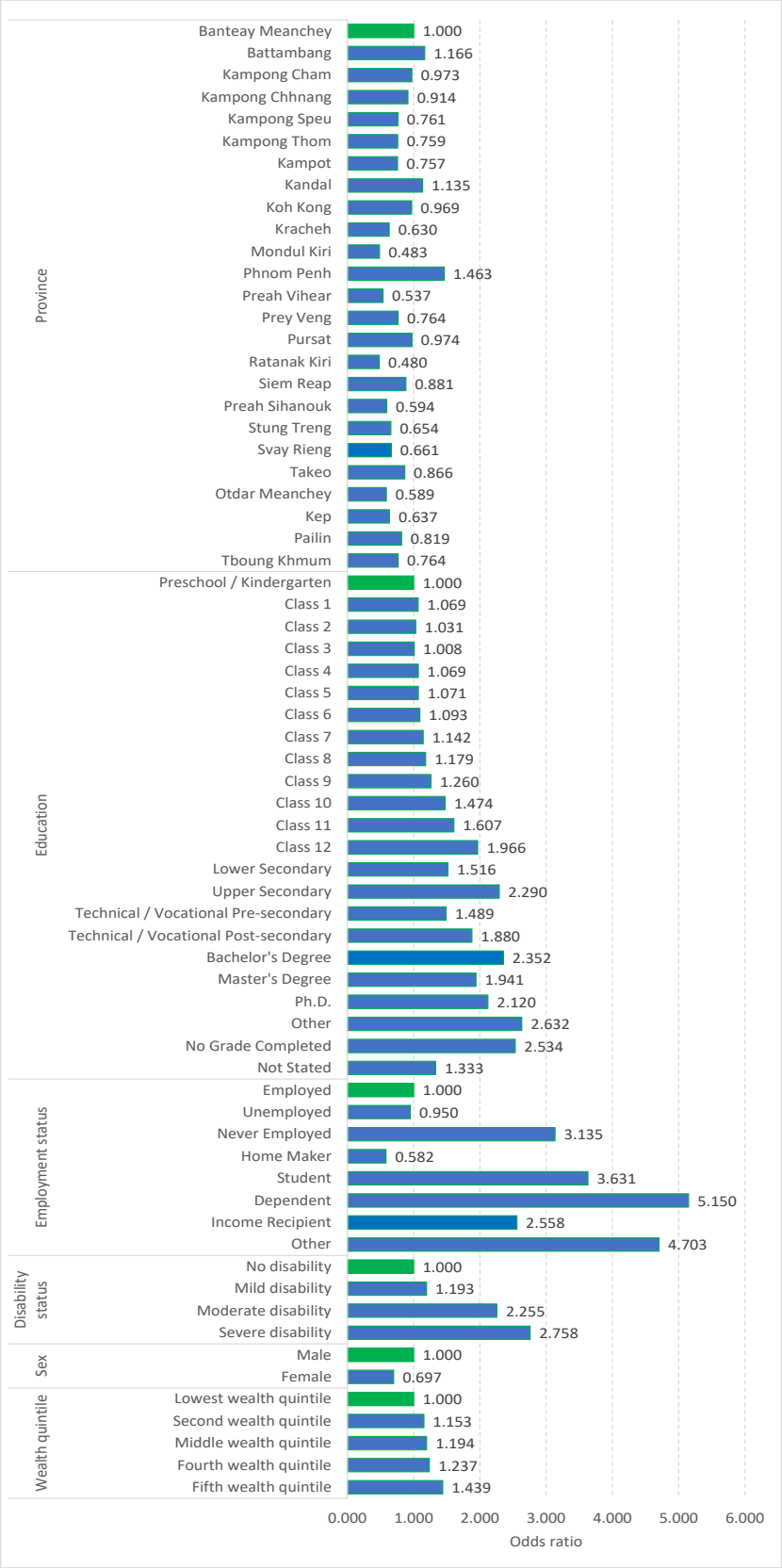
Figure 5.6 shows large differences in the chances of being married between the various regional, socio-economic and disability subgroups. The logistic regression looks simultaneously at both general and disability characteristics. We first briefly discuss more general characteristics and the differences between the degrees of disability.

In general, women marry at a younger age than men, their odds of being unmarried between 30 and 34 is smaller than for males (odds ratio = .697). The analysis shows large regional differences in the chance of never being married between ages 30 and 34. Living in Phnom Penh gives people a higher chance of never been married. Ratanak Kiri is the province with the lowest odds of not being married. In this province, a person's odds are more than twice as small as in Banteay Meanchey (the reference category) to be unmarried between age 30 and 34. A clear trend exists with education, where persons with a higher education are more likely to be unmarried. Unsurprisingly, the odds of being unmarried are higher for persons with higher education, persons who are never employed and dependents. The analysis also shows that the odds of being unmarried between ages 30 and 34 become greater when wealth increases.

[13] According to the 2019 census report (2020), 17.9 percent of men and 12.2 percent of women were still never-married in the age-group 30 – 34 (p. 38).

[14] An introduction to logistic regression can be found at: http://data.princeton.edu/wws509/notes/c3.pdf

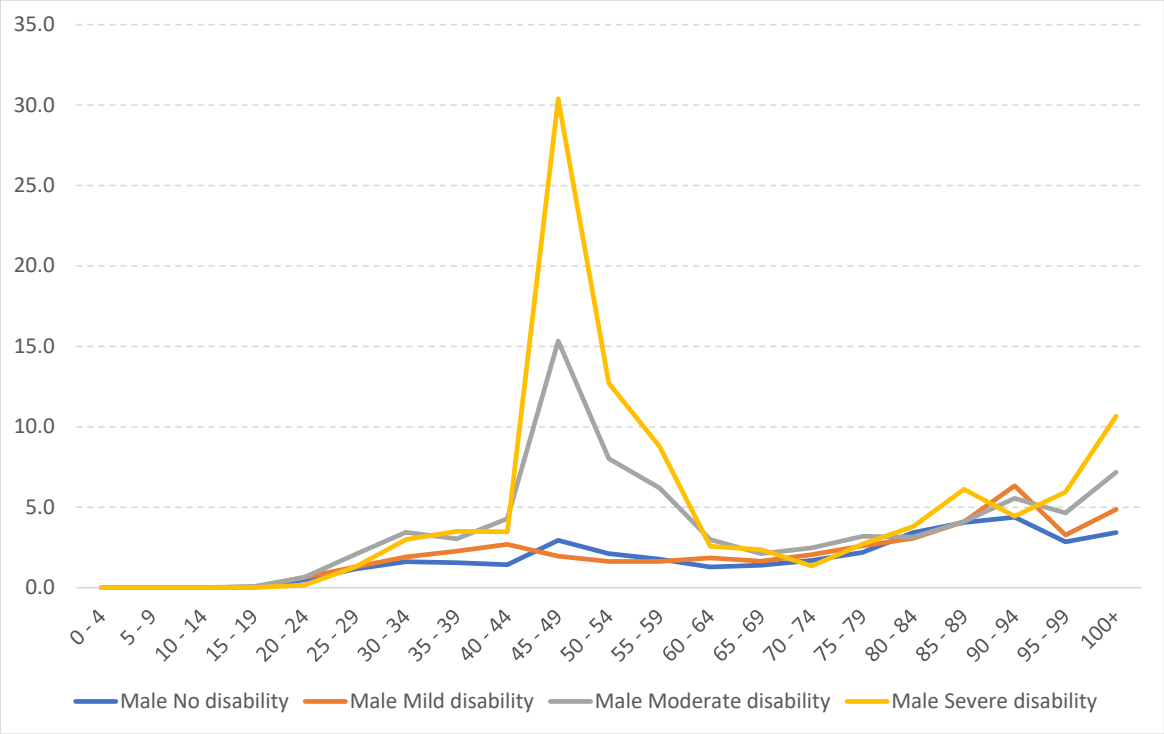
Figure 5.6 Logistic regression coefficients for never being married between age 30-34



A person's odds of being unmarried between ages 30 and 34 is almost 24 percent higher if he/she belongs to the fourth wealth quintile and about 44 percent higher if he/she belongs to the highest wealth quintile. Figure 5.6 clearly shows the net effect of degree of disability on a person's chances of getting married. In this case, persons with no disabilities were the reference category. After controlling for other explanatory variables, a person with a mild disability has 19.3 percent higher odds of being unmarried between ages 30 – 34 than women of the same age with no disability. More severe disabilities strongly increase one's odds to be unmarried: a person with a moderate disability has 2.26 higher odds of not being married between ages 30 and 34 than a person with no disabilities, while the odds is 2.76 times higher if the person has a more severe disability.

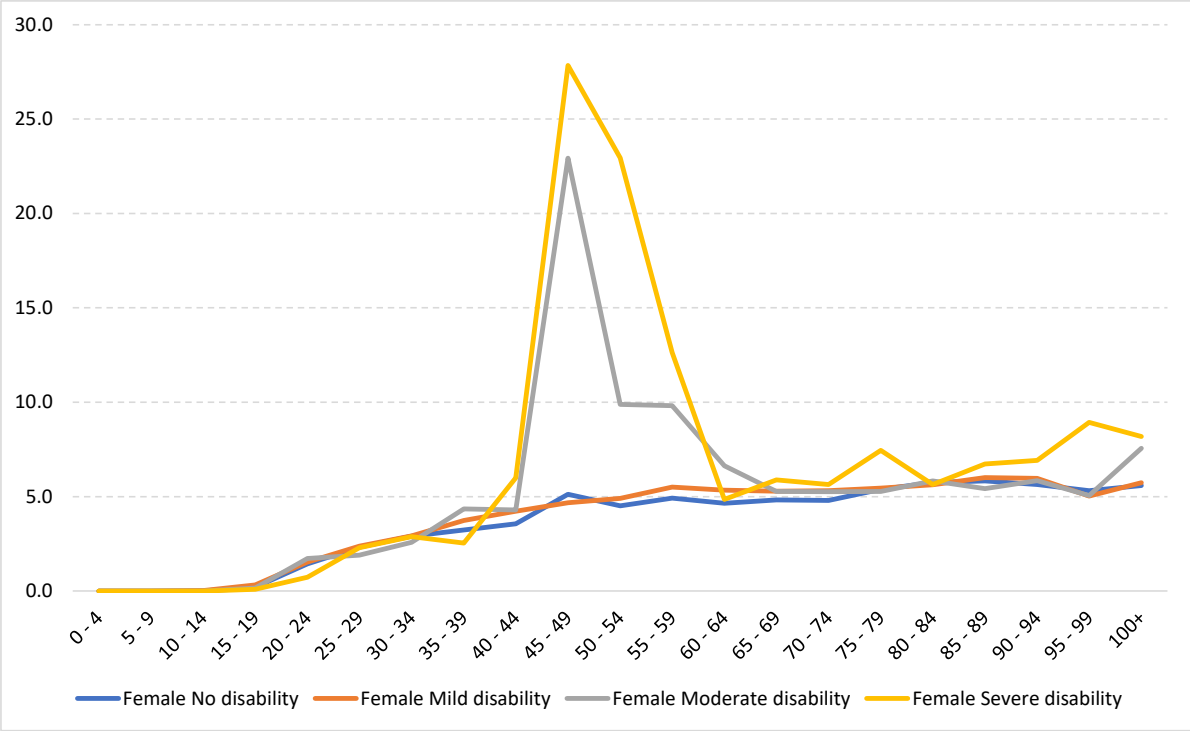
Disability is not only related to the formation of marriage, but it also seems to be closely linked to the dissolution of marriage. Figures 5.7.a and 5.7.b show the percentages of men and women who are divorced or separated by degree of disability. Both graphs show a similar pattern. Before age 40, the percentages for all four disability categories are quite similar, with slightly higher rates for men that have a moderate or severe disability. After age 40, the percentage of men with a moderate or severe disability who have experienced a divorce or separation increases drastically. The percentages in age group 45 – 49 are highest: 15.3 percent of men with a moderate disability and 30.4 percent with a severe disability were either separated or divorced. Among women, these percentages were 22.9 and 27.8, respectively. The higher percentages of divorce and separation among males and females with moderate and severe disability disappears at around age 60. After that age, the percentages divorced and separated are about the same for each degree of disability, hovering around 5 percent for women and lower levels for men. Why the higher percentages are limited to ages 40 to 60 and not present for younger and older ages is unclear. The graph could suggest that in earlier days, disability was not as much a cause for divorce as it currently is. Strictly speaking, the graphs do not prove that disability is a cause of divorce, because age and marital status are captured at the time of the census, while it is not known when exactly divorce or separation occurred, and it is not known what the disability status of the person was at the time of the divorce/separation. However, it is interesting that the spike in divorce is occurring at the same time as when the chances of having a disability start to spike. As such, the relationship shown in the graphs between divorce/separation and disability are indicative that there is causality, though further investigation is needed.

Figure 5.7.a Percentage of men who are divorced or separated by age and degree of disability, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

Figure 5.7b Percentage of women who are divorced or separated by age and degree of disability, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

5.3 Fertility

Human fertility is driven by the desire and ability to have children. Whilst women with disabilities within the reproductive age groups usually continue to be fertile and able to become pregnant, a disability may add additional challenges to pregnancy, childbirth and childrearing. Both for men and women, certain types of disabilities may make it hard, if not impossible to have children. In other cases, the ability to manage child rearing may be a challenge without assistance from other persons in the household or from other persons.

A population and housing census can generate crucial data for the formulation and evaluation of policies to overcome such challenges. It can not only provide valuable information on fertility, but also on the characteristics of pregnancy and childbirth. The Total Fertility Rate (TFR) is commonly used as an indicator to describe the fertility of a population. It is equal to the average number of children that a woman would give birth to if she lived to the end of her childbearing years (usually taken as 50) and bore children according to the specific schedule of age-specific fertility rates for that particular year. The TFR is based on the number of live births per woman.[15] The 2019 census used indirect estimation methods to calculate the TFR. Women gave birth to an average of 2.5 children in 2019. Fertility in rural areas was somewhat higher (2.8 children) than in urban areas (2.2 children). The fact that the unadjusted TFR, which is only based on the reported number of children born in the period of 12 months before the census, is only 1.7 children per woman, clearly shows an under-reporting of children born in the 12 months before the census enumeration (National Institute of Statistics, Ministry of Planning, 2020). Note that a similar under-reporting also took place in the 2008 population census (National Institute of Statistics, Ministry of Planning, 2009).

The main purpose of the analysis was to look at the differentials between the level of fertility between women according to their degree of disability. To do this, using indirect estimation techniques is less suitable, as the number of children ever born among women with a disability is small. Therefore, only a direct, unadjusted calculation of the age-specific fertility rates and the TFR was made for each of the sub-categories and estimates were compared. It should be noted that the reported levels of fertility are an underestimation of the real levels, because of the underreporting of births in the 12 months before the census.

Table 5.3.a. shows the number of children born to the group of women with a disability. Among women with a moderate disability, only 493 children were reported to be born during the 12 months before the census, for women with a more severe disability this was 291. The low number of children may be influenced by the underreporting of disability among women of childbearing ages. While the observed TFR for women with no disability was 1.7; it was 1.32 and 1.28 children per woman for those with a moderate and severe disability. Compared to women with no disability, the reported TFR for women with moderate and severe disability is 21.2 and 23.7 percent lower. There is almost no difference in fertility levels between women with a mild

[15] A live birth '"refers to the complete expulsion (delivery) or extraction from its mother of a product of conception (baby), irrespective of the duration of pregnancy. The baby after such separation breathes or shows other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Each product of such birth is considered as live birth." (National Institute of Statistics, Ministry of Planning, 2020, p.142).

disability and no disability. The lower TFR for women with moderate and severe disabilities is closely linked to the lower marriage percentage of women with moderate or severe disabilities.

Figure 5.8 suggests that the age-pattern of fertility is somewhat different for women with a severe disability, compared to women in the other three degrees of disability. The peak of the fertility schedule for women with a severe disability is in the age group 30 – 34 years, while among women with another degree of disability it is in the age group 25 – 29 years. However, as the number of children born to women with a severe disability is very small, this could be due to small sample variability.

Table 5.3.a. Number of women by five-year age groups, number of children born during the period of 12 months before the census and degree of disability, 2019 GPCC

	No disability		Mild disability		Moderate disability		Severe disbility		Total	
	No. of children born	No. of women	No. of children born	No. of women	No. of children born	No. of women	No. of children born	No. of women	No. of children born	No. of women
15 - 19	11,264	543,035	86	3,802	16	1,024	14	861	11,380	548,722
20 - 24	49,052	629,231	498	6,083	96	1,578	54	1,030	49,700	637,922
25 - 29	64,595	711,937	738	7,973	141	1,992	74	1,338	65,548	723,240
30 - 34	48,268	647,508	682	9,174	119	2,009	80	1,201	49,149	659,892
35 - 39	27,698	639,294	554	11,561	86	2,181	44	1,234	28,382	654,270
40 - 44	7,464	368,525	224	11,120	21	1,703	15	797	7,724	382,145
45 - 49	3,044	379,678	166	17,642	14	2,311	10	903	3,234	400,534
Total	211,385	3,919,208	2,948	67,355	493	12,798	291	7,364	215,117	4,006,725

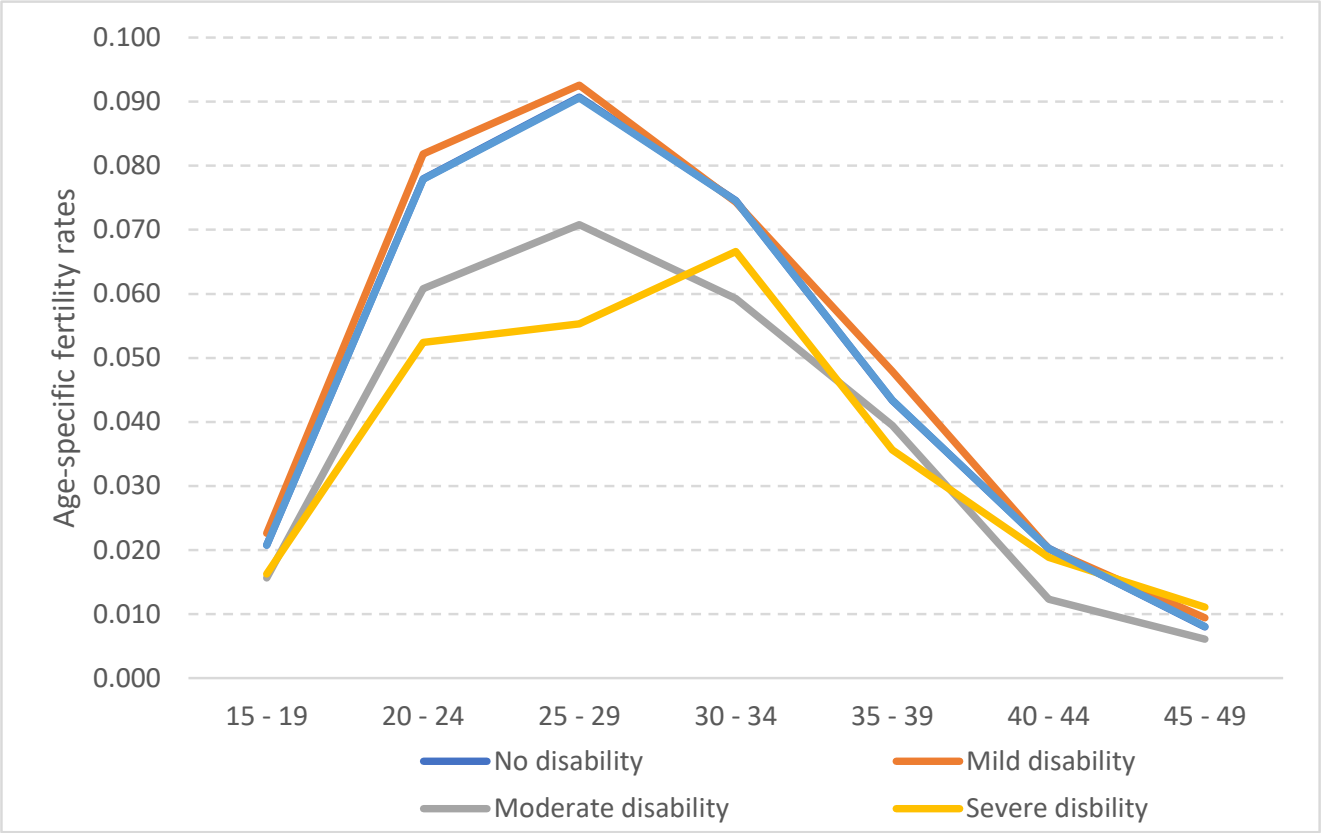
Source: National Institute of Statistics, GPCC 2019

Table 5.4.b. Age-specific fertility schedule by degree of disability, 2019 GPCC

	No disability	Mild disability	Moderate disability	Severe disbility	Total
15 - 19	0.021	0.023	0.016	0.016	0.021
20 - 24	0.078	0.082	0.061	0.052	0.078
25 - 29	0.091	0.093	0.071	0.055	0.091
30 - 34	0.075	0.074	0.059	0.067	0.074
35 - 39	0.043	0.048	0.039	0.036	0.043
40 - 44	0.020	0.020	0.012	0.019	0.020
45 - 49	0.008	0.009	0.006	0.011	0.008
TFR	1.68	1.74	1.32	1.28	1.68

Source: National Institute of Statistics, GPCC 2019

Figure 5.8 Age-specific fertility rate for women aged 15 - 49, by degree of disability, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

Women with a disability's access to sexual and reproductive health and rights (SRHR) information is strongly related to their marital status. Married women with a disability accessed information via family members, peers, neighbors and community health centers or private practitioners. Single women under the age of 30 had very little SRHR knowledge (Gartrell, Baesel & Becker, 2017).

The 2019 GPCC included a question on who assisted the mother during the delivery of the child who was born in the last 12 months before the census. In addition, it was also asked whether the child was registered with the Civil Authorities. Unfortunately, for most respondents these questions were not filled in. Out of a total of 210,219 persons who should have answered the question on registration, 144,550 did not give an answer. It would have been interesting to consider whether women with a disability were assisted in a different way during childbirth and whether the registration of children took place in another way among women with a disability, than among others. However, due to the poor response to these questions, no such analysis can be made.

CHAPTER 6: LIVING STANDARD AND DISABILITY

Knowing the direct and indirect cost of living related to persons with disabilities in low-resource settings is crucial in ensuring their needs are met. In Cambodia, by using the Standard of Living approach based on data from the CSES data, Palmer, Williams and McPake (2016) quantified the additional direct costs that are faced by households with members with disabilities. These include additional spending on assistive devices, health (medicine, dietary requirements, etc.) and transport which are required to obtain a standard of living similar to households without a member with a disability. In high-income countries, the direct cost of disability is estimated to be between 11 and 55 percent of household income. Studies done in the low- and middle-income countries of Bosnia, Vietnam and China, estimate this to be between 9 and 20 percent. In Cambodia, households with a member with a moderate to severe disability have an additional household consumption expenditure of 19 percent per month if the same living standard of households with no members with a disability is to be achieved. Healthcare expenditures, including on self-medication and private clinic visits, is about 3-4 times higher for persons with disabilities compared to those without a disability. Each month, households with a member with a disability have a median cost of 38 United States Dollars (US$) per month. It should be noted that these are average cost estimates, and the range of these costs can vary dramatically according to individual support needs. Furthermore, households with a member with a disability have an almost doubled poverty rate – from 18 to 34 percent (Palmer, M., Williams, J., & McPake, B., 2018).

As mentioned earlier, countries signatory to the CRPD vow to protect the rights of persons with disabilities and ensure they have an adequate standard of living. This not only includes meeting their needs in terms of food, clothing, and housing, but also assisting with social protection expenses. Between 2009 and 2014, only 4 percent of households with a member with a disability received government payment. The majority of these had an older household member with a disability, suggesting the likelihood of it being related to age rather than the disability. Another small proportion of households received financial support from NGOs of about 2 US$ and others from their family. All in all, on average, only about 7 percent of the estimated direct costs (38 US$) in Cambodia are being met (Palmer, Williams & McPake, 2016).

6.1. Wealth index

The wealth index is a proxy for the economic status of the household wherein persons with and without disabilities live. To look at the wealth status of households with a member with a disability, a wealth index was calculated based on the data from the 2019 GPCC. The methodology used was identical to the one used for the 2014 DHS. Annex 2 gives a small description of the methodology used to calculate the wealth index for each household.

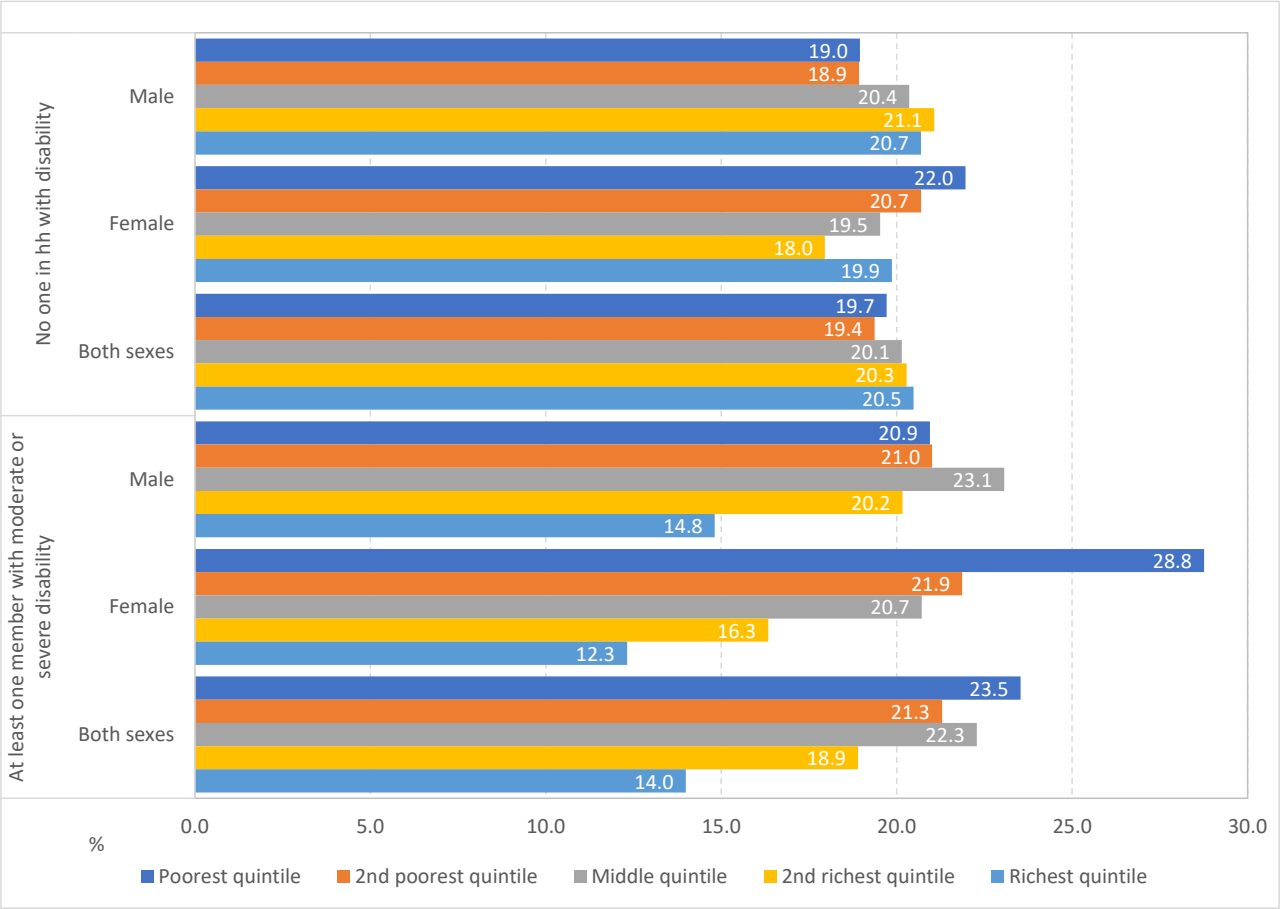
As the wealth index divides all households in five equal groups of wealth, a more or less equal division between the five wealth categories for households with a member with a disability would indicate that households with one or more members with a disability have the same wealth distribution as the general population. Figure 6.1. shows the five wealth quintiles for households with and without members with a disability by sex of the head of household. For the analysis, two categories were made. In the first category, households with one or more members with a moderate or severe disability were grouped. The second category included all other households (no members with moderate or severe disabilities).

The group of households that reported to have no persons with disabilities is almost 25 times larger than the group of households with at least one member with a disability. This overrepresentation of households with no member with a disability means that in all quintiles, the percentages of households with no member with a disability hover around 20 percent. However, among female headed households there is a somewhat lower percentage in the highest two wealth quintiles and there are relatively more households in the two poorest quintiles, indicating lower socio-economic status of female headed households.

The distribution of the wealth quintiles among households with a member with a disability is quite different. Among these households, only 14.0 percent belong to the richest quintile against 20.5 percent among households with no members with a disability. On the other hand, 23.5 percent belong to the poorest quintile compared to 19.0 percent among households with no members with a disability. Among households with a member with a disability, a difference can be seen between households headed by females and males. While 23.5 percent of all male headed households with a member with a disability belong to the poorest quintile, this is 28.8 percent for female headed household. Only 12.3 percent of all female headed households with a member with a disability belong to the richest quintile. About 14.8 percent of the male headed households do so, which is still considerably lower than among households with no members with a disability.

The higher poverty levels of persons with disabilities in the 2019 GPCC, shows a pattern that is observed in many countries in the world. The higher poverty rates among households with persons with disabilities is influenced by the bidirectional relationship between poverty and disability. As illustrated above, persons with disabilities face higher costs meeting the needs and requirements related to their disability (e.g. medication, assistive devices and other equipment, transport costs etc.). In many cases, the disability of a household member also decreases the level of human capital within the family, as persons with disabilities are more likely to be economically inactive and need care, time and perhaps financial assistance from other household members. On the other hand, the fact that poor people have lower nutrition levels, have more limited access to health care, are often deprived of sanitation and clean water and more often live in a violent environment, increases their chances for a disability. Pinilla-Roncancio (2015) refers to this interrelationship as the vicious circle of disability and poverty.

Figure 6.1 Percentage of conventional households by wealth quintile and whether there is a person with a moderate or severe disability in the household or not, by sex of household head, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

6.2. Housing conditions and facilities

In the census, no question was asked about adapted facilities and infrastructure for persons with disabilities. Nevertheless, the census data do allow some analysis on more general housing conditions.

Home ownership

The majority of persons in Cambodia (92.5 percent) live in a dwelling that is owned by the household or a member of the household. Table 6.1 shows that house ownership among households with at least one person with a moderate or severe disability is not less than among households with no disabilities. Actually, among households with a person with a disability, home ownership is slightly higher than for the population with no disabilities. Among households with no member with a disability home ownership is 90.5 percent, against 95.5 percent among households with a member with a disability. There is a small difference between households headed by a male or a female. Among female headed households, dwelling ownership is 95.1 percent for households with a member with a disability, against 89.2 for households with no one with a disability. For male headed households, these percentages are 95.7 and 91.0 percent, respectively. The higher home ownership can at least partially be explained by the fact that

persons with disabilities are generally older than persons without a disability and home ownership is higher among the older population.

Table 6.1 Household ownership of dwelling, by whether a person with a moderate or severe disability is a member of the household or not, by sex of household head, 2019 GPCC

		No one in hh with disability			At least one member with moderate or severe disability		
		Male	Female	Both sexes	Male	Female	Both sexes
Ownership dwelling	Owner	91.0	89.2	90.5	95.7	95.1	95.5
	Rented	5.9	7.9	6.4	2.1	2.2	2.2
	Rent Free	2.9	2.7	2.8	1.9	2.5	2.1
	Other	0.3	0.2	0.3	0.2	0.2	0.2
	Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: National Institute of Statistics, GPCC 2019

Number of rooms

Using the above categories for disabilities and sex, the average number of rooms the person had in the household was calculated. In Cambodia, 40.3 percent of all dwellings consist of only one room. This is about the same for households with (40.3 percent) and without persons with a moderate or severe disability (39.5 percent). On average, households both with and without members with a disability live in a house with 1.6 rooms. Households with a female head, regardless of having members with or without a disability have 1.5 rooms on average.

Construction material dwelling

The construction materials used for dwellings contribute to the quality of life and the level of comfort of household members. The 2019 census asked respondents about the materials from which the floor, roof and walls of the housing unit were constructed. Table 6.2 shows the percentage of households according to the type of material of construction of their dwelling. This information was disaggregated by sex of the household head and whether a person with moderate or severe disability was a member of the household or not. In general, some moderate differences exist between the types of materials used in dwellings where no persons with disabilities live, compared to those where they live. The differences that exist are related to the fact that persons with disabilities seem to live somewhat more in houses with traditional materials. For instance, while 50.4 percent of households with no persons with disabilities live in houses with wooden floors or bamboo planks, for people belonging to each degree of disability this is about 8 percentage points higher (58.4 percent). The same sort of differences is present

Table 6.2 Number of conventional households by construction materials of the dwellings they live in, by whether a person with a moderate or severe disability is a member of the household or not, and by sex of household head, 2019 GPCC

Floor		No one in hh with disability			At least one member with moderate or severe disability		
		Male	Female	Both sexes	Male	Female	Both sexes
Floor type	Earth/Clay	8.6	9.1	8.7	8.2	9.5	8.7
	Wood/bamboo planks	50.0	51.6	50.4	57.7	59.8	58.4
	Concrete/bick/stone	18.3	16.5	17.9	16.4	14.8	15.8
	Polished stone	4.7	4.4	4.6	3.7	3.3	3.6
	Parquet/polished wood	1.4	1.3	1.4	1.4	1.3	1.3
	Mosaic/ceramic tiles	16.9	17.1	16.9	12.6	11.2	12.1
	Other	0.1	0.1	0.1	0.1	0.1	0.1
	Total	100.0	100.0	100.0	100.0	100.0	100.0

Roof		No one in hh with disability			At least one member with moderate or severe disability		
		Male	Female	Both sexes	Male	Female	Both sexes
Roof type	Bamboo/ thatch/grass/reeds	1.9	2.2	2.0	1.9	2.7	2.2
	Tile	30.5	30.4	30.5	35.0	32.3	34.1
	Wood/plywood	1.2	1.1	1.2	1.2	1.1	1.2
	Concrete/brick/stone	5.0	5.8	5.2	3.9	4.1	4.0
	Galnanized iron/aluminium/other	54.3	53.6	54.2	51.4	53.3	52.1
	Asbestos cement sheets	6.9	6.8	6.9	6.6	6.3	6.5
	Plastic/ synthetic material sheets	0.0	0.0	0.0	0.0	0.0	0.0
	Other	0.0	0.0	0.0	0.0	0.0	0.0
	Total	100.0	100.0	100.0	100.0	100.0	100.0

Walls		No one in hh with disability			At least one member with moderate or severe disability		
		Male	Female	Both sexes	Male	Female	Both sexes
Wall type	Bamboo/thatch/grass/reeds	5.5	7.5	6.0	6.5	10.2	7.7
	Earth	0.7	0.7	0.7	0.7	0.7	0.7
	Wood/plywood	48.7	45.3	47.9	53.6	49.1	52.1
	Concrete/brick/stone	27.3	27.0	27.3	21.6	19.6	21.0
	Galvanised iron/aluminium/other	17.2	18.9	17.6	17.0	19.8	17.9
	Asbestos cement sheets	0.4	0.4	0.4	0.4	0.4	0.4
	Salvaged improvised materials	0.1	0.1	0.1	0.2	0.2	0.2
	Other	0.1	0.0	0.0	0.1	0.1	0.1
	Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: National Institute of Statistics, GPCC 2019

with the type of roof. Persons with disabilities are more likely to live in houses with tiled roofs and somewhat less likely to live in houses with metal sheeted roofs. However, the differences between the various degree of disability remain rather small.

Source of energy for lighting

The 2019 census of Cambodia showed that 79.6 percent of all households had access to the electricity grid for lighting (National Institute of Statistics, Ministry of Planning, 2020). Access in urban areas was higher (82.3 percent) than in rural areas (72.1 percent). In some countries, disability status was found to be an important discriminatory factor in terms of electricity usage. In Myanmar for instance, 33.6 percent of persons without disabilities were living in households where electricity was used for lighting. On the other hand, for persons with disabilities, this was seven percentage points lower (26.6 per cent) (Department of Population & Ministry of Labour, Immigration and Population, 2017). In Cambodia, these rather large differentials are not present. First, the overall connection to the electric grid is much higher, and second, use of electricity between households with a person with disability are more or less the same as for those with a person without a disability. No real differences are present between household headed by males or females.

Table 6.3 Percentage of conventional households, by source of lighting by whether a person with a moderate or severe disability is a member of the household or not, and by sex of household head, 2019 GPCC

	No one in hh with disability			At least one member with moderate or severe disability		
	Male	Female	Both sexes	Male	Female	Both sexes
City Power	79.1	81.0	79.6	80.1	79.8	80.0
Generator	1.6	1.4	1.6	1.5	1.3	1.5
City Power + Generator	2.9	2.8	2.8	2.5	2.2	2.4
Kerosene	0.5	1.0	0.6	0.7	1.9	1.1
Candle	0.2	0.4	0.3	0.4	0.9	0.6
Battery	13.9	12.0	13.5	13.1	12.4	12.8
Other	1.7	1.4	1.6	1.7	1.5	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: National Institute of Statistics, GPCC 2019

Source of drinking water

Table 6.4 shows the relative distribution of households according to the source of drinking water of the household in which they reside, by whether a person with moderate or severe disability is a member of the household or not, and by sex of the household head. Table 6.4 shows that relatively small differences exist between both types of households in terms of the main source of drinking water. No real trends could be established based on the type of water supply for the

various degree of disability. The only noticeable difference is the fact that households with one or more persons with disabilities have somewhat less access to piped water in the dwelling: 25.6 percent for households with no person with a disability against 22.4 percent for households with a person who has a moderate or severe disability. The analysis also looked at the time it took to go to the water source, fetch water and come back. No real difference was found between both types of households.

Table 6.4 Percentage of conventional households by main source of drinking water and by whether a person with a moderate or severe disability is a member of the household or not, and by sex of household head, 2019 GPCC

	No one in hh with disability			At least one member with moderate or severe disability		
	Male	Female	Both sexes	Male	Female	Both sexes
Piped into dwelling	25.2	26.7	25.6	22.2	22.9	22.4
Piped into compound, yard or plot	3.6	3.5	3.6	3.5	3.4	3.5
Public tap / standpipe	3.9	3.8	3.9	3.8	3.7	3.8
Tube Well, Borehole	24.6	26.9	25.2	25.6	28.2	26.4
Protected well	4.6	4.1	4.5	4.7	4.4	4.6
Unprotected well	6.0	5.7	5.9	6.0	5.8	5.9
Protected spring	0.3	0.3	0.3	0.4	0.4	0.4
Unprotected spring	0.4	0.3	0.3	0.4	0.4	0.4
Rainwater collection	2.7	2.8	2.7	3.4	3.7	3.5
Tanker-truck	5.0	4.6	4.9	5.2	4.8	5.1
Cart with small tank / drum	4.8	4.6	4.8	5.4	4.9	5.2
Surface water (river, stream, dam, lake,	11.0	9.4	10.6	12.0	10.7	11.6
Bottled water	7.3	6.5	7.1	6.7	5.8	6.4
Other (specify)	0.6	0.7	0.6	0.8	1.0	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: National Institute of Statistics, GPCC 2019

Information and Communication Technology

The Preamble of the CRPD identified access to Information and Communication Technology (ICT) as an important enabler for persons with disabilities to fulfill their potential and exercise their human rights and personal freedom. ICT is an important tool for persons with disabilities to live independently, communicate and fully participate in all aspects of society. The CRPD calls on governments to ensure persons with disabilities have access to ICT (CRPD, 2006).

In the 2019 GPCC, a series of questions were asked about the availability and number of certain amenities in the household. The amenities that are related to ICT are presented in Table 6.5. The

figures in the table indicate the mean number of specific amenities per household in which the individuals live.

Table 6.5 Mean number of ICT related amenities present in conventional households by whether person with moderate or severe disability member of household is a member or not, and by sex of household head, 2019 GPCC

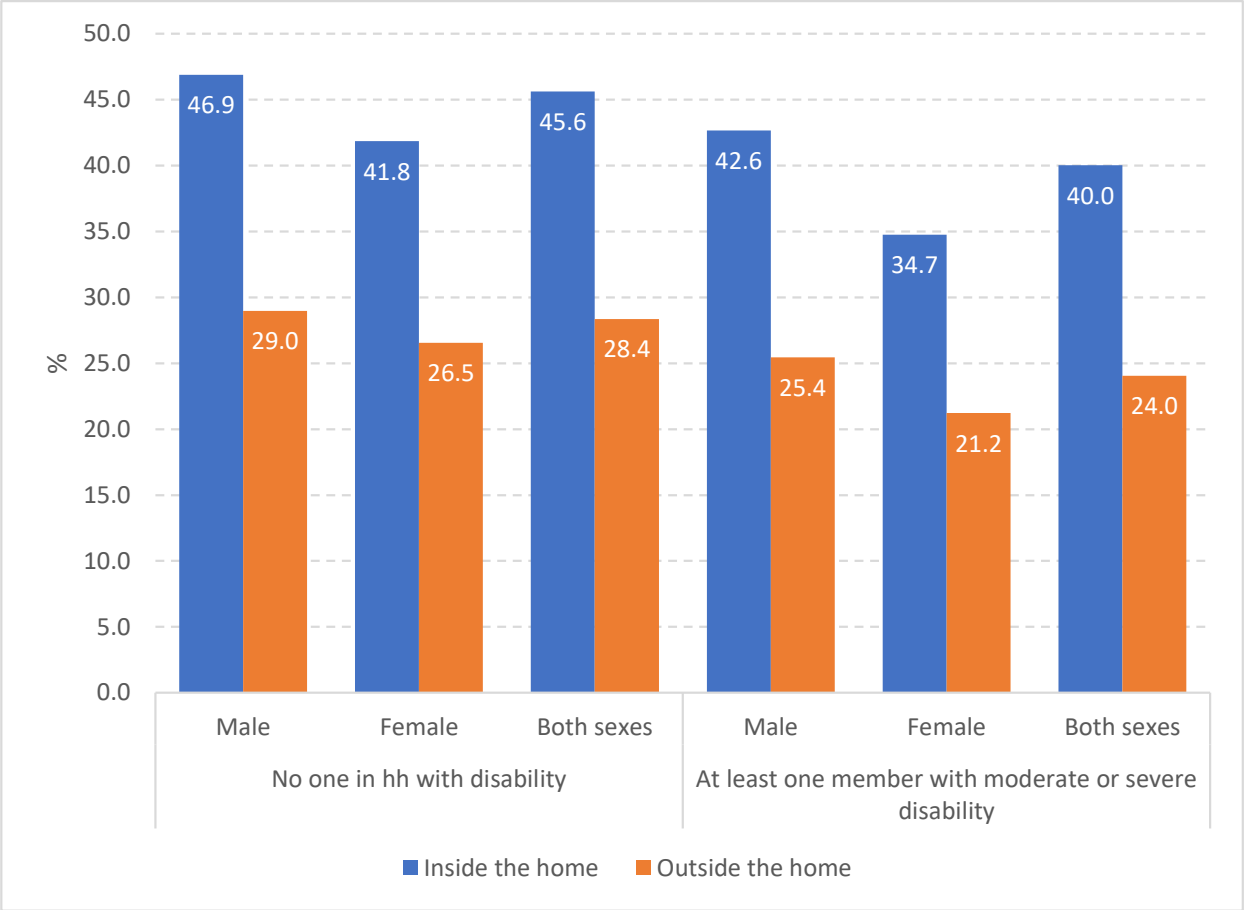
	No one in hh with disability			At least one member with moderate or severe disability		
	Male	Female	Both sexes	Male	Female	Both sexes
Radio.transistor	0.18	0.17	0.18	0.29	0.26	0.28
Television	0.77	0.69	0.75	0.80	0.67	0.76
Telephone fixed	0.03	0.02	0.03	0.03	0.02	0.03
Cellphone	2.10	1.79	2.02	2.06	1.60	1.91
Computer	0.12	0.09	0.12	0.12	0.08	0.10

Source: National Institute of Statistics, GPCC 2019

The analysis shows that households with one or more persons with disabilities possess more radios than households with no persons with disabilities. Compared to the average number of cellphones, the small number of radios is remarkable. Among an average of 100 households with no persons with disabilities, 18 own a radio. For households with a member with a disability it is 28. The mean number of televisions is about the same between both types of households (.75 – 0.76). In fact, sex of the household head is a more discriminatory factor indicating the more deprived economic conditions of households headed by women. Among every 100 households with a female head, 67 own a television set, while this is 80 among those headed by men. The traditional fixed telephone is nearly extinct (average .03) and has been completely replaced by cellphones. On average, households with no persons with disabilities own 2.02 cellphones, which is slightly higher than households with one or more persons with a moderate or severe disability (1.91). Again, for both types, female headed households score lower. The ownership of a computer is still relatively rare. If there is no person with a disability living in the household, the ownership of a computer is about one in eight. Among households with a person with a disability this is about one in 10. The possession is again lower among female headed households.

Households with one or more persons with disabilities have somewhat lower levels of internet access, both inside and outside of the house (Figure 6.2). Forty percent of all households with a member with a disability have an internet connection in the dwelling and 24.0 percent have internet connection outside of the dwelling. For households with no one with a disability, these percentages are 45.6 and 28.4, respectively. Female headed households with a member with a disability score considerably lower than their male headed counterparts: while 42.6 percent of male headed households with a member with a disability have internet in the dwelling, this is only 34.7 percent for female headed households. The difference for connectivity outside the household is smaller, but still noticeable.

Figure 6. 2 Percentage of conventional households by internet connection inside and outside of the home, by whether person with moderate or severe disability is a member of the household or not, and by sex of household head, 2019 GPCC

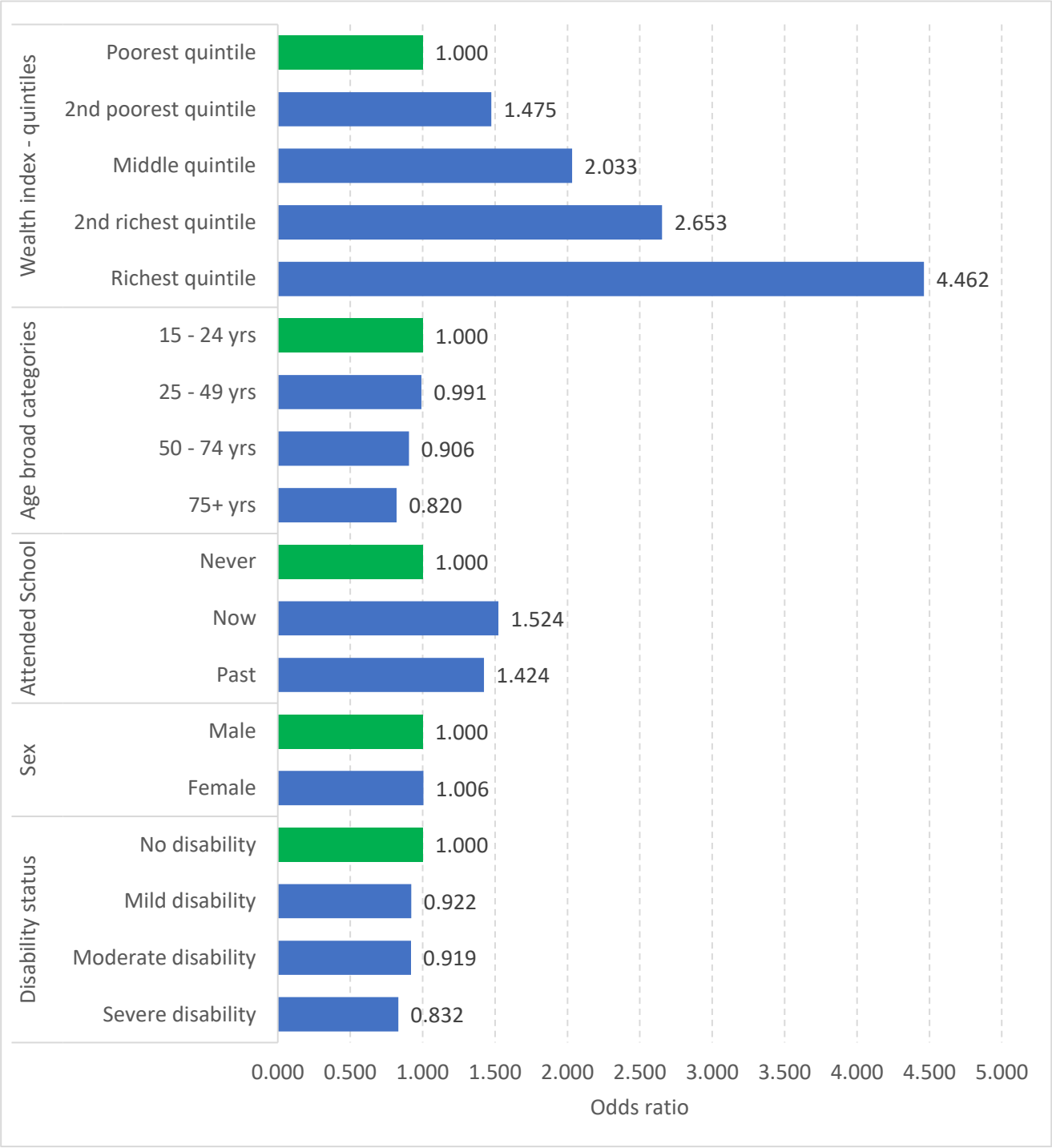


Source: National Institute of Statistics, GPCC 2019

Whether the difference in internet connectivity between households with or without persons with disabilities is due to the very fact of the disability status of the household, or whether other intervening factors plays a role, is an important question. For instance, it could be that households with persons with disabilities have more older persons, as disability is closely related to age. As older persons are less inclined to have an internet connection, then the cause of lower internet connection would not be the disability, but rather age.

A logit regression covering all persons aged 15 and older was conducted to ascertain this. The dependent variable in the regression model was whether the individual lived in a household with an internet connection within the house or not. The explanatory variables were four broad age categories (< 24 years, 25 – 49 years, 50 – 74 years and 75+ years), the wealth index of the household, school attendance (never, now, past), and the degree of disability of the person (no disability, mild, moderate and severe). Figure 6.3. depicts the odds ratios for this logit analysis.

Figure 6. 3 Logistic regression odds ratios for indoor connection to the internet for persons 15+ years old, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

Results show that by far the most important factor that determines whether an individual has access to the internet in his/her household, is the wealth status of the household. If the person

lives in a household that belongs to the highest quintile, then the odds to have an internet connection in the household is 4.5 times higher than if the person is a member of a household that belongs to the poorest wealth quintile. For each higher wealth quintile, there is a steady increase in a person's chance of having an internet connection in the house. Younger persons have a slightly higher chance of having an internet connection, which is closely related to the school-going population. The effect of the degree of disability of a person on his or her ability to connect to internet within the dwelling is quite limited. If a person has a severe disability, their odds of being connected to the internet is .832 compared to a person with no disability. This difference is not that large, and definitely not comparable to the effect of the wealth factor. It is understandable that the effect is limited, as persons with disabilities may both live in rich or poor households and even if they do not use the internet themselves, other members of the household may do so. In this case, internet usage would have been a better question but was not included in the census.

Toilet facilities

The UN Flagship Report on Disability and Development (2018) mentioned that in 33 out of 44 countries investigated in Europe and Turkey, the percentage of persons who live in a dwelling with no indoor toilet is higher among persons with disabilities than among persons without a disability. In ten of the countries observed, the difference between both disability groups was more than five percent.

Table 6.6 shows the percentage of conventional households by the type of toilet facility used and by whether a person with a moderate or severe disability is a member of the household or not. It also includes the sex of the head of household. The percentage of households that have no toilet whatsoever is somewhat higher among households with no member with a disability (29.0 percent) than among households with a member with a disability (26.0 percent). The largest group consists of households that have a pour (or flush) toilet connected to a sewerage system. Also in this category, households with one or more members with a disability score better than those without members with a disability: 41.2 percent against 37.6 percent. The latter finding is encouraging, as it reveals that access to toilet facilities have successfully targeted vulnerable households.

In the previous sections, we saw that households with female heads usually had a less favorable position than those headed by males. Regarding sanitary provisions, this is not the case. Female headed households have about the same percentages for the facilities as those with male heads, with the exception of not having a toilet, in which case female headed households with members with a disability actually score slightly better.

Table 6.6 Percentage of conventional households by type of toilet facility and by whether person with moderate or severe disability is a member of the household or not, and by sex of the household head, 2019 GPCC.

	No one in hh with disability			At least one member with moderate or severe disability		
	Male	Female	Both sexes	Male	Female	Both sexes
None, not use toilet	28.9	29.4	29	26.6	24.8	26
Pour flush (or flush) connected to sewerage	37.6	37.9	37.6	41.3	41	41.2
Pour flush (or flush) to septic tank or pit	8.7	8.5	8.6	8.2	8	8.1
Pout flush (or flush) to elswhere (i.e. not a sewer or pit/tank)	4.4	4	4.3	4.6	4.5	4.5
Pit latrine with slab	1.7	1.6	1.7	1.6	1.9	1.7
Pit latrine without slab or open pit	0.9	0.7	0.8	0.7	0.7	0.7
Latrine overhanging field of wateer	0.8	0.9	0.8	0.8	1.1	0.9
Total	100.00	100.00	100.00	100.00	100.00	100.00

Source: National Institute of Statistics, GPCC 2019

Transport

The availability of transport directly impacts persons with disabilities' mobility and can affect many aspects that influence their quality of life. As the public transport system is often inaccessible for persons with disabilities, the possibility of private transport is often the only viable alternative to leave the house and be able to travel. Table 6.7 shows the number of transport vehicles owned by conventional households, by whether a person with a moderate or severe disability is present or not, and by sex of head of household. The percentages were calculated for rural and urban areas.

The biggest difference between both types of households can be seen in the possession of bicycles and motorcycles. While on average households with a person with a moderate or severe disability own slightly more bicycles (0.86 against 0.80 bicycles per household), they own about the same number of motorcycles (1.28 against 1.31 motorcycles per household). The average number of cars is also about the same for both types of households. Female headed households are somewhat at a disadvantage.

Table 6.7 Mean number of transport vehicles present in conventional households by whether person with moderate or severe disability member of household is a member or not, and by sex of household head, 2019 GPCC

	No one in hh with disability			At least one member with		
	Male	Female	Both sexes	Male	Female	Both sexes
	Total					
Bicycle	0.79	0.80	0.80	0.86	0.86	0.86
Motorcycle	1.34	1.29	1.31	1.32	1.25	1.28
Car	0.16	0.15	0.16	0.15	0.13	0.14
Boat	0.05	0.04	0.05	0.05	0.05	0.05
	Urban					
Bicycle	0.83	0.74	0.74	0.82	0.82	0.82
Motorcycle	1.15	1.57	1.60	1.68	1.60	1.64
Car	0.30	0.28	0.29	0.30	0.28	0.29
Boat	0.02	0.02	0.02	0.03	0.02	0.03
	Rural					
Bicycle	0.83	0.84	0.83	0.88	0.89	0.89
Motorcycle	1.15	1.11	1.13	1.12	1.06	1.08
Car	0.07	0.07	0.07	0.07	0.06	0.06
Boat	0.06	0.06	0.06	0.07	0.06	0.06

Source: National Institute of Statistics, GPCC 2019

CHAPTER 7: EDUCATION AND DISABILITY

Inclusive and quality education for all, including the vulnerable group of persons with disabilities, is called for in SDG 4. Education is a fundamental human right that is crucial for individual development, social inclusion and decent work. Persons with disabilities should therefore have access to quality primary and secondary education and learning that is inclusive, accessible, and free. Whilst they should be able to participate in the education system on an equal basis with others in the community, this is often not the case. Prejudice, discrimination, unqualified teachers, inaccessible schools, and inadequate education materials all impede access to education among persons with disabilities (UNDESA, 2018; UNESCO, n.d.a).

Strategic objective 3 of the National Strategic Disability Plan focuses on access to education and technical and vocational training. It aims to ensure that life-long education for persons with disabilities is of high quality, inclusive, equal and equitable and further promotes technical training for persons with disabilities. Strategies to achieve this include doing advocacy on the importance of educating persons with disabilities, improving regulation, increasing standards of learning equipment and modernizing programs, training civil servants, creating sponsorship opportunities, increasing access to volunteerism to promote work experience, among others (DAC, 2019).

The relationship between education and disability is complicated. The first problem is related to the notion of education itself. Not only is it important to compare whether both groups are in education, but also whether the type and quality of education provided for children with and without a disability is the same. In many places, children with a disability cannot find a place in the general educational system and 'special' education is merely a form of daycare. The timing of education and age of the student are also important intermediate factors to consider. Children with disabilities tend to enroll in education at an older age as children without disabilities and drop out at higher rates[16]. Age also plays an important role when it comes to educational attainment for older age groups, as it refers to the situation of the past when less people in general acquired an education and when the position of persons with disabilities may have been different from what it is today. Another complication is that some persons may have acquired the disability at birth while others (the majority) acquired it at a later stage in life, when their education was long finished. Unfortunately, the census does not provide information on the age at which the person acquired the disability or the cause of the disability to do further analysis.

7.1. School attendance

A study conducted among 41 developing countries compared school attendance among persons with and without disabilities. An estimated 75 percent of persons aged 15 to 29 with disabilities

[16] https://www.right-to-education.org/issue-page/marginalised-groups/persons-disabilities

and 87 percent of persons without disabilities ever attended school. One of the largest gaps was reported in Cambodia, where 51 percent of persons aged 15 to 29 with disabilities ever attended school versus 94 percent, respectively (UNDESA, 2018).

Lower attendance

To analyze school attendance based on the 2019 GPCC, children in four age groups are firstly considered: 5 – 9 years old and 10 – 14 years old. Then age groups 15 – 19 and 20 – 24 are looked at. In age groups 5 – 9 and 10 -1 4, a total of 3,120,981 children were enumerated: 1,473,104 aged 5 – 9 and 1,647,877 aged 10 – 14. Among these 3.2 million children, 26,493 (0.85 percent) were reported to have a mild disability, 6,106 (0.20 percent) a moderate disability and 4,976 (0.16 percent) a severe disability. Two separate figures (7.1 and 7.2) summarize the school-going experience of the children belonging to both age categories. Each graph differentiates boys and girls by degree of disability. In the census, a person's school attendance was divided in three categories: 'never', 'now in school' or 'past in school'. Obviously, for persons in both five-year age ranges, only few indicated 'past', as they were all young children.

The graphs clearly show the disadvantaged position boys and girls with disabilities have in terms of school attendance. In the age group 5-9, 22.5 percent of boys without a disability had never been to school, against 48.7 and 59.9 percent of boys with a moderate and severe disability. The pattern for young girls is similar. Among boys and girls between 5 and 9 years old with no disability, 76.7 and 77.8 percent are in school. For those with a moderate or severe disability, the percentages for boys are 48.0 and 38.5 and for girls 53.7 and 44.3, respectively. In the age group 10 – 14 years old, a similar pattern is shown in Figure 7.2. While in this age group more than 90 percent of boys and girls with no disability are in school, the attendance of children with a moderate or severe disability is still relatively low. Among boys and girls with a moderate disability, the percentage attending school is below 60. Around a quarter of children with a moderate or severe disability have never been to school. School attendance for children in the age group 10 – 14 years is lower for children with a moderate disability than for those with a severe disability. It is unclear what exactly causes this.

Figure 7.1 School attendance of children 5-9 years old, by degree of disability, sex and broad age groups, GPCC 2019

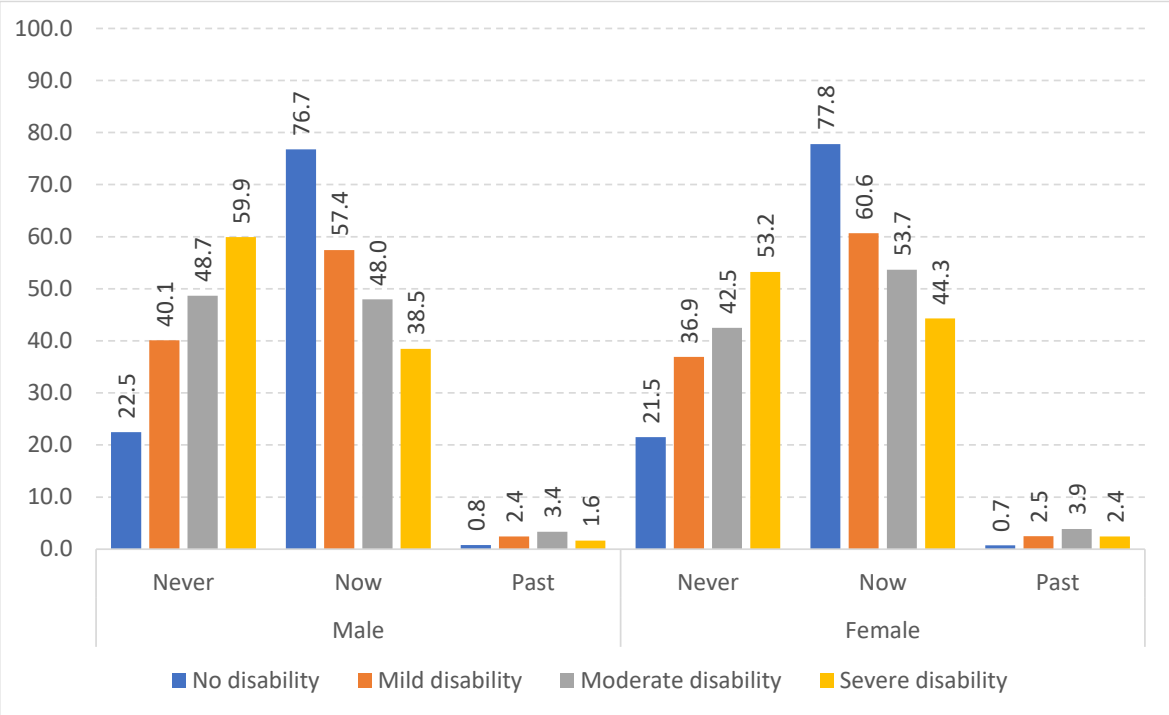
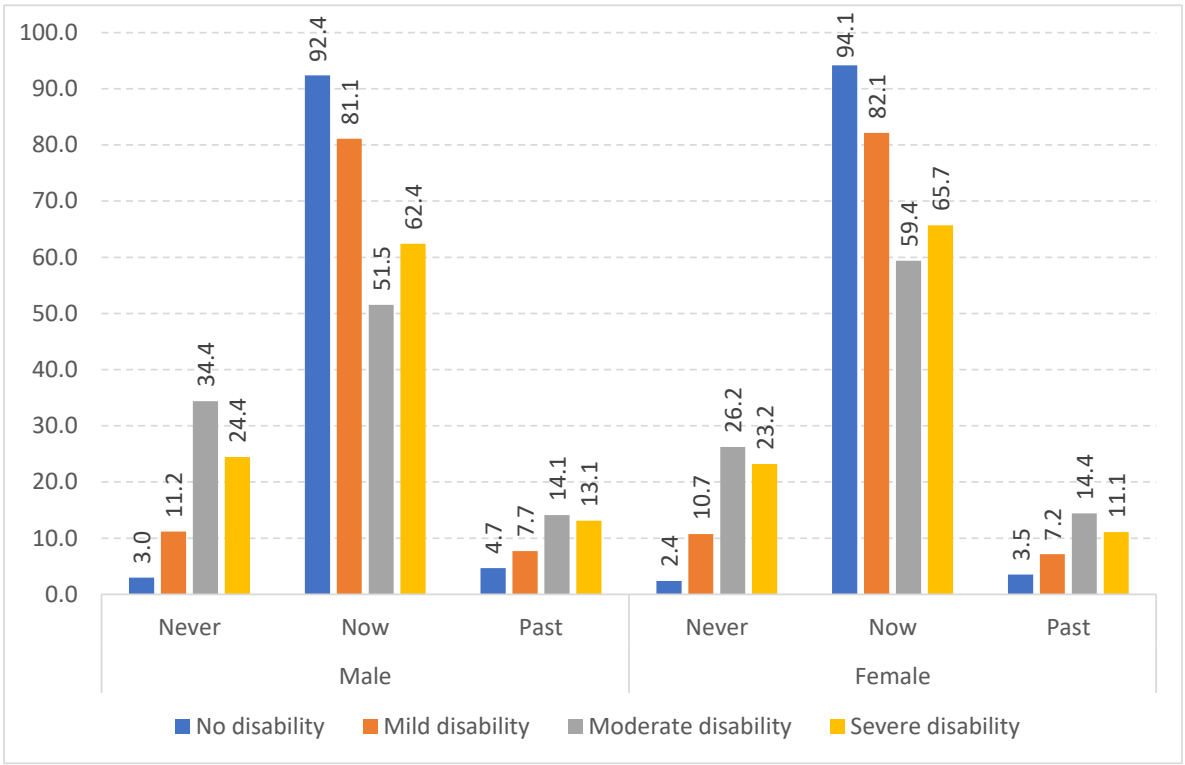


Figure 7.2 School attendance of children 10 - 14 years old, by degree of disability, sex and broad age groups, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

Among age groups 15 – 19 years and 20 – 24 years, a somewhat different picture emerges. In the age group 15 – 19 years, the number of young males and females who are in school is considerably lower for all three groups with a disability. While about 56 percent of males and females with no disability are still in school, this is only 23.2 and 34.0 percent for young males and 24.3 and 39.5 percent for young females with a moderate or more severe disability. However, the age-group 20 – 24 shows an interesting pattern with the percentage of young males with a severe disability having the same percentage as those without a disability. Among women, the percentage of those with a severe disability is even higher (19.3 percent for women with a severe disability against 11.5 percent for women without a disability). These data suggest that education for young persons with a severe disability is rather inclusive, however, more research is needed to confirm that this is indeed the case. For instance, it is unclear whether the type and quality of the education is at the same level or is the education of young people with a disability merely substituting for day care.

Table 7. 1 School attendance of children 15 -19 and 20 - 24 years old, by degree of disability, sex and broad age groups, GPCC 2019

15 - 19 years old						
	Male			Female		
	Never	Now	Past	Never	Now	Past
No disability	5.4	55.8	38.8	4.6	56.0	39.5
Mild disability	16.0	40.2	43.9	16.8	37.6	45.6
Moderate disability	47.5	23.2	29.3	44.7	24.3	31.0
Severe disability	34.4	34.0	31.6	28.5	39.5	32.0
20 - 24 years old						
	Male			Female		
	Never	Now	Past	Never	Now	Past
No disability	8.1	14.2	77.7	7.8	11.5	80.7
Mild disability	17.2	9.2	73.6	17.0	9.3	73.6
Moderate disability	45.2	9.9	44.9	46.7	9.1	44.3
Severe disability	33.4	14.8	51.8	28.4	19.3	52.3

Source: National Institute of Statistics, GPCC 2019

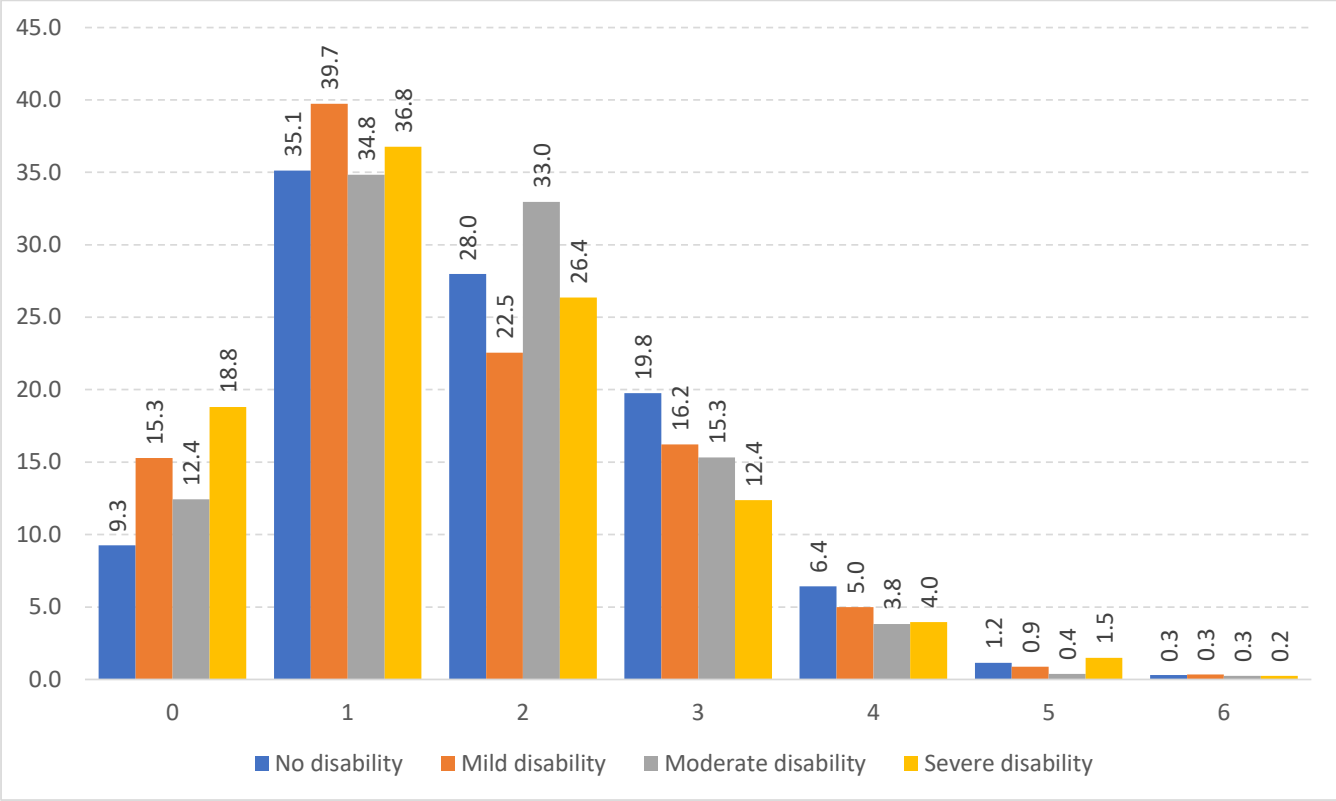
Entering school at an older age

Young children with a disability not only have lower school attendance than children with no disability, those that do enter school are also doing so at a later age. The analysis considered the group of children between ages 5 and 9 by degree of disability. For the four degrees of disability, a frequency distribution was made of the grade they were attending at the time of the census. The results of this analysis are presented in Figure 7.3. Children with no disability are clearly less

represented in grade '0' (which is playschool/kindergarten) than children with a disability. Among the group aged 5 – 9 who are going to school,

the percentage of children with a severe disability who are in playschool/kindergarten is twice as high as among children with no disability . At the higher grades of primary education, there is a higher relative presence of children with no disability. It should be noted that as the analysis focuses on children aged 5-9 years, most of the time they are still too young to be in grade 5 and 6 and that is why the bars on the right are smaller. Furthermore, analyzing the highest grade achieved among children with and without disabilities would be an interesting comparison, though a question as such was not included in the census.

Figure 7.3 Children aged 5 - 9 years, by grade attending at the time of the census and degree of disability, GPCC 2019

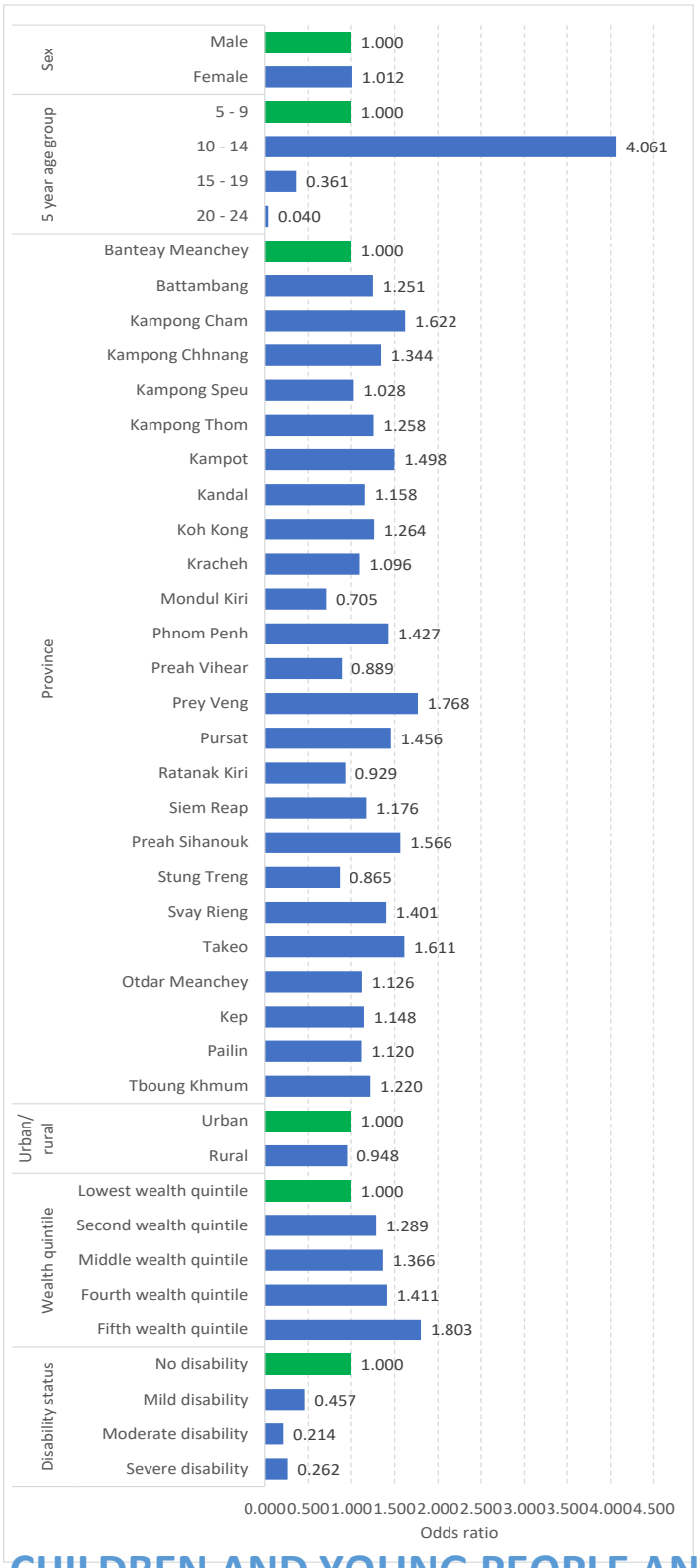


Source: National Institute of Statistics, GPCC 2019

Differential pattern

To determine the net effect of degree of disability on children's and young people's school attendance, a logistic regression was constructed. The analysis was limited to boys and girls in the age category 5 – 24 years old. The dependent variable in the regression equation is school attendance: 0 if the child was not going to school and 1 if the child was attending school.

Figure 7. 4 Logistic regression odds ratios for school attendance among children 5 - 24 years old, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

CHAPTER 10: CHILDREN AND YOUNG PEOPLE AND DISABILITY

Various national and international organizations use different definitions for 'youth.' For instance, UN Habitat defines a young person as someone between the ages of 15 and 32 years old, while UNICEF and UNFPA consider a person between 15 – 24 years a young person. In this report, children are defined as aged between 5 and 14 years, whilst young people (termed

This variable was made a function of sex, province, urban/rural, the wealth quintile and degree of disability. As school attendance in the age group 5 – 24 is highly dependent on the age category of the respondent, a categorical variable 'age group' was introduced consisting of four five-year age groups (5 – 9, 10 – 14, 15 – 19 and 20 – 24). The odds ratios of all categories in the regression are presented in Figure 7.4.

The results shows that currently no real difference exists between both sexes in school attendance. The odds of a girl attending school is slightly higher than for boys (odds ratio – 1.012). Large regional differences exist in school attendance in the country: the highest odds ratio for a 5 – 24-year-old to be in school is in Prey Veng, where children have a 1.77 times higher chance to be in school than in Banteay Meanchey, the reference category.

There is also a small difference between rural and urban areas, with an odds ratio of .948 for rural residency. The fact that many children aged 5 – 9 years are not yet in school is clear from the fact that children in the age category 10 – 14 have four times higher odds to be in school than those aged 5 – 9 years old. The relationship between wealth status of the household and school attendance of its children is clear: the higher the economic status of the household, the higher the chance that a child is in school. For each of the wealth quintiles above the lowest group, the chance of school attendance increases according to the higher economic status of the household. A young person in the general age range of 5 – 24 years old, belonging to a household in the highest wealth quintile, has 80 percent higher odds to be in school than someone in the lowest economic quintile. The results of the logistic regression show that degree of disability of a child is the most discriminating factor for not attending school. If a child has a mild disability, its odds of pursuing an education is less than half compared to a child with no disability. The effect of moderate disabilities is the largest. A child with a moderate disability has a nearly five times lower odds to be in school than a child with no disability, after controlling for other intervening factors. It is a bit surprising that children who have a more severe disability seem to have somewhat better odds to attend school than children with a moderate disability (odds ratio 0.262 against 0.214).

It is unclear what exactly causes this trend. Perhaps facilities are geared towards those with severe disabilities, and not for those with moderate disabilities. Or the latter group cannot find a place in regular education, where perhaps resources, capacity and experience is missing to cater to the needs of students with a disability but are not eligible for special education. This is certainly a topic that deserves more research attention in the future.

There is some evidence that having a disability affects school attendance and the effect is higher in Cambodia than in many other developing countries. A study by UNESCO (2018) on education and disability showed the education experience of persons with disabilities in 49 countries around the world, mainly from developing countries. Data were gathered from different kinds of

surveys, but among the six countries with a DHS survey[17], Cambodia showed the largest difference between the out of school rate[18] for primary-school-age children (6 – 11 years) with and without disabilities. The out-of-school rate for children with a disability was 57.4 percent against 7.0 percent for children without a disability. The average out-of-school rate for children with a disability for all six countries was 34.5 percent (UNESCO, 2018).

7.2. Literacy

Literacy is the ability to read, write and count, but also to be able to identify, understand, interpret, create and communicate in a world that is quickly modernizing and changing fast in terms of technology and digitalization. "Literacy is a crucial requirement for achieving sustainable development, as it allows for labour market participation, better health and nutrition, less poverty and creates more opportunities in life in general" (UNESCO, n.d.b).

Among Cambodia's population aged 15 years and older, 87.7 percent is literate. The level for males is somewhat higher than for females: 90.9 percent against 84.8 percent, respectively (National Institute of Statistics, Ministry of Planning, 2020). Compared to 2008, literacy rates have significantly increased. In the 2008 GPCC, literacy for persons 15 years of age and older was found to be 77.6 percent (85.1 percent for males and 70.9 percent for females) (National Institute of Statistics, Ministry of Planning, 2009). For both males and females, the literacy rates for persons with disabilities are considerably lower than for those with no disability. Among males, 91.5 percent of those with no disability can read and write in any language, men with a moderate or severe disability have a much lower literacy rate of about 75 percent. The disadvantaged position of women with a disability is clearly illustrated by their much lower literacy rate. While the difference between literacy between males and females with no disabilities is about 5 percent, the differences between both sexes for the various degrees of disability is much larger. For instance, while literacy is 74.8 percent for men with a moderate disability, it is only 54.4 percent among women with a moderate disability, a difference of more than 20 percent. Although the differences between the sexes for the other disability categories is less, they are still substantial (see Figure 7.5).

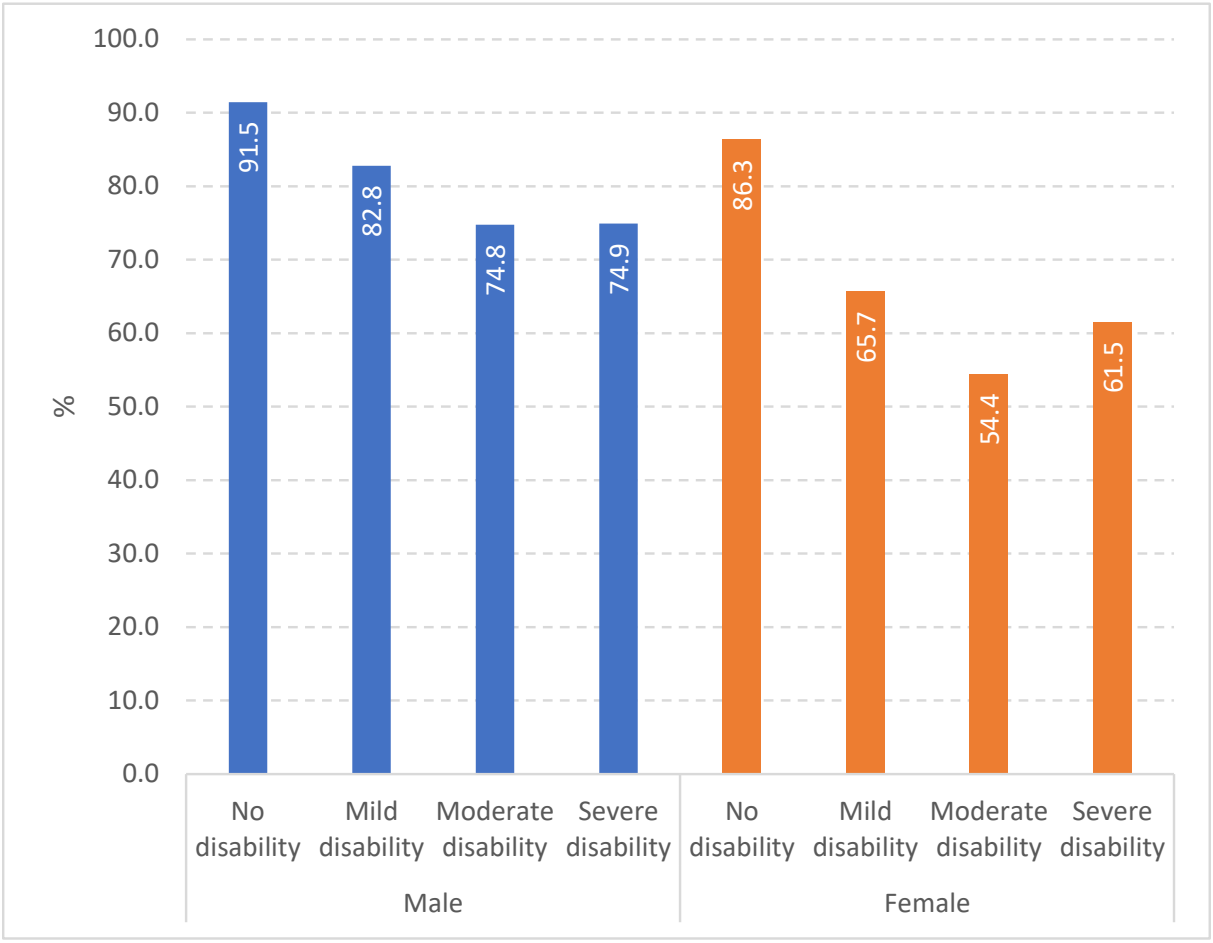
The differences in literacy rates between the various degrees of disability is determined by distinctive age patterns. In Figures 7.6.a-b the age-specific literacy rates by degree of disability for males and females are given. The graph reveals various interesting trends. First, at somewhat older ages significant differences for all four degrees of disability show much higher literacy rates for males than for females. As persons become older, the larger the differences between both sexes become. Below age 30 these differences are not present, however. This is not only the case for persons with no disabilities, but for all the different degree of disability. Second, throughout the different age groups literacy for persons with disabilities is consistently lower for all age groups compared to those without a disability. At younger ages, the differences between the

[17] These countries were: Cambodia, Colombia, Gambia, Maldives, Uganda and Yemen.

[18] 'The out-of-school rate for children of primary school age (6- to 11-year-olds) is the proportion of children who are not attending primary or secondary school' (UNESCO, 2018, p.12)

various degrees of disability are less. We indicated the higher literacy among women with a severe disability compared to women with a moderate disability. Figure 7.6a, and 7.6.b. show that these differences are age independent, i.e., in each age group literacy rates are higher for those with a more severe disability than for those with a moderate disability. No clear pattern exists among men.

Figure 7. 5 Literacy rates by degree of disability and sex, GPCC 2019

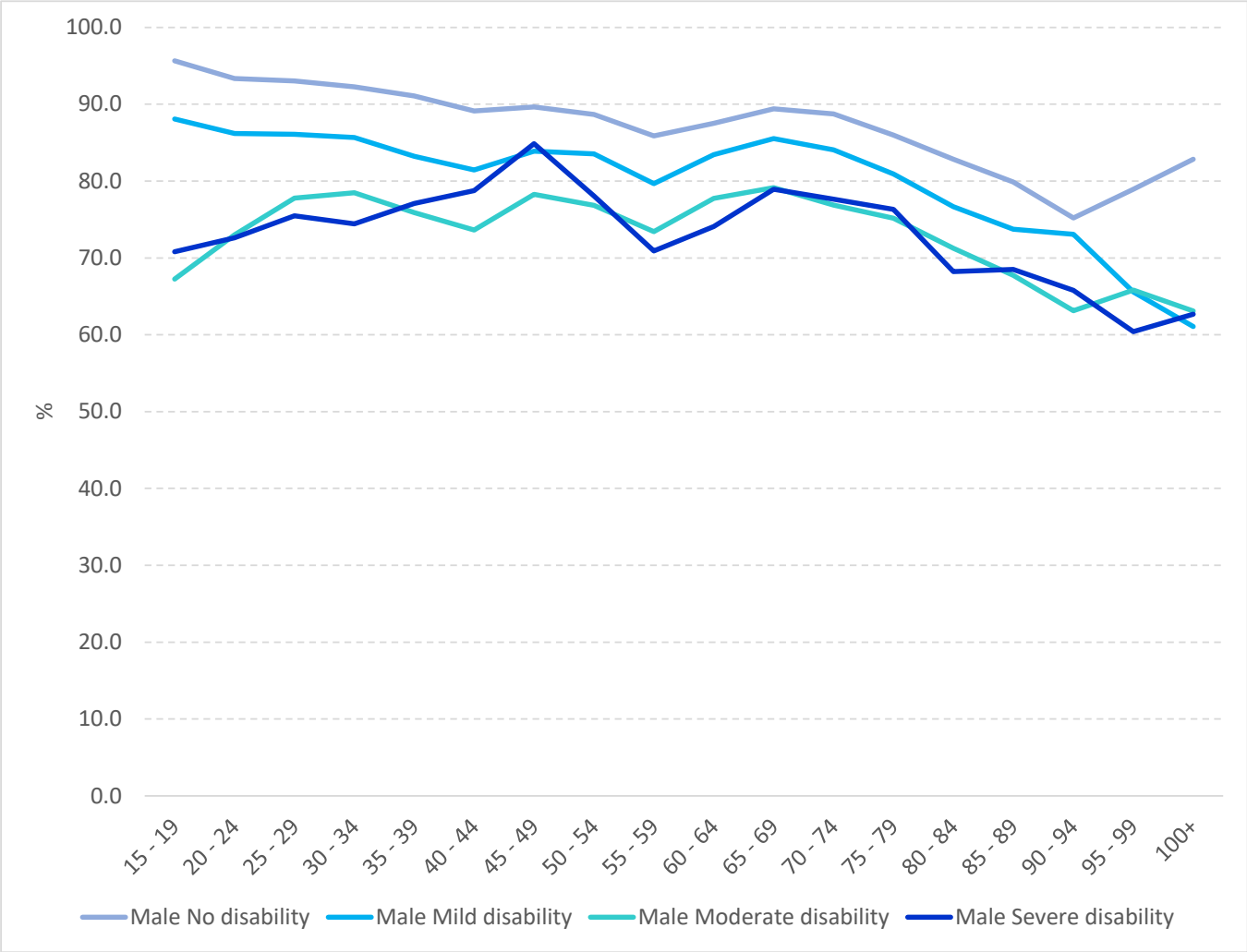


Source: National Institute of Statistics, GPCC 2019

To examine the net effect of degree of disability on a person's likelihood to be literate, a logistic regression was constructed with the literacy status of each person as the dependent variable (0 = illiterate, 1 = literate). The same set of explanatory variables was used as before. The odds ratios of this logistic regression are depicted in Figure 7.7. Large differentials exist in Cambodia in terms of literacy rates. After age group 10 – 14 years, the literacy rates decrease rapidly across the various age groups. After controlling for other intervening factors, age becomes the most important differentiating factor in terms of people's odds to be able to read and write. This pattern shows the trends of very low literacy rates in the past. As indicated, women had a significantly lower literacy than men. After controlling for the other intervening factors, this difference is even more pronounced. The regional pattern of literacy in Cambodia is very diverse,

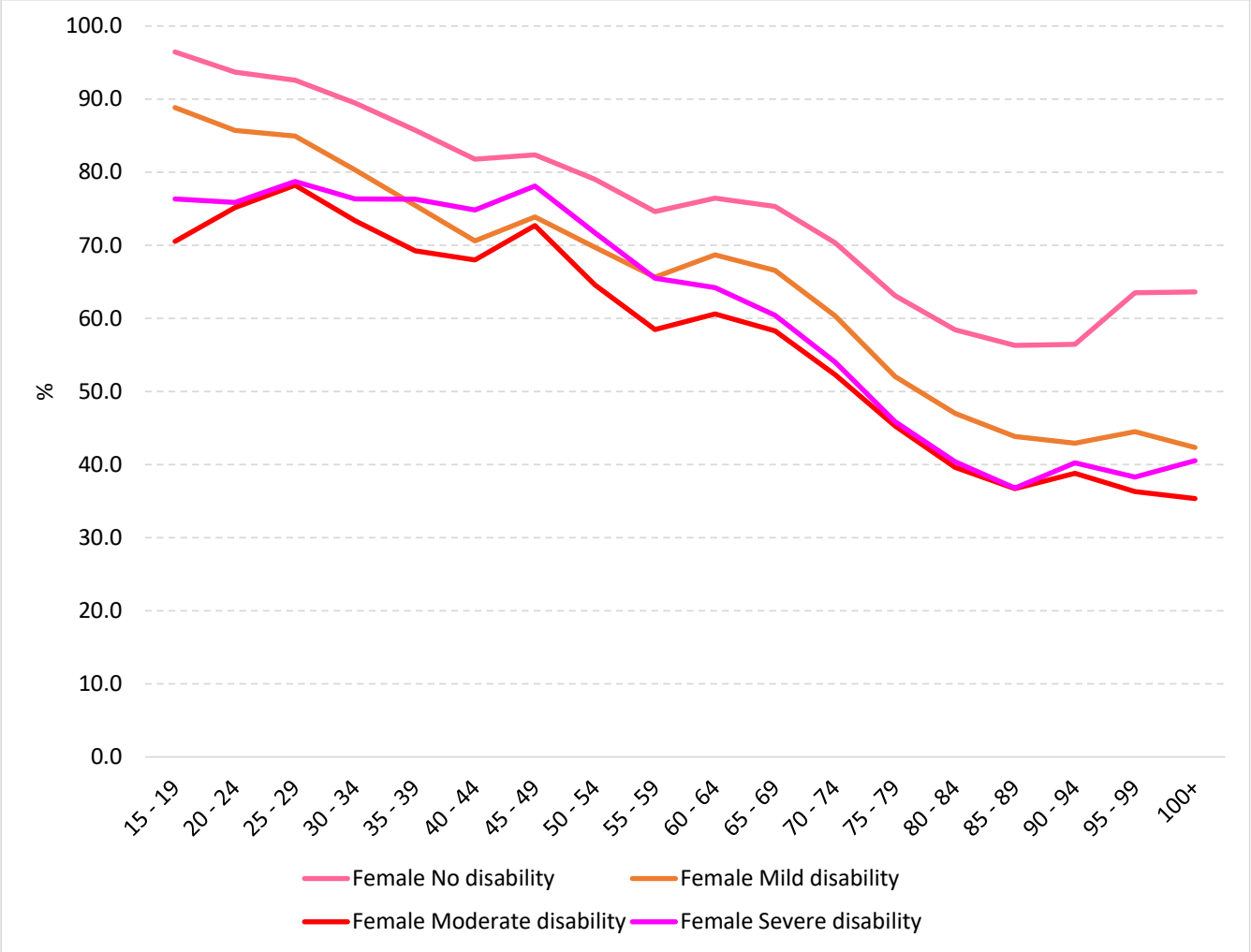
with people in some regions having three times higher odds to be illiterate than in others. Being in the lowest wealth quintile seriously diminishes one's chances of being able to read and write. A person in the highest wealth quintile has four-times higher odds to be literate than their counterpart in the lowest wealth quintile. Actually, the wealth position of the household seems to have a more discriminatory effect than the degree of disability of the individual. If a person has a mild disability, their odds of being literate drops to 0.636 compared to a person with no disabilities. For persons with a moderate or severe disability, the likelihood drops to 0.436 and 0.386, respectively.

Figure 7. 6.a. Percentage of male population aged 15 years and over who are literate by degree of disability by age and sex, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

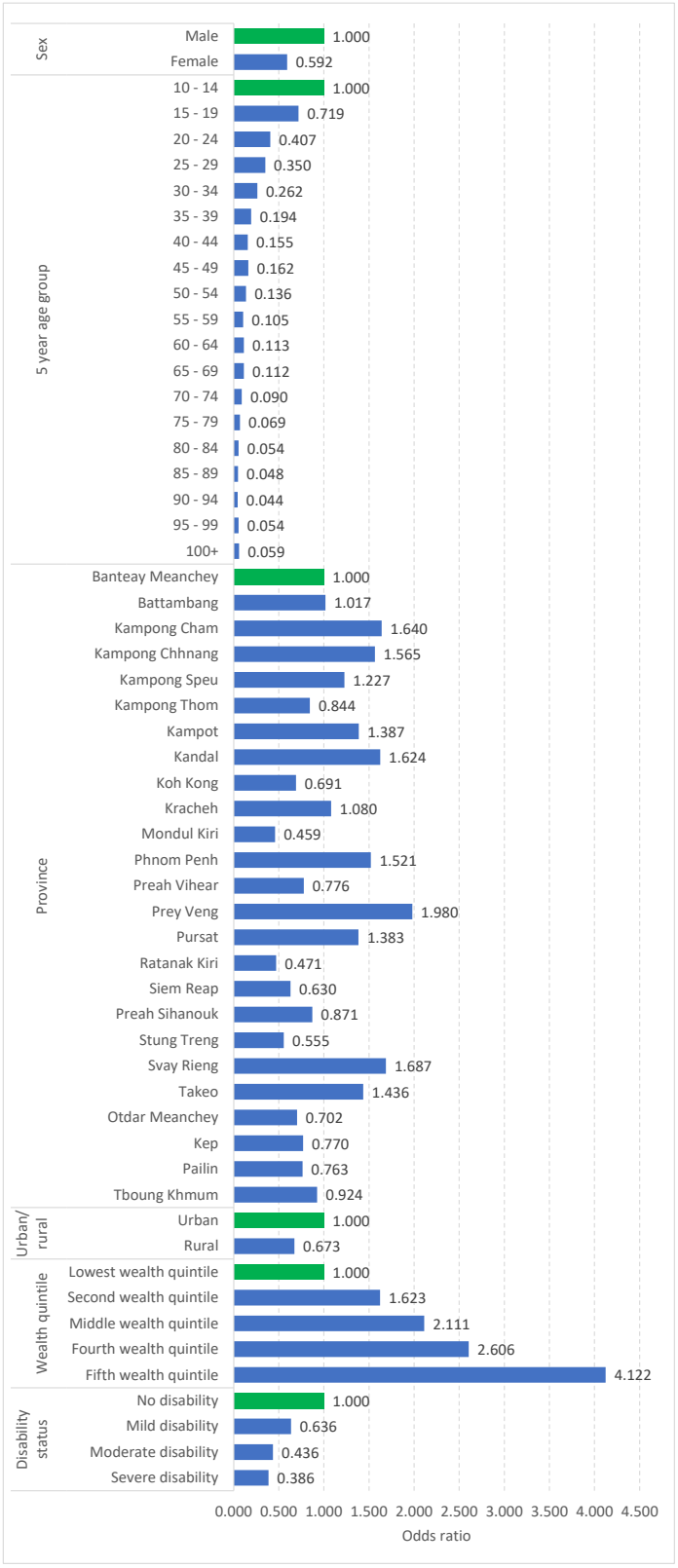
Figure 7. 6.b. Percentage of female population aged 15 years and over who are literate by degree of disability by age and sex, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

Lower literacy rates among persons with disabilities are seen across the globe (UNESCO, 2018). On average, the literacy rate for persons aged 15 and older with a disability was 61.9 percent for males and 48.5 percent for females. In all both four countries (Brazil, Costa Rica, Dominican Republic and Uruguay) part of the UNESCO (2018) study, women with a disability had lower literacy rates than their male counterparts. Looking at the difference between male and female literacy, one should take into account that many more older women with a disability than men are usually present in a population. As older persons are more likely to be illiterate, this could at least partially explain the large difference in literacy between persons from both sexes with a disability.

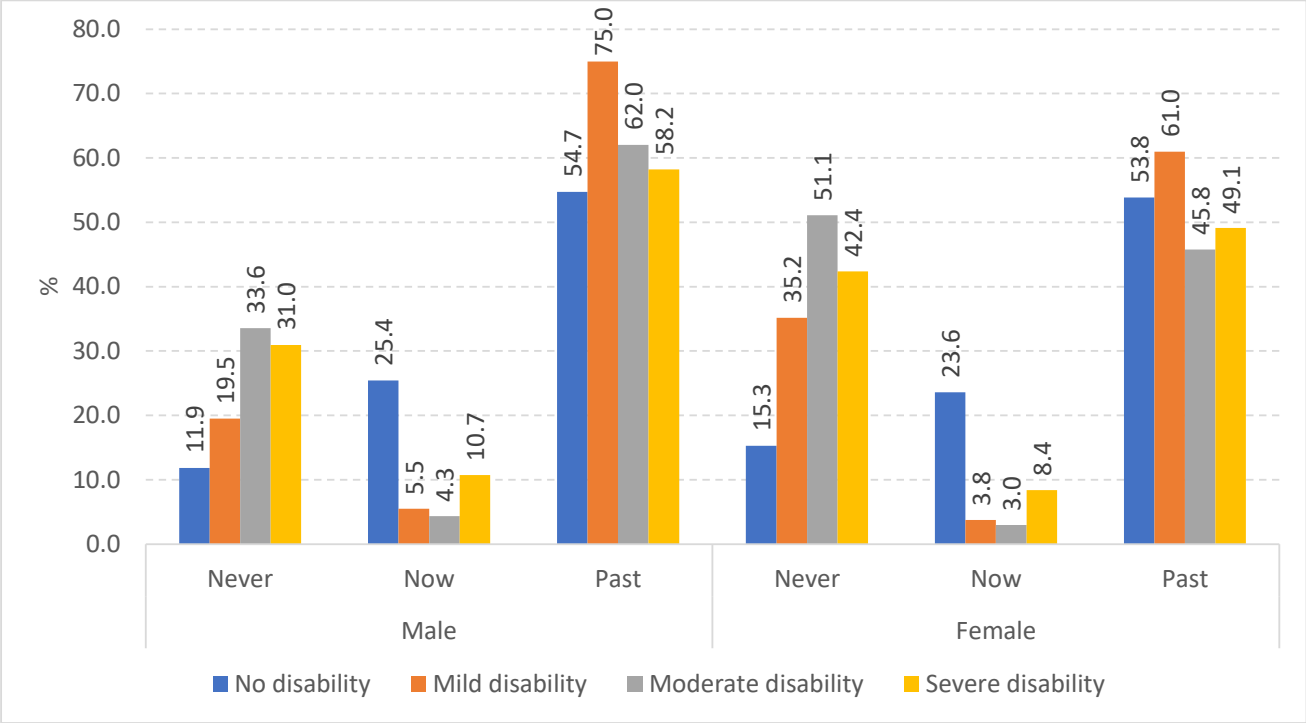
Figure 7.7 Logistic regression odds ratios literacy, person 10 years and older, GPCC 2019



7.3. Educational attainment

Closely related to levels of literacy is the overall educational attainment of the population. Figure 7.8 shows the three educational conditions (never in school, currently following education and past experience) by degree of disability and sex for the whole population. The graph shows that for both sexes, persons with disabilities are less in school and have a higher prevalence of never attending school. A less consistent pattern between the four degrees of disability can be observed for those who have finished their education.

Figure 7. 8. Educational status by sex and disability, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

However, one should not overinterpret the results presented in the graph above. Both degree of disability and educational attainment are highly dependent on age. It was shown before that the prevalence of disability is much higher among older age groups. As conditions for provision of schooling in the past were completely different from the present, educational attainment is strongly influenced by a person's age.

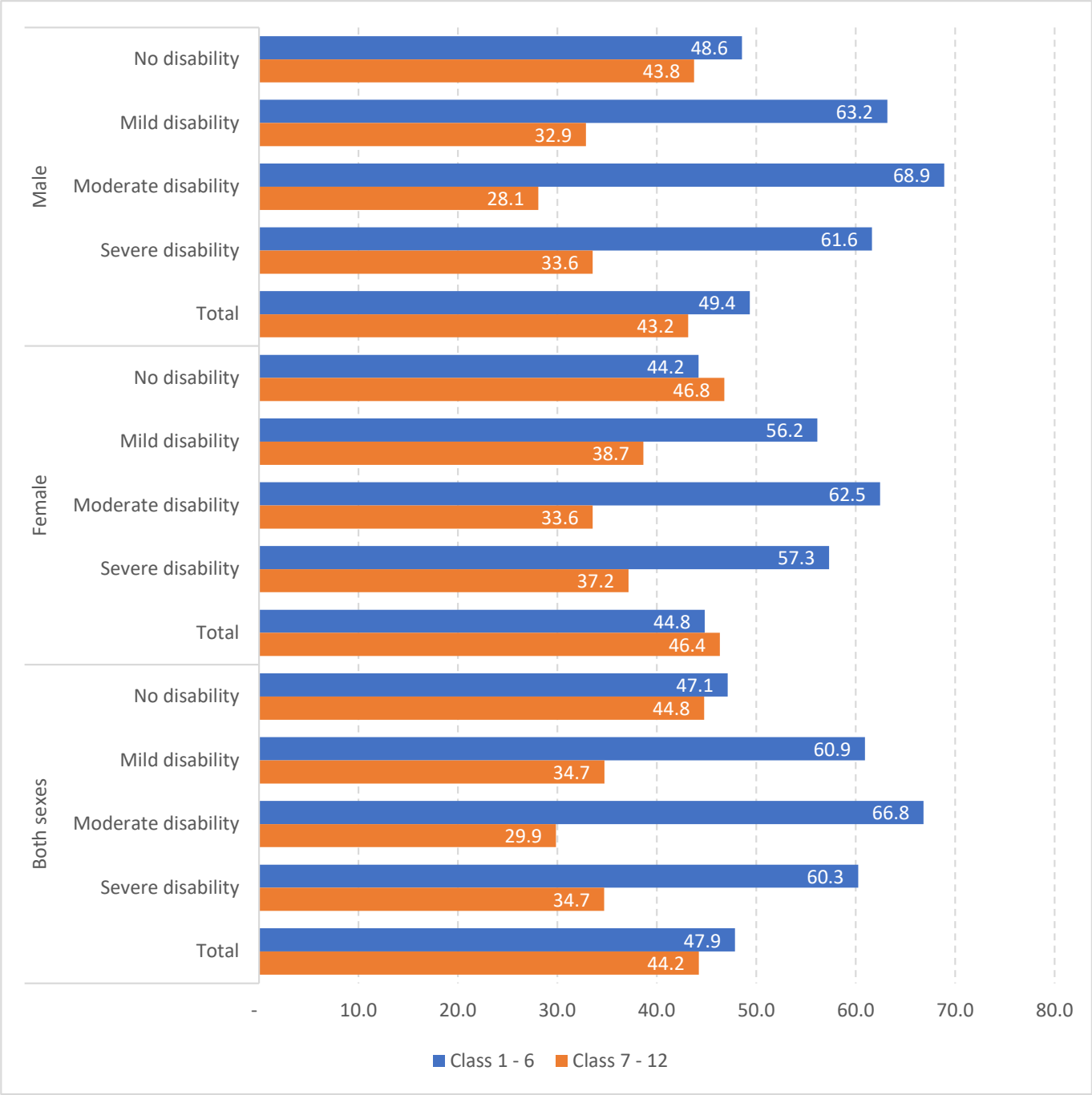
For those who finished school, it is important to measure the effect on educational attainment and one's disability status. In the census, respondents were asked about their highest grade completed. In addition, for those with technical/vocational or higher education their field of study was inquired. The following analysis focuses on those who finished their education and does not include those currently in school nor those who never went to school. Two categories were focused upon: grades 1 to 6 and grades 7 till 12.

Figure 7.9 depicts the percentage of persons who are older than 15 years of age and who halted their education in grades 1 – 6 or in 7 – 12, by sex and degree of disability. The graph clearly shows that the percentage of persons who stop in grades 1 to 6 is much higher for persons with disabilities than for persons with no disabilities, irrespective of sex. Among all persons 15 years and over with no disabilities who have finished at least some form of education, 47.1 percent do so during grades 1 to 6. Among persons with a mild disability, this percentage is 60.9. For persons with a moderate or severe disability, the percentages are 66.8 and 60.3, respectively. The same trend can be observed for males and females. For persons who finished their education between grades 7 and 12, one can observe an opposite trend with more persons with no disability reaching this level than persons with disabilities: 44.8 percent of persons with no disability reach this level, against for instance only 29.9 percent of persons with a moderate disability. Interestingly, the levels among women with a disability who reach an education level between 7 and 12 is somewhat higher than for men. For each of the three categories of disabilities (mild, moderate and severe), it is about 5 percentage points higher for women than men. Also in this analysis one should not overinterpret the results, as it is well possible that children with moderate or severe disabilities are enrolled in schools that act more like daycare centers rather than a regular school.

The same type of analysis was done for those who had followed at least some education and studied outside or beyond the 1 to 12 grade system. These grades were divided in two groups: those who finished a) lower secondary, upper secondary, technical vocational pre-secondary or technical vocational post-secondary, and b) those who finished a university education (bachelor's degree, master's degree or PhD). As figure 7.10 shows, 3.7 percent finished one of the educations mentioned in group A. The levels for both men and women are consistently higher for persons with no disability than for the three disability groups. The same trend can be seen in the higher education group. The percentage of persons who finish higher education among the group of persons with at least some education was at least twice as high as among people belonging to any of the three degrees of disability.

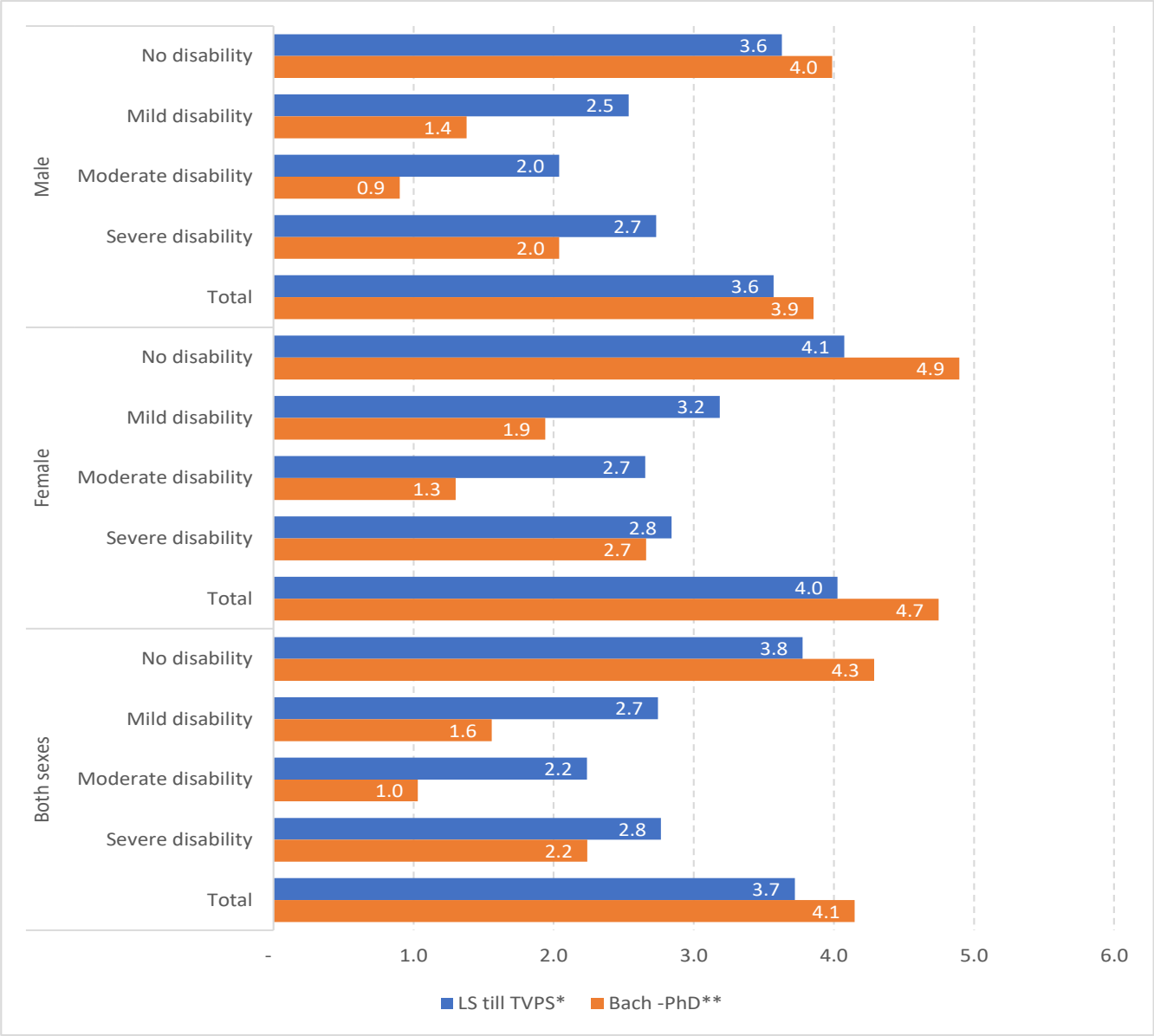
According to the 2019 GPCC, 7,138 persons with a mild, moderate or severe disability had obtained their bachelor's degree, 1,730 persons with a moderate disability obtained a master's degree and 603 persons with severe disabilities have a PhD degree. While 4.3 percent of persons with no disability who have at least followed some type of education have a higher education, it is only 1.6 percent among those with a mild disability, 1.0 percent among those with a moderate disability and 2.2 percent among those with a severe disability. Again, women with a disability score somewhat higher than their male counterparts. For each degree of disability, the percentage of women who finished a higher education is slightly higher than for men.

Figure 7. 9 Percentage of persons 15 years of age and older, with at least some education, who stop their education in grades 1 - 6 or in 7 - 12, by sex and degree of disability, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

Figure 7.10 Percentage of persons 15 years of age and older who finished a) lower secondary, upper secondary, technical vocational pre-secondary and technical vocational post-secondary, and b) a university education (bachelor's degree, master's and PhD), by sex and degree of disability, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

* Lower Secondary till Technical / Vocational Post-secondary

** Bachelor till PhD.

The 2019 GPCC also asked what the main subject of study was for all persons who completed technical/vocational studies (pre-secondary and post-secondary), bachelor/graduate degree, master's degree, PhD or those who obtained any other higher diploma. This allows for a comparison of the subject areas across degrees of disability. One has to realize that the absolute

number of persons with disabilities who finish a technical/vocational studies or higher education is quite limited. For the whole country, field of study was only indicated for 5,668 persons with a mild disability, 769 persons with a moderate disability and 522 persons with a severe disability. As indicated before, there is evidence that the prevalence of disability is under-reported in the census and therefore there will be additional persons with a more specialized or advanced education. Table 7.2 shows the ten most popular fields of study for persons 15 years of age by degree of disability. Accounting seems to be the most popular field of study for both persons with and without a disability. Other popular study fields are bank and finance, medicine, management studies, human resource management and law.

Table 7. 2 Ten most popular fields of study for persons 15 years of age and older by disabilities status, 2019 GPCC

No disability		Mild disabilty	
Accounting	15.8	Accounting	12.0
Bank and Finance	7.9	Medicine (general and all branches)	7.2
Human Resource Management	5.8	Law	6.7
Law	5.8	Human Resource Management	6.5
Medicine (general and all branches)	5.6	Bank and Finance	5.0
Management Studies	5.1	Management Studies	4.1
Computer and Information Technology	3.6	Teacher Education	3.2
Business Administration	3.2	Social Pedagogy	2.8
Market Study	3.2	Public Administration	2.4
English Language and Literature	3.1	English Language and Literature	2.3
Moderate disability		Severe disability	
Accounting	9.6	Bank and Finance	13.4
Human Resource Management	8.3	Accounting	7.5
Audition	6.6	Medicine (general and all branches)	5.0
Medicine (general and all branches)	6.5	Civil Construction	4.4
Law	4.7	Management Studies	4.4
Bank and Finance	4.4	Human Resource Management	3.8
Vocational Technical Subject	3.5	Business Administration	3.4
Teacher Education	3.4	Law	2.9
Education	3.1	Computer and Information Technology	2.7
Public Administration	3.1	Khmer Language and Literature	2.7

Source: National Institute of Statistics, GPCC 2019

In general, table 7.2 shows that there is no extensive difference in the choice of studies between the different degrees of disability. For instance, comparing the study choice of persons with no disabilities with those with severe disabilities, one can see that out of the ten most popular studies eight are the same between both disability statuses.

CHAPTER 8: ECONOMIC ACTIVITY AND DISABILITY

A crucial aspect of an adult's dignity and well-being is having employment and decent work . Decent work creates economic empowerment which can aid independent living and is the most effective way to break vicious cycles of poverty and marginalization, including among persons with disabilities (UNDESA, 2018). Persons with disabilities face adverse economic opportunity due to not only their disability status, but also the gendered cultural norms, stigma and social norms which create misconceptions about their abilities and thus fail to recognize their potential (UNDESA, 2018; Gartrell, Baesel & Becker, 2017). Those with a disability typically achieve lower levels of education and are more likely to be unemployed. If employed, they often have lower status occupations which earn less wages. This directly impacts the living standard and quality of life, including whether the person lives in poverty, social isolation and in poor mental health (Gartrell, 2010).

The Royal Government of Cambodia's 2009 Law of the Protection and the Promotion of the Rights of Persons with Disabilities, as implemented under the country's 2010 sub-decree, was intended to protect the employment status of persons with disabilities in the country. The law stipulates that persons with disabilities have equal rights for decent employment. Among others, quotas were set to hire employees with disabilities. Palmer et al. (2017) showed that, despite its good intentions, employment among persons with disabilities fell by about an estimated 9 percent points in four years, after the acceptance of the law. Relatively more women than men with a disability lost their work. The authors suggest that because employers are responsible for providing an adapted place of work for persons with disabilities, they prefer to avoid these extra costs by simply not engaging persons with disabilities (Palmer et al., 2017). The 2019 GPCC provides a new opportunity to assess the situation of persons with disabilities on the labour market. This chapter provides an update of the position of persons with disabilities on the labour market.

The 2019 GPCC contained five questions on the economic activity of persons aged five and older covering main economic activity, type of occupation, employment status, industrial category of activities and employment sector. The concepts and definitions used in the 2019 GPCC to measure persons' economic activity divert substantially from the UN Principles and Recommendations for Censuses. Therefore, the results from the 2019 GPCC cannot be used to compare the situation in Cambodia with those in other countries. Instead of measuring economic activity at the time of the census, questions were asked about usual economic activity during the 12 months before the census. If a person had worked more than six months during this period, the person was considered to be working. The Principles and Recommendations stipulate that persons should be classified in a short reference period (mostly one week) according to their labour force status. Another important difference is the way unemployment and economic inactivity was considered in the census. Unemployment is usually measured on the basis of questions related to a person currently working or not, who is actively looking for work and being

available for work. This was not done in the GPCC. In the GPCC, a question was asked on the persons main activity during the year before the survey. Box 8.1 shows the answer categories for this question. This meant that it was basically the respondent who decided whether they were unemployed/economically inactive during the reference period of 12 months. Moreover, a person was only considered to be unemployed/economically inactive if they were without work for six months (or 183 days) or more during the 12 months before the census. Because of these diverging definitions, the overall unemployment rate as measured by the census is very low and stood at only 1.4 percent (1.3 percent for males and 1.5 percent for females).

Box 8.1 Answer categories for question on usual economic activity during the year before the census

Codes for column 18

Main activity during last year

1. . Employed (fill in cols. 19 to 22)
2. . Unemployed (Employed any time before)
3. . (Fill in col.19 to 22 for last employment),
4. . Unemployed (Never employed any
5. . time before)
6. . Home maker
7. . Student
8. . Dependent
9. . Rent-receiver, Retired or other income
10. recipient
11. 18. Other
12. (For codes 3 to 8 put dash (-) in cols. 19
13. to 22)

Figure 8.1. and its corresponding Table 8.1 show the large differences in main activity statuses of the population with a mild, moderate or severe disability and those with no disability. Sex was not included in the analysis at this stage, as gender aspects will be extensively discussed in chapter 12 on disability and gender.

The first and most important indicator to consider on the position of persons with disabilities on the labour market is the employment to population ratio (EPR). This ratio is calculated by dividing the number of employed persons by the total population in the active age-groups (15 – 64 years). Note that again, this is based on the usual employment situation during the 12 months before the census. The EPR stood at 80 percent for persons with no disability. This was less than half for

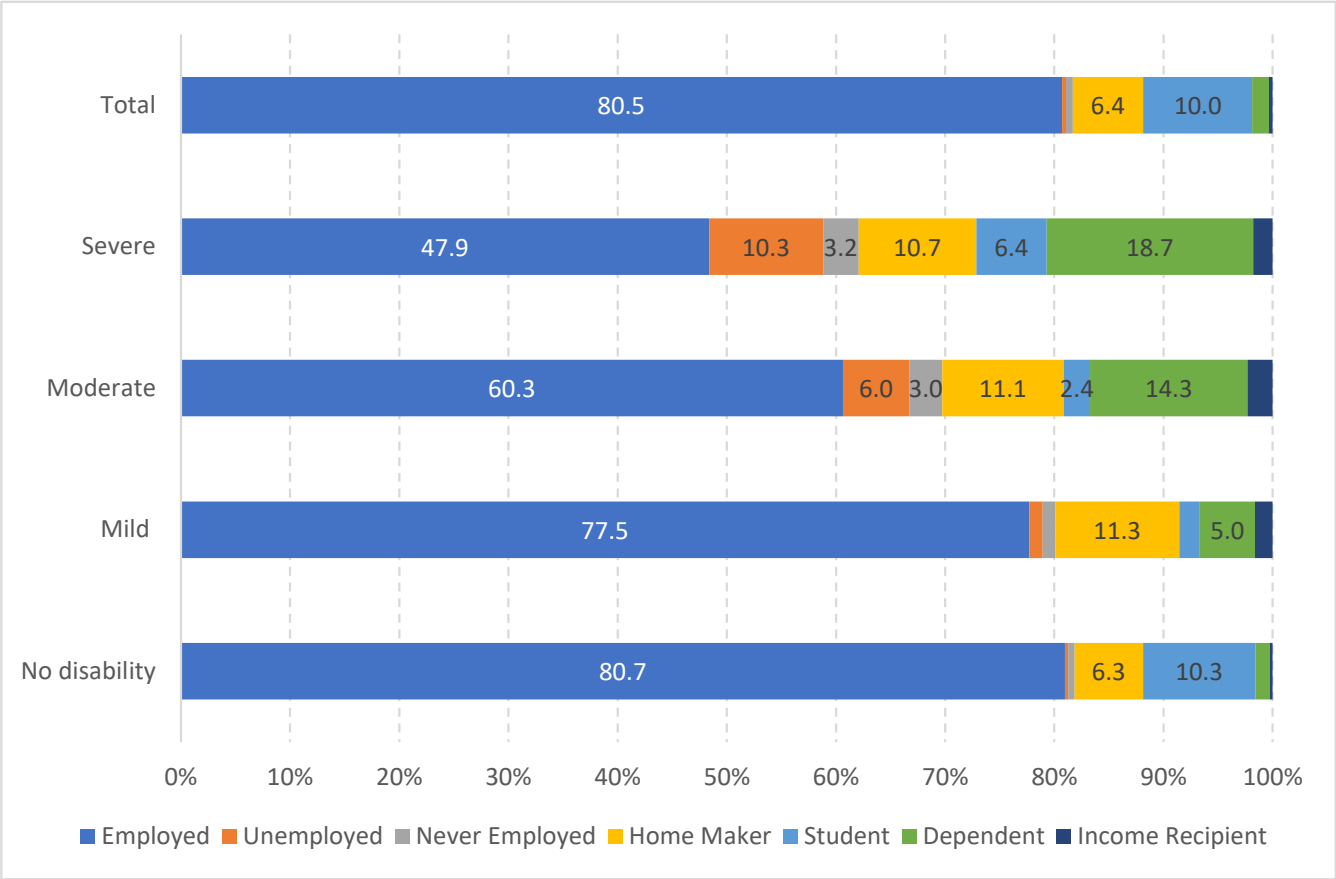
persons with a severe disability. Figure 8.1 clearly shows how the position of persons with a mild disability is much more alike to those with no disability, than those with a moderate or severe disability. At 77.5 percent, the EPR for persons with a mild disability is just 3.2 percent less than those with no disability. Persons with a moderate and severe disability have more than 20 and 30 percent lower EPRs compared to persons with no disability, respectively.

Differences in those who were unemployed during the 12 months before the census, clearly indicate the disadvantaged position of persons with disabilities on the Cambodian labour market. While only 0.3 percent of all persons aged 15 – 64 years with no disability had been unemployed for more than half of the 12 months before the census, this was 1.2 percent among persons with a mild disability, 6.0 percent among those with a moderate disability and 10.3 percent of persons with a severe disability. Note that these figures are not unemployment rates, which is calculated as the percentage of those unemployed divided by the sum of the unemployed and employed number of persons. Rather, it is the percentage of people who are unemployed as a percentage of the total population in specific disability sub-groups. While persons in the age group 15 – 64 years old with a mild, moderate or severe disability form 3.7 percent of the total population in that age segment, they constitute 25.2 percent of all persons who were unemployed for more than six months during the 12 months before the census. This relationship is even more extreme if we only look at the persons with a moderate or severe disability. In the census, only 0.8 percent of the population 15 -64 indicated they had a moderate or severe disability, but as a group they comprised 15.3 percent of all unemployed people.

Next to the percentage of employed and unemployed persons in the total population, other activity statuses show different patterns according to people's degree of disability. While only 1.5 percent of persons 15 – 64 indicate themselves as dependents in the household, this is 14.3 percent among persons with a moderate disability and 18.7 percent among persons with a more severe disability. The percentage of persons who are students shows an interesting pattern. The group of persons in the population with no disability who indicate they are students constitute 10.3 percent of all persons in the age group 15 - 64. For persons with a mild disability this is only 1.9 percent and only 2.4 percent for persons with a moderate disability. Compared to these two groups, those with a more severe disability score much higher with 6.4 percent of all persons being students. It is unclear whether this is indeed a real trend or whether it is caused by an anomaly in the data.

A similar trend of employment among persons with disabilities can be seen worldwide. UNDESA (2018) reported that "across eight geographical regions, the employment to population ratio (EPR) for persons with disabilities aged 15 years and older is 36 per cent on average, whereas the EPR for persons without disabilities is 60 per cent (p. 152)." Furthermore, those with disabilities are more likely to be employed in the informal sector or be self-employed – making their job security potentially less secure (UNDESA, 2018).

Figure 8.1 Main activity status by degree of disability of persons aged 15 – 64 years, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

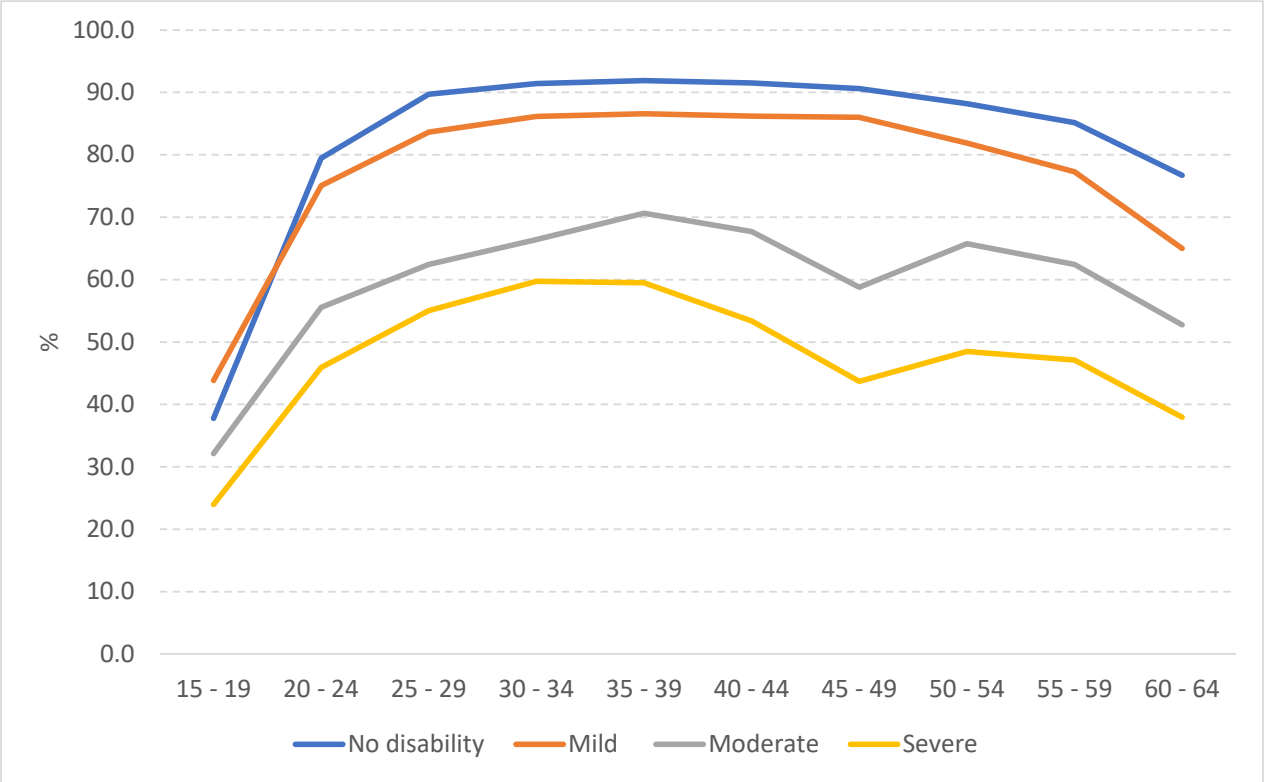
Table 8.1 Main activity status by degree of disability of persons 15 – 64 years, 2019 GPCC

Number of persons										
	Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
No disability	7,829,549	27,738	55,793	607,332	994,105	126,698	27,727	18,887	8,431	9,696,260
Mild	228,609	3,651	3,358	33,390	5,588	14,801	4,810	507	369	295,083
Moderate	32,200	3,222	1,596	5,912	1,288	7,651	1,226	243	105	53,443
Severe	11,424	2,466	764	2,548	1,519	4,464	425	166	63	23,839
Total	8,101,782	37,077	61,511	649,182	1,002,500	153,614	34,188	19,803	8,968	10,068,625
Percent distribution										
	Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
No disability	80.7	0.3	0.6	6.3	10.3	1.3	0.3	0.2	0.1	100.0
Mild	77.5	1.2	1.1	11.3	1.9	5.0	1.6	0.2	0.1	100.0
Moderate	60.3	6.0	3.0	11.1	2.4	14.3	2.3	0.5	0.2	100.0
Severe	47.9	10.3	3.2	10.7	6.4	18.7	1.8	0.7	0.3	100.0
Total	80.5	0.4	0.6	6.4	10.0	1.5	0.3	0.2	0.1	100.0

Source: National Institute of Statistics, GPCC 2019

The age specific EPRs in Figure 8.2 show the unfavorable position of persons with disabilities on the labour market for all age categories. For instance, the employment to population rate for all people between ages 35 – 39 years is 91.6 percent. For persons with no disability, this is 91.9 percent. The more severe the disability, the lower the labour force participation. For instance, in age group 35 – 39 years, 86.6 percent of persons with a mild disability are economically active, against 70.6 percent with a moderate disability and 59.5 percent with a severe disability. It is also interesting to note that in the youngest age-group, persons with a mild disability seem to enter the job market at an earlier age than those with no disability. Although the difference is small, this may be because they leave school at an earlier age (see previous chapter) or are maybe involved more in child labour.

Figure 8.2 Age-specific employment to population rates by degree of disability, 2019 GPCC



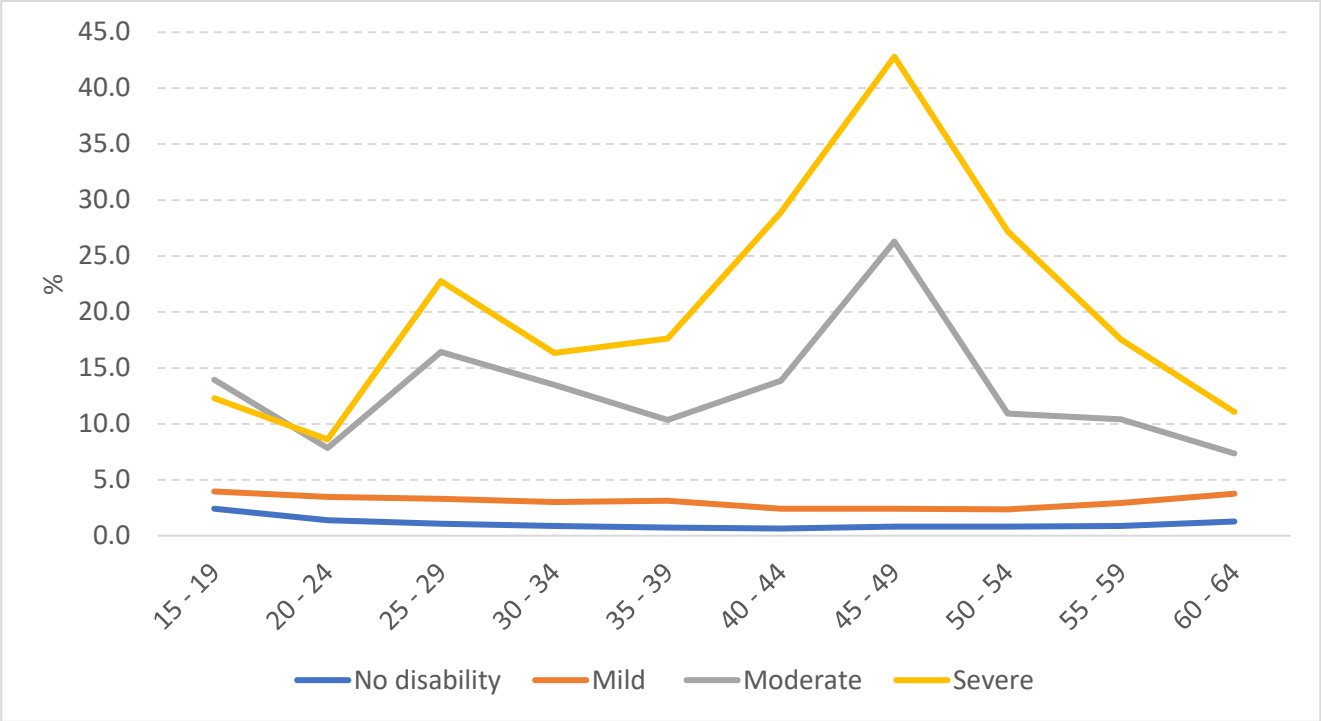
Source: National Institute of Statistics, GPCC 2019

An additional way to look at the position of persons with disabilities on the labour market is to look at unemployment rates by degree of disability. Unemployment is the percentage of the total labour force that was unemployed, with the labour force being the sum of those employed and those unemployed. The unemployment rate was calculated for those in the active age group, i.e., those within the age group 15 – 64 years old. Again, unemployment experience of the population was looked at for the whole year before the census and indicates whether a person had been unemployed for most of the year. The group of unemployed included those who answer 'unemployed any time before' or 'unemployed (never employed before). The unemployment

rate for all persons in this age group was 1.2 percent. The low unemployment rate is caused by the diverging definition of unemployment in the census. The enumerator manual indicates that a person should be considered unemployed if he/she was 'without work but were seeking work or available for work' (NIS, 2018). Persons with no disability had an unemployment rate of 1.1 percent. Those with a mild disability scored somewhat higher (3.0 percent). Unemployment is high among persons with a moderate disability (13.0 percent) and very high among persons with a severe disability (22.0 percent).

Unemployment among persons in Cambodia with a disability is highly age dependent. Figure 8.3. shows the age specific unemployment rates for each disability group. While no real age pattern can be observed for persons with no disability or a mild disability, those with a moderate and severe disability show the same age pattern with high unemployment between ages 25 and 29 and very high levels in the age group 45 to 49 years. These patterns show that young entrants on the labour market with a disability have great difficulty finding a job. Unemployment for persons 25 – 29 years old is 2.4 percent for persons with no disabilities, but 13.9 and 12.3 percent for those with a moderate and severe disability. After age 40, unemployment among persons with a moderate or severe disability increases to 26.3 and 42.8 percent in age group 45 - 49, respectively. Unemployment drops rapidly for both groups after age 50.

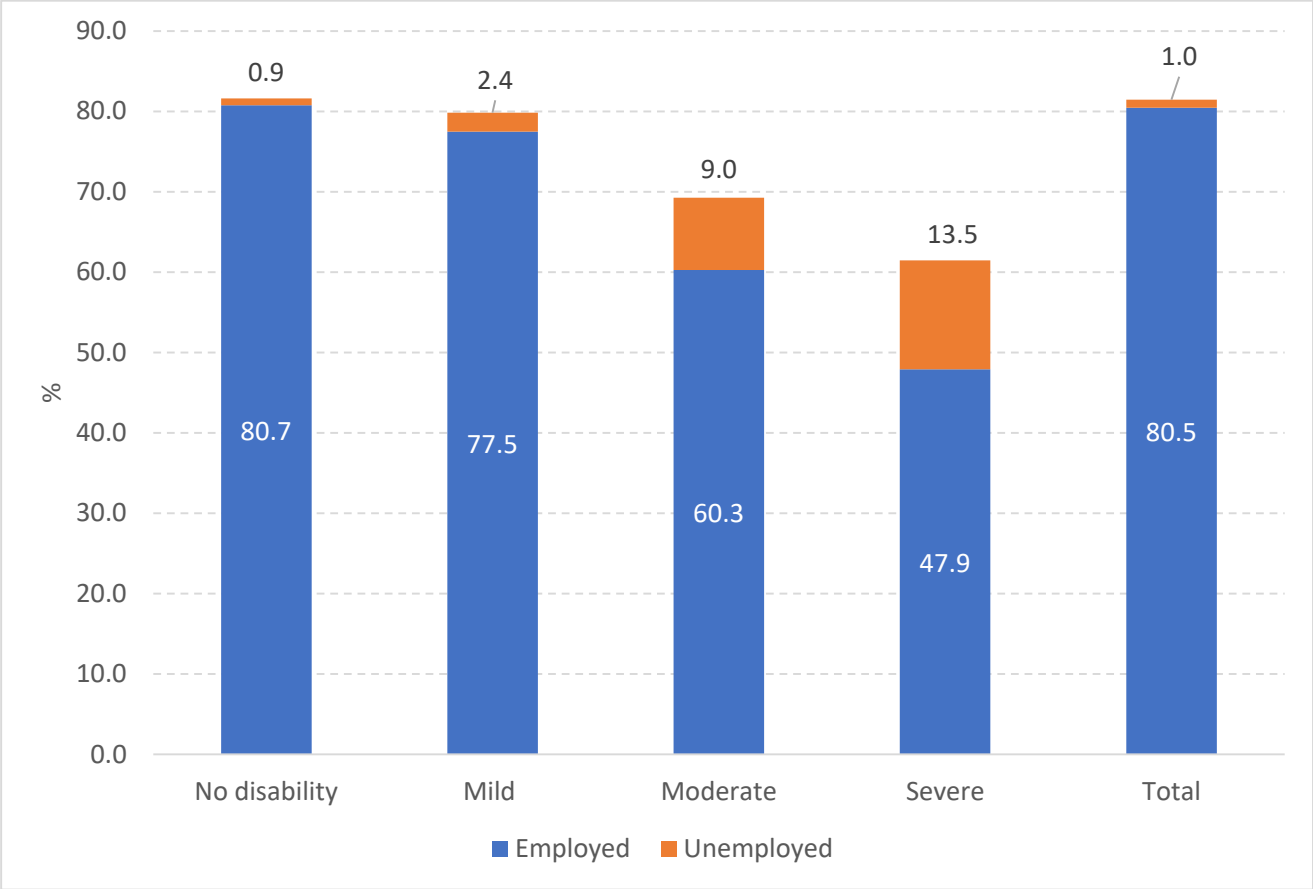
Figure 8.3 Age-specific unemployment rates by degree of disability, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

The labour force position of persons with and without disabilities is summarized in figure 8.4. The graph clearly shows the more severe a person's disability the lower his/her chances of being employed and the higher his/her changes of being unemployed during the last 12 months before the census. These figures show that, despite the actions and regulations to provide job opportunities for persons with disabilities, the country still has a long way to go to reach equality on the labor market.

Figure 8.4 Percentage of persons 15 – 64 years old in the labour force, by employment and unemployment status and by degree of disability, 2019 GPCC

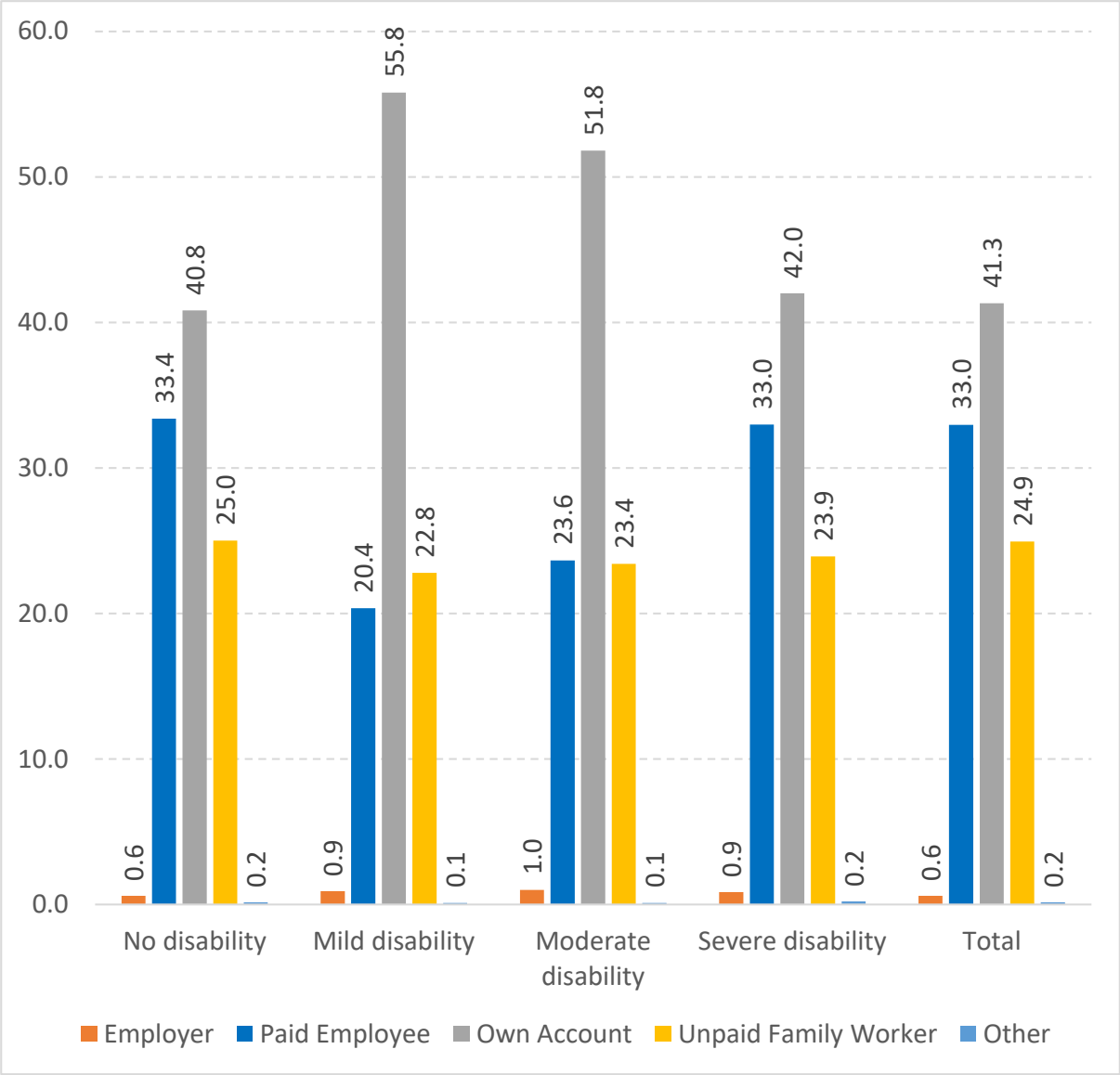


Source: National Institute of Statistics, GPCC 2019

The type of employment of persons with disabilities shows an interesting and somewhat unexpected pattern (figure 8.5). Five different types of employment status are discerned: employer, paid employer, own account worker and other employment status. One would expect that persons with severe disabilities would have a different employment status from persons with no disabilities, but this is not the case. Actually, the percentages among employed persons with severe disabilities are almost identical to the percentages of persons with no disabilities. While the patterns for persons with mild and moderate disabilities are different with most persons having the employment status of own account workers. More than 40 percent of persons

with no disabilities or severe disabilities belong to this group, while more than 50 percent of persons with mild or moderate disabilities work on their own account. Close to a quarter of all persons working in Cambodia do so as unpaid family workers. Minor differences exist between the different disability groups. However, paid employment is quite different between persons with mild or moderate disabilities and persons with no or severe disabilities. It is unclear what exactly causes this pattern of employment status.

Figure 8.5 Employment status of all employed persons 15 - 64 years old, by degree of disability, 2019 CPHC



Source: National Institute of Statistics, GPCC 2019

CHAPTER 9: DISABILITY AND MIGRATION

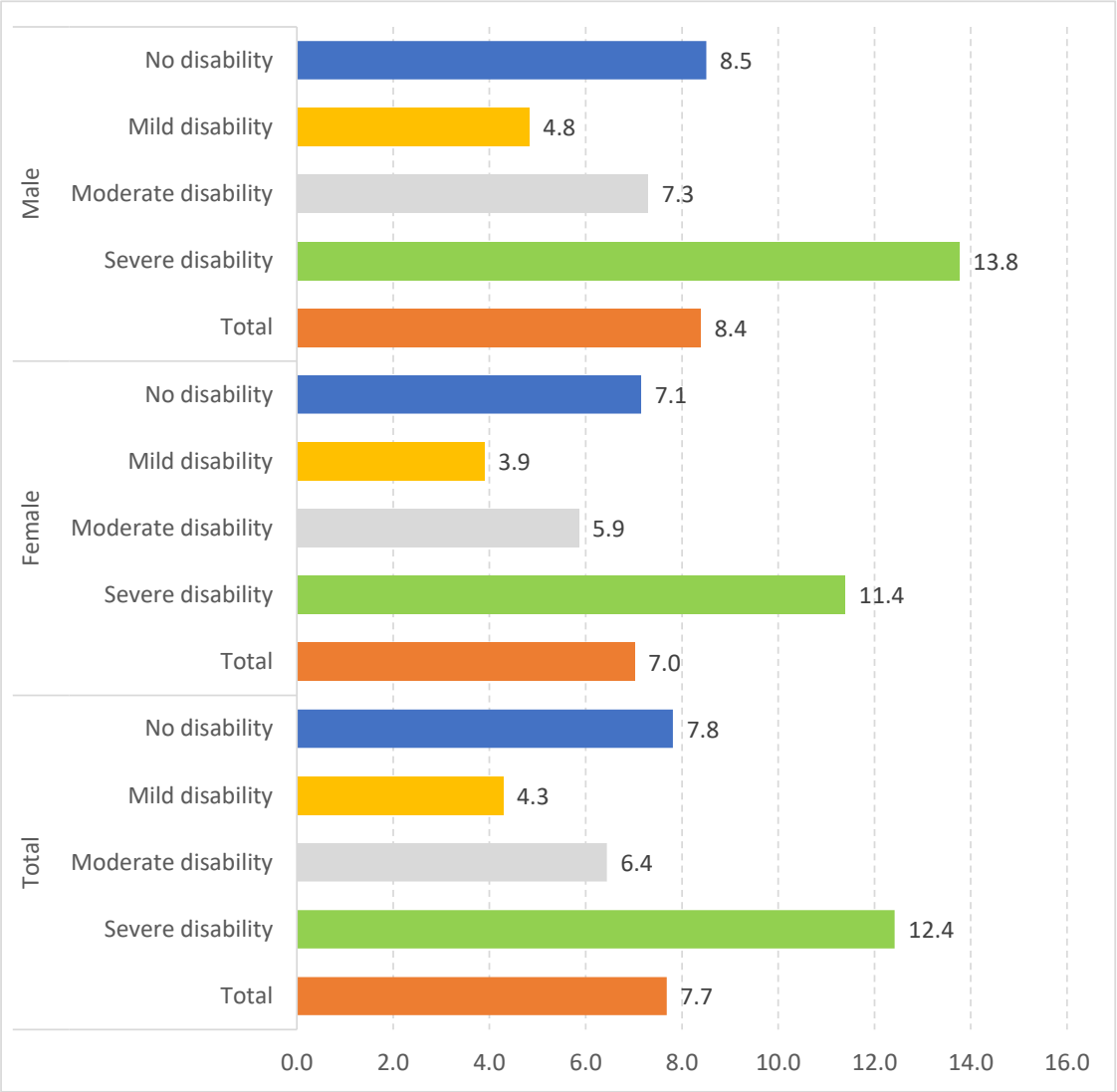
Migration refers to "both voluntary movement (e.g., migrant workers) and involuntary movement (e.g., refugees) of women and men, across geographic borders internationally or internally, with the search for a better life (UNDESA, n.d.)." Persons with disabilities are often a hidden problem when it comes to migration. Research has shown that migrants with disabilities are often not identified and provided with the adequate treatment they need" (European Social Network, n.d.).

According to the 2019 CHPC, the percentage of lifetime migrants in Cambodia was 21.5 percent. Urban areas have a higher percentage of migrants than rural areas, 35.5 percent against 12.4 percent. Over the years, the intensity of migration has increased, with no real difference between men and women. Migration is predominantly inter-provincial, with rural residents moving to the rapid increasing urban centres. The Policy on Labour Migration for Cambodia 2019-2023 stipulates how the Cambodian Government aims to manage a labour migration market and ensure it is sustainable, effective, and rights-based (ILO, 2018).

In addition to a question on the current place of residence, the census contains four questions to determine a person's migration status. First, for each person in the household the place of birth was registered (Khum/Sangkat, Srok/Khand/Kron) together with the province, if the person was born in Cambodia. If the person was born outside Cambodia, the country was noted. Then, the previous place of residence was asked, with an option that indicated the person had always lived in the same place. Third, for each person it was asked how long he/she had lived in the village of current residence and finally, the reason for migration was asked. On the basis of these answers, it is possible to determine whether the person is a lifetime migrant, i.e., their current place of abode is different from their place of birth. It is also possible to check whether the person has migrated during a fixed period before the census. In this analysis, mainly migration during the last five years before the census was considered. Any person who lived in a different district five years ago than the one he/she was residing in at the time of the census, is considered to be a migrant. Note that this also includes people who were living outside of the country five years ago.

According to the 2019 GPCC, among the population of 14,102,052 five years of age and older, 1,083,290 persons had migrated into the district where they were living at the time of the census, during the last five years. This accounted for 7.7 percent of the total population (Figure 9.1). Somewhat more men than women migrated: 572,912 (8.4 percent) men against 510,378 (7.0 percent) women. While the male population constituted 48.4 percent of the total population, they accounted for 52.9 percent of all recent migrants. Among the 1,083290 migrants, 901,642 were living in non-institutional households at the time of the census and 181,648 were living in institutional households.

Figure 9 Percentage of persons five years of age and older who migrated during the last five years, by sex and degree of disability, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

For both males and females, the percentage of persons who came to live in their current district during the last five years is by far the highest amongst persons with a severe disability. While among both sexes, 7.7 percent of the population came to live in their current district of residence during the last five years before the census, this was 12.4 percent for persons with a severe disability. For both the group with no disabilities as for the group of persons with a severe disability, the percentages are somewhat higher among males than females. Persons with a mild disability seem to migrate the least, while those with a moderate disability have a somewhat lower level of migration than those with no disability.

The reason why people moved away from their previous place of residence shows some remarkable patterns for the various degrees of disability (Table 9.1). As reasons of migration are very different for people in institutional and non-institutional households, two different tables

were made. For both men and women in non-institutional households with no disability, the most important reasons for migration are 'in search of employment' and 'family moved.' About 27.4 percent of men and 28.7 percent of women with no disability, in non-institutional households indicated the search for employment as the most important motivation to leave their place of residence. For men with a moderate or severe disability, looking for employment was also an important reason. About one in five migrating men with a moderate or severe disability migrated to search for employment. Among women with a moderate or severe disability, this reason is 14.6 and 21.2 percent, respectively. For persons with a mild disability this was also an important reason (23.9 percent for men and 19.6 percent for women), but far more important for the group of persons with a mild disability was because the family moved. This reason was mentioned by 34.4 percent of men and 47.8 percent of women. Another important reason, especially for migrating men, was transfer of the workplace. About 14 percent of men with a moderate or severe disability indicated transfer of workplace as the most important reason for moving.

Among persons residing in institutional households and who migrated during the last five years before the census, the reasons for migration were quite different. Among persons in an institutional household, transfer of workplace and search for employment play an important role but 'Visiting only' was by far the most reason of moving for persons with a moderate or severe disability. About 70 percent of men and women with a moderate or severe disability that they are only visiting the institutional household. The percentage of women who indicate visiting only as the reason for migration is almost twice as large as among men.

It may be that by 'visiting only' they indicate that they only will stay in the institution for a limited amount of time, for instance, to receive health care. Another observation is that a large percentage of women (45.6 percent) with no disabilities indicate 'visiting only' as the reason of migration. It is unclear why this reason was indicated for so many persons in institutional households. Perhaps residents of these households wanted to indicate the temporary character of their residence in the institution.

Table 9.1.a. Reasons for migration during the last five years, by sex and degree of disability for persons living in non-institutional households, 2019 CPHC

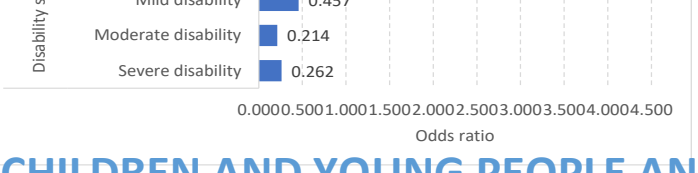
	Male				Female				Total			
	No disability	Mild disability	Moderate disability	Severe disability	No disability	Mild disability	Moderate disability	Severe disability	No disability	Mild disability	Moderate disability	Severe disability
Transfer of work place	16.1	16.9	13.9	14.2	13.7	10.6	9.3	12.1	14.9	13.4	11.5	13.1
In search of employment	27.4	23.9	18.2	22.4	28.7	19.6	14.6	21.2	28.0	21.5	16.3	21.7
Education	4.2	1.9	3.4	3.8	4.0	1.5	1.5	1.5	4.1	1.7	2.4	2.6
Marriage	16.7	11.7	12.5	12.6	10.9	6.1	6.1	10.3	13.9	8.6	9.1	11.4
Family moved	29.6	34.4	37.3	36.8	36.8	47.8	48.3	42.8	33.1	41.8	43.1	39.9
Lost land / lost home	0.4	0.9	1.0	0.5	0.4	0.9	1.1	0.9	0.4	0.9	1.0	0.7
Natural calamities	0.1	0.1	0.1	0.4	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.2
Dislocated due to Dam construction	0.1	0.1	0.3	0.0	0.1	0.1	0.3	0.6	0.1	0.1	0.3	0.3
Dislocated due to other major or small projects	0.2	0.3	0.5	0.1	0.1	0.2	0.2	0.2	0.1	0.2	0.3	0.2
Insecurity	0.1	0.7	1.2	0.1	0.2	0.9	2.1	0.4	0.1	0.8	1.7	0.3
Repatriation or return after displacement	0.3	0.9	1.2	1.5	0.3	0.9	1.8	0.7	0.3	0.9	1.5	1.0
Orphaned	0.1	0.2	0.7	0.9	0.1	0.2	0.5	0.0	0.1	0.2	0.6	0.4
Visiting only	2.4	4.4	4.5	3.2	2.5	7.2	8.2	5.5	2.4	6.0	6.5	4.4
Other	2.4	3.6	5.0	3.5	2.0	4.1	5.9	3.7	2.2	3.9	5.5	3.6

Source: National Institute of Statistics, GPCC 2019

Table 9.2.b. Reasons for migration during the last five years, by sex and degree of disability for persons living in institutional households, 2019 CPHC

	Male				Female				Total			
	No disability	Mild disability	Moderate disability	Severe disability	No disability	Mild disability	Moderate disability	Severe disability	No disability	Mild disability	Moderate disability	Severe disability
Transfer of work place	28.4	20.4	15.7	15.0	11.7	18.8	0.7	1.8	22.1	19.9	7.4	8.2
In search of employment	29.7	16.5	24.4	21.4	25.4	42.3	3.8	3.9	28.0	24.4	13.0	12.4
Education	10.7	8.1	2.4	4.8	7.8	5.2	0.3	1.7	9.6	7.2	1.2	3.2
Marriage	1.1	0.6	0.8	2.1	0.8	0.8	0.5	0.7	1.0	0.7	0.6	1.4
Family moved	2.8	3.9	0.4	0.5	4.9	11.0	0.7	0.7	3.6	6.1	0.6	0.6
Lost land / lost home	0.4	0.0	0.0	1.5	0.2	0.3	0.0	0.0	0.3	0.1	0.0	0.7
Natural calamities	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Dislocated due to Dam construction	0.2	0.0	0.7	0.0	0.0	0.2	0.0	0.0	0.1	0.1	0.3	0.0
Dislocated due to other major or small projects	0.4	0.2	2.7	0.0	0.1	0.2	0.0	0.0	0.3	0.2	1.2	0.0
Insecurity	0.0	0.0	0.1	0.0	0.0	0.3	0.0	0.0	0.0	0.1	0.0	0.0
Repatriation or return after displacement	2.0	0.1	2.1	0.7	0.4	0.2	1.7	0.0	1.4	0.1	1.8	0.3
Orphaned	0.9	0.5	1.5	2.7	0.6	0.7	0.1	0.1	0.8	0.5	0.7	1.4
Visiting only	10.4	2.6	40.8	49.9	45.6	3.0	90.8	91.0	23.7	2.7	68.5	71.0
Other	12.9	47.3	8.5	1.3	2.3	16.9	1.3	0.2	8.9	37.9	4.5	0.7

Source: National Institute of Statistics, GPCC 2019



Source: National Institute of Statistics, GPCC 2019

CHAPTER 10: CHILDREN AND YOUNG PEOPLE AND DISABILITY

Various national and international organizations use different definitions for 'youth.' For instance, UN Habitat defines a young person as someone between the ages of 15 and 32 years old, while UNICEF and UNFPA consider a person between 15 – 24 years a young person. In this report, children are defined as aged between 5 and 14 years, whilst young people (termed interchangeably as 'youth') are defined as the age group of 15-24 years. Children below the age of five were not included in the analysis, as the WG-SS questions on disability are not applicable to ages 0-4 years. The choice is further supported by the United Nations argument that "the definition that uses 15-24 age cohort as youth fairly serves its statistical purposes for assessing the needs of the young people and providing guidelines for youth development" (UNDESA, n.d.b.).

Across the globe, children with disabilities face serious rights violations. Their disability can be diagnosed or detected late, delaying the attention and care they need. Furthermore, due to their disability, they are often stigmatized, excluded from education or social participation, face inaccessible transport and infrastructure, while their parents may struggle to balance work life with taking care of them. Moreover, among the global population of girls and boys under the age of 18 years with intellectual or developmental disabilities, an estimated 68 percent and 30 percent are sexually abused, respectively. It is crucial that the rights of children with disabilities are upheld by ensuring they can grow up with their families, have access to adequate education and social support services, and are able participate in their communities (UNICEF, n.d.).

10.1. Prevalence of disability among children and young persons

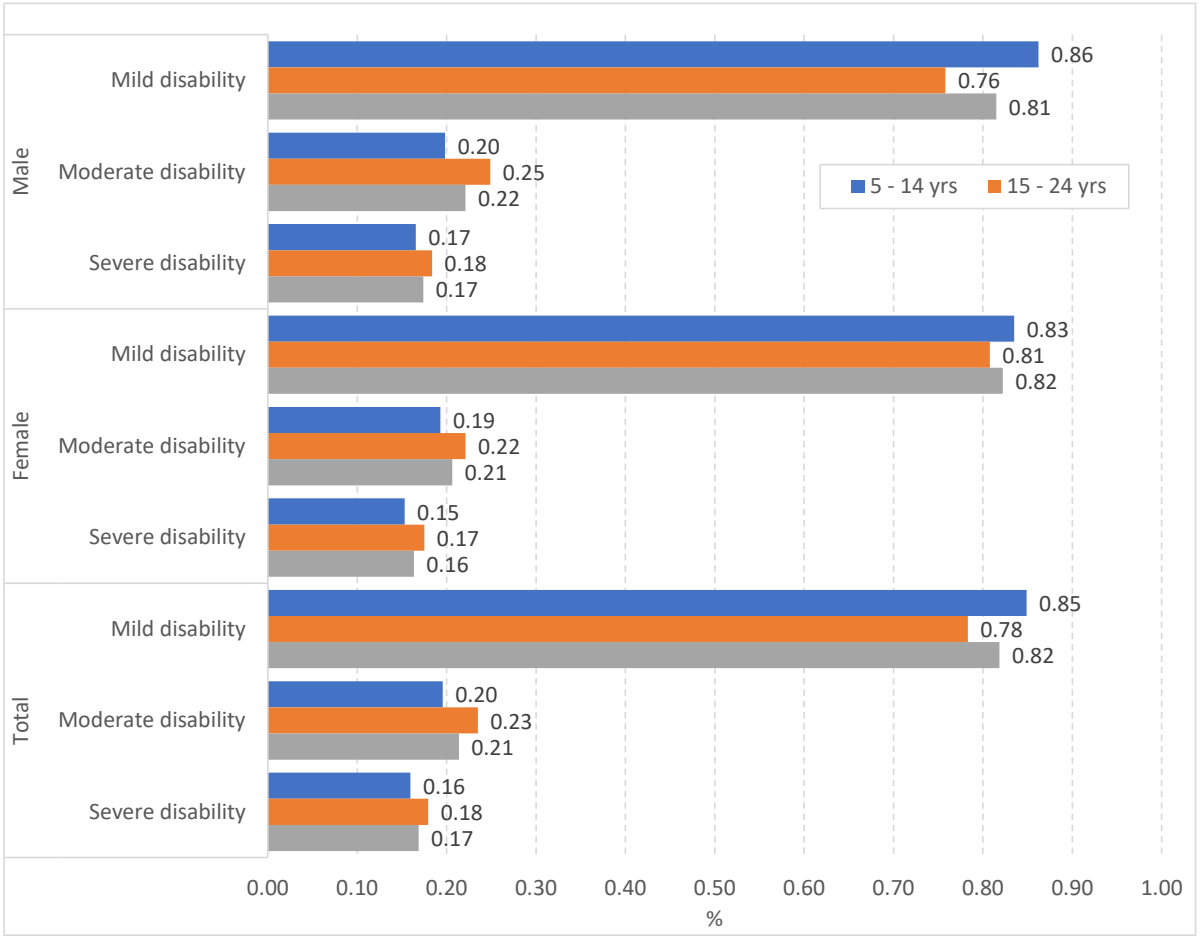
The percentage of children and young persons with disabilities in Cambodia, as measured by the 2019 GPCC, is very low. Figure 10.1 shows the percentage for children and young persons by sex and degree of disability. Only 0.82 percent of all persons 5 – 24 years old indicated that they had a mild disability, 0.21 percent had a moderate disability and 0.17 had a severe disability. In other words, a severe disability would only affect 1 in 600 persons in the broad age segment of 5 – 14 years. There is no doubt that the census disability figures for children and youth suffered from the same shortcomings as those for the adult and older population, leading to an important undercount of the number with disabilities.

10.2. Household situation

An important determinant of the physical and mental well-being of children and young persons with disabilities is the environment in which they grow up. The census provides two indicators that describe children's and young persons' living situation: a) the type of household in which they live and b) whether the child's mother is living in the same household. It is important to understand whether children live at home or in institutions, as ensuring that children can grow up with their families at home is often the best solution. It was found that globally, growing up in an institution is 17 times more likely for a child with a disability compared to another child. Internationally, much attention is currently being geared towards outreach services to support

families via home-visiting programs on child protection, health, nutrition and early childhood development, in order to ensure children, grow up in their own household whilst receiving the specialized services they require (UNICEF, n.d.).

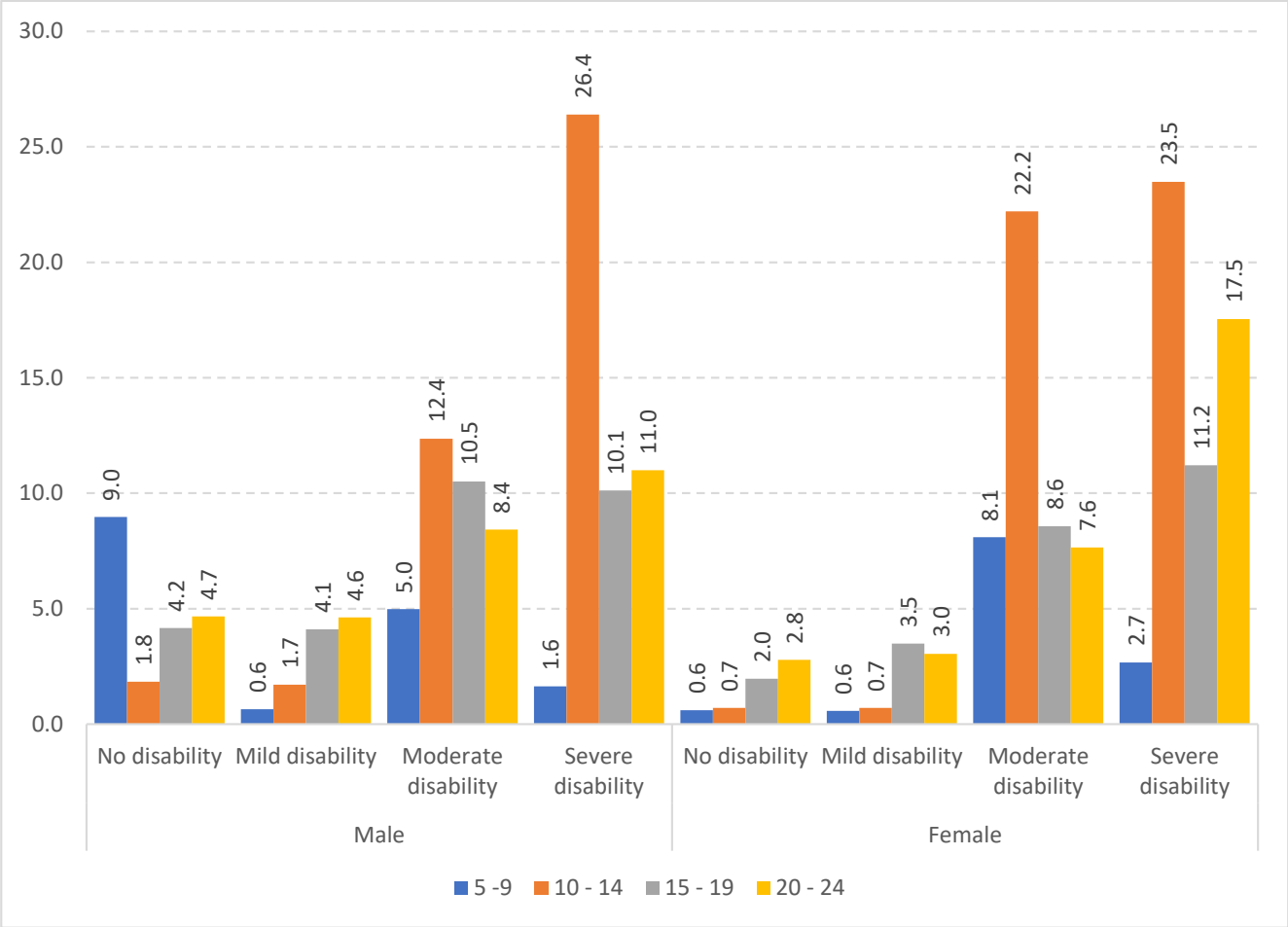
Figure 10.1 Percentage of children (5 - 14 years) and young persons (15 - 24 years), by sex and degree of disability, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019GPCC 2019

According to the 2019 GPCC, a total of 190,120 persons in the age group 5 – 24 were living in institutional households at the time of the census; 147,197 were males and 42,923 were females. In the census, no division was made between the various types of institutional households. As such, it is impossible to discern how many children and young persons live in monasteries, orphanages, nursing homes for persons with disabilities or even prisons. Figure 10.2 shows the percentage of persons in the age group 5 – 24 years old, who live in an institutional household by five-year age groups, sex and degree of disability.

Figure 10.2 Percentage of persons 5 - 24 years old living in institutional households, by sex, five-year age groups and degree of disability, 2019 GPCC

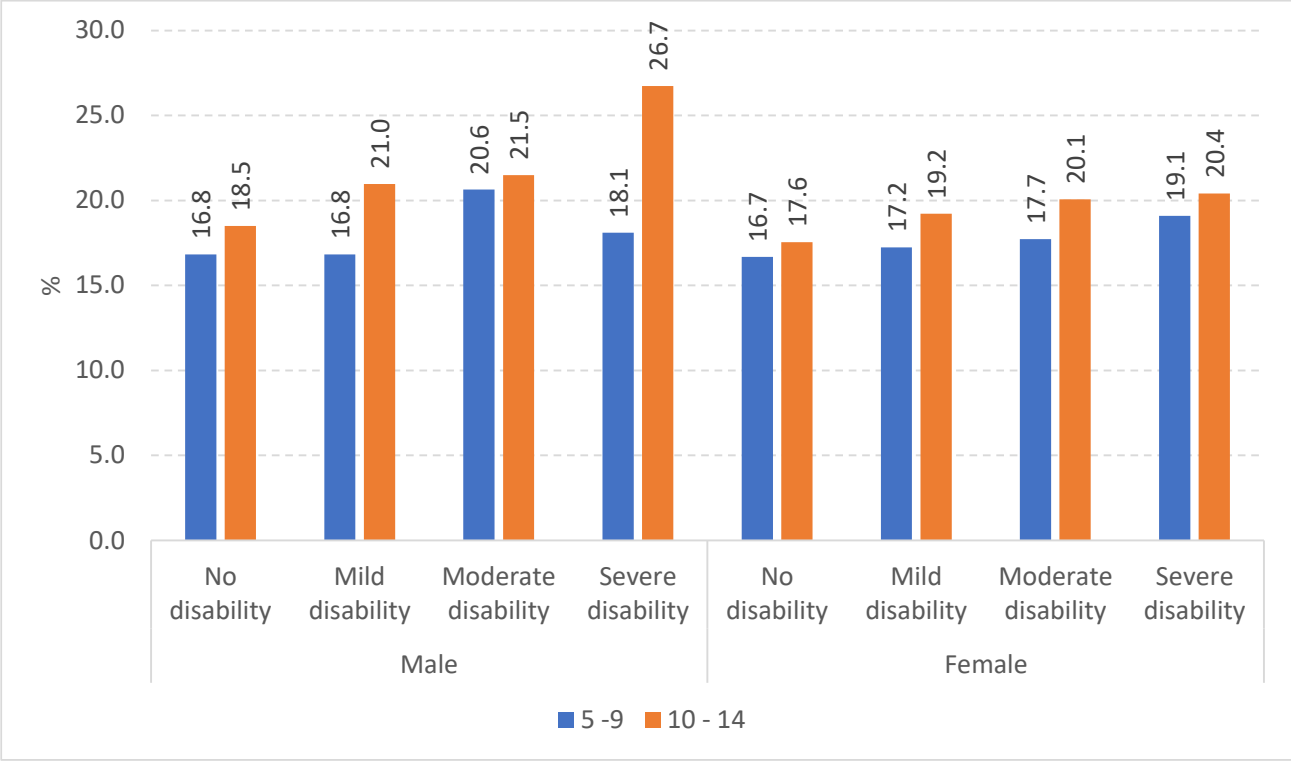


Source: National Institute of Statistics, GPCC 2019GPCC 2019

Figure 10.2 clearly shows that children and young persons with a moderate or severe disability are more often living in institutions than those with no or only mild disabilities, especially after the age of ten. Those aged 10 -14 years with a moderate or severe disability are most likely to live in an institutional household. Among boys with a severe disability, more than one in four is residing in an institution, which is just slightly more than girls with a severe disability, or even moderate disability. Whilst it is unclear which types of institutions these children resided in, it is unclear what type of role Buddhist monastic schools play as institutions where children and young persons with disabilities reside. A publication by UNICEF (2018) indicated that in these schools, students with physical disabilities are not accepted as disabilities are seen as the "physical and/or mental manifestation of wrong doings in a previous life" (Lunsford, 2018, p. 45). To have a better understanding of the types of institutional households that children and young people reside in, more in-depth research is needed.

For any child, but especially for children with a disability, both mother and father play an important role in the care and well-being of the child. The 2019 GPCC asked each person whether their mother was living in the house and to identify her.

Figure 10.3 Percentage of children 5 - 14 years old whose mother is not living in the same household, by five-year age group, sex and degree of disability, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

The percentages of children in the age groups 5 – 9 and 10 – 14 years who live in a household without their mother is depicted in Figure 10.3. For both age groups, the information is broken down by sex and degree of disability of the child. In the age group 5 – 9 years old, 16.8 percent of male children and 16.7 of female children with no disabilities live in a household without their mother. For the age group 10 – 14 percent this is 18.5 percent. Figure 10.3 shows that for each age group, the percentage of children not living with their mother is a few percentage points higher with each increasing degree of disability. The group with the highest percentage of absent mothers is among boys aged 10 – 14 years with a severe disability, who in 26.7 percent of cases do not live with their mother in the same household. Generally, percentages are slightly higher for boys than for girls with a moderate or severe disability.

Children and young persons with disabilities that are homeless or belong to boat or transient populations were limitedly enumerated during the census. Only five were identified as homeless, seven as living on a boat and 66 were part of the transient population.

10.3. Children and young people in the workforce

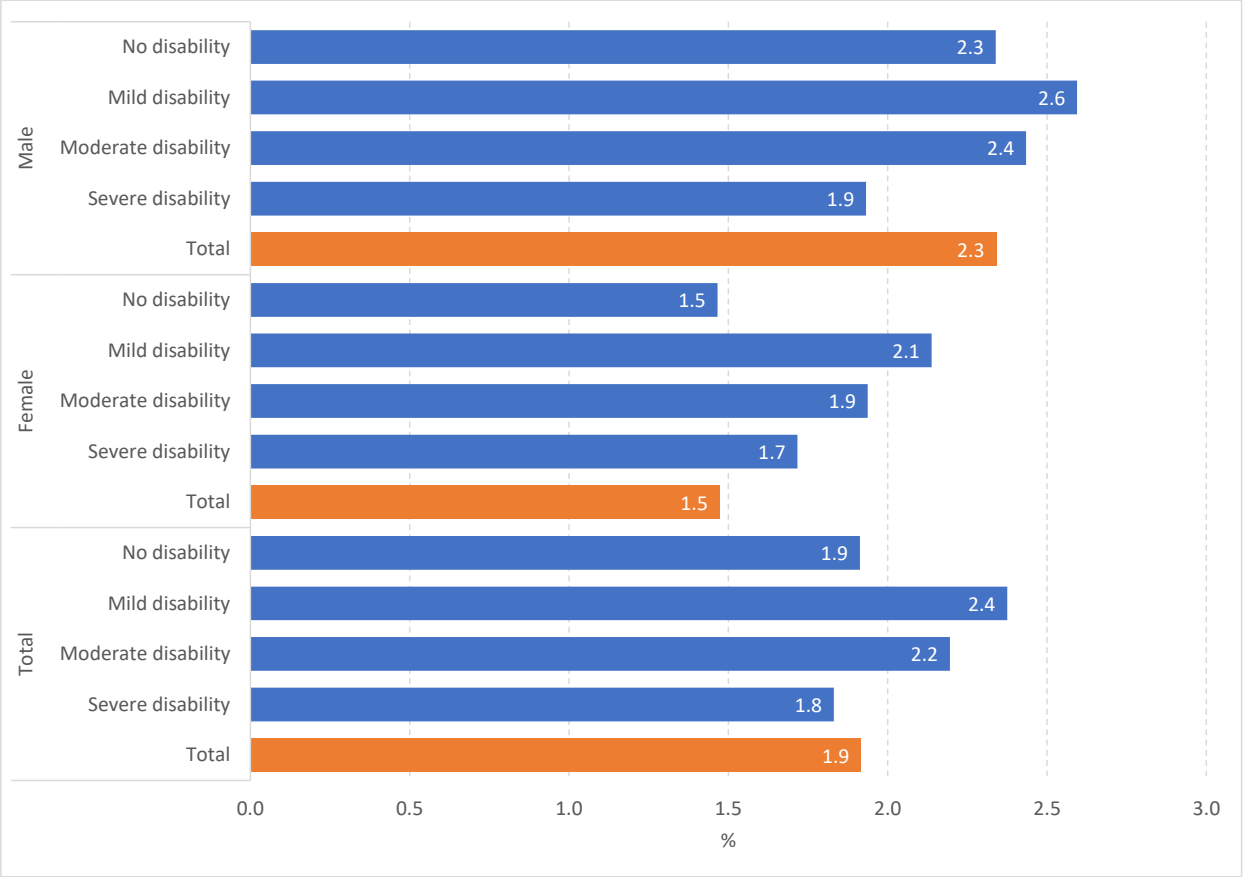
Child labour and child work are two different concepts. Child labour entails a child below the age of 18 years that engages in any economic activity for one hour or more in a reference week (for children aged 5-11 years); engages in permissible (non-hazardous) economic activity for more than 12 hours in the reference week or less than 12 hours in the reference week but working in designated hazardous industries and occupation (for children aged 12-14 years); or engages in economic activity for more than 48 hours in the reference week or less than 48 hours but in a designated hazardous industry and occupation (for children aged 15-17 years). The total number of child labourers is the sum of the children that fall in these categories (ILO, 2013).

According to the 2012 Cambodia Labour Force and Child Labour Survey, there were an estimated 755,245 children aged 5 – 17 years old that were economically active. This is an estimated 19.1 percent of all children. Among these, 276 thousand were younger than 15 years. Among all children that were economically active, 56.9 percent were child labourers and 31.1 percent had to perform hazardous work (ILO, 2013).

Based on the GPCC, the number of child labourers could not be determined as there were no questions asked on the amount or hazardousness of the work, they engaged in. Instead, the GPCC only allows analysis on economic activity for persons between the ages of 5 – 17 years who were employed for more than six months during the 12 months before the census – which can be referred to as 'child work.'

Figure 10.4 depicts the percentage of children 5 – 17 old who usually were working during the year before the census, by sex and degree of disability. The graph shows that the percentage of child work was 7.8 percent for boys and 6.4 percent for girls. Note that these percentages are considerably lower than the ones observed in the 2012 Cambodia Labour Force and Child Labour Survey, where 19.1 percent were working (ILO, 2013). It is unclear what causes this difference, but it is probably due to the fact that the Child Labour Survey figures are based on current status of employment (i.e., during the reference week before the interview), while the census data are based on usual status, which implies that the child needed to work more than half of the year (at least six months) to be considered employed. Little difference exists in the percentage of children with no disability compared to those with a mild or moderate disability. A small difference can be seen among those with a severe disability, with the percentage of those working children being lower. Although the 2012 Cambodia Labour Force and Child Labour Survey included the WG questions on disability, unfortunately, no analysis was conducted on the position of children and young persons with disabilities in the labour force (ILO, 2013).

Figure 10.4 Percentage of children younger than 18 years old, who usually worked during the year preceding the census, by sex and degree of disability, 2019 GPCC



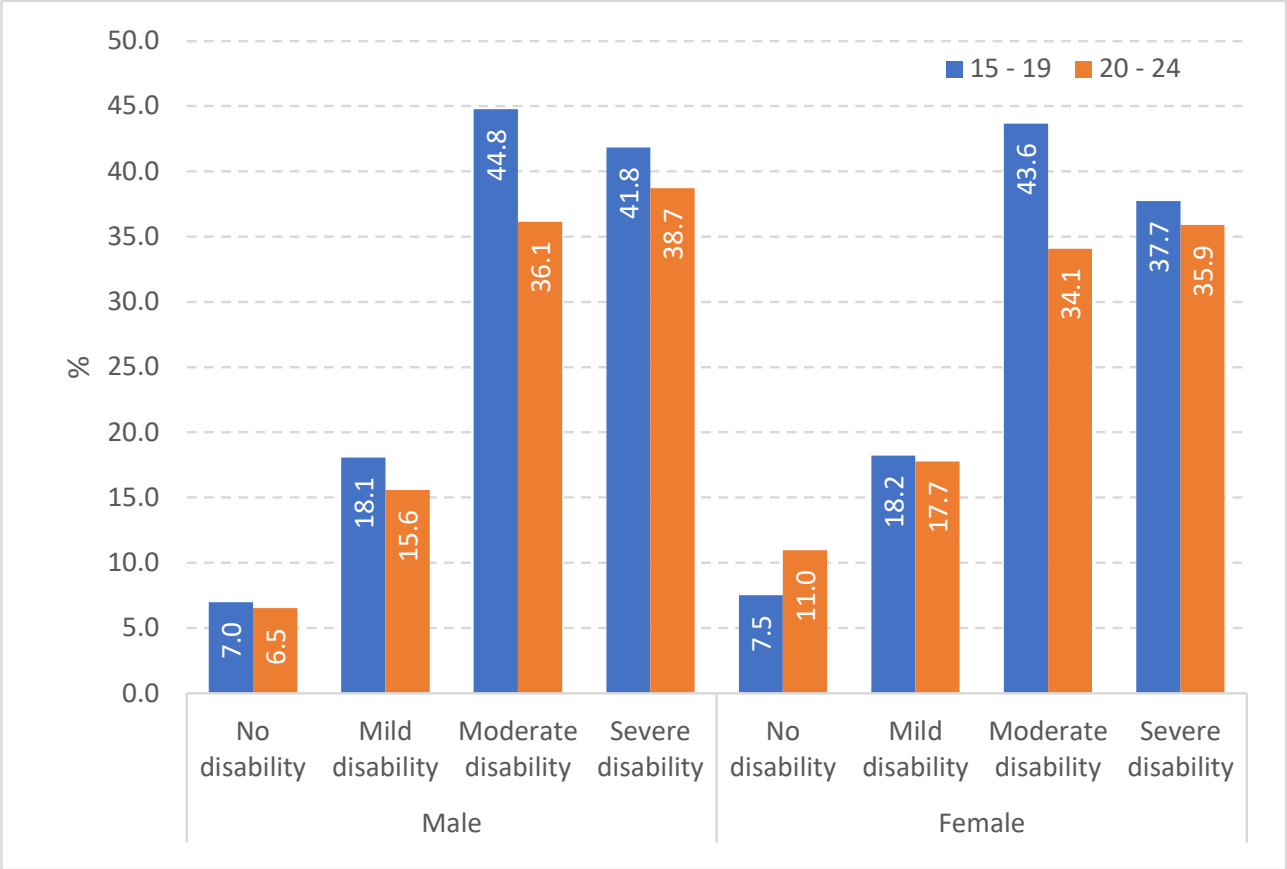
Source: National Institute of Statistics, GPCC 2019

Another important way to look at the position of young people in the labour market is the percentage of youth (aged 15 - 24) who are 'not in education, employment, or training' (referred to as 'NEET'). The GPCC gathered information on the employment status and school attendance of young persons, but no question was included on other types of training. Therefore, this analysis solely focuses on those not in education or employment (NEE), though this can be used as an approximation for NEET. According to the 2019 GPCC, the NEE for persons 15 – 24 stood at 8.2 percent, 7.0 percent for young men and 9.3 percent for young women.

Figure 10.5. shows that as the degree of disability of persons increases, there are more young persons not in education or employment. Among male and female young persons with no disabilities aged 15 – 19 years, about 7 percent are not in education or employment. For persons from both sexes with a mild disability, the NEE percentage is about 18 percent. The percentage increases for persons with a moderate disability (44.8 percent and 43.6 percent for males and females, respectively) and decreases somewhat for persons with a more severe disability. Young men 15 – 19 years old with a severe disability have a NEE percentage of 41.8 percent, against 37.7 percent for females. With the exception of females with no disabilities, where the NEE percentage increased from 7.5 to 11.0 between age groups 15 – 19 and 20 – 24, the NEE for all other disability degrees decreased when comparing age 15 – 19 years with 20 – 24-year-olds.

This can be explained by the fact that as young persons become older, their likelihood of employment also increases as they enter the labour market. The NEE percentages clearly show the disadvantaged position of persons with disabilities on the labour market.

Figure 10.5 Percentage of young persons 'Not in Education or Employment' (NEE) by five-year age group, sex and degree of disability, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

10.4. Child marriage

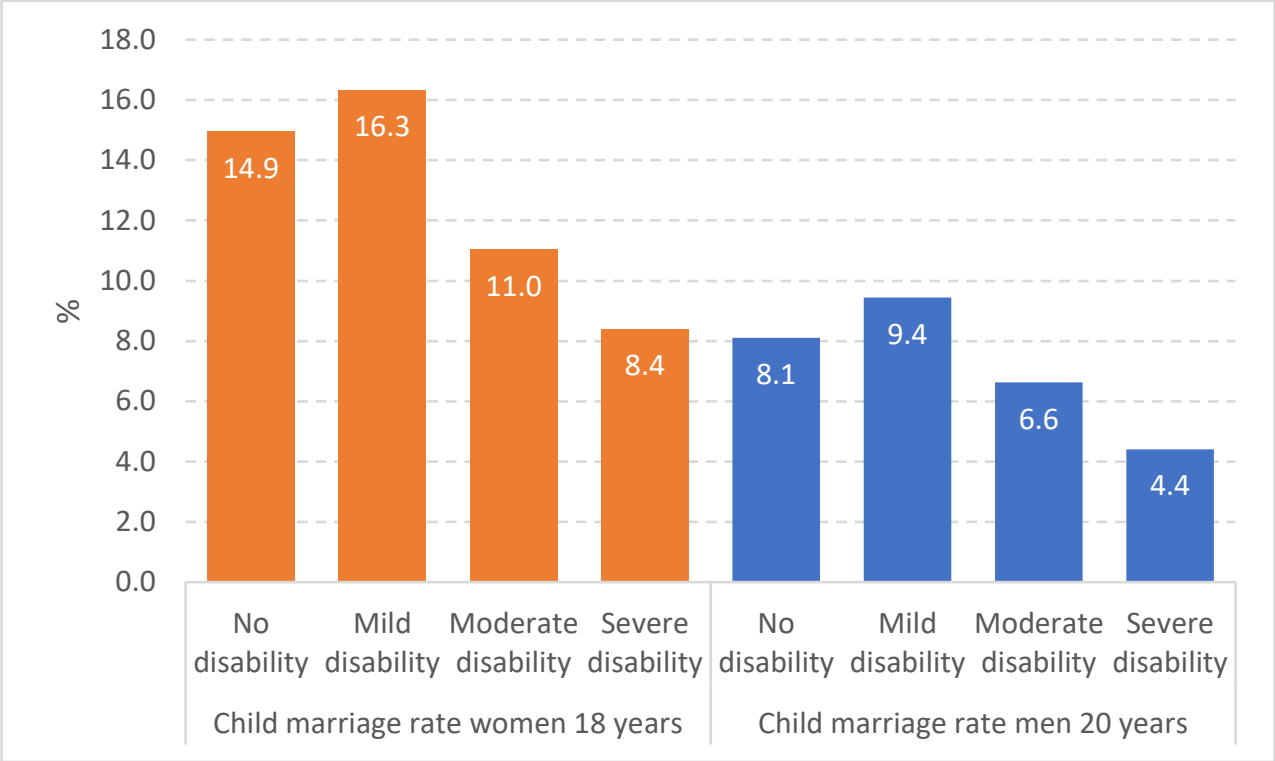
To protect young girls from sexual violence and other harmful societal practices, some parents intend to decrease these risks by marrying them off at an early age. Child marriage – defined as one or both of the spouses being married before the age of 18 – is a serious threat to young girls' lives, health and future and is a violation of their human rights. Nevertheless, it is a fact of life in many Cambodian households. In 2019, 26 percent of children were married by the age of 18 years in Asia and the Pacific (UNFPA, 2020). The legal age of marriage in Cambodia is 18 years for girls and 20 years for boys, however, with consent from the parents or guardian they can be married at an earlier age. Internationally, no difference is made between boys and girls and the age limit for both sexes is set at 18 years (National Assembly of the State of Cambodia, 1989).

Here below, the child marriage rate for males and females is shown according to their disability status. The analysis was done on the basis of the legal age at marriage, i.e., 18 years old for young women and 20 years for young men. The child marriage rate in this report is defined as the

percentage of women aged 20 - 24 who were married before the age of 18. In the case of men, the age of 20 is used. Often next to the age of 18, the age of 15 is also used as a cut-off point to measure very early marriage. However, in the 2019 GPCC, the minimum age at first marriage reported was 16 years old, so this rate could not be calculated.

Figure 10.6 shows the percentage of men and women who were married before the legal age in Cambodia of 18 years for women and 20 years for men, by degree of disability. Early marriage is more pronounced for women than for men: among all women aged 20 – 24 years old with no disability, 14.9 percent married before the age of 18. For men, 8.1 percent married before the age of 20. For both sexes, persons with a mild disability have earlier marriage rates that are slightly higher than for persons with no disability, but levels are consistently lower for those with moderate or severe disabilities.

Figure 10.6 Percentage of persons 20 – 24 years old who were married before the legal age at marriage (18 yrs. For women and 20 yrs. For men), by sex and degree of disability, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

Figure 10.7. a Percentage of women who were married before age 18, by degree of disability, 2019 GPCC

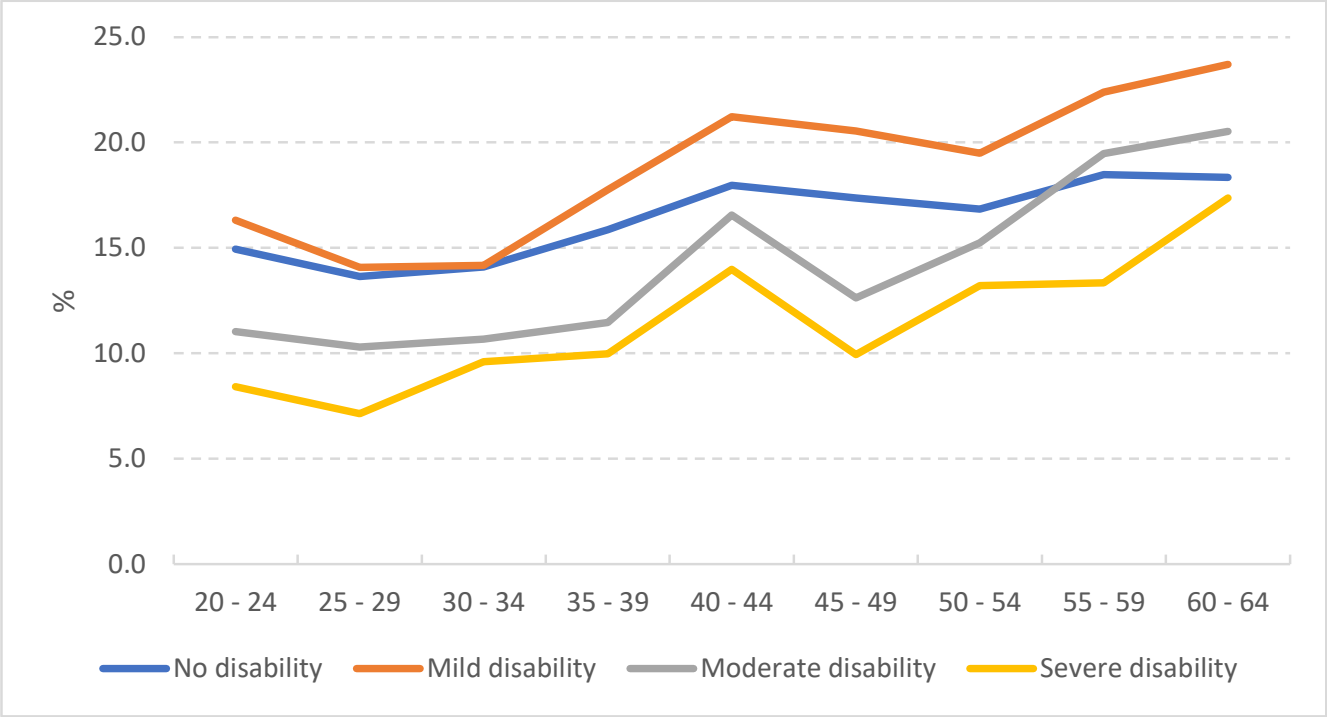
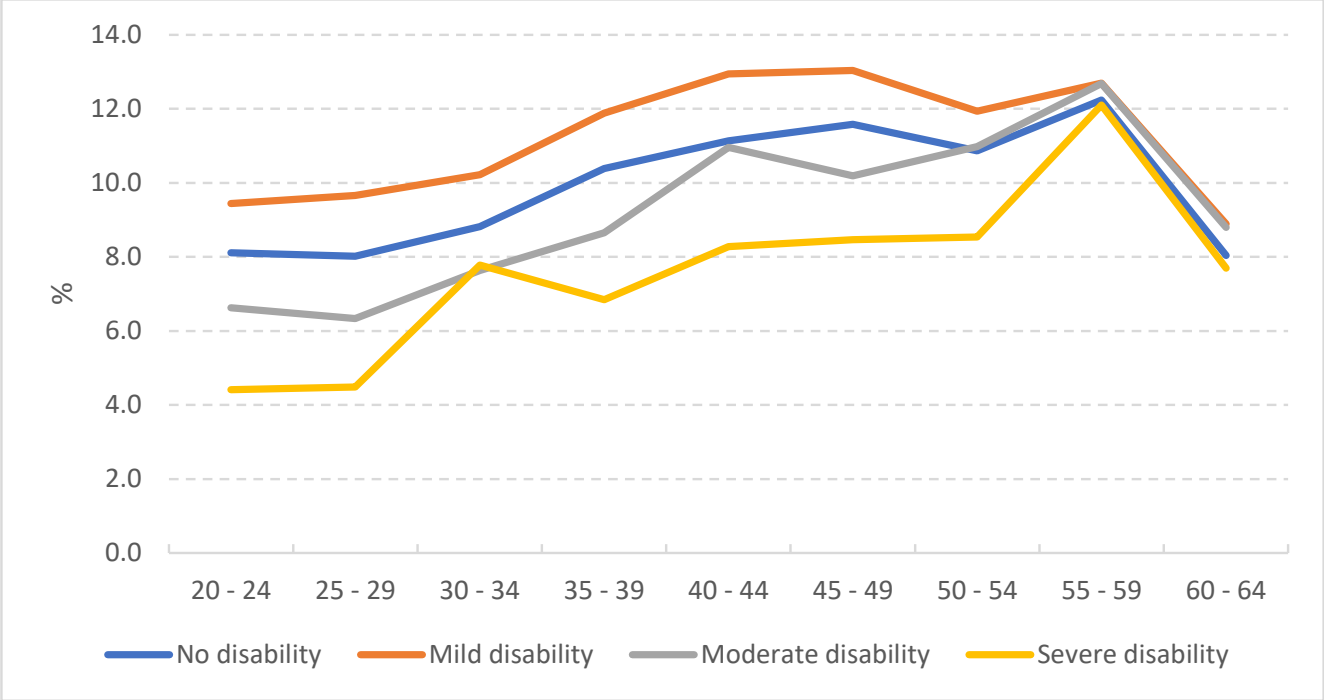


Figure 10.7. b Percentage of men who were married before age 20, by degree of disability, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

To look at the trends over time, for each five-year age group, the percentage of women and men married before age 18 (women) and 20 (men) for each of the four degrees of disability was

calculated. Results are shown in Figure 10.7.a. and 10.7.b. Both graphs clearly show that the percentage of child marriage was somewhat higher in the past for all degrees of disability. For instance, while 16.3 percent of women currently 20 – 24 years old were married before age 18, it was 21.2 percent for women who are currently 40 to 44 years old. It is unclear what caused the drop in early marriages among all degrees of disabilities for men in the age group 60 – 64. The trend of higher early marriage of persons with a moderate disability compared to persons with no disability is not only visible at the present but was also a constant feature in the past. An important aspect to keep in mind is that the disability status if a person is a characteristic that is measured at the time of the census. On the other hand, the age at marriage is something that – at least for the older age – took place many years in the past. Persons who are at a more advanced age and currently have a disability, could have had no disability at the time they got married. This may be the reason why, for both sexes, the percentage of persons who married before the legal age of 18 and 20, comes close to those with no disability after ages 50 – 55. Despite this, especially for women, differences exist across all age groups and indicate that also in the past less child marriages took place among boys and girls with moderate or severe disabilities.

CHAPTER 11: OLDER PERSONS AND DISABILITY

The global population is ageing at a rapid pace. By 2050, an expected 21 percent of the world population will be above the age of 60 years. Older persons (aged 60 years and above) are among the most marginalized in the world and will account for the largest age group living with a disability. In many countries, the prevalence of disability increases exponentially by age and is proportionally higher among older age groups. The combined social bias of ageism (discrimination based on a person's age) and ableism (discrimination in favor of those without a disability) will further violate older persons' rights in many respects (Special Rapporteur on the rights of persons with disabilities, 2019).

Between 2005 and 2015, the life expectancy in Cambodia increased from 60.8 to 67.6 years.[19] As women have a higher life expectancy than men – 69.6 years compared to 65.5 years, respectively – this also translates into an added vulnerability for older women in terms of exclusion, abuse and social isolation. As the population survives into older ages, the total population will generally be expected to exhibit an increase in older persons with disabilities as well. Policy and planning should therefore reflect this changing pattern in order to ensure the cross-sectionalities between an ageing population and disability (UNDESA, n.d.a). Older persons with disabilities are vulnerable in various ways. Having passed their active years they become vulnerable in an economic way, as they may have a limited pension, or no source of income anymore and may be dependent on their children or other relatives for financial support. Because of their disability, they may be (fully) dependent on others to provide assistance in their functions of daily activities. The fact that women have fewer children, also means that in the future older persons with disabilities will have less children to take care of them. These aspects are important to consider in order to guarantee the well-being of older persons with disabilities.

11.1. Household type

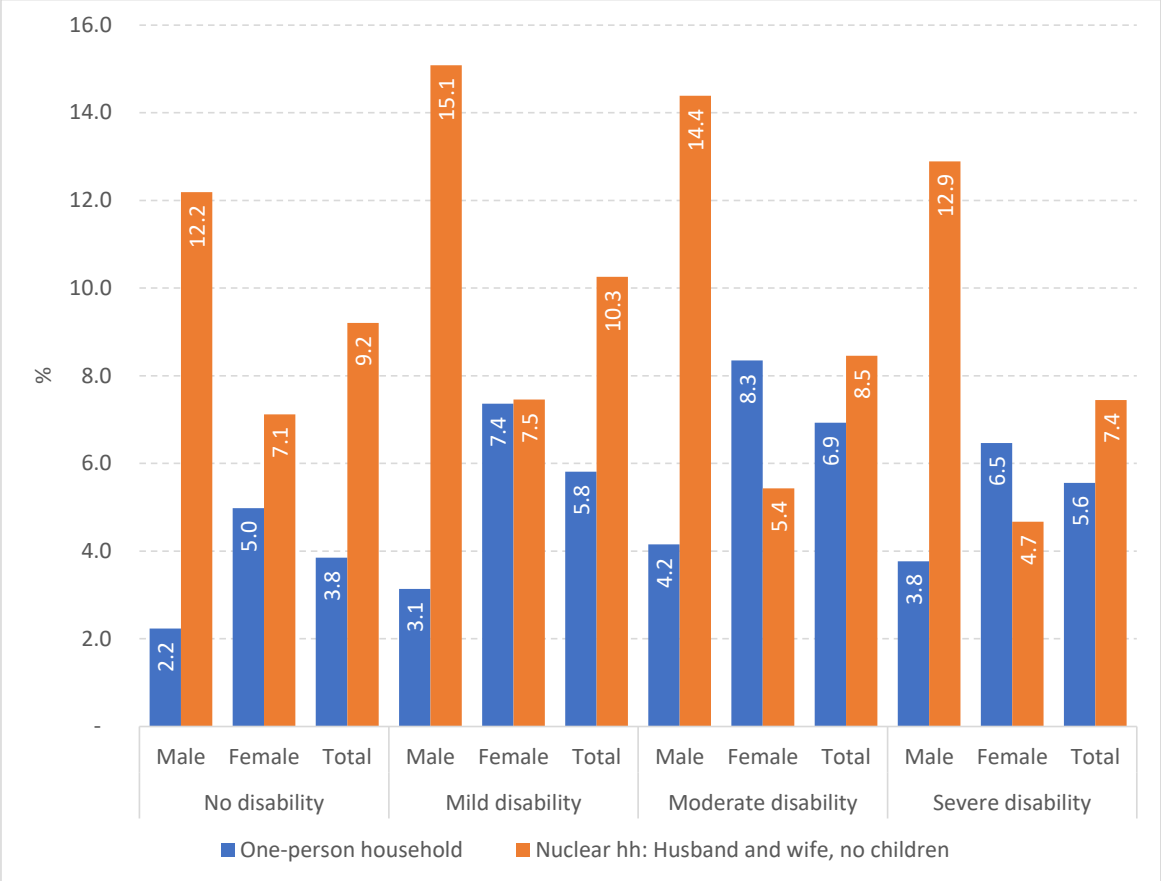
As older persons with disabilities often require assistance, it can be useful that they live in a household where people are available who can help with caretaking. This is especially important in the Cambodia context, as few older persons with disabilities are staying in institutional households. In many societies, older persons – especially those with a disability – often move to a retirement home at a certain age. In Cambodia, this is not the case. According to the 2019 GPCC, among people 60 years of age and older, only 1.1 percent of persons live in any type of institutional household. About 1.1 percent of those with a mild disability, 0.9 percent of those with a moderate disability and 0.7 percent of those with a severe disability live in an institutional household. Note that in the census, no distinction was made between the different types of institutional households and that these figures also include other types of institutions such as boarding houses, hostels, residential hotels, rescue homes, prisons, pagodas, etc. For each degree of disability, the percentage of men residing in an institutional household is somewhat higher than the percentage of women. For instance, among men older than 60 years with a

[19] Figures on life expectancy obtained from UNSTAT website: https://data.un.org/_Docs/SYB/PDFs/SYB62_246_201907_Population%20growth%20and%20indicators%20of%20fertility%20and%20mortality.pdf

severe disability, 0.9 percent live in an institutional household, against 0.7 percent of women. One would expect that the percentage of older persons would increase by age, but the census showed no real increase in the percentage living in institutional households.

Older persons with disabilities are particularly vulnerable when they live alone, and those that live together with a partner who is usually of the same age category and who may have problems taking care of a partner with a disability can also be considered vulnerable. Figure 11.1 shows that among persons aged 60 or more, 6.9 percent of those with a moderate disability and 5.6 percent of those with a severe disability live alone without other household members. Note that this percentage is higher than for those who do not have a disability (3.8 percent). For both older persons with a moderate or a severe disability, the percentage of women who live alone is about twice as high as for men.

Figure 11. 1 Percentage of persons 60 years of age who live in a one-person household or a household consisting of only husband and wife, by sex and degree of disability, 2019 GPCC



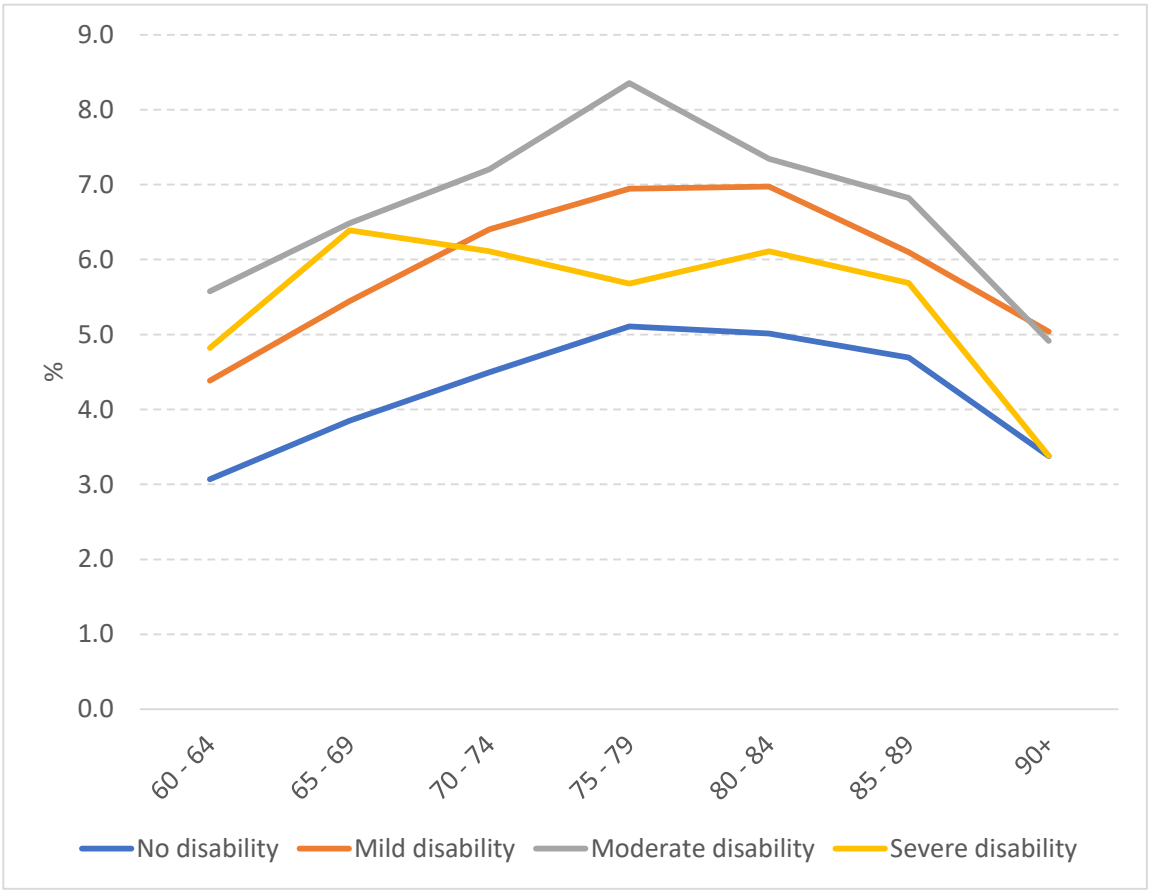
Source: National Institute of Statistics, GPCC 2019

Almost ten percent (9.8) of persons 60 years of age and older with a disability live in a household that only consists of a husband and wife. While the percentages of older women with a disability living in a one-person household is higher than for men, the opposite is true for those living in a household consisting of only husband and wife. There is no doubt that this trend has to do with the higher life expectancy of women, which causes them to have higher chances of being widowed and being left alone in the household. The differences between both sexes of living in

a household consisting of only husband and wife is quite big: the percentage of men with a moderate disability to live in such a household is 14.4, against only 5.4 percent among women with a disability.

Figure 11.2 shows that living alone among senior citizens is clearly age dependent. From age 60 to 75 – 79, the percentage of persons with no disability or a mild or moderate disability increases to reach a high point, and after those ages the percentage drops. The highest percentage is among persons aged 75 – 79 with a moderate disability. At that age, 8.4 percent of all persons with a moderate disability live alone, which constitutes about one in every dozen persons. The percentage of one-person households for persons with a severe disability comes down at an earlier age (65 – 69 years). For all age groups, persons with no disabilities have a lower incidence

Figure 11. 2 Percentage of living alone for persons aged 60 and older, by five-year age group, sex and degree of disability, 2019 GPCC

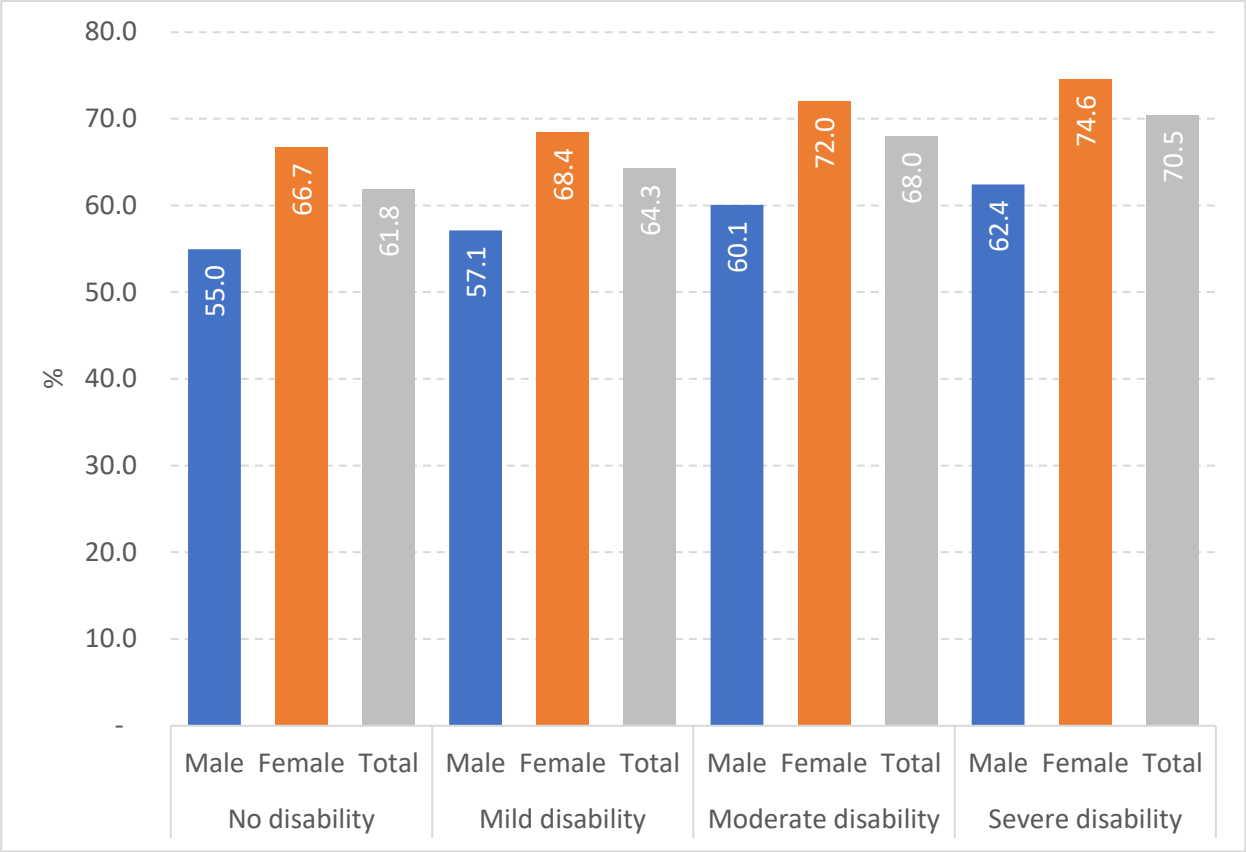


Source: National Institute of Statistics, GPCC 2019

of living alone in a one-person household. This may seem somewhat surprising, as one would expect persons with severe disabilities would live less on their own compared to persons with no disabilities. One would expect that older persons with a moderate or severe disability would be less inclined to live alone than persons with no (or a mild) disability, as they need assistance with activities of daily living, but this is not the case. But on the other hand, as we saw before, persons with a severe disability are more likely to be never married, and thus would have a higher probability of living alone.

By far the largest number of older persons with disabilities live in an extended household. Out of 89,282 persons 60 years of age or older with a moderate or severe, 61,105 lived in an extended household (68.4 percent). Figure 11.3 shows that women with or without a disability more frequently lived in an extended household than older men. The difference between both sexes for moderate and severe disabilities is about 12 percentage points.

Figure 11. 3. Percentage of persons 60 years of age who live in an extended household, by sex and degree of disability, 2019 GPCC



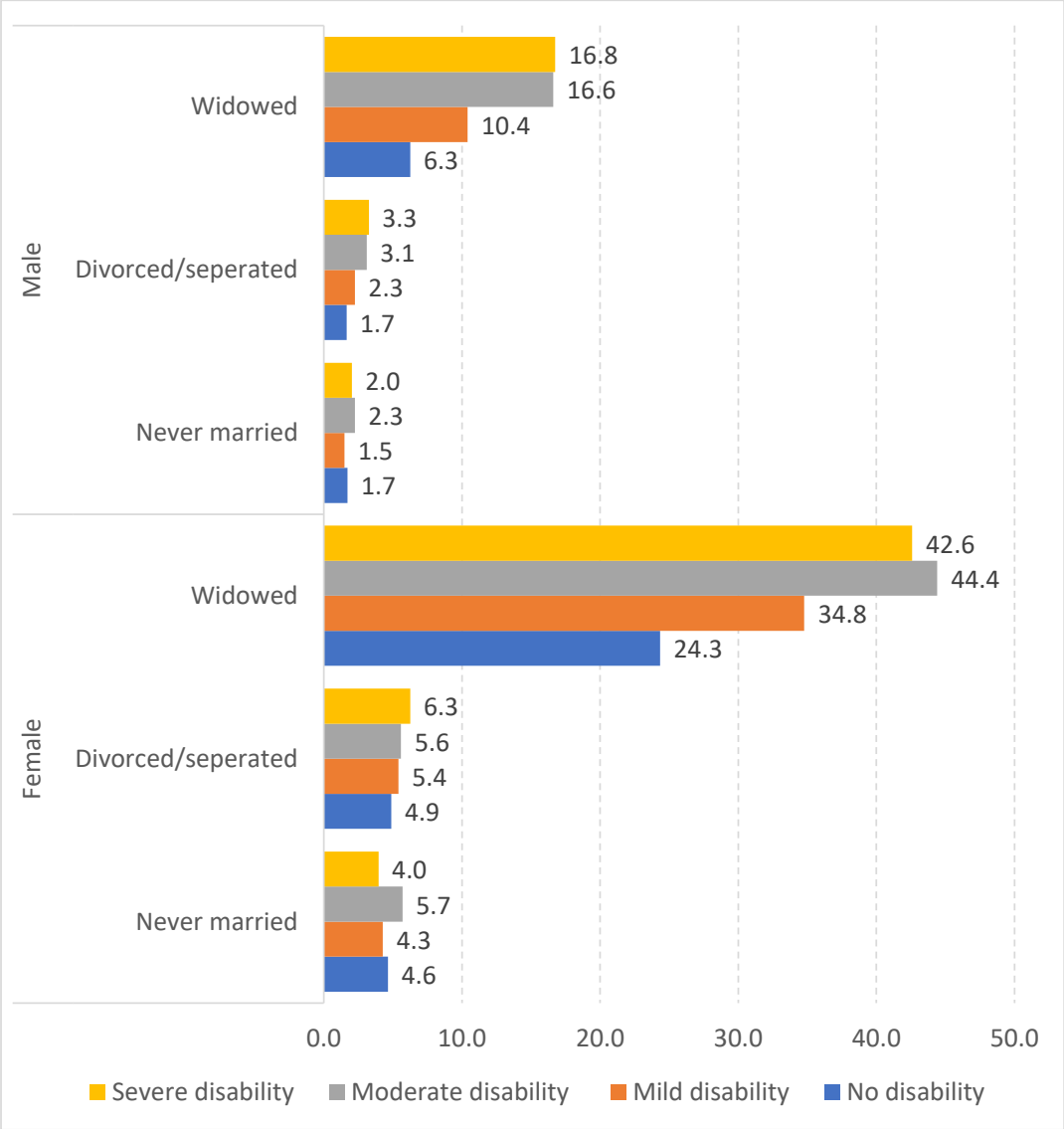
`Source: National Institute of Statistics, GPCC 2019

11.2. Marital status

Being married at an older age, especially if a person has a disability, can help the person's health and well-being. As life expectancy for women is higher than for men, the percentage of women who are older than 60 and still married is considerably lower than for men. Among men 60 years of age and older, 88.9 percent is still married, while this is 62.5 percent among their female counterparts. Figure 11.4 shows the number of persons 60 years of age and older who were not married at the time of the census, by marital status, sex and degree of disability. The graph shows that a) the percentage of persons who are widowed and divorced/separated is much higher among women than men and b) that men and women with a disability have much higher levels of having experienced a marital breakup, either through widowhood or through divorce/separation. While 24.3 percent of women with no disability were widowed at the time

of the census, this was 34.8, 44.4 and 42.6 percent for women with a mild, moderate or severe disability. For men with a disability, these percentages were 10.4, 16.6 and 16.8, respectively. The percentage of divorce/separation is also somewhat higher for those with a disability than for those with no disability.

Figure 11. 4 Percentage of not currently married persons 60 years and over, by marital status and by degree of disability, 2019 GPCC

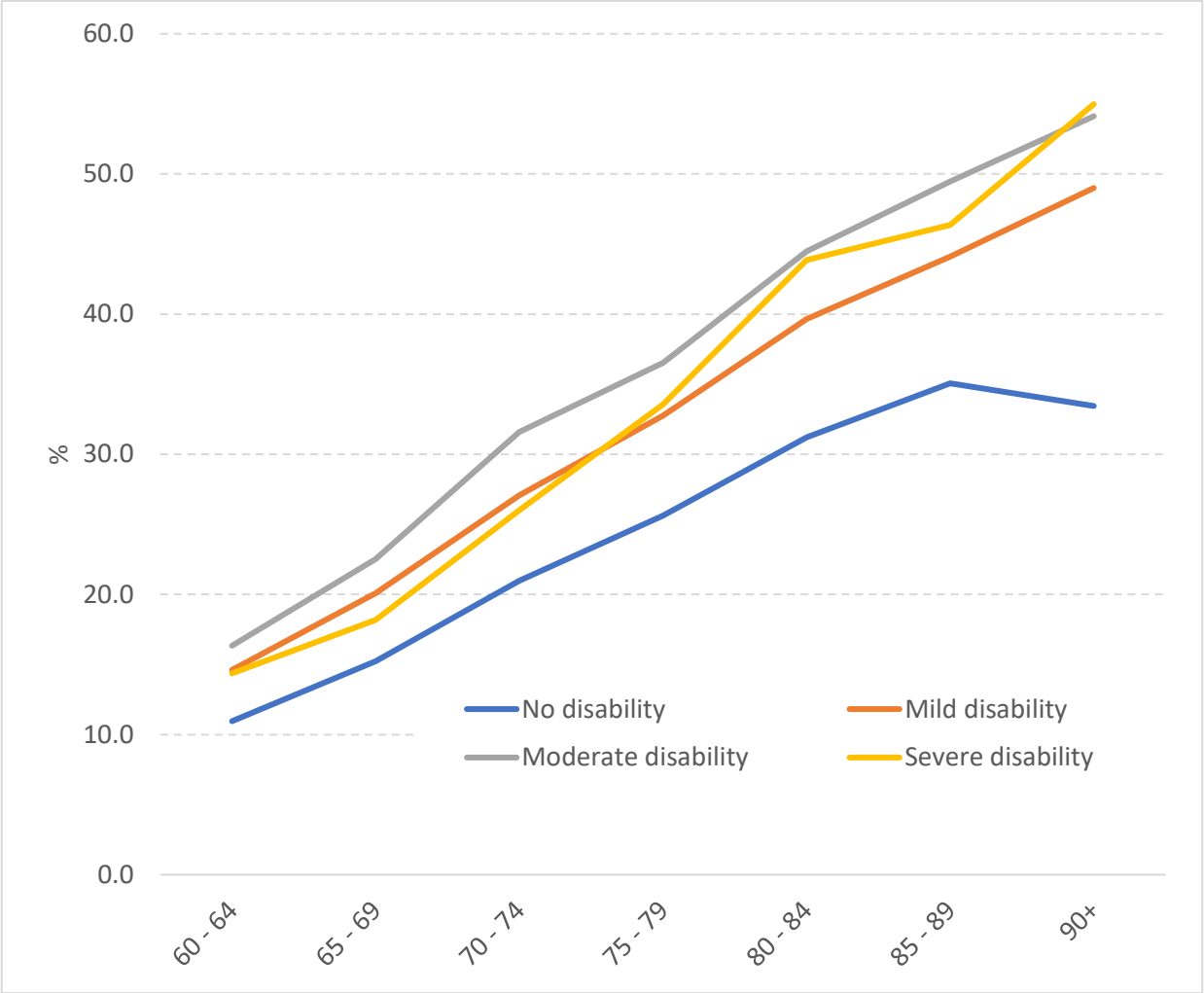


Source: National Institute of Statistics, GPCC 2019

The group of persons 60 years and above is a diverse group consisting of active 'young' sixty-year-old persons and much older persons who may completely depend on external assistance. The older people become, the higher the chance of losing a spouse. Figure 11.5 shows the steep rise of persons who are widowed between the ages of 60 and 90-plus. While in the 60 – 64 age group 16.3 percent of persons with a moderate disability have lost their spouse, in the age group 80 – 84 this is already 44.5 percent. Note that for persons with disabilities, the percentage widowed is considerably higher in all the age groups than for persons with no disability. The reason for this is unclear, a possible explanation could be that factors associated with getting a

disability – like poor health care, poverty, poor water and sanitation or nutrition – are both correlated to losing a partner and a higher chance of having a disability. The data clearly show that at later stages in life, many people not only have to deal with physical and mental problems resulting in various degrees of disability, but that they also may be dealing with the loss of a lifelong companion.

Figure 11. 5 Percentage of persons 60 years and over who are widowed, by degree of disability and age, 2019 GPCC

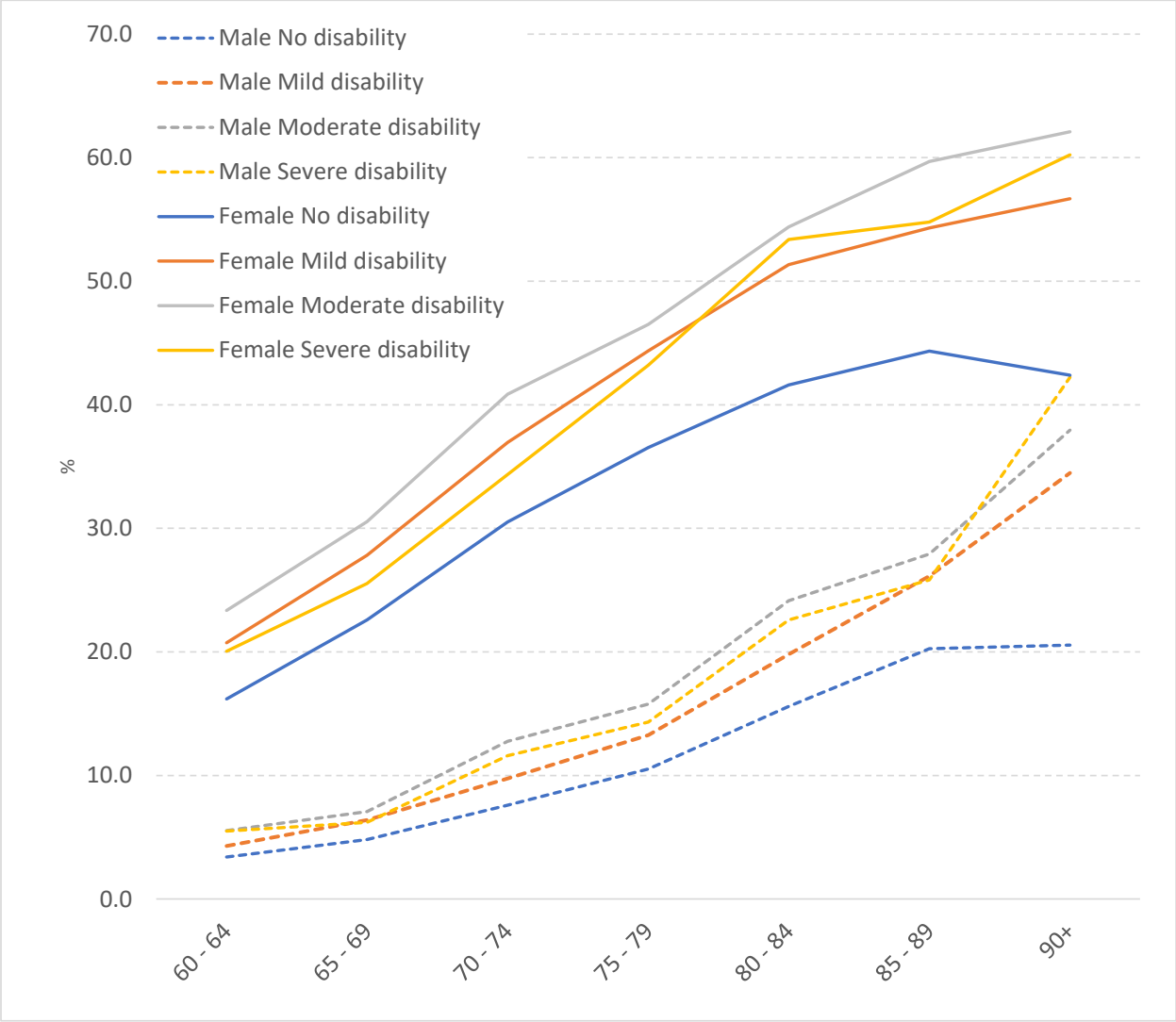


Source: National Institute of Statistics, GPCC 2019

Figure 11.6 shows the difference between both sexes in widowhood status by age, sex and degree of disability. The graph clearly shows that for both sexes the same pattern exists between the four degrees of disability and that for all age groups persons with a disability have elevated risks of being widowed, compared to men and women with no disabilities. Another important observation is that women, regardless of their disability status, have a much higher probability than men to lose their spouse. For instance, among women 75 – 79 years old with a severe disability, 43.2 percent were widowed at the time of the census, against only 14.3 percent for

men. The difference can be attributed to the higher life expectancy of women and the fact that at the time of marriage men are usually older than women.

Figure 11. 6 Percentage of persons 60 years and over who are widowed, by degree of disability, age and sex, 2019 GPCC

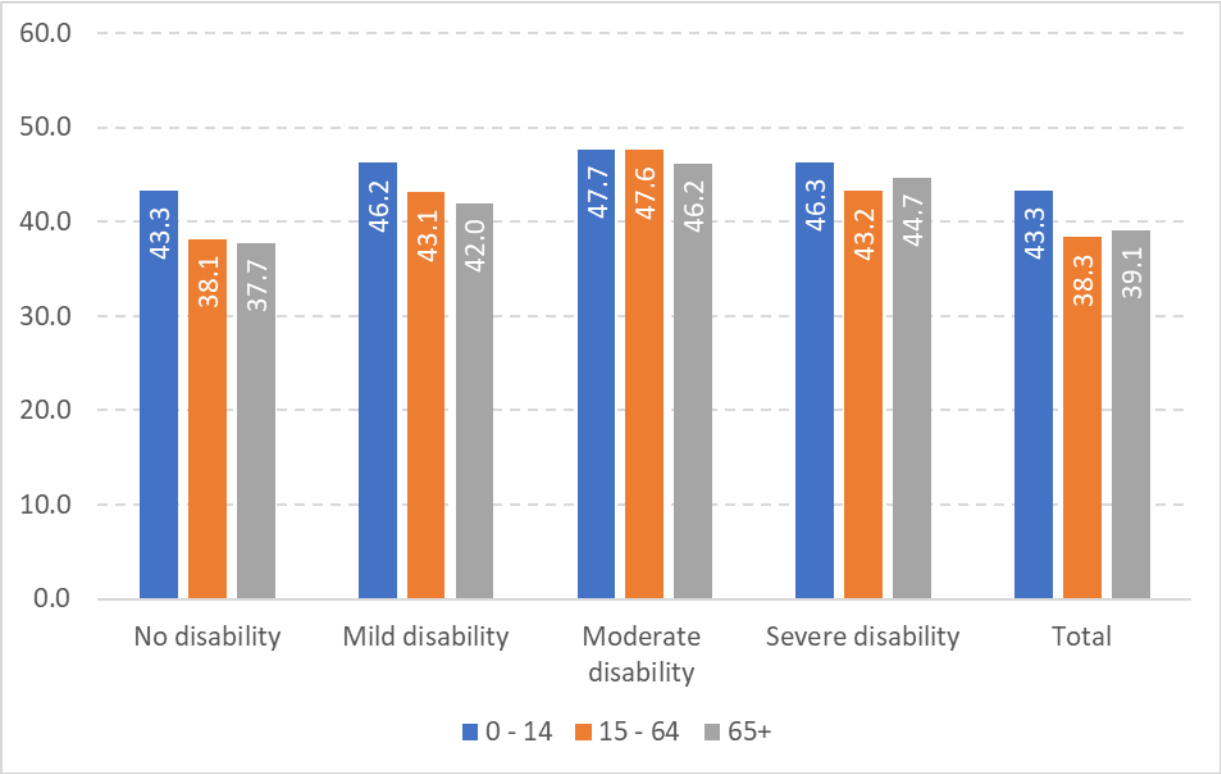


11.3. Poverty

Poverty among persons with disabilities can be measured using the wealth index. The percentage of persons who belong to households from the lowest two wealth quintiles, i.e., the lowest 40 percent, according to their degree of disability are considered in this analysis. If no difference in terms of wealth would exist between the four degrees of disability, the percentages for each category would simply be 40 percent. A value lower than 40 means that people in that category belong less to the poorest segments of society and a value above 40 means more people in the group are poor. For the sake of comparison figure 11.7 also includes persons 0 – 14 years and 15 – 59 years While 37.7 percent of persons 60 years of age and over with no disabilities belong to the two lowest wealth quintiles, this is 46.2 percent for older persons with a moderate disability

and 44.7 percent for persons with a severe disability. Note that percentages of persons belonging to the lowest two wealth quintiles are more or less the same for those belonging to age categories 15 – 59 and 60 years of age and older. Only persons below age 15 have somewhat higher levels of belonging to the lower wealth groups than the older age-groups, if they have no disability or only a mild disability.

Figure 11. 7 Percentage of persons 60 years and over who form part of the two lowest wealth quintiles, by degree of disability, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

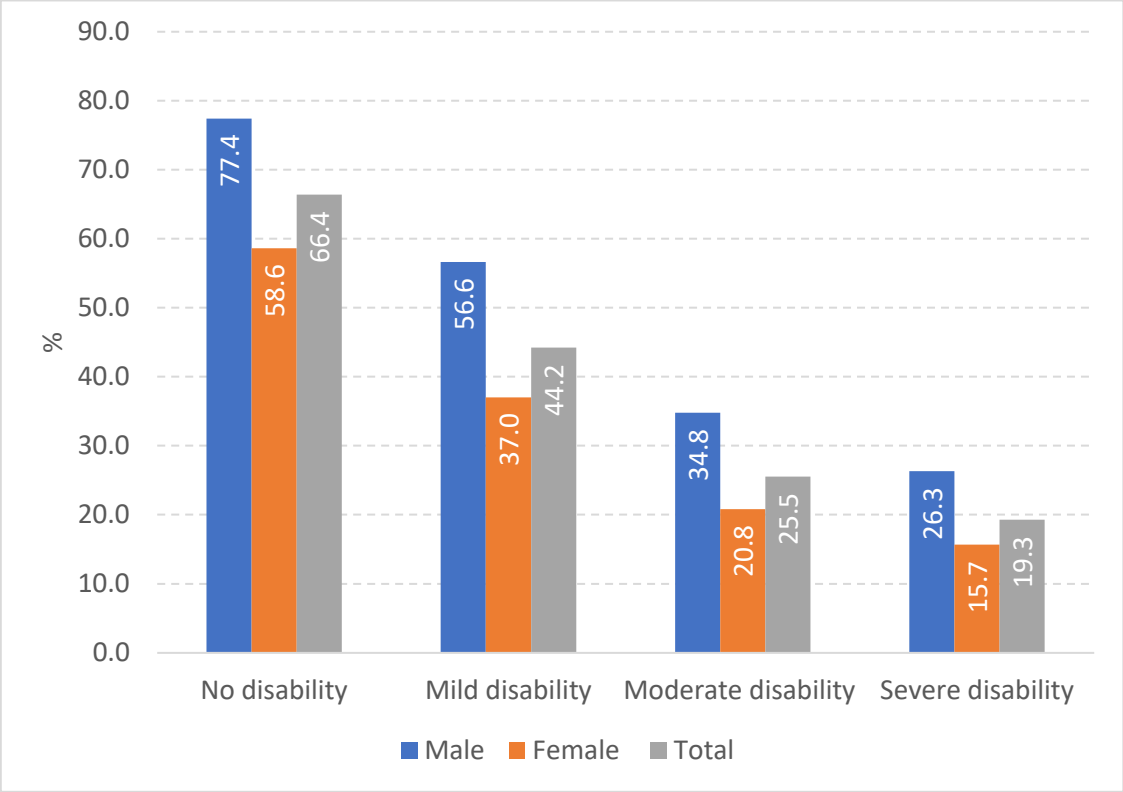
11.4. Labour force participation

The labour force participation among persons 60 years and older remains high in Cambodia. According to the 2019 GPCC, 812,560 out of 1,378,688 persons above the age of 60 were still employed. This constitutes 59.4 percent[20] of the population above 60. Another 9,446 were unemployed, which gives an unemployment rate of 1.1 percent. As noted, these employment figures referred to persons' usual status during the 12 months before the census. Although employment among the older population is not confined to those without any functional limitations, the employment level of older persons is heavily dependent on their degree of disability. While about two thirds of older persons with no disability are employed, this is only 44.2, 25.5 and 19.3 percent of persons with a mild, moderate or severe disability (Figure 11.8). Within each disability group, the employment level for men is considerably higher than for

[20] This percentage takes into account that for 10,493 persons activity status was not known.

women. For instance, while 34.8 percent of men with a moderate disability are employed, this is only 20.8 percent for women.

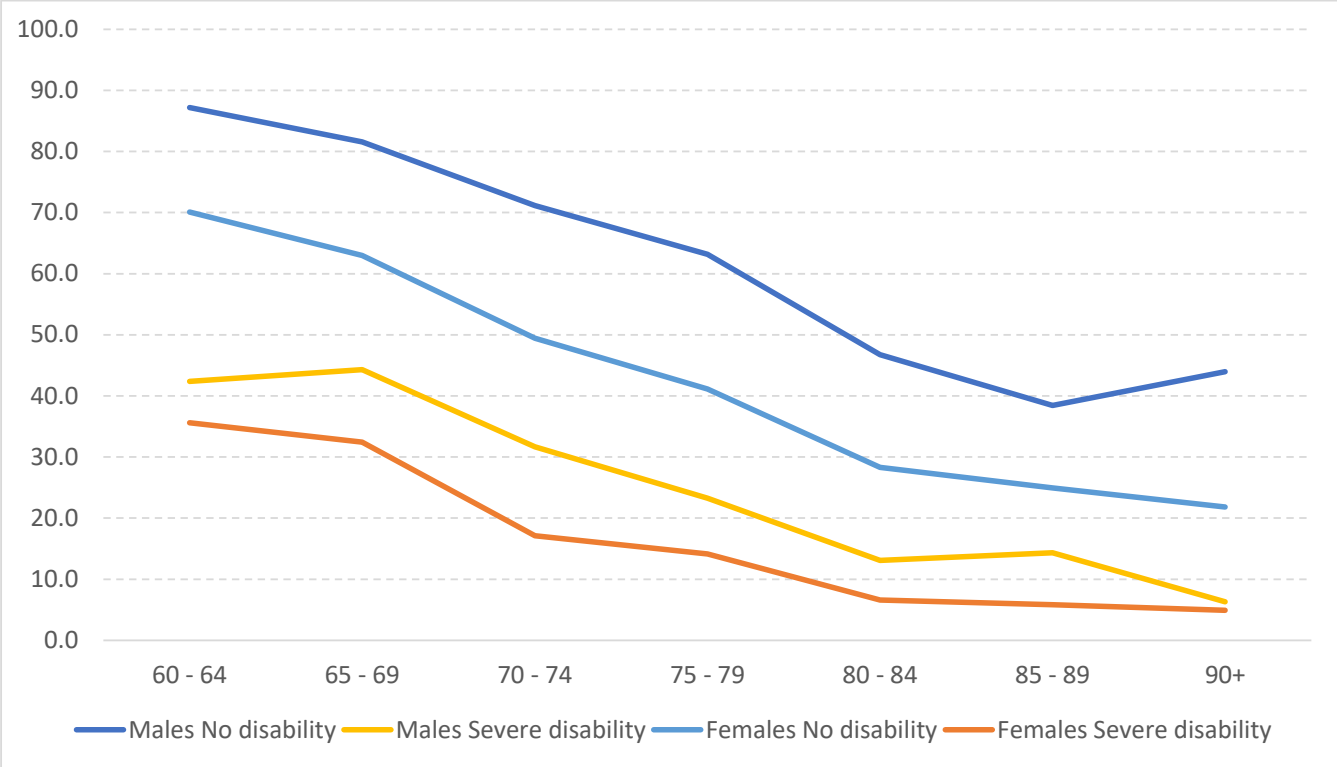
Figure 11. 8 Percentage of persons aged 60 and over, employed by sex and degree of disability, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

Looking at discrepancies in employment between the different degrees of disability among all persons 60 years and older can easily lead to misinterpretation, as persons with disabilities are on average older than those without a disability. To account for the age factor, percentages of persons who are employed are presented by five-year age groups (Figure 11.9). The graph shows almost parallel lines between the various degrees of disability, with much higher levels at all ages for persons with no disability. There is not much difference between employment levels of persons with moderate and severe disabilities. The fact that employment is so much lower among persons with disabilities does not mean that there is not a demand for work from their side. In fact, more persons with disabilities look for work after age 60 than persons with no disabilities. According to the census, the unemployment rate stood at 0.6 percent amongst persons with no disabilities, against 3.6 percent for persons with a mild disability and 5.0 and 4.8 percent for persons with a moderate or severe disability.

Figure 11.9 Percentage of persons employed, by age and degree of disability, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

CHAPTER 12: GENDER AND DISABILITY

It is common for women with disabilities to face greater social, political and economic barriers compared to men with disabilities or their non-disabled counterparts. Women face intersectional barriers of gender, disability, and perhaps other characteristics (sexual, ethnic, religious, etc.) that form their identity. Many countries still separate gender and disability in their policies and programs (UNDESA, 2018). Adding poverty, rurality and the type and degree of disability creates further marginalization for women with disabilities and disallows their adequate access to material and non-material resources. They are more likely to face physical, verbal and sexual abuse compared to women without disabilities. As a result of existing gender stereotypes paired with social misconceptions on disabilities, women with disabilities lose their social power and are more economically disadvantaged than those without disabilities. They are often seen as less worthy of respect, love and unable to live up to their full potential and live meaningful lives (Gartrell, Baesel & Becker, 2017). The National Disability Strategic Plan (2019-2023) of Cambodia includes a particular goal (6.2) on the "provision of justice service to persons with disabilities, in particular women and girls with disabilities" (DAC, 2019).

A gender analysis generally aims for the following: i) to study the differences between women's and men's lives; ii) to explain the underlying causes of inequality between women and men, and boys and girls; and iii) to draw attention to important gender specific aspects of inequality and identify ways to improve the position of women and girls in society (UNFPA, n.d.). While censuses are a reasonable tool to describe general differences between the socio-economic characteristics of women and men, because of their limited scope and depth, they provide limited information to study the underlying causes of these differences. As gender is a cross-cutting issue, a significant portion of this publication already discussed many gender-related aspects. In this chapter, some of the themes that were discussed earlier are revisited and more depth is provided. Although estimates of the prevalence of disabilities from the census are certainly an underestimate, they do show that both the absolute number and the percentage of women with a disability is higher than for men.

12.1. Marriage

Women with a disability have a lower probability of being in a marital union. Their chances are lower, not only compared to men and women with no disabilities, but also compared to men with disabilities. Figure 12.1 shows the ratio of the percentages of men versus the percentages of women who are married at the time of the census, by five-year age groups and degree of disability. If the ratio is one, it indicates that the percentage of men of a particular age and disability category who were married at the time of the census was the same as the percentage of women in the corresponding age and disability group. A value above one indicates the number of times the percentage of men in the age/disability group who are married is higher than for women. If the ratio is below one, the percentage of married women is higher than the percentage of men.

Figure 12. 1 Ratio of the percentages of men versus women who are married, by five-year age groups and degree of disability, 2019 GPCC

Source: National Institute of Statistics, GPCC 2019

The overall shape of the different curves follows an expected pattern. At young ages, for all disability groups the ratio is well below one. This is caused by the younger age at first marriage of women compared to men, for all four degrees of disability. Because of the lower life expectancy for men, the ratio increases well above one and keeps on increasing till age 80. Interestingly, after age 40, the separate disability groups diverge and the ratios for the three groups of women with disabilities (mild, moderate and severe) grow more rapidly than those for women with no disability. This means that the likelihood of women to be married compared to men, with the same degree of disability, is considerably lower if they have any form of disability. For instance, 48.9 percent of women in the age group 70 – 74 with a moderate disability were married at the time of the census against 83.0 percent of men in the same age group with a moderate disability. This gives a ratio between both sexes of 1.70. On the other hand, among women between 70 and 75 with no disability, 60.3 percent were married against 88.9 percent of men in the same age/disability group, which gives a ratio of 1.48. The higher ratio for persons

with a moderate disability vis-à-vis persons with no disability shows that having a disability decreases the likelihood that women are still married at older ages.

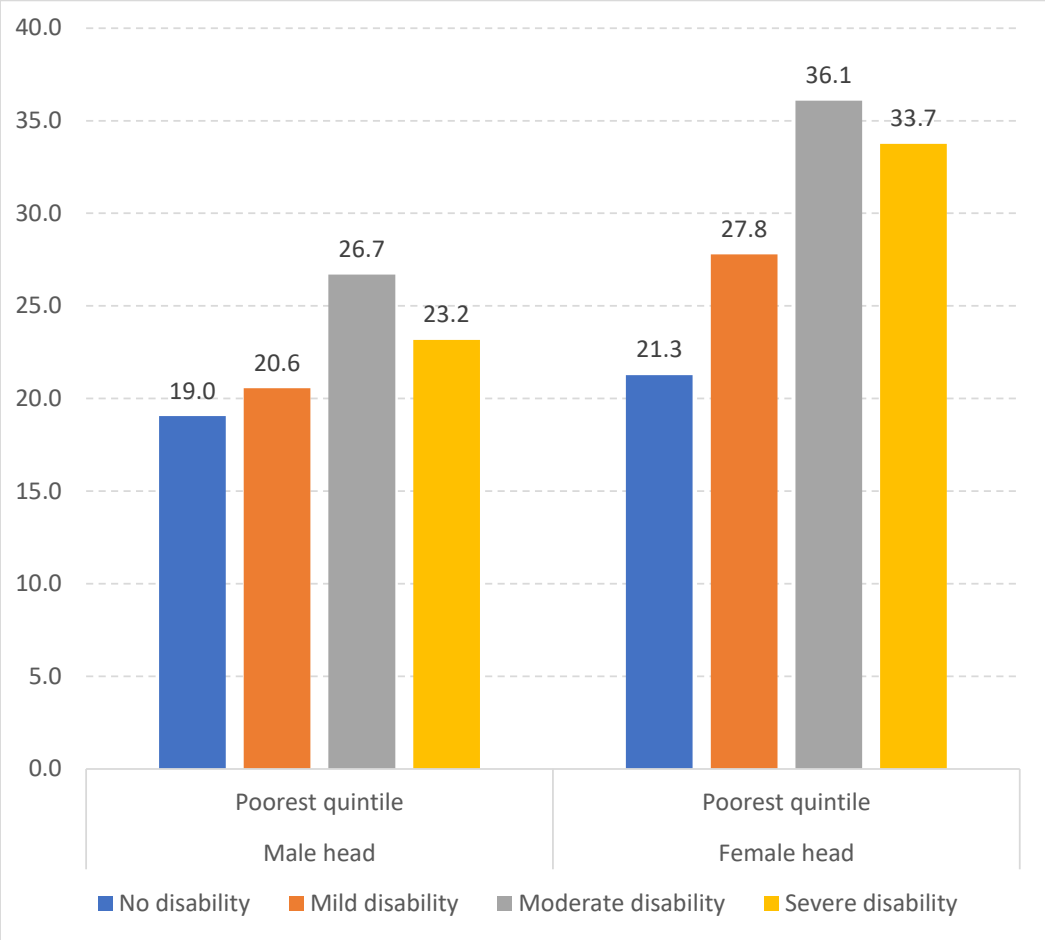
12.2. Poverty

It is well documented that female-headed households have a higher prevalence of poverty than male-headed households. In many countries, it was found that one person households of women or households of lone mothers with children have higher poverty rates than one-person male households or lone father households. However, it was also found that in some African countries, female-headed households were better off than male headed households (United Nations, 2010). The current analysis showed that, regardless of the sex of the head, a higher percentage of households with one or more persons with disabilities belonged to the poorest quintile of the wealth index (see Figure 6.1). Moreover, if the household was headed by a woman, the percentage of households with one or more persons with disabilities in the lowest wealth quintile was significantly higher (28.8 percent) than among male-headed households (20.9 percent). This outcome shows that there is in fact an interaction between female headship and disability and that persons in a female-headed household have a higher chance of living in poverty than those in male-headed households. This finding is reinforced by the fact that in a household with a female head and at least one member with a disability, less cell phones, computers and televisions were present than in a household with a male head. While 42.6 percent of male-headed households with a member with a disability had in-house connection to the internet, this was 34.7 percent among female headed households with a member with a disability (Figure 6.2). Similarly, they were less likely to have mechanized transport than male-headed households who have member(s) with a disability.

Another way to look at the gender aspects of disability and poverty is by considering the disability status of the head of household. Figure 12.2 shows the percentage of male and female heads of household in the lowest wealth quintile by degree of disability. Again, as the wealth quintile divides the number of households in the country in five equal segments, if a subgroup of households has a higher percentage than 20 it indicates that more poverty is prevalent in that group. The graph clearly shows a much higher percentage of households with a female head in the poorest quintile. While households with a male head of household with a moderate or severe disability also have a higher representation in the poorest quintile (26.7 and 23.2 percent, respectively), many more female-headed households are present in the poorest segment. Of all households with a female head with a mild disability, 27.8 percent fall in the poorest quintile of Cambodian society. Among households with a female head with a moderate disability, this percentage is 36.1, which is about 10 percentage points higher than corresponding households with a male head with a moderate disability. The difference between male and female headed households with a severe disability is 33.7 and 23.2 percent, respectively.

The results show that households headed by a person with a disability are disproportionally more present in the poorest 20 percent of society. This is considerably more the case if the household head is a woman.

Figure 12. 2 Percentage of households in the poorest quintile by sex of household head and degree of disability of the head, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

12.3. Education

The 2019 GPCC showed that persons with disabilities have much lower literacy rates than persons without a disability. Furthermore, among those with a disability, women have much lower literacy levels than men. Figure 7.6.a-b showed that the differences between literacy rates for women and men with a disability were much larger at older ages, while differences at younger ages were small or even non-existing. This shows the progress that has been made over the years to eliminate inequalities in educational attainment between men and women with disabilities. A similar pattern can be seen in school attendance between boys and girls with a disability. Although school attendance between children with a disability remains low, no real difference exists between boys and girls. For both age groups 5 – 9 years and 10 – 14 years, the percentage of girls for each of the three degrees of disability (mild, moderate and severe) who are currently in school is some percentage points higher than for boys (see Figure 7.1 and 7.2). For instance, among 5 – 9-year-old girls with a moderate disability, school attendance is 53.7 percent compared to 48.0 percent for the same group of boys. The corresponding percentages for girls and boys with a severe disability were 44.3 percent and 38.5 percent, respectively. The figures

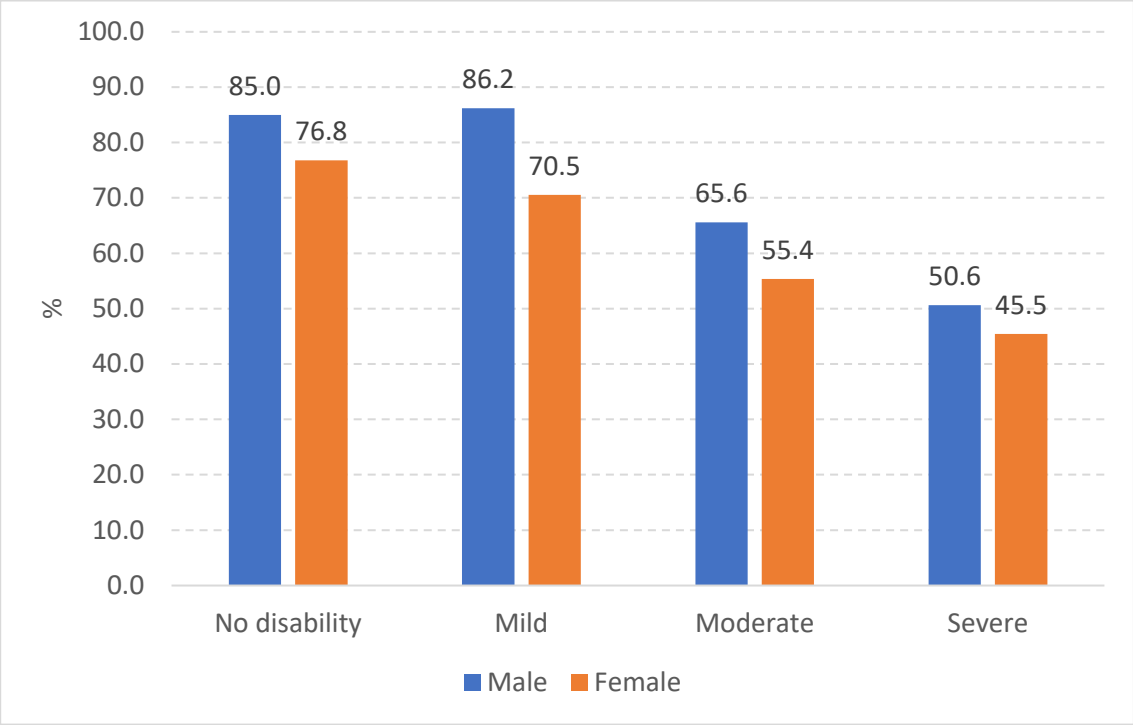
clearly show that a lot has been done to reduce the gap between girls and boys with a disability. Nevertheless, additional efforts are still needed to guarantee access to quality education for all children with a disability.

12.4. Labour force

The chapter on labour force focused on labour force participation according to individuals' degree of disability. Figure 8.2 showed significant differences in the labour force participation for persons with disabilities compared to those without a disability. The gender specific analysis of employment rates by degree of disabilities shows important differences between men and women. Figure 12.3 shows that for men and women in the age group 15 – 64, employment rates are considerably higher for men than for women for each of the disabilities degrees The percentage of men aged 15 – 64 who were employed and had no disability is 85.0 percent against 76.8 percent for women. For men, there is little difference between those with no disabilities and those with a mild disability (85 – 86 percent), whilst for women there is a five percent difference. For both sexes, employment drops for each increasing degree of disability, though employment rates for women are always below those for men. Interestingly, the difference in employment between both sexes becomes smaller with the severity of disability. When the difference between men and women with a mild disability is about 15 percent, it becomes 10 percent for persons with a moderate disability and about 5 percent for those with a severe disability.

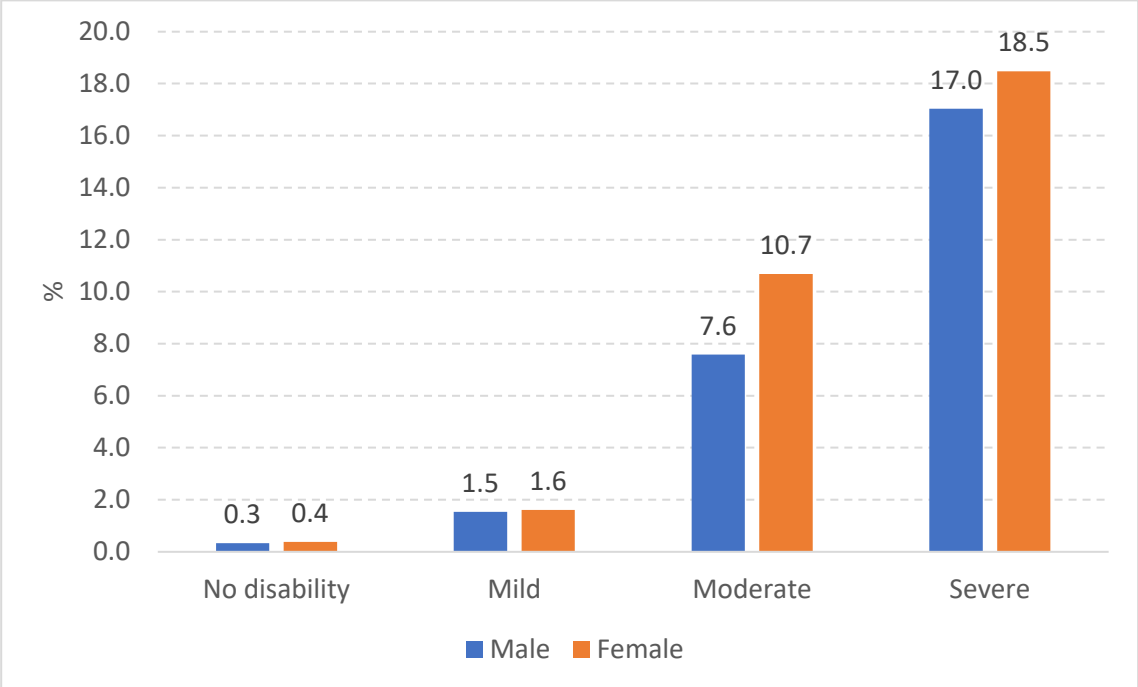
The fact that employment rates for persons with disabilities are low, does not mean that these individuals do not intend to work. Figure 12.4 shows the unemployment rates for person 15 – 64 years by sex and degree of disability. As discussed before, the unemployment rate in the census was calculated based on the usual situation before the census, i.e., a person had to be unemployed for more than half the year to be considered unemployed. This approach typically gives much lower unemployment rates than those that are based on a short reference period before the census. Compared to persons with no disability or a mild disability, the unemployment rate for persons with a moderate and severe disability is high: 17.0 percent of men with a severe disability and 18.5 of women with a severe disability indicate they were unemployed. Among persons with a moderate disability this is 7.6 percent for men and 10.7 percent for women.

Figure 12. 3 Employment rates for persons 15 - 64 years old, by sex and degree of disability, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

Figure 12. 4 Unemployment rates for persons 15 - 64 years old, by sex and degree of disability, 2019 GPCC



Source: National Institute of Statistics, GPCC 2019

Table 12.1 shows that the activity status of persons 15 – 64 years old who are working is quite different for men and women, depending on their disability status. The percentage of men and women who are economically active as an employer is very low. Actually, for both men and women, the percentage of persons who act as employers is somewhat higher among persons with disabilities than among those with no disability. Also, for all degrees of disability, the percentage of working men who are employers is slightly higher than for women. The biggest difference between both sexes is among own account workers and unpaid family workers. Working men have much higher percentages of being own account workers than women. Among men with a moderate disability, 58.3 percent of men are own account workers, against 45.0 percent of women. Similar differences can be observed between both sexes for the other degrees of disability. The higher vulnerability of women compared to men on the labour market can be observed in the much higher percentages of those who work as an unpaid family worker. The biggest difference between working men and women is for those with a mild disability. While only 8.6 percent of men with a mild disability work as an unpaid family worker, 36.6 percent of women work without pay in the business or farm owned by a family member. Also, for each degree of disability, the percentage of paid employees among all working persons is higher for men compared to women.

Table 10 Employment status of all employed persons 15 - 64 years old, by degree of disability and sex, 2019 GPCC

		No disability	Mild disability	Moderate disability	Severe disability	Total
Male	Employer	0.7	1.1	1.2	0.9	0.7
	Paid Employee	35.4	24.9	26.4	34.5	35.0
	Own Account	48.3	65.2	58.3	47.7	48.8
	Unpaid Family Worker	15.4	8.6	14.0	16.6	15.2
	Other	0.2	0.2	0.1	0.3	0.2
Female	Employer	0.5	0.7	0.8	0.8	0.5
	Paid Employee	31.3	15.9	20.8	31.5	30.8
	Own Account	33.1	46.7	45.0	36.3	33.6
	Unpaid Family Worker	35.0	36.6	33.3	31.2	35.0
	Other	0.1	0.1	0.1	0.2	0.1
Total	Employer	0.6	0.9	1.0	0.9	0.6
	Paid Employee	33.4	20.4	23.6	33.0	33.0
	Own Account	40.8	55.8	51.8	42.0	41.3
	Unpaid Family Worker	25.0	22.8	23.4	23.9	24.9
	Other	0.2	0.1	0.1	0.2	0.2

Source: National Institute of Statistics, GPCC 2019

CHAPTER 13: CONCLUSION AND POLICY IMPLICATIONS

Population ageing is a global phenomenon. In Cambodia, the population older than 60 years increased from 6.3 percent in 2008 to 8.9 percent in 2019 (NIS, n.d.; NIS, 2020). The rapid growth of the elderly population has increased the prevalence of non-communicable diseases and made temporary and permanent disabilities more common. The Government of Cambodia has made significant efforts in tackling the challenges that disabilities bring forth by committing to national and international development policies which guide specific actions to meet the needs of persons with disabilities. The country's ratification of the CRPD in 2012, its commitment to the Asian and Pacific Decade of Persons with Disabilities (2013-2022) and the Incheon Strategy, the 'Law on Protection and Promotions of the Rights of Persons with Disabilities' ratified in 2012, as well as the National Disability Strategic Plan (2019-2023) all showcase strong intentions towards improving the lives of persons with disabilities in Cambodia.

The fulfilment of these commitments is dependent on quality and detailed data which can guide policymaking and programming. Cambodia faces a dearth of such data and past studies produced differing figures on the disability prevalence. This hinders adequate monitoring of the progress towards achieving the goals of the CRPD, Incheon Strategy, National Disability Strategic Plan, the 2030 Sustainable Development Goals and others. This report aimed to fill some of these gaps, mainly by describing the living conditions of persons with disabilities through analysis of data collected during the 2019 GPCC. Whilst the census is an important source to indicate what the situation is, it generally does not include information on why this is the case. Therefore, the policy implications in this report are only presented to a certain level of detail.

The 2019 GPCC estimated that of the 14.1 million total population above the age of five in Cambodia, 689,532 persons had a disability. The majority (523,162) of them had a mild disability, whilst 122,725 had a moderate disability and 43,645 had a severe disability. In total, this amounts to 4.89 percent of the Cambodian population living with a mild, moderate or severe disability. If only considering those with a moderate or severe functional difficulty as having a disability, the percentage would be 1.18 percent. Whether these figures represent an increase or decrease compared to the 2008 census findings is impossible to determine, as different questions were asked in both surveys. Furthermore, the total number of persons with disabilities should be considered a gross underestimation of the actual situation, considering the prevalence in Cambodia is much lower compared to some other countries using similar definitions and data collection methods. Due to the extensiveness of a census' topics as well as data collection procedures that are not specialized for collecting data on disability, the census is often considered inadequate for measuring disability prevalence. How to improve data collection on disability is mentioned in the section below. Furthermore, general recommendations on the need

to address current barriers which exclude and discriminate against persons with disabilities, are also provided below.

13.1. Tackle fundamental barriers which exclude persons with disabilities

The 2019 GPCC has shown that persons with disabilities remain markedly excluded from Cambodian society. In the areas of education, economic activity, fertility, marriage, poverty and others, those with disabilities are significantly left behind. The barriers that create this exclusion need to be urgently tackled.

The lack of legislation covering persons with disabilities is not necessarily the problem, but it is rather the alignment and enforcement of such laws and the alignment with the CRPD to create a comprehensive rights based social model to protect persons with disabilities and to promote their integration at all levels of society Policy documents – such as the strategic objectives in the National Disability Strategic Plan (2019-2023) – are important in this regard, but it is crucial that specific work plans, budgeting and monitoring and evaluation frameworks are tied to this to ensure effective and timely implementation and enforce accountability. Furthermore, removing disability barriers not only requires the development and implementation of laws, policies and sustainable programs to be disability and gender mainstreamed, it also requires capacity building, assistive technologies, multi-stakeholder partnerships, policy and institutional coherence and understanding, advocacy and public awareness, sufficient financing, strengthening the engagement of DPOs in planning and implementation and finally, quality disaggregated data (UN, 2018). Ensuring meaningful participation by persons with disabilities in the planning and implementation is also crucial in ensuring it reflects the voices and meets the needs of the target group. Based on the 2019 GPCC data on disability, the following fundamental barriers require urgent attention.

Education

Numerous national and international frameworks set out to improve education for persons with disabilities. In 2018, Cambodia devised the Policy on Inclusive Education with the goal “to educate all persons with special needs to have knowledge, skills and attitude so that they are able to contribute to the development of society” (MOEYS, 2018, p. 4). Internationally, both the CRPD and the SDG4 promote inclusive education for persons with disabilities. Inclusive education “involves a process of systemic reform embodying changes and modifications in content, teaching methods, approaches, structures and strategies in education to overcome barriers with a vision serving to provide all students of the relevant age range with an equitable and participatory learning experience and the environment that best corresponds to their requirements and preferences” (CRPD, 2016, p.3). The Incheon Strategy follows this principle. To ‘Make the Right Real’ goal 5 aims to expand early intervention and education of children with disabilities and has two main practical targets:

1. Enhance measures for early detection of, and intervention for, children with disabilities from birth to pre-school age.

2. Halve the gap between children with disabilities and children without disabilities in enrolment rates for primary and secondary education (UNESCAP, 2012, p. 8).

The first target falls outside the scope of the 2019 GPCC because no disability information was asked about children in the pre-school age groups. The observations from the census showed that large differences in school attendance exist between children 5 – 9 and 10 – 14 years old with moderate and severe disabilities and children with no disabilities and that the country still needs to take significant steps to halve the gap between both groups. Closely linked to the high percentage of children outside the education system is the fact that persons with disabilities have much lower literacy rates and educational attainment than those with no disability. This also means that Target 4.5 of the SDGs to "eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations" is far from being reached (UNESCO, n.d.).

The census did not provide insight on why children with disabilities are not enrolling at the same rate as children with no disabilities. In 2018, a situational analysis of the education of children in Cambodia was done by RTI International under auspices of USAID (Kirby, 2018). The analysis indicated that laws were developed to promote the access of children with disabilities to proper education, but that these laws are not yet completely in line with the CRPD. Stakeholders had not been sufficiently involved in formulating these laws and the general public was largely unaware of its existence. It is important that the government aligns national legislation to its international commitments made on education and disability. Special attention should be paid to involving organizations representing persons with disabilities in the formulation of these laws and policies and informing persons with disabilities about their rights.

An inclusive, quality education system should be made available for all children and young persons. Those with a disability should have equal access to mainstream education, rather than having strictly attend special learning environments (Erickson, 2005). This means schoolteachers must be adequately trained to teach children with disabilities in a general educational environment, access to all facilities in schools must meet the specific necessities of children and young persons with disabilities, instructional methods, textbooks and teachers' activity guides may have to be adapted to cater a much wider group of students, school buildings need to be physically accessible, and so on. Crucial in this is to educate children with disabilities close to their own living environment, rather than separating them from their families and placing them in long-term institutions where they are educated in an isolated manner away from their family and community. Whilst challenging to ensure all these, it can effectively aid in avoiding social exclusion and poverty and allow persons with disabilities to participate in the labour market and society in general. The Action Plan on Inclusive Education 2019-2023 outlines short- and longer-term steps that can be taken to tackle these, given sufficient financial investment. Goal 8 of the strategy aims to "Improve reliability and comparability of disability data" (MOEYS, 2019, p. 2). As mentioned earlier, ensuring there is a common definition and consistent methodology – both nationally and internationally – is crucial in achieving this.

Precise management information will be needed to monitor the progress of reaching inclusive education for persons with disabilities. This information goes beyond the realm of a population census and involves administrative data and specialized surveys. For instance, more information should be available about the school performance of children with disabilities, the number and reasons for dropping out of the education system, infrastructural shortcomings of schools to cater the special needs of students with disabilities, the type and quality of education that children with disabilities are enrolled in, and the skills of teachers to deal with the special needs of children with disabilities. This information should be made available to all stakeholders involved in the process of improving the educational position of children and young persons with disabilities.

Fertility and Reproductive Health

In this report, analysis on fertility was done using direct estimation techniques and as expected, produced low estimates of existing fertility levels than those done using indirect methods. To monitor progress in safe pregnancy and childbirth it is important to understand the conditions surrounding pregnancy and childbirth, for example whether the WHO-recommended 8 or more antenatal visits to a health specialist were followed, whether women were attended by a skilled birth attendant during childbirth and whether adequate postnatal care was provided. Whilst the census did ask about birth attendance and civil registration of the new-born, most respondents did not answer these questions. The next census should improve this by explaining the right methodology during training and in the manual. The importance of answering all questions should be stressed. In the training, the missing data on skilled birth attendance in the current census can be given as an example and the implications of not having a response to this question can be explained Furthermore, in order to promote the sexual and reproductive health and rights of all, it is crucial that women and girls with disabilities have universal access to family planning and quality SRH information and services. But obviously, the census is not the best instrument to gather information on reproductive health of women with disabilities. More detailed information about these matters is better collected through specialized surveys such as the DHS and other health surveys.

Decent living

Institutionalization of persons with disabilities is often discouraged, as living with family within the community or independent living has numerous benefits for the person. According to the 2019 GPCC, among all 689,532 people five years of age and older who were living with a disability, 14,899 lived in an institutional household. This constitutes 2.2 percent of all persons with disabilities. As the census did not ask for specification on the institution, it is unclear where exactly these persons reside. Therefore, it is recommended that further research on this sub-population is conducted to ascertain the type of institutional household, and alternatives to institutionalization are explored. This would allow for better formulation of policies which promote independent living and deviate from traditional institutionalization.

Economic activity

Employment of persons with disabilities is closely related to their educational attainment. It is important that if persons with a disability would obtain a good education that they are also given the opportunity to optimally use their acquired knowledge and skills in the labour market. Discrimination towards persons with disabilities in the labour market and problems with accessibility of workplaces remain an imminent threat. Measuring the employment status of persons with disabilities in the census is made more difficult because of the way employment was measured. In the census, the employment status of a person was based on the usual status of the persons, i.e., a person has to be with or without work for more than half a year during the year before the census to be considered employed or unemployed. It is recommended that in upcoming surveys and censuses the ILO recommendations would be followed and that the employment situation at the time of the interview would be established rather than the usual economic activity.

Article 27 of the CRPD recognizes the right of persons with disabilities to be employed on an equal basis as anybody else (UN, n.d.b.). The 'Law on the protection and the Promotion of the Rights of Persons with Disabilities' states that persons with disabilities who have the "required qualifications and competence to carry out the duties, role and responsibilities of a particular position have the right to be employed without discrimination" (Kingdom of Cambodia, 2009, Chapter 7, Article 33). In 2008, Cambodia issued a sub-decree with quotas for recruitment of persons with disabilities. The decree indicated that Ministries and State institutions with a total number of more than 50 employees must employ at least two percent of persons with disabilities and legal entities/persons with more than 100 employees should employ at least one percent persons with disabilities. Fines would be imposed to organizations and private businesses that do not comply with this regulation. Recent literature suggests that full implementation of this quota to enforce jobs for persons with disabilities in Cambodia has not yet come into fruition, however (Hutt, 2016). An official evaluation report on this topic was not found online, it could therefore be useful to conduct further research and advocate on what the impact on the country and its people are if persons with disabilities are not adequately employed. Furthermore, as discrimination is a commonly identified barrier for access to employment, the government should not only enforce the law and policies, but also develop social protection and financial schemes which promote and enable the implementation of these. Organizing disability awareness campaigns targeting employers is also an important way to encourage these efforts. These awareness campaigns should not only be directed to employers and other employees, but persons with disability should also be coached and mentored to boost their self-confidence and enhance their skills. Another important field for further action is to make working places more accessible for persons with disabilities. Far too often a person with a disability cannot perform a particular kind of work because the workplace is not adapted to his/her special needs. In addition, the transport system and general infrastructure should be adapted to allow persons with disability to reach their place of work safely and efficiently.

Poverty

In the census, the socio-economic status of the household was measured through the wealth index. The analysis showed that households with one or more members with a disability could be found more in the lower quintiles of the wealth index, indicating that more of these households belong to the poorer segments of society.

Although not all persons with disabilities live in poor households, the lack of education, unemployment and poverty are part of the vicious circle that dominates the lives of many persons with disabilities in Cambodia. Especially female headed households with one or more members with a disability can disproportionally be found at the bottom end of the economic spectrum. Although the government has some programs to alleviate extreme poverty among persons with disabilities, the main priority to lift the sub-group of persons with disabilities out of poverty would be by providing them with access to decent work. This would not only improve their economic situation, but also promote their overall quality of life, increase self-esteem, dignity, and empowerment and improve their enjoyment of human rights.

Poverty is closely related to a person's ability to find descent employment and generate income for themselves and their family. As jobs on the labour market are scarce, persons with disabilities should be encouraged and assisted in making a living through self-employment and setting up micro and small enterprises. As self-employment requires an initial investment, special credit facilities should be made available for persons with disabilities to start their own micro and small enterprises.

Marriage

Moderate or severe disability is a discriminating factor for marital status for both women and men. People with disabilities, particularly moderate and severe are more likely to be single – live within the household but less likely to be in a relationship with a partner. This applies more to women than to men. The marriage percentages for persons with a moderate disability are slightly above those of persons with a severe disability, but still well below those with mild disabilities or no disabilities. Disability (moderate and severe degrees) was also found to be correlated with increased separation or divorce, perhaps due to additional stress or strain a disability can place on a marriage, though reasons were not asked.

The fact that persons with moderate or severe disabilities are more likely to be single and live without a partner or spouse; and have more difficulty in obtaining employment and earning a living, puts them at a higher risk for poverty. This is particularly true for women with disabilities. As a result, they are more reliant on relatives for economic and social protection. Therefore, it is crucial that these individuals have access to social protection, their families are supported, and that education, training and employment becomes accessible and tailored to their needs.

Gender

This report shows that disability is a gender issue in Cambodia. There are many more women than men who reported to have at least a mild disability This is also because disability in Cambodia is positively correlated with age. As persons become older, their likelihood of reporting a disability also increases. Women live longer than men and therefore have an increased chance of becoming disabled. In many aspects, women and girls in Cambodia are discriminated or in a disadvantaged position compared to men and boys. As a result, women and girls with disabilities are not only discriminated based on their gender, but also due to their disability. This report shows that more female-headed households with one or more persons with disabilities were in the lowest wealth quintile (28.8 percent) than male-headed households (20.9 percent). Furthermore, household heads with a disability in the lowest quintile are more commonly female than male. An exception to the disadvantaged status of women and girls is in education. Girls are more likely to attend school these days. Nevertheless, literacy among women with a disability remains lower than among men.

To counteract this in policymaking, it is important that both disability and gender are mainstreamed in policies and across the life cycle. Early intervention programs which are gender mainstreamed, age and child-sensitive and family and community oriented should consider that the specific needs and capacities of persons with disabilities – and particularly women and girls – are crucial in this regard. When it comes to national and international policies such as the SDGs, disability should be mainstreamed in their implementation in areas such as social protection, education, employment, water and sanitation, health services, energy, and so forth (UN, 2018).

Policies and programmes should be tailored towards the heterogenous group of persons with disabilities, as each have their own type of disability, environment, culture, traditions and socioeconomic status. When it comes to research, the census is not the best instrument to ascertain gender aspects of disability as it does not investigate discrimination, violence or exclusion of women and girls specifically. Therefore, it is recommended that disability-specific studies are undertaken to fill the gender and disability data gap. In general, all data and statistics should provide sex-disaggregated data and as far as possible data should be provided separately for men and women with disabilities. In addition, other vulnerabilities for women with disabilities should be studied to improve the understanding of the living conditions of women with disabilities. These vulnerabilities include ethnic and religious minorities, lesbian and transgender women, prisoners, widows and migrants and refugees.

Regional and urban-rural differences

The majority of persons with a disability live in rural areas. As persons with disabilities are more concentrated in rural areas and certain regions of the country, support efforts and the distribution of service provision should be prioritized there. It is crucial to breakdown the existing national policy frameworks, goals and targets, and localize the agendas for provinces, districts and communities through involvement of disabled person's organizations and the target group themselves. Plans and budgets can then adequately channel the resources to the local community levels where it is most needed. Though for those living in less concentrated and hard

to reach areas, tailor-made and smaller-scale support such as outreach activities should also be made available. Furthermore, from the analysis it could not be determined why certain regions have much higher rates of disabilities than others. It could be due to flaws in the data, or due to an actual pattern. This could be an area for further research in the future, as ways to prevent and respond to disabilities may be identified this way.

13.2. Strengthening data collection on disability in Cambodia

Understanding the situation of persons with disabilities requires disaggregated data and research. The lack thereof disallows the monitoring of progress and effectiveness and efficiency of efforts. In many cases, data are not disaggregated by disability status, nor are they analyzed or published. Recommendations in this section are relevant for data collection via household surveys and censuses. They do not cover recommendations for administrative data, as such sources were not accessed during this exercise. Nevertheless, the latter would add valuable information on disability in Cambodia and is a suggestion for future research.

1. The WG core questions are not designed to measure disability prevalence of children under the age of five. Moreover, developmental disabilities for children older than five years are often missed as well. The WG collaborated with UNICEF in 2016 on developing the Child Functioning Module (CFM), which is a methodology dedicated to gathering disability data for children between ages 2 and 4 years, as well as those aged 5-17 years. A group of experts produced a paper series which set the background for developing the CFM. The papers presented previous work and challenges to measuring child disability and conducted field testing to produce a methodology which provides internationally comparable data on child functioning (Loeb et al., 2018; Cappa et al., 2018). Two CFM sections measure the following functional domains: vision, hearing, mobility, communication/comprehension, behavior and learning (all ages); dexterity and playing (2-4 years); and self-care, remembering, focusing attention, coping with change, relationships and emotions (5-17 years)[21]. The CFM is now incorporated in UNICEF's Multiple Indicator Cluster Surveys (MICS). To get an accurate picture of children with disabilities in Cambodia, it would be useful to either conduct a MICS survey (with the CFM module forming part of this) or include the CFM module in another large-scale household survey, for instance the next DHS.
2. The six WG questions do not fully cover all types of disabilities and a complete picture of the current situation can thus not be created. Therefore, it would be valuable to use the extended set of WG questions which also deal with for instance, upper body movement, depression and anxiety, pain and fatigue. It is not advised to do this in a census as to many questions would be needed, but certainly some of the surveys – especially in the field of health – would be prime candidates to include these questions. The WG-SS Enhance

[21] A version of the two sections from the CFM can be downloaded from the following site: https://www.washingtongroup-disability.com/question-sets/wgunicef-child-functioning-module-cfm/

would be an alternative, as it provides only four additional psychosocial questions and two upper body questions from the WG extended set of questions[22].

3. The 2019 GPCC lacks a question on the reason a person has a disability. This is a shortcoming in the census data set, as certain development efforts may be targeted towards persons disabled due to a specific cause. A program on social support for survivors of war – including mines or other ERWs – is an example of this. Therefore, it is recommended that upcoming household surveys would add a question on the specific cause of a person's disability. Many censuses in the region have a question on the cause of the disability. It is advisable that this is also added to future the next census in Cambodia. It should be noted that also the 2014 DHS lacked the question on how respondents with a disability lost functionality in certain domains. In the context of Cambodia, with its violent past, it may be useful to incorporate this type of question in the next DHS. Another question that is often missing is the age at onset of the disability. The exact age at which this happened may be difficult to pinpoint and perhaps the following response categories should therefore be included: a) at birth, b) during childhood (0 – 14 years), c) during working years (14 – 64 years), at older age (65+ years). Information from this question would enable a more in-depth analysis of the interaction between disability and other social and demographic characteristics.
4. An improvement of the data would not only depend on information that is directly related to the disability status of persons, to have a more comprehensive picture of the living conditions of persons with disabilities, additional background information should also be gathered. For instance, for planning purposes it would be good to have information on the type of institutional households persons with disabilities are living in. This makes it impossible to determine how many persons with disabilities lived in special care institutional households. It would also be interesting to collect information on the need and availability of support to persons with disabilities.
5. An aspect that did not receive much attention is about the need and availability of support for persons with disabilities. Is support mainly provided by family members and to what extent do persons with disabilities receive professional support. To measure the support family members with disabilities receive from other household members, a question could be asked about the amount of time other household members spent assisting the persons with disabilities.
6. In some instances, for instance on economic activity, the questions in the 2019 GPCC deviated from the international principles and recommendations. It is recommended that upcoming household surveys and censuses would completely follow these internationals recommendations. Only if this is done will it be possible to make meaningful international comparisons.

[22] Extended information on the WG-SS enhanced set on functioning can be found at: https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-%e2%80%93-enhanced-wg-ss-enhanced/

The above-mentioned recommendations go beyond the census and are important for all household surveys that are organized. It is important that the census and the different household surveys capture the degree to which Cambodia is an inclusive society in the same way. To understand changes in the position of persons with disabilities in all aspects of life, it is important that data from the different surveys are fully comparable.

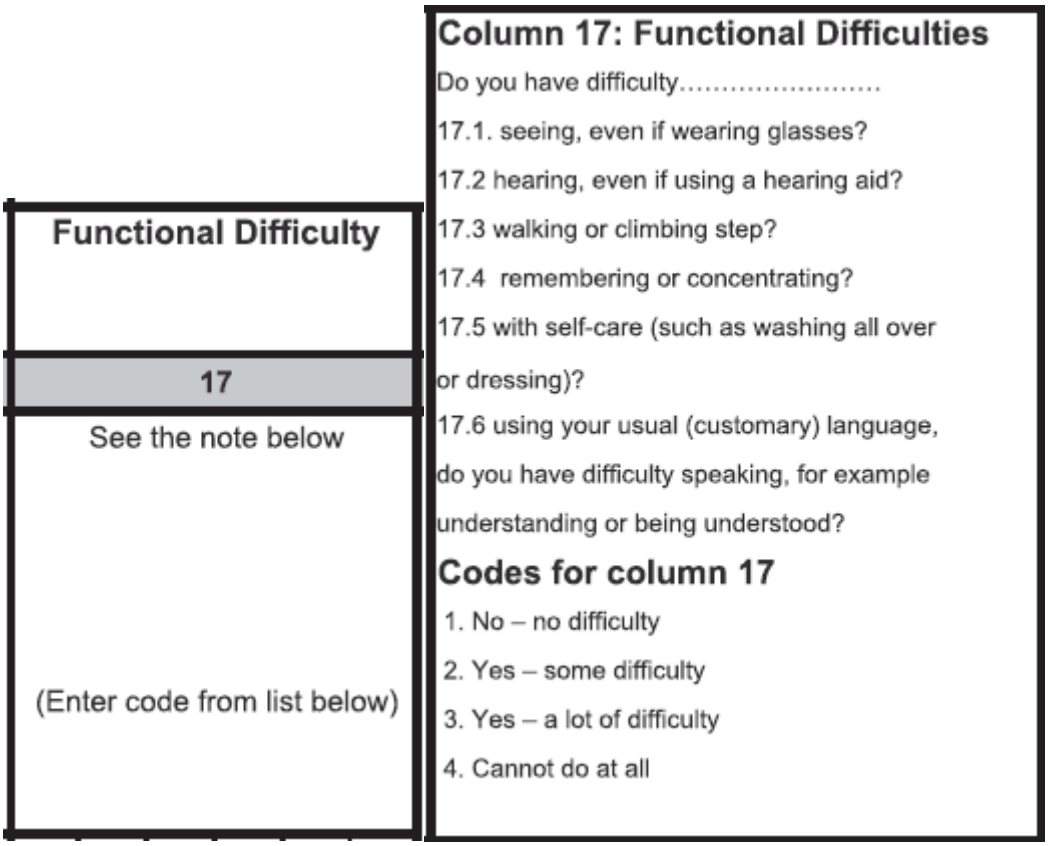
Double disaggregation of data by disability and gender is needed in order to identify aspects of these disadvantaged groups. Other disaggregation is also recommended by the UN Flagship Report on Disability (UN, 2018) and should become standard in Government and civil society organizations' initiatives:

- Disability and sex (identify women and girls with disabilities)
- Disability and age (identify children and older persons with disabilities)
- Disability and income (identify the poor with disabilities)
- Type of disability (including psychosocial and intellectual disabilities)
- Disability and social groups (identify e.g., indigenous groups with disabilities)
- Data on the extra costs associated with a disability should also be gathered.

Improvement of disability information is not limited to adding more questions or disaggregation, it is equally important to find ways to improve the quality of the data that is collected. The analysis showed that at various points, the quality of the disability data gathered in the 2019 GPCC could be further improved, ranging from obtaining a sharper defined and more accurately measured estimate of the prevalence of disability to a better reporting of the various types of disability. As indicated in the report, an unrealistically high number of people indicated that they had serious problems with all six functional categories or could not do any of them at all. The following adaptations are suggested to the census questionnaire and other surveys:

- The WG questions were presented in an abbreviated manner on the questionnaire (see figure 13.1). This manner of presenting the questions may have affected the quality of the information and could have resulted in so many persons being coded as having all six functional limitations. It is better not to cramp together the six WG-SS into one question, but to present each of the six questions separately. This could avoid misunderstandings and errors among enumerators, which may have been the case in the current format. It may also be that enumerators thought that 'Do you have a difficulty….' is a screener question, rather than the first part of six different questions. The WG strongly warns against any use of a screener question (WG, 2020), as it reduces the reporting of functional difficulties. It is critical to individually ask the questions about all members of the household in the roster. This is particularly important when a household respondent is used as is the case in most censuses. Following the example of other countries in the region, the next census or other surveys could be executed using tablets or smartphones (rather than paper questionnaires), which would automatically solve the lack of space on paper-based questionnaires.

Figure 13 Format of disability questions in the 2019 GPCC



- Stigma and discrimination may have affected the quality of the results of the disability data in Cambodia, as these factors may have impacted the data collection process. Questions on disabilities can be perceived by numerators as sensitive due to their own negative attitude towards disability which results from misunderstandings. To avoid that enumerators would not read the questions, a pause can be introduced which does not allow the enumerator to move to the next question. A basic yet important component that could be included is the WG suggestion on how to discuss present disability with the respondent. Neither in the questionnaire, nor in the training the word 'disability' or 'handicap' should be used. No reference to these words should be made in the training manual or other documents. If an introductory statement is used, the word disability should always be avoided. It should be clear that the questions deal with problems with functionality and do not directly refer to a 'disability' or 'handicap' (WG, 2020). During the interview, enumerators and interviewers should strictly adhere to terms related to activities and functionality. This is also the case during training. Simple yet important adaptations such as these, can have significant impact on the quality of the disability data. Note that the 2014 DHS-questionnaire directly referred to disability as the title of the group of WG-questions, which should be avoided in the next edition.
- Attention should be paid to the exact translation of the WG questions. If in a census, the questionnaire is translated in different languages used in the country, then all the questions and answers should express exactly the same meaning. It is good practice to

translate the translated questionnaires back to English by a professional translator who was not involved in the earlier translation. This translation can be compared to the original English version of the WG-questions. In the 2019 GPCC the translation of the answer categories was done in a correct manner, with the exception of the category 'A lot of difficulty', that was translated in Khmer as 'Very difficult or extremely difficult'. This should be avoided.

- An in-depth training of interviewers on how to deal with the questions on disability is crucial for high-quality data production. Generally, more attention should be given to this in the training manual. Currently, instructions interviewer and enumerator manuals in many countries tend to concentrate on explaining the content of the questions on disability. Far less attention is paid to interview techniques to obtain valid, high-quality data on sensitive disability data. The use of digital questionnaires could improve the data collection on all topics, including disabilities. For instance, pre-recorded messages urging persons to answer the question accurately can be included. Upon completion of the data collection, all information must be cleaned following strict editing rules and a data quality assessment must be executed. Also in this regard, using digital questionnaires with tables or smartphones poses a lot of advantages in terms of data quality, compared to paper questionnaires. With automated routing patterns many errors with skipping questions can be avoided. Moreover, in the digital questionnaire checks and warnings can be incorporated to avoid consistency errors. There is no doubt that the use of digital questionnaires with the right editing checks could have circumvented many of the data problems that were encountered in the census. Many of the data problems related to disability in the GPCC also appear frequently in other censuses and household surveys.

As indicated in this report, many censuses in the Asian region struggle with the same problems as Cambodia in terms of underenumeration of the number of persons with disability and inconsistencies in the data. Ways to improve data collection of disability should therefore be internationally developed and tested. It would be wise to make an overall assessment of the quality of data from censuses and surveys in the region using the WG questions and explore techniques to improve the quality of these data.

Annex

Annex.1

Table A1. Number of persons by 5-year age group, sex and degree of disability

	Male					Female					Total				
	No disability	Mild disability	Moderate disability	Severe disability	Total	No disability	Mild disability	Moderate disability	Severe disability	Total	No disability	Mild disability	Moderate disability	Severe disability	Total
0 - 4	745,963	-	-	-	745,963	-	-	-	-	704,196	-	-	-	-	1,450,159
5 - 9	742,292	8,477	1,667	1,105	753,541	709,270	7,863	1,532	898	719,563	1,451,562	16,340	3,199	2,003	1,473,104
10 - 14	834,569	5,287	1,497	1,538	842,891	797,275	4,866	1,410	1,435	804,986	1,631,844	10,153	2,907	2,973	1,647,877
15 - 19	702,978	4,586	1,447	1,226	710,237	691,971	4,735	1,283	1,124	699,113	1,394,949	9,321	2,730	2,350	1,409,350
20 - 24	602,905	5,431	1,840	1,201	611,377	634,777	6,113	1,687	1,226	643,803	1,237,682	11,544	3,527	2,427	1,255,180
25 - 29	687,210	7,647	2,225	1,403	698,485	718,016	8,012	2,211	1,524	729,763	1,405,226	15,659	4,436	2,927	1,428,248
30 - 34	627,269	8,882	2,239	1,272	639,662	653,614	9,211	2,206	1,318	666,349	1,280,883	18,093	4,445	2,590	1,306,011
35 - 39	630,885	11,053	2,670	1,314	645,922	645,012	11,606	2,303	1,379	660,300	1,275,897	22,659	4,973	2,693	1,306,222
40 - 44	354,257	9,791	1,770	894	366,712	372,285	11,165	1,866	985	386,301	726,542	20,956	3,636	1,879	753,013
45 - 49	361,210	15,506	2,707	1,228	380,651	386,859	17,685	2,939	1,200	408,683	748,069	33,191	5,646	2,428	789,334
50 - 54	306,664	20,486	3,168	984	331,302	353,331	25,493	3,461	1,229	383,514	659,995	45,979	6,629	2,213	714,816
55 - 59	266,467	24,188	3,909	1,049	295,613	307,804	31,273	4,331	1,188	344,596	574,271	55,461	8,240	2,237	640,209
60 - 64	160,889	23,164	3,614	818	188,485	231,857	39,056	5,567	1,277	277,757	392,746	62,220	9,181	2,095	466,242
65 - 69	118,502	21,800	3,585	887	144,774	167,851	38,520	6,904	1,445	214,720	286,353	60,320	10,489	2,332	359,494
70 - 74	69,862	20,854	4,573	966	96,255	97,683	36,504	9,270	1,668	145,125	167,545	57,358	13,843	2,634	241,380
75 - 79	41,207	15,197	4,194	887	61,485	57,055	25,503	8,730	1,771	93,059	98,262	40,700	12,924	2,658	154,544
80 - 84	19,258	9,623	4,292	922	34,095	28,885	16,294	8,796	2,057	56,032	48,143	25,917	13,088	2,979	90,127
85 - 89	9,022	4,711	2,601	670	17,004	14,414	8,294	5,490	1,634	29,832	23,436	13,005	8,091	2,304	46,836
90 - 94	2,120	1,121	1,134	383	4,758	3,544	2,013	2,192	897	8,646	5,664	3,134	3,326	1,280	13,404
95 - 99	774	183	237	101	1,295	997	418	573	235	2,223	1,771	601	810	336	3,518
100+	875	185	195	75	1,330	805	366	410	232	1,813	1,680	551	605	307	3,143
Total	7,285,178	218,172	49,564	18,923	7,571,837	7,577,501	304,990	73,161	24,722	7,980,374	14,862,679	523,162	122,725	43,645	15,552,211

Table A2. Number of persons by degree of disability, sex and province, CPHC 2019

	Male					Female					Total				
	No disability	Mild disability	Moderate disability	Severe disability	Total	No disability	Mild disability	Moderate disability	Severe disability	Total	No disability	Mild disability	Moderate disability	Severe disability	Total
Banteay Meanchey	408,251	15,372	3,350	972	427,945	409,448	18,997	4,246	1,247	433,938	817,699	34,369	7,596	2,219	861,883
Battambang	464,023	20,606	4,702	1,093	490,424	471,476	27,572	6,355	1,342	506,745	935,499	48,178	11,057	2,435	997,169
Kampong Cham	410,932	15,439	3,341	1,615	431,327	438,573	22,305	5,308	2,278	468,464	849,505	37,744	8,649	3,893	899,791
Kampong Chhnang	240,561	9,659	1,603	362	252,185	255,861	15,634	2,844	503	274,842	496,422	25,293	4,447	865	527,027
Kampong Speu	410,458	11,107	2,468	1,069	425,102	431,445	15,685	3,945	1,346	452,421	841,903	26,792	6,413	2,415	877,523
Kampong Thom	317,172	10,061	2,427	942	330,602	332,198	14,065	3,508	1,176	350,947	649,370	24,126	5,935	2,118	681,549
Kampot	278,213	6,960	1,732	685	287,590	292,845	10,097	2,451	846	306,239	571,058	17,057	4,183	1,531	593,829
Kandal	559,867	16,601	3,514	1,581	581,563	588,990	23,560	5,347	2,121	620,018	1,148,857	40,161	8,861	3,702	1,201,581
Koh Kong	61,378	1,634	324	108	63,444	59,723	2,159	405	171	62,458	121,101	3,793	729	279	125,902
Kracheh	180,313	4,790	1,154	401	186,658	179,511	6,527	1,523	536	188,097	359,824	11,317	2,677	937	374,755
Mondul Kiri	45,338	1,530	285	89	47,242	42,889	1,658	312	112	44,971	88,227	3,188	597	201	92,213
Phnom Penh	1,074,043	25,031	4,184	2,136	1,105,394	1,133,497	33,542	6,239	2,705	1,175,983	2,207,540	58,573	10,423	4,841	2,281,377
Preah Vihear	122,955	4,223	919	339	128,436	119,740	5,200	1,096	355	126,391	242,695	9,423	2,015	694	254,827
Prey Veng	478,048	15,169	4,204	1,290	498,711	523,481	25,747	7,793	1,988	559,009	1,001,529	40,916	11,997	3,278	1,057,720
Pursat	195,908	6,606	1,349	309	204,172	202,940	9,894	2,486	460	215,780	398,848	16,500	3,835	769	419,952
Ratanak Kiri	106,708	2,608	502	160	109,978	103,695	2,969	639	172	107,475	210,403	5,577	1,141	332	217,453
Siem Reap	479,848	13,577	3,023	1,002	497,450	493,801	18,016	3,829	1,138	516,784	973,649	31,593	6,852	2,140	1,014,234
Preah Sihanouk	154,344	3,095	2,215	1,808	161,462	139,280	4,067	3,142	2,121	148,610	293,624	7,162	5,357	3,929	310,072
Stung Treng	81,412	2,424	434	124	84,394	77,751	2,819	574	175	81,319	159,163	5,243	1,008	299	165,713
Svay Rieng	240,857	6,558	1,523	643	249,581	262,890	9,686	2,453	887	275,916	503,747	16,244	3,976	1,530	525,497
Takeo	417,296	10,288	2,602	1,080	431,266	449,142	15,163	3,826	1,517	469,648	866,438	25,451	6,428	2,597	900,914
Otdar Meanchey	133,857	4,356	952	213	139,378	130,250	5,158	1,022	230	136,660	264,107	9,514	1,974	443	276,038
Kep	20,351	560	116	37	21,064	20,572	777	200	52	21,601	40,923	1,337	316	89	42,665
Pailin	36,719	1,052	282	47	38,100	35,410	1,282	264	56	37,012	72,129	2,334	546	103	75,112
Tboung Khmum	366,071	8,852	2,355	812	378,090	381,849	12,391	3,342	1,169	398,751	747,920	21,243	5,697	1,981	776,841
Embassy	255	14	*	6	279	244	20	12	19	295	499	34	16	25	574
Total	7,285,178	218,172	49,564	18,923	7,571,837	7,577,501	304,990	73,161	24,722	7,980,374	14,862,679	523,162	122,725	43,645	15,552,211

* less than 5 cases in the cell.

Table A3. Percentage of persons divorced/seperated by age, sex and disability status, CPHC 2019

	Male					Female					Total				
	No disability	Mild disability	Moderate disability	Severe disability	No. of cases	No disability	Mild disability	Moderate disability	Severe disability	No. of cases	No disability	Mild disability	Moderate disability	Severe disability	No. of cases
0 - 4	-	-	-	-	745,963	-	-	-	-	704,196	-	-	-	-	1,450,159
5 - 9	-	-	-	-	753,541	-	-	-	-	719,563	-	-	-	-	1,473,104
10 - 14	0.0	0.0	0.0	0.0	842,891	0.0	0.0	0.0	0.0	804,986	0.0	0.0	0.0	0.0	1,647,877
15 - 19	0.0	0.0	0.1	0.0	710,237	0.2	0.3	0.2	0.1	699,113	0.1	0.2	0.1	0.0	1,409,350
20 - 24	0.5	0.6	0.7	0.2	611,377	1.4	1.5	1.7	0.7	643,803	1.0	1.1	1.2	0.5	1,255,180
25 - 29	1.2	1.3	2.1	1.3	698,485	2.3	2.4	1.9	2.3	729,763	1.8	1.8	2.0	1.8	1,428,248
30 - 34	1.6	1.9	3.4	3.0	639,662	2.9	2.9	2.6	2.9	666,349	2.3	2.4	3.0	2.9	1,306,011
35 - 39	1.6	2.3	3.0	3.5	645,922	3.2	3.7	4.3	2.5	660,300	2.4	3.0	3.6	3.0	1,306,222
40 - 44	1.4	2.7	4.3	3.5	366,712	3.6	4.2	4.3	6.0	386,301	2.5	3.5	4.3	4.8	753,013
45 - 49	2.9	2.0	15.3	30.4	380,651	5.1	4.7	22.9	27.8	408,683	4.1	3.4	19.3	29.1	789,334
50 - 54	2.1	1.6	8.0	12.7	331,302	4.5	4.9	9.9	22.9	383,514	3.4	3.4	9.0	18.4	714,816
55 - 59	1.8	1.6	6.2	8.8	295,613	4.9	5.5	9.8	12.6	344,596	3.5	3.8	8.1	10.8	640,209
60 - 64	1.3	1.8	3.0	2.6	188,485	4.6	5.3	6.6	4.9	277,757	3.3	4.0	5.2	4.0	466,242
65 - 69	1.4	1.6	2.1	2.4	144,774	4.8	5.3	5.3	5.9	214,720	3.4	4.0	4.2	4.5	359,494
70 - 74	1.7	2.0	2.5	1.3	96,255	4.8	5.3	5.3	5.6	145,125	3.5	4.1	4.3	4.1	241,380
75 - 79	2.2	2.6	3.2	2.7	61,485	5.4	5.5	5.3	7.5	93,059	4.0	4.4	4.6	5.9	154,544
80 - 84	3.4	3.1	3.1	3.8	34,095	5.7	5.6	5.8	5.6	56,032	4.8	4.7	5.0	5.1	90,127
85 - 89	4.1	4.1	4.1	6.1	17,004	5.8	6.0	5.4	6.7	29,832	5.2	5.3	5.0	6.6	46,836
90 - 94	4.4	6.3	5.6	4.4	4,758	5.6	6.0	5.8	6.9	8,646	5.2	6.1	5.7	6.2	13,404
95 - 99	2.8	3.3	4.6	5.9	1,295	5.3	5.0	5.1	8.9	2,223	4.2	4.5	4.9	8.0	3,518
100+	3.4	4.9	7.2	10.7	1,330	5.6	5.7	7.6	8.2	1,813	4.5	5.4	7.4	8.8	3,143
Total	0.9	1.8	4.0	4.8	7,571,837	2.1	4.7	6.1	6.6	7,980,374	1.5	3.5	5.2	5.9	15,552,211

Table A4. Number of person 10 years and older by marital status, sex and degree of disability, 2019 CPHC

		Male									Female							
		Marital Status									Marital Status							
		Never Married	Married	Widowed	Divorced	Separated	Not reported	Total			Never Married	Married	Widowed	Divorced	Separated	Not reported	Total
No disability	10 - 14	834,027	206	11	5	11	309	834,569	No disability	10 - 14	796,630	364	20	15	5	241	797,275
	15 - 19	689,715	12,613	116	182	24	328	702,978		15 - 19	633,054	56,750	415	1,268	129	355	691,971
	20 - 24	440,684	158,118	735	2,717	259	392	602,905		20 - 24	318,027	304,882	2,257	8,518	633	460	634,777
	25 - 29	270,378	406,819	1,707	7,436	568	302	687,210		25 - 29	170,485	525,949	4,711	15,540	1,078	253	718,016
	30 - 34	111,640	502,871	2,483	9,430	692	153	627,269		30 - 34	79,180	548,736	6,620	17,847	1,104	127	653,614
	35 - 39	51,043	561,958	7,991	9,226	579	88	630,885		35 - 39	51,332	559,611	13,106	19,739	1,150	74	645,012
	40 - 44	13,426	328,365	7,355	4,767	305	39	354,257		40 - 44	21,751	323,693	13,551	12,711	543	36	372,285
	45 - 49	8,378	337,720	4,471	10,326	295	20	361,210		45 - 49	19,100	329,587	18,298	19,192	650	32	386,859
	50 - 54	5,108	290,356	4,681	6,247	258	14	306,664		50 - 54	17,645	293,278	26,437	15,401	542	28	353,331
	55 - 59	3,392	252,600	5,742	3,236	1,484	13	266,467		55 - 59	14,312	244,401	33,938	13,773	1,360	20	307,804
	60 - 64	2,082	151,249	5,491	1,881	179	7	160,889		60 - 64	10,831	172,706	37,537	10,394	372	17	231,857
	65 - 69	1,672	109,452	5,716	1,536	124	*	118,502		65 - 69	7,922	113,924	37,907	7,826	262	10	167,851
	70 - 74	1,236	62,138	5,302	1,102	79	5	69,862		70 - 74	4,287	58,880	29,814	4,528	161	13	97,683
	75 - 79	970	34,997	4,336	833	69	*	41,207		75 - 79	2,356	30,771	20,845	3,005	64	14	57,055
	80 - 84	581	15,011	3,002	635	26	*	19,258		80 - 84	1,422	13,787	12,015	1,627	32	*	28,885
	85 - 89	315	6,513	1,828	356	10	0	9,022		85 - 89	758	6,423	6,389	831	10	*	14,414
	90 - 94	111	1,359	556	89	*	*	2,120		90 - 94	225	1,497	1,620	200	0	*	3,544
	95 - 99	100	506	106	21	*	40	774		95 - 99	89	464	368	52	*	23	997
	100+	152	551	94	28	*	48	875		100+	105	381	263	40	5	11	805
	All ages	2,435,010	3,233,402	61,723	60,053	4,969	1,766	5,796,923		All ages	2,149,511	3,586,084	266,111	152,507	8,101	1,721	6,164,035
Mild disability	10 - 14	5277	9	0	0	0	*	5287	Mild disability	10 - 14	4,851	11	*	0	*	*	4,866
	15 - 19	4457	119	*	*	*	6	4586		15 - 19	4,165	505	9	14	*	41	4,735
	20 - 24	3935	1444	13	30	5	*	5431		20 - 24	2,987	2,991	38	86	8	*	6,113
	25 - 29	3040	4489	20	90	8	0	7647		25 - 29	2,013	5,696	88	180	10	25	8,012
	30 - 34	1792	6871	44	158	12	5	8882		30 - 34	1,316	7,488	137	256	13	*	9,211
	35 - 39	1083	9660	59	228	23	0	11053		35 - 39	1,065	9,822	282	417	17	*	11,606
	40 - 44	475	8971	82	243	20	0	9791		40 - 44	780	9,443	471	450	21	0	11,165
	45 - 49	414	14585	197	275	28	7	15506		45 - 49	961	14,777	1,120	774	52	*	17,685
	50 - 54	352	19363	437	309	24	*	20486		50 - 54	1,477	20,166	2,595	1,188	64	*	25,493
	55 - 59	303	22777	711	369	25	*	24188		55 - 59	1,652	23,473	4,426	1,640	82	0	31,273
	60 - 64	286	21456	995	369	58	0	23164		60 - 64	1,932	26,936	8,099	1,971	116	*	39,056
	65 - 69	251	19794	1395	311	48	*	21800		65 - 69	1,841	23,923	10,716	1,937	97	6	38,520
	70 - 74	256	18138	2033	371	56	0	20854		70 - 74	1,477	19,590	13,490	1,855	87	5	36,504
	75 - 79	193	12594	2015	367	27	*	15197		75 - 79	852	11,947	11,312	1,330	60	*	25,503
	80 - 84	168	7251	1905	286	9	*	9623		80 - 84	507	6,502	8,365	906	11	*	16,294
	85 - 89	129	3156	1231	184	9	*	4711		85 - 89	264	3,028	4,503	490	8	*	8,294
	90 - 94	26	642	382	70	*	0	1121		90 - 94	60	672	1,161	116	*	0	2,013
	95 - 99	8	99	69	5	*	*	183		95 - 99	8	151	238	21	0	0	418
	100+	*	103	58	9	0	12	185		100+	14	140	180	21	0	11	366
	All ages	22,448	171,521	11,648	3,675	355	48	209,695		All ages	28,222	187,261	67,232	13,652	652	108	297,127

Table A4. Number of person 10 years and older by marital status, sex and degree of disability, 2019 CPHC

Male									Female								
		Marital Status									Marital Status						
		Never Married	Married	Widowed	Divorced	Separated	Not reported	Total			Never Married	Married	Widowed	Divorced	Separated	Not reported	Total
Moderate disability	10 - 14	1496	*	0	0	0	0	1497	Moderate disability	10 - 14	1,408	0	*	0	0	*	1,410
	15 - 19	1417	15	*	*	0	13	1447		15 - 19	1,172	108	*	*	0	0	1,283
	20 - 24	1378	432	*	11	*	14	1840		20 - 24	931	718	9	27	*	0	1,687
	25 - 29	1150	1016	12	43	*	*	2225		25 - 29	819	1,333	17	40	*	0	2,211
	30 - 34	767	1378	16	77	0	*	2239		30 - 34	604	1,516	29	54	*	0	2,206
	35 - 39	622	1860	107	77	*	0	2670		35 - 39	524	1,538	139	100	0	*	2,303
	40 - 44	274	1319	100	71	5	*	1770		40 - 44	325	1,214	247	77	*	0	1,866
	45 - 49	223	1986	83	412	*	0	2707		45 - 49	352	1,662	249	666	8	*	2,939
	50 - 54	202	2637	74	249	5	*	3168		50 - 54	453	2,265	400	328	14	*	3,461
	55 - 59	103	3411	153	137	105	0	3909		55 - 59	367	2,855	684	329	96	0	4,331
	60 - 64	104	3202	200	95	13	0	3614		60 - 64	414	3,483	1,300	354	15	*	5,567
	65 - 69	70	3185	254	73	*	0	3585		65 - 69	417	4,014	2,107	349	15	*	6,904
	70 - 74	78	3796	584	104	9	*	4573		70 - 74	467	4,528	3,786	469	18	*	9,270
	75 - 79	63	3335	662	126	8	0	4194		75 - 79	373	3,838	4,059	450	10	0	8,730
	80 - 84	68	3053	1036	127	8	0	4292		80 - 84	311	3,187	4,784	504	9	*	8,796
	85 - 89	54	1714	726	99	8	0	2601		85 - 89	201	1,712	3,272	293	5	7	5,490
	90 - 94	28	609	433	62	*	*	1134		90 - 94	73	655	1,335	120	8	*	2,192
	95 - 99	9	137	80	10	*	0	237		95 - 99	10	149	385	28	*	0	573
	100+	5	94	80	13	*	*	195		100+	9	118	248	29	*	*	410
	All ages	8,111	33,180	4,605	1,787	178	36	47,897		All ages	9,230	34,893	23,052	4,219	211	24	71,629
Severe disability	10 - 14	1537	0	0	0	0	*	1538	Severe disability	10 - 14	1,434	*	0	0	0	0	1,435
	15 - 19	1213	12	0	0	0	*	1226		15 - 19	1,049	73	0	*	0	*	1,124
	20 - 24	928	268	*	*	0	0	1201		20 - 24	665	547	5	9	0	0	1,226
	25 - 29	727	654	*	18	0	0	1403		25 - 29	626	852	11	34	*	0	1,524
	30 - 34	540	687	7	34	*	0	1272		30 - 34	408	853	19	36	*	0	1,318
	35 - 39	400	808	60	44	*	0	1314		35 - 39	342	860	142	34	*	0	1,379
	40 - 44	172	517	174	31	0	0	894		40 - 44	182	523	220	57	*	*	985
	45 - 49	103	644	108	372	*	0	1228		45 - 49	158	653	55	334	0	0	1,200
	50 - 54	107	731	21	125	0	0	984		50 - 54	201	654	92	280	*	0	1,229
	55 - 59	79	829	49	41	51	0	1049		55 - 59	172	721	145	84	66	0	1,188
	60 - 64	45	707	45	18	*	0	818		60 - 64	149	810	256	58	*	0	1,277
	65 - 69	51	759	55	19	*	*	887		65 - 69	145	846	369	81	*	0	1,445
	70 - 74	26	815	112	10	*	0	966		70 - 74	122	879	573	89	5	0	1,668
	75 - 79	20	716	127	23	*	0	887		75 - 79	101	773	765	125	7	0	1,771
	80 - 84	19	659	208	35	0	*	922		80 - 84	89	754	1,098	112	*	0	2,057
	85 - 89	13	443	173	40	*	0	670		85 - 89	70	559	895	110	0	0	1,634
	90 - 94	6	201	159	17	0	0	383		90 - 94	24	276	535	62	0	0	897
	95 - 99	6	46	43	6	0	0	101		95 - 99	*	62	147	21	0	*	235
	100+	*	30	34	7	*	0	75		100+	8	65	137	19	0	*	232
	All ages	5,995	9,526	1,382	842	69	*	17,818		All ages	5,949	10,761	5,464	1,546	98	6	23,824

Table A4. Number of person 10 years and older by marital status, sex and degree of disability, 2019 CPHC

Male									Female								
		Marital Status									Marital Status						
		Never Married	Married	Widowed	Divorced	Separated	Not reported	Total			Never Married	Married	Widowed	Divorced	Separated	Not reported	Total
Total	10 - 14	842337	216	11	5	11	311	842891	Total	10 - 14	804,323	376	23	15	6	243	804,986
	15 - 19	696802	12759	119	184	25	348	710237		15 - 19	639,440	57,436	425	1,285	130	397	699,113
	20 - 24	446925	160262	755	2760	265	410	611377		20 - 24	322,610	309,138	2,309	8,640	643	463	643,803
	25 - 29	275295	412978	1743	7587	579	303	698485		25 - 29	173,943	533,830	4,827	15,794	1,091	278	729,763
	30 - 34	114739	511807	2550	9699	708	159	639662		30 - 34	81,508	558,593	6,805	18,193	1,122	128	666,349
	35 - 39	53148	574286	8217	9575	608	88	645922		35 - 39	53,263	571,831	13,669	20,290	1,168	79	660,300
	40 - 44	14347	339172	7711	5112	330	40	366712		40 - 44	23,038	334,873	14,489	13,295	569	37	386,301
	45 - 49	9118	354935	4859	11385	327	27	380651		45 - 49	20,571	346,679	19,722	20,966	710	35	408,683
	50 - 54	5769	313087	5213	6930	287	16	331302		50 - 54	19,776	316,363	29,524	17,197	622	32	383,514
	55 - 59	3877	279617	6655	3783	1665	16	295613		55 - 59	16,503	271,450	39,193	15,826	1,604	20	344,596
	60 - 64	2517	176614	6731	2363	253	7	188485		60 - 64	13,326	203,935	47,192	12,777	507	20	277,757
	65 - 69	2044	133190	7420	1939	177	*	144774		65 - 69	10,325	142,707	51,099	10,193	378	18	214,720
	70 - 74	1596	84887	8031	1587	147	7	96255		70 - 74	6,353	83,877	47,663	6,941	271	20	145,125
	75 - 79	1246	51642	7140	1349	105	*	61485		75 - 79	3,682	47,329	36,981	4,910	141	16	93,059
	80 - 84	836	25974	6151	1083	43	8	34095		80 - 84	2,329	24,230	26,262	3,149	56	6	56,032
	85 - 89	511	11826	3958	679	28	*	17004		85 - 89	1,293	11,722	15,059	1,724	23	11	29,832
	90 - 94	171	2811	1530	238	6	*	4758		90 - 94	382	3,100	4,651	498	12	*	8,646
	95 - 99	123	788	298	42	*	41	1295		95 - 99	111	826	1,138	122	*	24	2,223
	100+	163	778	266	57	*	62	1330		100+	136	704	828	109	7	29	1,813
	All ages	2,471,564	3,447,629	79,358	66,357	5,571	1,854	6,072,333		All ages	2,192,912	3,818,999	361,859	171,924	9,062	1,859	6,556,615

* less than 5 cases in the cell.

Table A5. Number (and percentage) of persons by type of household they live in and degree of disability, 2019 CPHC

Type of household	Degree of disability				
	No disability	Mild disability	Moderate disability	Severe disability	Total
One-person Household	138,440	20,205	6,128	1,320	166,093
Nuclear Household: Husband and wife, no children	390,548	39,671	7,855	1,876	439,950
Nuclear Household: Husband and wife and children	6,773,750	143,780	25,573	11,266	6,954,369
Nuclear Household: one parent and children	811,988	28,642	6,943	2,453	850,026
Extended Houshold	6,028,410	272,485	68,305	21,557	6,390,757
Composite Household	364,644	10,282	2,498	1,050	378,474
Institutional Household, non-conventional HH	350,287	7,910	5,393	4,110	367,700
Householdtype not clear	4,612	187	30	13	4,842
All Household types	14,862,679	523,162	122,725	43,645	15,552,211

Type of household	Degree of disability				
	No disability	Mild disability	Moderate disability	Severe disability	Total
One-person Household	0.9	3.9	5.0	3.0	1.1
Nuclear Household: Husband and wife, no children	2.6	7.6	6.4	4.3	2.8
Nuclear Household: Husband and wife and children	45.6	27.5	20.8	25.8	44.7
Nuclear Household: one parent and children	5.5	5.5	5.7	5.6	5.5
Extended Household	40.6	52.1	55.7	49.4	41.1
Composite Household	2.5	2.0	2.0	2.4	2.4
Institutional Household, non-conventional hh	2.4	1.5	4.4	9.4	2.4
Household type not clear	0.0	0.0	0.0	0.0	0.0
All Household types	100.0	100.0	100.0	100.0	100.0

Table A6. Number of persons by literacy in any language, age, sex and degree of disability, 2019 CPHC

	Male									
	No disability		Mild disability		Moderate disability		Severe disability		Total	
	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate
15 - 19	30,632	672,346	547	4,039	474	973	358	868	32,011	678,226
20 - 24	40,043	562,862	751	4,680	497	1,343	329	872	41,620	569,757
25 - 29	47,961	639,249	1,065	6,582	494	1,731	344	1,059	49,864	648,621
30 - 34	48,496	578,773	1,272	7,610	482	1,757	325	947	50,575	589,087
35 - 39	56,349	574,536	1,856	9,197	644	2,026	301	1,013	59,150	586,772
40 - 44	38,500	315,757	1,816	7,975	467	1,303	190	704	40,973	325,739
45 - 49	37,465	323,745	2,501	13,005	588	2,119	186	1,042	40,740	339,911
50 - 54	34,773	271,891	3,374	17,112	734	2,434	216	768	39,097	292,205
55 - 59	37,609	228,858	4,921	19,267	1,039	2,870	305	744	43,874	251,739
60 - 64	20,061	140,828	3,839	19,325	804	2,810	212	606	24,916	163,569
65 - 69	12,579	105,923	3,152	18,648	748	2,837	187	700	16,666	128,108
70 - 74	7,876	61,986	3,324	17,530	1,057	3,516	216	750	12,473	83,782
75 - 79	5,783	35,424	2,897	12,300	1,041	3,153	210	677	9,931	51,554
80 - 84	3,303	15,955	2,244	7,379	1,233	3,059	293	629	7,073	27,022
85 - 89	1,815	7,207	1,238	3,473	839	1,762	211	459	4,103	12,901
90 - 94	526	1,594	302	819	418	716	131	252	1,377	3,381
95 - 99	163	611	63	120	81	156	40	61	347	948
100+	150	725	72	113	72	123	28	47	322	1,008
All ages	424,084	4,538,270	35,234	169,174	11,712	34,688	4,082	12,198	475,112	4,754,330
	Female									
	No disability		Mild disability		Moderate disability		Severe disability		Total	
	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate
15 - 19	24,540	667,431	529	4,206	378	905	266	858	25,713	673,400
20 - 24	39,994	594,783	873	5,240	419	1,268	296	930	41,582	602,221
25 - 29	53,324	664,692	1,208	6,804	482	1,729	324	1,200	55,338	674,425
30 - 34	68,973	584,641	1,814	7,397	588	1,618	312	1,006	71,687	594,662
35 - 39	91,907	553,105	2,849	8,757	708	1,595	327	1,052	95,791	564,509
40 - 44	67,814	304,471	3,281	7,884	597	1,269	248	737	71,940	314,361
45 - 49	68,211	318,648	4,618	13,067	802	2,137	263	937	73,894	334,789
50 - 54	74,192	279,139	7,717	17,776	1,226	2,235	348	881	83,483	300,031
55 - 59	78,135	229,669	10,744	20,529	1,798	2,533	410	778	91,087	253,509
60 - 64	54,656	177,201	12,224	26,832	2,194	3,373	457	820	69,531	208,226
65 - 69	41,450	126,401	12,879	25,641	2,879	4,025	572	873	57,780	156,940
70 - 74	28,965	68,718	14,479	22,025	4,423	4,847	767	901	48,634	96,491
75 - 79	21,051	36,004	12,235	13,268	4,778	3,952	959	812	39,023	54,036
80 - 84	12,007	16,878	8,635	7,659	5,311	3,485	1,226	831	27,179	28,853
85 - 89	6,299	8,115	4,657	3,637	3,474	2,016	1,033	601	15,463	14,369
90 - 94	1,544	2,000	1,149	864	1,341	851	536	361	4,570	4,076
95 - 99	364	633	232	186	365	208	145	90	1,106	1,117
100+	293	512	211	155	265	145	138	94	907	906
All ages	733,719	4,633,041	100,334	191,927	32,028	38,191	8,627	13,762	874,708	4,876,921
	Both sexes									
	No disability		Mild disability		Moderate disability		Severe disability		Total	
	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate	Illiterate	Literate
15 - 19	55,172	1,339,777	1,076	8,245	852	1,878	624	1,726	57,724	1,351,626
20 - 24	80,037	1,157,645	1,624	9,920	916	2,611	625	1,802	83,202	1,171,978
25 - 29	101,285	1,303,941	2,273	13,386	976	3,460	668	2,259	105,202	1,323,046
30 - 34	117,469	1,163,414	3,086	15,007	1,070	3,375	637	1,953	122,262	1,183,749
35 - 39	148,256	1,127,641	4,705	17,954	1,352	3,621	628	2,065	154,941	1,151,281
40 - 44	106,314	620,228	5,097	15,859	1,064	2,572	438	1,441	112,913	640,100
45 - 49	105,676	642,393	7,119	26,072	1,390	4,256	449	1,979	114,634	674,700
50 - 54	108,965	551,030	11,091	34,888	1,960	4,669	564	1,649	122,580	592,236
55 - 59	115,744	458,527	15,665	39,796	2,837	5,403	715	1,522	134,961	505,248
60 - 64	74,717	318,029	16,063	46,157	2,998	6,183	669	1,426	94,447	371,795
65 - 69	54,029	232,324	16,031	44,289	3,627	6,862	759	1,573	74,446	285,048
70 - 74	36,841	130,704	17,803	39,555	5,480	8,363	983	1,651	61,107	180,273
75 - 79	26,834	71,428	15,132	25,568	5,819	7,105	1,169	1,489	48,954	105,590
80 - 84	15,310	32,833	10,879	15,038	6,544	6,544	1,519	1,460	34,252	55,875
85 - 89	8,114	15,322	5,895	7,110	4,313	3,778	1,244	1,060	19,566	27,270
90 - 94	2,070	3,594	1,451	1,683	1,759	1,567	667	613	5,947	7,457
95 - 99	527	1,244	295	306	446	364	185	151	1,453	2,065
100+	443	1,237	283	268	337	268	166	141	1,229	1,914
All ages	1,157,803	9,171,311	135,568	361,101	43,740	72,879	12,709	25,960	1,349,820	9,631,251

Table A7. Number of persons by school attendance, sex and degree of disability, 2019 CPHC

		Attended School				
		Never	Now	Past	Unknown	Total
Male	No disability	863,554	1,851,057	3,987,561	583,006	7,285,178
		11.9%	25.4%	54.7%	8.0%	100.0%
	Mild disability	42,517	11,950	163,565	140	218,172
		19.5%	5.5%	75.0%	0.1%	100.0%
	Moderate disability	16,633	2,149	30,743	39	49,564
		33.6%	4.3%	62.0%	0.1%	100.0%
	Severe disability	5,858	2,030	11,014	21	18,923
		31.0%	10.7%	58.2%	0.1%	100.0%
	Total	928,562	1,867,186	4,192,883	583,206	7,571,837
		12.3%	24.7%	55.4%	7.7%	100.0%
Female	No disability	1,158,658	1,787,130	4,079,153	552,560	7,577,501
		15.3%	23.6%	53.8%	7.3%	100.0%
	Mild disability	107,293	11,508	185,906	283	304,990
		35.2%	3.8%	61.0%	0.1%	100.0%
	Moderate disability	37,393	2,186	33,485	97	73,161
		51.1%	3.0%	45.8%	0.1%	100.0%
	Severe disability	10,471	2,073	12,141	37	24,722
		42.4%	8.4%	49.1%	0.1%	100.0%
	Total	1,313,815	1,802,897	4,310,685	552,977	7,980,374
		16.5%	22.6%	54.0%	6.9%	100.0%
Both sexes	No disability	2,022,212	3,638,187	8,066,714	1,135,566	14,862,679
		13.6%	24.5%	54.3%	7.6%	100.0%
	Mild disability	149,810	23,458	349,471	423	523,162
		28.6%	4.5%	66.8%	0.1%	100.0%
	Moderate disability	54,026	4,335	64,228	136	122,725
		44.0%	3.5%	52.3%	0.1%	100.0%
	Severe disability	16,329	4,103	23,155	58	43,645
		37.4%	9.4%	53.1%	0.1%	100.0%
	Total	2,242,377	3,670,083	8,503,568	1,136,183	15,552,211
		14.4%	23.6%	54.7%	7.3%	100.0%

Table A8. Number of persons 5 - 14 years old by school attendance, sex, 5-year age groups and degree of disability, 2019 CPHC

		5 - 10 years old				10 - 14 years old			
		Attended School				Attended School			
		Never	Now	Past	Total	Never	Now	Past	Total
Male	No disability	166,878	569,611	5,803	742,292	24,790	770,834	38,945	834,569
		22.5%	76.7%	0.8%	100.0%	3.0%	92.4%	4.7%	100.0%
	Mild disability	3,401	4,870	206	8,477	591	4,288	408	5,287
		40.1%	57.4%	2.4%	100.0%	11.2%	81.1%	7.7%	100.0%
	Moderate disability	811	800	56	1,667	515	771	211	1,497
		48.7%	48.0%	3.4%	100.0%	34.4%	51.5%	14.1%	100.0%
	Severe disability	662	425	18	1,105	376	960	202	1,538
		59.9%	38.5%	1.6%	100.0%	24.4%	62.4%	13.1%	100.0%
	Total	171,752	575,706	6,083	753,541	26,272	776,853	39,766	842,891
		22.8%	76.4%	0.8%	100.0%	3.1%	92.2%	4.7%	100.0%
Female	No disability	152,372	551,754	5,144	709,270	18,786	750,623	27,866	797,275
		21.5%	77.8%	0.7%	100.0%	2.4%	94.1%	3.5%	100.0%
	Mild disability	2,901	4,768	194	7,863	522	3,996	348	4,866
		36.9%	60.6%	2.5%	100.0%	10.7%	82.1%	7.2%	100.0%
	Moderate disability	651	822	59	1,532	370	837	203	1,410
		42.5%	53.7%	3.9%	100.0%	26.2%	59.4%	14.4%	100.0%
	Severe disability	478	398	22	898	333	943	159	1,435
		53.2%	44.3%	2.4%	100.0%	23.2%	65.7%	11.1%	100.0%
	Total	156,402	557,742	5,419	719,563	20,011	756,399	28,576	804,986
		21.7%	77.5%	0.8%	100.0%	2.5%	94.0%	3.5%	100.0%
Both sexes	No disability	319,250	1,121,365	10,947	1,451,562	43,576	1,521,457	66,811	1,631,844
		22.0%	77.3%	0.8%	100.0%	2.7%	93.2%	4.1%	100.0%
	Mild disability	6,302	9,638	400	16,340	1,113	8,284	756	10,153
		38.6%	59.0%	2.4%	100.0%	11.0%	81.6%	7.4%	100.0%
	Moderate disability	1,462	1,622	115	3,199	885	1,608	414	2,907
		45.7%	50.7%	3.6%	100.0%	30.4%	55.3%	14.2%	100.0%
	Severe disability	1,140	823	40	2,003	709	1,903	361	2,973
		56.9%	41.1%	2.0%	100.0%	23.8%	64.0%	12.1%	100.0%
	Total	328,154	1,133,448	11,502	1,473,104	46,283	1,533,252	68,342	1,647,877
		22.3%	76.9%	0.8%	100.0%	2.8%	93.0%	4.1%	100.0%

Table A9. Number and percentage of households by wealth quintile and whether person with moderate or severe disability is member of household, by sex of head, 2019 CPHC

		At least one person with moderate or severe disability in the household					
		No person with moderate or severe disability in the household			Person with moderate or severe disability in the household		
		Male head	Female head	Both sexes	Male head	Female head	Both sexes
Wealth index - quintiles	Poorest quintile	483,405	189,880	673,285	19,269	13,115	32,384
	2nd poorest quintile	482,714	178,922	661,636	19,329	9,973	29,302
	Middle quintile	519,289	168,849	688,138	21,218	9,446	30,664
	2nd richest quintile	537,529	155,259	692,788	18,555	7,453	26,008
	Richest quintile	527,773	171,795	699,568	13,631	5,617	19,248
		Percentage					
Wealth index - quintiles	Poorest quintile	19.0	22.0	19.7	20.9	28.8	23.5
	2nd poorest quintile	18.9	20.7	19.4	21.0	21.9	21.3
	Middle quintile	20.4	19.5	20.1	23.1	20.7	22.3
	2nd richest quintile	21.1	18.0	20.3	20.2	16.3	18.9
	Richest quintile	20.7	19.9	20.5	14.8	12.3	14.0

Table A10. Number of households by construction materials of the dwellings they live in, by whether person with moderate or severe disability is member of household or not, and by sex of head of household, 2019 CPHC

Floor		No one in HH with disability			At least one member with moderate or severe disability		
		Male	Female	Both sexes	Male	Female	Both sexes
Floor type	Earth/Clay	218,103	78,543	296,646	7,588	4,333	11,921
	Wood/bamboo planks	1,275,787	445,895	1,721,682	53,080	27,270	80,350
	Concrete/brick/stone	467,699	142,718	610,417	15,052	6,742	21,794
	Polished stone	120,659	38,056	158,715	3,406	1,492	4,898
	Parquet/polished wood	36,580	11,306	47,886	1,249	594	1,843
	Mosaic/ceramic tiles	429,921	147,425	577,346	11,553	5,130	16,683
	Other	1,750	663	2,413	60	42	102
	Unknown	*	*	6	7	0	7
	Total	2,550,501	864,610	3,415,111	91,995	45,603	137,598

Roof		No one in HH with disability			At least one member with moderate or severe disability		
		Male	Female	Both sexes	Male	Female	Both sexes
Roof type	Bamboo/ thatch/grass/reeds	48,721	18,616	67,337	1,717	1,248	2,965
	Tile	778,814	263,078	1,041,892	32,214	14,740	46,954
	Wood/plywood	29,511	9,782	39,293	1,090	522	1,612
	Concrete/brick/stone	128,751	50,181	178,932	3,582	1,864	5,446
	Galvanized iron/aluminium/other metal sheets	1,386,055	463,529	1,849,584	47,299	24,326	71,625
	Asbestos cement sheets	177,034	59,039	236,073	6,034	2,883	8,917
	Plastic/ synthetic material sheets	988	241	1,229	44	8	52
	Other	624	144	775	15	12	27
	Unknown	*	0	0	0	0	0
	Total	2,550,501	864,610	3,415,115	91,995	45,603	137,598

Walls		No one in HH with disability			At least one member with moderate or severe disability		
		Male	Female	Both sexes	Male	Female	Both sexes
Wall type	Bamboo/thatch/grass/reeds	140,072	64,692	204,764	5,975	4,640	10,615
	Earth	17,103	5,842	22,945	607	310	917
	Wood/plywood	1,242,420	391,696	1,634,116	49,350	22,368	71,718
	Concrete/brick/stone	697,057	233,795	930,852	19,886	8,950	28,836
	Galvanised iron/aluminium/other metal sheets	438,535	163,528	602,063	15,628	9,046	24,674
	Asbestos cement sheets	10,697	3,584	14,281	353	178	531
	Salvaged improvised materials	3,288	1,069	4,357	147	78	225
	Other	1,294	384	1,678	50	32	82
	Unknown						
	Total	2,550,466	864,590	3,415,056	91,996	45,602	137,598

* less than 5 cases in the cell.

Table A11. Number and percentage of conventional households by source of lighting, by whether person with moderate or severe disability is a member of household or not, and by sex of head of household, 2019 CPHC

	No one in hh with disability			At least one member with moderate or severe disability		
	Male	Female	Both sexes	Male	Female	Both sexes
City Power	2,018,575	700,608	2,719,183	73,727	36,380	110,107
Generator	42,059	11,839	53,898	1,424	573	1,997
City Power + Generator	73,322	23,885	97,207	2,320	1,023	3,343
Kerosene	12,352	8,428	20,780	644	846	1,490
Candle	5,715	3,865	9,580	356	424	780
Battery	355,715	104,126	459,841	12,009	5,658	17,667
Other	42,972	11,954	54,926	1,522	700	2,222
Total	2,550,710	864,705	3,415,415	92,002	45,604	137,606

Table A12. Number of conventional households by main source of drinking water, by whether person with moderate or severe disability is a member of householdor not, and by sex of head of household, 2019 CPHC

	No one in hh with disability			At least one member with moderate or severe disability		
	Male	Female	Both sexes	Male	Female	Both sexes
Piped into dwelling	642,898	230,824	873,722	20,424	10,465	30,889
Piped into compound, yard or plot	93,043	30,220	123,263	3,242	1,544	4,786
Public tap / standpipe	99,553	32,905	132,458	3,513	1,707	5,220
Tube Well, Borehole	627,691	232,772	860,463	23,516	12,851	36,367
Protected well	118,463	35,629	154,092	4,282	1,985	6,267
Unprotected well	152,516	49,669	202,185	5,478	2,639	8,117
Protected spring	8,586	2,686	11,272	331	178	509
Unprotected spring	9,029	2,264	11,293	337	166	503
Rainwater collection	69,571	24,343	93,914	3,148	1,674	4,822
Tanker-truck	126,719	40,045	166,764	4,803	2,167	6,970
Cart with small tank / drum	122,574	40,025	162,599	4,982	2,214	7,196
Surface water (river, stream, dam, lake)	279,512	81,017	360,529	11,045	4,892	15,937
Bottled water	185,196	56,576	241,772	6,172	2,664	8,836
Other (specify)	15,359	5,730	21,089	729	458	1,187
Total	2,550,710	864,705	3,415,415	92,002	45,604	137,606

Table A13. Number of persons 15 - 64 years old, by main economic activity, by province and degree of disability, 2019 CPHC

Province		Main Economic Activity									
		Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
No disability	Banteay Meanchey	422,201	3,395	3,977	45,752	47,035	11,558	752	615	772	536,057
	Battambang	452,848	2,425	8,131	49,629	59,376	7,938	3,531	2,132	174	586,184
	Kampong Cham	431,466	1,360	1,419	27,747	57,171	6,028	1,380	1,168	306	528,045
	Kampong Chhnang	264,718	468	2,828	10,028	32,463	3,389	412	124	82	314,512
	Kampong Speu	485,831	1,179	1,220	15,568	47,759	5,418	844	903	270	558,992
	Kampong Thom	329,460	856	1,532	21,320	40,727	5,564	850	61	210	400,580
	Kampot	306,599	1,342	2,484	15,189	41,540	3,471	636	244	112	371,617
	Kandal	622,452	1,530	2,626	50,545	72,001	8,248	2,145	2,171	401	762,119
	Koh Kong	61,335	110	278	9,600	7,621	1,574	214	68	15	80,815
	Kracheh	187,129	251	752	10,709	17,717	3,523	371	40	60	220,552
	Mondul Kiri	46,422	83	231	2,729	4,540	646	55	*	38	54,748
	Phnom Penh	1,187,310	2,540	11,714	172,728	200,039	22,412	9,122	3,636	2,472	1,611,973
	Preah Vihear	128,797	473	686	6,133	12,848	2,094	146	1,240	128	152,545
	Prey Veng	521,944	430	645	21,619	63,609	3,712	872	753	127	613,711
	Pursat	203,351	727	1,601	10,380	24,952	3,970	526	485	91	246,083
	Ratanak Kiri	110,942	139	276	3,622	13,720	1,078	76	300	49	130,202
	Siem Reap	485,200	2,587	4,165	44,191	62,947	9,966	2,030	4,159	659	615,904
	Preah Sihanouk	166,118	4,258	3,291	16,578	23,634	2,008	559	51	1,862	218,359
	Stung Treng	84,620	65	719	4,157	8,208	1,479	268	16	35	99,567
	Svay Rieng	276,859	1,275	1,290	11,124	29,158	2,871	784	169	119	323,649
	Takeo	468,327	1,238	1,575	20,516	65,772	5,542	1,121	188	236	564,515
	Otdar Meanchey	145,612	135	291	4,668	13,885	957	256	8	39	165,851
	Kep	21,025	86	263	1,759	3,114	429	127	59	15	26,877
	Pailin	36,931	169	500	4,648	3,912	615	127	6	5	46,913
	Tboung Khmum	381,723	617	3,298	26,390	40,306	12,208	521	287	154	465,504
	Total	7,829,220	27,738	55,792	607,329	994,054	126,698	27,725	18,887	8,431	9,695,874

Table A13. Number of persons 15 - 64 years old, by main economic activity, by province and degree of disability, 2019 CPHC

Province		Main Economic Activity									
		Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
Mild disability	Banteay Meanchey	16,322	316	318	3,304	479	1,054	248	44	66	22,151
	Battambang	20,743	412	605	4,286	286	997	1,003	82	22	28,436
	Kampong Cham	15,640	405	92	1,917	357	893	294	46	21	19,665
	Kampong Chhnang	11,070	83	140	1,150	64	958	199	6	9	13,679
	Kampong Speu	12,628	158	51	894	383	779	96	14	16	15,019
	Kampong Thom	11,499	176	44	1,328	259	521	163	0	6	13,996
	Kampot	7,324	102	72	598	153	345	82	7	5	8,688
	Kandal	16,851	196	137	2,845	445	1,011	387	25	15	21,912
	Koh Kong	1,706	16	9	381	38	146	23	*	*	2,324
	Kracheh	5,315	42	30	392	89	340	65	*	*	6,279
	Mondul Kiri	2,191	37	11	170	22	51	26	0	0	2,508
	Phnom Penh	22,261	539	349	6,512	1,511	2,925	979	27	55	35,158
	Preah Vihear	5,394	61	43	396	94	207	45	49	9	6,298
	Prey Veng	13,882	106	74	1,989	103	818	160	108	8	17,248
	Pursat	6,900	191	111	682	102	407	214	11	10	8,628
	Ratanak Kiri	3,265	43	9	158	72	164	29	0	*	3,741
	Siem Reap	15,915	347	242	2,254	337	766	181	56	25	20,123
	Preah Sihanouk	2,982	33	69	765	57	337	93	0	73	4,409
	Stung Treng	3,109	18	15	147	40	99	44	0	0	3,472
	Svay Rieng	7,522	133	80	708	150	304	115	5	6	9,023
	Takeo	10,703	92	68	905	338	580	142	8	10	12,846
	Otdar Meanchey	5,880	27	19	312	89	219	91	0	*	6,638
	Kep	512	6	6	91	10	48	20	*	0	694
	Pailin	1,039	23	71	181	6	92	39	*	*	1,457
	Tboung Khmum	7,938	89	693	1,025	104	739	72	8	*	10,672
	Total	228,591	3,651	3,358	33,390	5,588	14,800	4,810	507	369	295,064

Table A13. Number of persons 15 - 64 years old, by main economic activity, by province and degree of disability, 2019 CPHC

Province		Main Economic Activity									
		Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
Moderate disability	Banteay Meanchey	2,368	50	142	607	72	545	69	26	8	3,887
	Battambang	2,845	62	192	638	70	583	259	26	11	4,686
	Kampong Cham	2,096	51	68	387	62	528	83	17	8	3,300
	Kampong Chhnang	921	14	48	90	16	351	34	6	*	1,481
	Kampong Speu	2,062	14	42	204	55	413	34	*	*	2,829
	Kampong Thom	1,780	40	47	276	54	384	49	*	*	2,633
	Kampot	1,207	32	48	116	35	294	32	12	0	1,776
	Kandal	2,310	33	61	551	65	636	109	14	8	3,787
	Koh Kong	214	33	5	42	21	64	9	*	*	391
	Kracheh	854	5	17	84	19	191	17	0	*	1,190
	Mondul Kiri	267	0	7	40	*	35	*	*	0	358
	Phnom Penh	3,119	29	219	929	198	700	140	19	12	5,365
	Preah Vihear	746	11	21	85	15	107	18	15	*	1,020
	Prey Veng	1,273	16	50	336	11	635	33	33	*	2,390
	Pursat	775	26	52	118	9	153	79	7	*	1,221
	Ratanak Kiri	421	*	9	32	6	71	6	0	*	549
	Siem Reap	2,337	70	135	455	52	476	45	31	*	3,605
	Preah Sihanouk	462	2,659	22	129	401	103	35	*	30	3,844
	Stung Treng	395	*	9	23	7	51	14	0	*	504
	Svay Rieng	1,377	24	46	157	23	239	30	6	*	1,903
	Takeo	2,002	16	51	248	62	436	46	6	*	2,869
	Otdar Meanchey	914	7	6	65	13	147	33	0	0	1,185
	Kep	73	*	7	16	*	30	6	*	0	139
	Pailin	150	11	15	48	0	53	18	*	0	296
	Tboung Khmum	1,228	11	277	235	16	425	24	11	*	2,228
	Total	32,196	3,222	1,596	5,911	1,287	7,650	1,226	243	105	53,436

Table A13. Number of persons 15 - 64 years old, by main economic activity, by province and degree of disability, 2019 CPHC

Province		Main Economic Activity									
		Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
Severe disability	Banteay Meanchey	749	16	69	183	67	245	25	10	5	1,369
	Battambang	551	*	73	162	28	298	73	18	*	1,210
	Kampong Cham	939	13	52	192	123	416	37	15	*	1,790
	Kampong Chhnang	164	*	25	39	*	153	6	*	0	393
	Kampong Speu	930	*	26	92	80	202	13	*	*	1,353
	Kampong Thom	661	7	25	142	54	186	23	*	*	1,103
	Kampot	453	6	25	42	35	219	13	7	*	801
	Kandal	890	16	49	243	71	455	55	20	*	1,803
	Koh Kong	62	22	6	30	17	29	*	0	0	168
	Kracheh	285	*	21	30	20	79	12	0	0	449
	Mondul Kiri	93	0	*	20	*	21	*	0	0	140
	Phnom Penh	1,774	61	110	607	264	349	56	11	21	3,253
	Preah Vihear	290	5	9	31	17	56	6	*	*	419
	Prey Veng	337	*	30	132	12	526	9	12	0	1,061
	Pursat	209	*	17	34	14	64	8	*	*	352
	Ratanak Kiri	133	0	*	20	18	29	0	0	0	204
	Siem Reap	590	16	59	161	61	245	15	37	5	1,189
	Preah Sihanouk	171	2,255	21	75	471	51	6	*	*	3,053
	Stung Treng	114	*	8	14	10	22	*	0	*	172
	Svay Rieng	565	13	40	62	33	131	18	*	0	864
	Takeo	801	9	46	121	74	308	24	5	*	1,391
	Otdar Meanchey	160	0	*	17	9	66	10	0	0	263
	Kep	27	*	*	*	*	11	0	5	0	52
	Pailin	13	0	9	9	0	24	*	0	0	58
	Tboung Khmum	456	9	31	87	32	279	7	9	6	916
	Total	11,417	2,466	762	2,546	1,519	4,464	423	166	63	23,826

Table A13. Number of persons 15 - 64 years old, by main economic activity, by province and degree of disability, 2019 CPHC

Province		Main Economic Activity									
		Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
Total	Banteay Meanchey	441,640	3,777	4,506	49,846	47,653	13,402	1,094	695	851	563,464
	Battambang	476,987	2,903	9,001	54,715	59,760	9,816	4,866	2,258	210	620,516
	Kampong Cham	450,141	1,829	1,631	30,243	57,713	7,865	1,794	1,246	338	552,800
	Kampong Chhnang	276,873	566	3,041	11,307	32,547	4,851	651	137	92	330,065
	Kampong Speu	501,451	1,353	1,339	16,758	48,277	6,812	987	923	293	578,193
	Kampong Thom	343,400	1,079	1,648	23,066	41,094	6,655	1,085	66	219	418,312
	Kampot	315,583	1,482	2,629	15,945	41,763	4,329	763	270	118	382,882
	Kandal	642,503	1,775	2,873	54,184	72,582	10,350	2,696	2,230	428	789,621
	Koh Kong	63,317	181	298	10,053	7,697	1,813	248	74	17	83,698
	Kracheh	193,583	300	820	11,215	17,845	4,133	465	42	67	228,470
	Mondul Kiri	48,973	120	251	2,959	4,569	753	86	5	38	57,754
	Phnom Penh	1,214,464	3,169	12,392	180,776	202,012	26,386	10,297	3,693	2,560	1,655,749
	Preah Vihear	135,227	550	759	6,645	12,974	2,464	215	1,308	140	160,282
	Prey Veng	537,436	555	799	24,076	63,735	5,691	1,074	906	138	634,410
	Pursat	211,235	946	1,781	11,214	25,077	4,594	827	505	105	256,284
	Ratanak Kiri	114,761	185	298	3,832	13,816	1,342	111	300	51	134,696
	Siem Reap	504,042	3,020	4,601	47,061	63,397	11,453	2,271	4,283	693	640,821
	Preah Sihanouk	169,733	9,205	3,403	17,547	24,563	2,499	693	55	1,967	229,665
	Stung Treng	88,238	87	751	4,341	8,265	1,651	327	16	39	103,715
	Svay Rieng	286,323	1,445	1,456	12,051	29,364	3,545	947	182	126	335,439
	Takeo	481,833	1,355	1,740	21,790	66,246	6,866	1,333	207	251	581,621
	Otdar Meanchey	152,566	169	317	5,062	13,996	1,389	390	8	40	173,937
	Kep	21,637	97	280	1,867	3,127	518	153	68	15	27,762
	Pailin	38,133	203	595	4,886	3,918	784	187	11	7	48,724
	Tboung Khmum	391,345	726	4,299	27,737	40,458	13,651	624	315	165	479,320
	Total	8,101,424	37,077	61,508	649,176	1,002,448	153,612	34,184	19,803	8,968	10,068,200

* less than 5 cases in the cell.

Table A14. Number of persons 15 - 64 years old, by main economic activity, by five-year age group and degree of disability, 2019 CPHC

		Main Economic Activity									
		Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
No disability	15 - 19	526,914	1,768	11,312	30,798	783,968	36,543	527	2,719	400	1,394,949
	20 - 24	983,652	3,188	10,896	56,309	158,443	20,238	714	3,340	902	1,237,682
	25 - 29	1,260,721	4,673	9,189	78,649	33,838	12,594	962	3,993	607	1,405,226
	30 - 34	1,170,867	4,051	6,318	78,742	8,815	7,525	1,146	3,050	369	1,280,883
	35 - 39	1,172,332	3,730	5,027	80,591	5,061	5,440	1,199	2,303	214	1,275,897
	40 - 44	664,981	2,037	2,422	49,911	2,083	3,123	916	967	102	726,542
	45 - 49	677,724	3,193	2,546	56,477	1,897	4,000	1,460	686	86	748,069
	50 - 54	582,105	2,142	2,703	60,351	0	7,264	2,898	671	1,861	659,995
	55 - 59	488,927	1,695	2,732	61,474	0	10,878	6,082	580	1,903	574,271
	60 - 64	301,326	1,261	2,648	54,030	0	19,093	11,823	578	1,987	392,746
	Total	7,829,549	27,738	55,793	607,332	994,105	126,698	27,727	18,887	8,431	9,696,260
Mild disability	15 - 19	4,084	46	122	320	3,818	851	16	23	41	9,321
	20 - 24	8,666	138	174	696	1,163	657	25	22	*	11,544
	25 - 29	13,095	185	264	1,088	345	597	27	35	23	15,659
	30 - 34	15,585	228	256	1,375	119	452	37	37	*	18,093
	35 - 39	19,615	287	351	1,823	73	402	54	40	14	22,659
	40 - 44	18,063	209	238	1,921	30	367	87	36	5	20,956
	45 - 49	28,540	414	295	3,088	40	580	165	60	9	33,191
	50 - 54	37,648	530	387	5,314	0	1,464	507	65	64	45,979
	55 - 59	42,869	705	595	7,423	0	2,646	1,061	77	85	55,461
	60 - 64	40,444	909	676	10,342	0	6,785	2,831	112	121	62,220
	Total	228,609	3,651	3,358	33,390	5,588	14,801	4,810	507	369	295,083

Table A14. Number of persons 15 - 64 years old, by main economic activity, by five-year age group and degree of disability, 2019 CPHC

		Main Economic Activity									
		Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
Moderate disability	15 - 19	877	7	135	118	740	824	5	11	13	2,730
	20 - 24	1,959	26	141	202	380	761	28	15	15	3,527
	25 - 29	2,770	374	171	310	83	693	15	17	*	4,436
	30 - 34	2,953	336	125	383	31	566	18	32	*	4,445
	35 - 39	3,512	261	145	371	30	587	40	26	*	4,973
	40 - 44	2,462	269	127	369	11	342	33	22	*	3,636
	45 - 49	3,318	1,045	139	544	13	497	59	28	*	5,646
	50 - 54	4,359	381	153	829	0	722	150	19	16	6,629
	55 - 59	5,145	376	222	1,174	0	959	313	36	15	8,240
	60 - 64	4,845	147	238	1,612	0	1,700	565	37	37	9,181
	Total	32,200	3,222	1,596	5,912	1,288	7,651	1,226	243	105	53,443
Severe disability	15 - 19	563	*	76	119	907	648	10	22	*	2,350
	20 - 24	1,115	*	102	163	455	553	11	20	5	2,427
	25 - 29	1,611	373	102	223	72	527	6	12	*	2,927
	30 - 34	1,547	210	92	253	30	432	11	15	0	2,590
	35 - 39	1,602	265	78	282	26	400	19	21	0	2,693
	40 - 44	1,003	367	41	166	14	257	18	10	*	1,879
	45 - 49	1,061	732	62	249	15	263	32	14	0	2,428
	50 - 54	1,073	334	67	285	0	380	41	16	17	2,213
	55 - 59	1,054	152	72	378	0	437	101	24	19	2,237
	60 - 64	795	27	72	430	0	567	176	12	16	2,095
	Total	11,424	2,466	764	2,548	1,519	4,464	425	166	63	23,839

Table A14. Number of persons 15 - 64 years old, by main economic activity, by five-year age group and degree of disability, 2019 CPHC

		Main Economic Activity									
		Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
Total	15 - 19	532,438	1,824	11,645	31,355	789,433	38,866	558	2,775	456	1,409,350
	20 - 24	995,392	3,355	11,313	57,370	160,441	22,209	778	3,397	925	1,255,180
	25 - 29	1,278,197	5,605	9,726	80,270	34,338	14,411	1,010	4,057	634	1,428,248
	30 - 34	1,190,952	4,825	6,791	80,753	8,995	8,975	1,212	3,134	374	1,306,011
	35 - 39	1,197,061	4,543	5,601	83,067	5,190	6,829	1,312	2,390	229	1,306,222
	40 - 44	686,509	2,882	2,828	52,367	2,138	4,089	1,054	1,035	111	753,013
	45 - 49	710,643	5,384	3,042	60,358	1,965	5,340	1,716	788	98	789,334
	50 - 54	625,185	3,387	3,310	66,779	0	9,830	3,596	771	1,958	714,816
	55 - 59	537,995	2,928	3,621	70,449	0	14,920	7,557	717	2,022	640,209
	60 - 64	347,410	2,344	3,634	66,414	0	28,145	15,395	739	2,161	466,242
	Total	8,101,782	37,077	61,511	649,182	1,002,500	153,614	34,188	19,803	8,968	10,068,625

* less than 5 cases in the cell.

Table A15. Number of persons by employment status of all employed persons 15 - 64 years old, by degree of disability and sex, 2019 CPHC

		Degree of disability				
		No disability	Mild disability	Moderate disability	Severe disability	Total
Male	Employer	27,194	1,294	214	65	28,767
	Paid Employee	1,417,802	28,508	4,786	2,394	1,453,490
	Own Account	1,934,940	74,606	10,586	3,315	2,023,447
	Unpaid Family	618,698	9,857	2,546	1,156	632,257
	Other	9,457	194	22	19	9,692
	Not Stated	29,061	1,671	914	399	32,045
	Total	4,037,152	116,130	19,068	7,348	4,179,698
Female	Employer	20,124	857	146	55	21,182
	Paid Employee	1,205,475	18,787	3,589	2,188	1,230,039
	Own Account	1,273,890	54,969	7,764	2,518	1,339,141
	Unpaid Family	1,346,711	43,094	5,745	2,168	1,397,718
	Other	2,938	94	18	12	3,062
	Not Stated	35,221	2,056	793	428	38,498
	Total	3,884,359	119,857	18,055	7,369	4,029,640
Total	Employer	47,318	2,151	360	120	49,949
	Paid Employee	2,623,277	47,295	8,375	4,582	2,683,529
	Own Account	3,208,830	129,575	18,350	5,833	3,362,588
	Unpaid Family	1,965,409	52,951	8,291	3,324	2,029,975
	Other	12,395	288	40	31	12,754
	Not Stated	64,282	3,727	1,707	827	70,543
	Total	7,921,511	235,987	37,123	14,717	8,209,338

Table A16. Number of persons 60 years and older by main activity status and degree of disability, 2019 CPHC

	Main Economic Activity									
	Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
No disability	60 - 64	161,459	680	1,906	46,545	14,290	5,188	267	1,522	231,857
	65 - 69	104,793	583	1,668	35,531	17,828	5,609	320	1,519	167,851
	70 - 74	47,605	418	1,112	20,337	20,826	5,591	388	1,406	97,683
	75 - 79	23,060	268	742	10,899	17,086	3,726	284	990	57,055
	80 - 84	7,963	108	421	4,677	12,687	2,095	190	744	28,885
	85 - 89	3,495	51	215	2,109	7,035	1,013	94	402	14,414
	90 - 94	583	12	56	409	2,084	255	30	115	3,544
	95 - 99	281	5	8	106	473	54	10	60	997
	100+	252	*	10	89	333	48	8	62	805
	Total	349,491	2,128	6,138	120,702	92,642	23,579	1,591	6,820	603,091
Mild disability	60 - 64	22,466	514	496	8,889	5,062	1,478	64	87	39,056
	65 - 69	18,255	623	564	9,239	7,646	1,990	97	106	38,520
	70 - 74	11,440	648	560	7,870	12,655	3,000	219	112	36,504
	75 - 79	5,984	386	399	4,950	11,191	2,323	175	95	25,503
	80 - 84	2,342	198	310	2,458	9,213	1,573	126	74	16,294
	85 - 89	894	72	129	1,090	5,234	772	71	32	8,294
	90 - 94	133	12	43	214	1,422	167	12	10	2,013
	95 - 99	40	5	10	37	294	29	*	*	418
	100+	44	*	5	36	241	32	0	*	366
	Total	61,598	2,462	2,516	34,783	52,958	11,364	766	521	166,968

Table A16. Number of persons 60 years and older by main activity status and degree of disability, 2019 CPHC

		Main Economic Activity								
		Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
Moderate disability	60 - 64	2,608	76	142	1,284	1,101	302	23	31	5,567
	65 - 69	2,503	110	172	1,533	1,977	531	43	35	6,904
	70 - 74	2,042	121	248	1,681	4,109	946	85	38	9,270
	75 - 79	1,410	125	276	1,436	4,466	919	65	33	8,730
	80 - 84	856	86	228	1,053	5,627	822	74	50	8,796
	85 - 89	390	41	143	478	3,815	541	63	19	5,490
	90 - 94	78	8	53	146	1,697	175	23	12	2,192
	95 - 99	27	6	15	40	417	58	9	*	573
	100+	23	*	9	13	311	39	6	5	410
	Total	9,937	577	1,286	7,664	23,520	4,333	391	224	47,932
Severe disability	60 - 64	451	10	48	330	352	70	6	10	1,277
	65 - 69	467	13	43	337	478	85	16	6	1,445
	70 - 74	284	12	41	292	862	145	22	10	1,668
	75 - 79	248	16	43	276	975	176	19	18	1,771
	80 - 84	135	20	34	234	1,419	181	17	17	2,057
	85 - 89	95	10	27	160	1,168	149	16	9	1,634
	90 - 94	40	*	18	54	715	54	10	*	897
	95 - 99	*	0	*	20	187	19	*	*	235
	100+	23	*	*	17	169	12	*	*	232
	Total	1,747	85	261	1,720	6,325	891	110	77	11,216
Total	60 - 64	186,984	1,280	2,592	57,048	20,805	7,038	360	1,650	277,757
	65 - 69	126,018	1,329	2,447	46,640	27,929	8,215	476	1,666	214,720
	70 - 74	61,371	1,199	1,961	30,180	38,452	9,682	714	1,566	145,125
	75 - 79	30,702	795	1,460	17,561	33,718	7,144	543	1,136	93,059
	80 - 84	11,296	412	993	8,422	28,946	4,671	407	885	56,032
	85 - 89	4,874	174	514	3,837	17,252	2,475	244	462	29,832
	90 - 94	834	34	170	823	5,918	651	75	141	8,646
	95 - 99	352	16	36	203	1,371	160	22	63	2,223
	100+	342	13	28	155	1,054	131	17	73	1,813
	Total	422,773	5,252	10,201	164,869	175,445	40,167	2,858	7,642	829,207

* less than 5 cases in the cell.

Table A17. Young persons 5 - 24 year, in employment or education, or not by age in single years and sex, 2019 CPHC

		NEE		Total
		In employment or education	Not in education or employment	
Male	5	53,202	102,201	155,403
	6	120,523	39,243	159,766
	7	134,988	15,844	150,832
	8	135,145	9,490	144,635
	9	135,529	7,376	142,905
	10	172,926	7,802	180,728
	11	152,001	6,163	158,164
	12	173,592	7,636	181,228
	13	160,299	7,888	168,187
	14	146,229	8,355	154,584
	15	149,289	10,558	159,847
	16	125,589	9,740	135,329
	17	123,923	9,962	133,885
	18	134,407	10,602	145,009
	19	125,947	10,220	136,167
	20	122,461	10,160	132,621
	21	105,200	8,146	113,346
	22	109,690	7,905	117,595
	23	116,227	7,942	124,169
	24	116,558	7,088	123,646
	Total	2,613,725	304,321	2,918,046
Female	5	53,553	95,615	149,168
	6	115,409	34,715	150,124
	7	129,580	13,767	143,347
	8	130,917	8,354	139,271
	9	131,196	6,457	137,653
	10	163,838	6,511	170,349
	11	145,682	5,210	150,892
	12	167,256	6,295	173,551
	13	151,694	6,277	157,971
	14	144,916	7,307	152,223
	15	140,214	8,875	149,089
	16	122,345	9,262	131,607
	17	119,666	10,308	129,974
	18	138,779	12,388	151,167
	19	124,342	12,934	137,276
	20	122,266	14,325	136,591
	21	103,877	12,594	116,471
	22	110,884	13,899	124,783
	23	117,187	15,168	132,355
	24	117,908	15,695	133,603
	Total	2,551,509	315,956	2,867,465
Total	5	106,755	197,816	304,571
	6	235,932	73,958	309,890
	7	264,568	29,611	294,179
	8	266,062	17,844	283,906
	9	266,725	13,833	280,558
	10	336,764	14,313	351,077
	11	297,683	11,373	309,056
	12	340,848	13,931	354,779
	13	311,993	14,165	326,158
	14	291,145	15,662	306,807
	15	289,503	19,433	308,936
	16	247,934	19,002	266,936
	17	243,589	20,270	263,859
	18	273,186	22,990	296,176
	19	250,289	23,154	273,443
	20	244,727	24,485	269,212
	21	209,077	20,740	229,817
	22	220,574	21,804	242,378
	23	233,414	23,110	256,524
	24	234,466	22,783	257,249
	Total	5,165,234	620,277	5,785,511

Table A18. Number of children younger than 15 years, who usually worked during the year preceding the census, by sex and degree of disability, 2019 CPHC

		Main Economic Activity									
		Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
Male	No disability	36,910	261	2,866	6,111	1,350,976	179,638	193	838	745,031	2,322,824
	Mild disability	357	9	39	100	9,587	3,657	*	7	*	13,764
	Moderate disability	77	*	42	35	1,838	1,162	*	*	*	3,164
	Severe disability	51	0	16	55	1,598	905	*	11	*	2,643
	Total	37,395	272	2,963	6,301	1,363,999	185,362	204	860	745,039	2,342,395
Female	No disability	22,093	190	2,367	5,902	1,314,099	161,619	131	565	703,775	2,210,741
	Mild disability	272	15	46	103	9,139	3,132	7	10	5	12,729
	Moderate disability	57	5	27	37	1,874	938	*	0	0	2,942
	Severe disability	40	0	12	39	1,524	707	*	7	*	2,333
	Total	22,462	210	2,452	6,081	1,326,636	166,396	143	582	703,783	2,228,745
Total	No disability	59,003	451	5,233	12,013	2,665,075	341,257	324	1,403	1,448,806	4,533,565
	Mild disability	629	24	85	203	18,726	6,789	11	17	9	26,493
	Moderate disability	134	7	69	72	3,712	2,100	7	*	*	6,106
	Severe disability	91	0	28	94	3,122	1,612	5	18	6	4,976
	Total	59,857	482	5,415	12,382	2,690,635	351,758	347	1,442	1,448,822	4,571,140

* less than 5 cases in the cell.

Table A19. Number of children younger than 12 years old, who usually worked during the year preceding the census, by sex and degree of disability, 2019 CPHC

		Main Economic Activity									
		Employed	Unemployed	Never Employed	Home Maker	Student	Dependent	Income Recipient	Other	Unknown	Total
Male	No disability	9,400	95	1,461	3,283	899,120	165,038	84	447	744,656	1,823,584
	Mild disability	135	*	24	61	7,209	3,342	0	6	*	10,783
	Moderate disability	30	0	26	21	1,365	888	0	*	*	2,333
	Severe disability	20	0	7	34	907	714	*	10	*	1,696
	Total	9,585	98	1,518	3,399	908,601	169,982	87	465	744,661	1,838,396
Female	No disability	6,463	92	1,375	3,108	866,929	149,721	66	350	703,390	1,731,494
	Mild disability	110	8	23	72	6,806	2,871	*	9	*	9,907
	Moderate disability	22	*	21	21	1,409	704	*	0	0	2,179
	Severe disability	13	0	10	16	828	546	*	*	*	1,420
	Total	6,608	101	1,429	3,217	875,972	153,842	72	362	703,397	1,745,000
Total	No disability	15,863	187	2,836	6,391	1,766,049	314,759	150	797	1,448,046	3,555,078
	Mild disability	245	11	47	133	14,015	6,213	*	15	7	20,690
	Moderate disability	52	*	47	42	2,774	1,592	*	*	*	4,512
	Severe disability	33	0	17	50	1,735	1,260	*	13	*	3,116
	Total	16,193	199	2,947	6,616	1,784,573	323,824	159	827	1,448,058	3,583,396

* less than 5 cases in the cell.

Annex 2. The construction of the wealth index

Poverty is both an important risk factor for disability and a consequence. The socioeconomic position of persons with disabilities and the households in which they reside is therefore an important indicator to measure social and economic inclusion. Unfortunately, a census does not produce the ideal dataset to fully examine all aspects of poverty in a population, as it lacks direct information on income and expenditure. However, most censuses allow for the creation of a wealth index based on the household's assets, the utilities that are available to the household and the physical characteristics of the dwelling in which the household resides. The wealth index summarizes all wealth characteristics in a single indicator. The advantage of using a single wealth indicator, rather than individual variables, is that it combines variables which makes it more convenient to use in an analysis and easier to interpret than a whole series of individual characteristics.

The general idea of a wealth index is that each household is given a ranking within the wealth distribution of the whole population. Most often, households are then grouped in specific groups according to their ranking. In this report, households are grouped in quintiles where the 20 percent poorest households are given value 1, the second poorest 20 percent value 2 and so forth. The richest quintile is given value 5. As assets – which are indicators of wealth – are different for urban and rural areas, separate weights have to be calculated for urban and rural areas. For instance, ownership of a tractor may be an important indicator of wealth in a rural area but would not make much sense as an indicator in an urban environment. Therefore, household wealth index scores are calculated nationally and then separately for rural and urban areas. Afterwards, they are integrated in one common index for each household. The national index scores are based on the variables that the rural and urban areas have in common.

For the calculation of the wealth index for the 2019 GPCC, the methodology of the DHS Wealth Index was used. This methodology is fully explained in a DHS Working Paper authored by Rutstein (2008). Interested readers are referred to this publication.[23] The calculation of the wealth index is based on Principal Component Analysis (PCA), which summarizes the selected variables into weights based on their impact on the variability of all the variables in the whole population. The PCA creates principal components, from which the first is taken as the index of wealth, and then calculates a weight for each household indicating the household's position in terms of wealth. For the analysis, the following variables from the 2019 census were used:

a) Ownership: radio, television, fixed phone, cellphone, computer, bicycle, motorbike, refrigerator, washing machine, fan, air conditioner, car, boat, tractor, koyaon, ownership of the home.

[23] A copy of the working paper can be retrieved from: https://dhsprogram.com/publications/publication-wp60-working-papers.cfm

b) Utilities: internet in the home, electricity, method of cooking, toilet facilities, shared toilet, source of drinking water.
c) Dwelling characteristics: number of persons per room, material of walls, floor, roof.

All variables at the nominal measurement level with more than two categories were separated into a series of dichotomous dummy variables following the answer categories of the census. For instance, source of drinking water was translated in 12 different variables (water piped into the dwelling, public tap, tube well, protected well, unprotected well, protected spring, unprotected spring, rainwater, tanker truck, cart, surface water, other water source). These dichotomous variables were then used separately in the PCA for urban and rural areas. Only data from conventional households were used, as some of the information was not collected for institutional households. Some of the variables that are unique for rural areas were not used for the urban PCA. The PCA was then executed for the national file and then for the urban and rural areas separately. Urban/rural and national index scores were then utilized as inputs of two separate linear regressions (urban and rural) with the national index score as the dependent variable and the rural and urban scores each as independent variables in their regression. The fitted new 'national' scores were then subdivided in five equal parts and a number from 1 to 5 was assigned to each household according to their position in the national ranking.

Glossary

Age: Total years completed by a person on his/her last birthday (NIS, 2020)

Average Household Size: This is the average number of persons in normal or regular households (i.e., excluding institutional and homeless households; households on boats, and transient populations) (NIS, 2020).

Disability: The Convention on the Rights of Persons with Disabilities defines disability as a result of the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. This definition is in line with the International Classification of Functioning, Disability and Health (ICF), suggesting that disability is neither a purely medical nor a purely social condition. These definitions reflect a conceptualization of disability that places it on a spectrum of functioning difficulties. Hence disability measurement must reflect this spectrum with necessary cut-off points. The GPCC 2019 adopted the Washington Group Short Set of Questions on Disability, which was inspired by the ICF.

The Washington Group questions comprises six questions according to six functional domains – seeing, hearing, walking, remembering or concentrating, self-care and communicating –along an ascending scale of difficulty of "none", "some", "a lot" and "cannot do at all". The Washington Group Short Set of Questions on Disability focuses on measuring the level of functioning difficulty experienced in performing basic actions, rather than the existence of a health condition or impairment. The measure was designed primarily for international comparison. The Washington Group on Disability Statistics recommends that persons with disabilities be defined as those who experience a lot of difficulty or cannot operate at all in at least one of the six functional domains (NIS, 2020).

In this report, in many instances a disaggregation is made off all three degrees of disability: mild, moderate and severe.

The types of difficulty (referred to in this report as 'domains') identified in the 2019 GPCC included:

(a) Seeing difficulties
(b) Hearing difficulties
(c) Walking difficulties
(d) Remembering or concentrating difficulties.
(e) Self-care
(f) Communicating

The degree (or level) of disability was determined by one of the four responses given in the Census in respect of each domain. The responses were:

(a) No difficulty
(b) Some difficulty (classified as a mild disability)
(c) A lot of difficulty (classified as a moderate disability)
(d) Cannot do at all (classified as a severe disability).

Economically active: refers to the status of those persons who are usually employed or unemployed during the period of 12 months before the census. The group of employed and unemployed persons are referred to as the labour force.

Economically inactive: Population other than the economically active population in the year prior to the census (NIS, 2020).

Educational level: The completed level of education has been classified as follows: 1 = None: (0 and 88), 2= Primary Not Completed: (1 to 5), 3 = Primary: (6 to 8), 4 = Lower Secondary: (9 to 13) 5 = Secondary/ diploma: [Secondary School/Baccalaureate, Technical Diploma/Pre-Secondary and Technical Diploma/Post-Secondary (14 to 16)] and 6=Beyond Secondary [Undergraduate and Graduate/Degree Holder (17 to 19)] (NIS, 2020).

Employed: Comprises persons who were in the following categories for 6 months (183 days) or more during the one-year period prior to the census date: (i) persons who were in paid employment (e.g. working in public or private organization etc.); (ii) persons who, during the reference period, performed some work for wage, salary, profit or for family gain in cash or kind; (iii) persons who did not do any work for pay or profit during the reference period although they had a job to which they could return (e.g. off-season workers like farmers or fishermen), those on sick leave or leave without pay, those who could not work due to strike or lockout in the organization they were working; (iv) persons who were self-employed (e.g. shop owners, food/drink sellers, individuals practicing as doctors or lawyers etc.).

Fertility: Fertility is defined as the childbearing performance of a woman or group of women measured in terms of the actual number of children born (NIS, 2020).

Head of Household: The head of household for census purposes is a person who is recognized as such in the household. He or she is generally the person who bears the chief responsibility for the management of the household and takes decisions on behalf of the household. The head of the household need not necessarily be the eldest male member but may be a female member or a younger member of either sex.

Household: A household is a group of persons who commonly live together and would take their meals from a common kitchen unless the exigencies of work prevented any of them from doing so. There may be a household of persons related by blood or a household of unrelated persons or having a mix of both.

Labour Force: see Economically active

Labor Force Participation Rate: Labour Force Participation Rate is defined as the number of persons in the labour force (employed and unemployed) at a given age and sex and/or place of residence, divided by the corresponding total population with the same characteristics, multiplied by 100 (NIS, 2020). In this report, the Labour Force Participation Rate was calculated for the age group 15 – 64 years.

Literacy: Literacy is the ability to read and write with understanding in any language. A person is defined as literate when he/she can both read and write a simple message in a language or dialect. A person who cannot read and write a simple message in any language is considered illiterate. A person is considered illiterate if they have the ability to read and write only their own name or a few numbers. It includes those who can read but cannot write or can write but cannot read.

A person who had learned to read and write but, at the time of the census, were unable to read and write due to a physical problem or illness, were considered literate. One example of this is an older person who can read and write but can no longer perform these activities due to poor eyesight. Persons with disabilities who can read and write through methods such as the Braille system, were also considered literate. By definition, all children under the age of six were considered illiterate (NIS, 2020).

Marital status: is the status of the person in relation to the institution of marriage. In the census, the following categories were used: Never Married, Married, Widowed, Divorced and Separated.

Mild disability: see disability.

Migration: Migration is the process of changing from one geographical location to another. When a movement is within the same country, it is considered domestic (or internal) migration. Movements involving migration between countries are considered international migration (NIS, 2020).

Moderate disability: see disability.

Nuclear household: is defined as a household that consists entirely of a single family.

Population Pyramid: Population pyramids display graphically the population by group age and sex. The horizontal bar shows the number or ratio of men and women for each age group. The sum of all age groups and genders from the population pyramid is 100% (NIS, 2020).

Severe disability: see disability.

Sex ratio: Is the division of the number of men and the number of women multiplied by 100. It expresses the number of males for every 100 females (NIS, 2020).

Singulate Mean Age at Marriage (SMAM: The mean age at first marriage is used for people whose classification by age and marital status provides unique data on marital status. It compares the specific age ratio of those who never married to those who married and considers the average age at which the change is made. For details of the method developed by John Hajnal (1953). (NIS, 2020)

- d = Lowest age married =15
- S50 = Proportion of population never married age 50
- $\sum 5\ {}_5S_x$ = Total proportion of population never married in age group x, x+5

Total Fertility Rate: The Total Fertility Rate is the number of children which a woman of a hypothetical cohort would bear during her lifetime if she were to bear children throughout her life at the rates specified by the schedule of age specific fertility rates for a particular year and if she were to survive until the end of her reproductive life. Therefore, the total fertility rate is the number of births a woman would have if she experienced a given set of age specific birth rates throughout her reproductive life. It is the sum of age-specific fertility rates (NIS, 2020).

Unemployed: Persons who were without employment but were seeking employment or available for employment for 6 months (183 days) or more during the one-year period prior to the census (NIS, 2020).

Unemployment rate: the recorded number of unemployed persons in the census, divided by the number of economically active persons.

Urban: The Reclassification of Urban Areas in Cambodia 2020 was undertaken by the NIS during June-July 2020 using the final dataset from General Population Census of Cambodia 2019. The urban reclassification was a comprehensive process carried out by NIS with the guidance of experts. The study provided recommendations about the classification of urban places based on a consistent set of criteria relating to population size, population density and workers in agriculture. (NIS, 2020).

Wealth index: see annex 2.

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STRICTLY CONFIDENTIAL

FORM A HOUSELIST

Royal Government of Cambodia

General Population Census of Cambodia, March 2019

Page Numnber: .....

Total number of pages for EA:.....

Identification Particulars

Name	Province/Municipality		District/Khand/Krong		Khum/Sangkat		Phum		Enumeration Area No.	
Code										

Building/Structure and Household Particulars

Line No.	Building/ Structure Number			Predominant Construction Material of Building/Structure: Wall	Roof	Floor	Purpose of Building/Structure: 1. Residence 2. Residence & shop 3. Residence & workshop 4. Residence & any other establishment 5. Institutional household	Household No.		Particulars of Head of Household: Name of Head of Household	Sex 1. Male 2. Female (Enter Code)	Number of persons usually living in the HH: Male	Female	Total	Remarks
1	2			3	4	5	6	7		8	9	10	11	12	13
1															
2															
3															
4															
5															
6															
7															
8															
9															
0															
							(**Count the numbers recorded and to**Total				Total				

List of codes

Col. 3: Wall Material

1. Bamboo / Thatch / Grass / Reeds
2. Earth
3. Wood / Plywood
4. Concrete / Brick / Stone
5. Galvanised Iron/Aluminium/Other metal sheets
6. Asbestos cement sheets
7. Salvaged/Improvised materials
8. Other (specify)

Col. 4: Roof Material

1. Bamboo / Thatch / Grass/ Reeds
2. Tile
3. Wood / Plywood
4. Concrete / Brick / Stone
5. Galvanised Iron / Aluminium / Other metal sheets
6. Asbestos cement sheets
7. Plastic/ Synthetic material sheets
8. Other (specify)

Col. 5: Floor Material

1. Earth / Clay
2. Wood / Bamboo planks
3. Concrete / Brick / Stone
4. Polished stone
5. Parquet / Polished wood
6. Mosaic / Ceramic tiles
7. Other (specify)

Name of Enumerator .....

Signature DD / MM / YYYY

Name of Supervisor .....

Signature DD / MM / YYYY

Identification Particulars

Royal Government of Cambodia

General Population Census of Cambodia, March 2019

STRICTLY CONFIDENTIAL

FORM B HOUSEHOLD QUESTIONNAIRE PART 1

Name	Province/Municipality	District/Khand/Krong	Khum/Sangkat	Phum	EA No.	Building No.	Household No.	Name of Head of Household
Code								

Population Particulars

Statement 1.1 : Usual Members Present on Census Night

Type of Household/ Population
(Enter code in the box below)
1. Normal or Regular Household
2. Institutional Household
3. Homeless Household
4. Boat Population
5. Transient Population
(Specify the location)

Sl. No.	Name of the person (Write the name of the person starting with the head)	Relationship to Head of Household (Write in words)	Sex (Write in words)
	1	2	3	4
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				

Statement 1.2 : Visitors Present on Census Night

Sl. No.	Name of the person (Write full name of the visitor)	Relationship to Head of Household (Write in words)	Sex (Write in words)	Usual Residence: Within Cambodia (Write name of Khum/Sangkat, Srok/Khand/Krong, Province in col. 5(a))		Usual Residence: Outside Cambodia (Write name of country in col. 6(a))	
	1	2	3	4	5 (a)	5 (b)	6 (a)	6 (b)
1								
2								
3								
4								
5								
6								
7								
8								
9								
0								

Statement 1.3 : Usual Members Absent on Census Night

Sl. No.	Name of the person (Write full name)	Relationship to Head of Household (Write in words)	Sex (Write in words)	Age: In completed years	Location on Census Night: Within Cambodia: Write name of Khum/Sangkat, Srok/Khand/Krong, Province in col. 6 (a)	Within Cambodia: Code of Location	Within Cambodia: Reason for shifting	Outside Cambodia: Write name of the country in col. 7 (a)	Outside Cambodia: Code of Location	Outside Cambodia: Reason for shifting	How long absent (in completed months) Write 0 for less than 1 month
	1	2	3	4	5	6 (a)	6 (b)	6 (c)	7 (a)	7 (b)	7(c)	8
1												
2												
3												
4												
5												

Total No. of Persons in Statement 1.1

Total No. of Persons in Statement 1.2

Total No. of Persons in Statement 1.1&1.2

Column 5 Age
000. Less than 1year 001. 1year 002: 2 years
097: 97 years 099: 99 years 120:120 years

Statement 1.3: Col. 6(c) and Col. 7 (c)
1. Employment 2. Business 3. Tourism
4. Education 5. Marriage 6. Medical 7. Other

Name: Signature DD MM YYYY

Enumerator: ..../../..

Supervisor: ..../../..

Number of Form B used for the household ☐☐

1/6

FORM B HOUSEHOLD QUESTIONNAIRE PART 2: INDIVIDUAL PARTICULARS

For all persons					For children aged 0-14 years	For all persons	For other than never married	For all persons							
Sl. No.	Name of the person	Relationship	Sex	Age				Mother Tongue	Religion	Birth Place -If in this village, enter code 1. -If in another village, give name of the Khum/Sangkat of that village and write names of District/Khand/Krong and Province /Khet -If outside Cambodia, write name of the country		Previous Residence Where has the person been living before -If always lived in this village, enter 1 and skip to col.15(a). -If in another village, give name of the Khum /Sangkat of that village and write name of District/Khand/Krong and Province/Khet. -If outside Cambodia, write name of the country		Duration of Stay	Reason for Migration
	Names of usual members present and visitors during the census night (Please refer to Statements 1.1 & 1.2 *in Part 1)*	Relationship to Head of Household *(Enter code from list below)*	1. Male 2. Female *(Enter Code)*	In completed years (Enter *Code)*	Whether living with own mother? (See note below)	Marital Status (Enter code from list below)	Age at first marriage in completed years *(Ask only married, widowed, divorced or separated person)*	(Enter code from list below)	(Enter code from list below)	Khum/Sangkat Srok/Khan/Krong, Khet or Country	Code of Location	Khum/Sangkat Srok/Khan/Krong, Khet or Country	Code of Location	How long has the person lived in this village? (Enter code from list below)	*(Enter code from list below)*
1	2	3	4	5	6	7	8	9	10	11(a)	11(b)	12(a)	12(b)	13	14
1															
2															
3															
4															
5															
6															
7															
8															
9															
0															

Codes for Column 3
Relationship to Head of Household
1. Head
2. Wife / Husband
3. Son / Daughter
4. Father / Mother
5. Grand child
6. Other Relative
7. Non-Relative including boarder

Codes for Column Age
000: less than 1year
001: 1year
002: 2 years
:
:
:
:
120 :120 years

Column 6
Write serial number of natural mother (if living in this household) for child aged 0-14.

If mother not living in this household write '0'.

Column 7
1. Never Married
2. Married (i.e. currently married)
3. Widowed
4. Divorced
5. Separated

Codes for Column 9
Mother Tongue

01. Khmer	11. Chaam	21. Ro Ong
02. Vietnames	12. Kaaveat	22. Kraol
03. Chinese	13. Klueng	23. Raadear
04. Lao	14. Kuoy	24. Thmoon
05. Thai	15. Krueng	25. Mel
06. French	16. Lon	26. Khogn
07. English	17. Phnong	27. Por
08. Korean	18. Proav	28. Suoy
09. Japanese	19. Tumpoon	29. Other
10. Chaaraay	20. Stieng	

Column 10
1. Buddhism
2. Islam
3. Christianity
4. Other

Codes for Column 13
Duration of Stay
00. less than 1year
01. 1to less than 2 years
02. 2 to less 3 years
.....
10. 10 to less than 11years
.....
20. 20 to less than 21years
.....
.....
120. 120 to less than 121years

Codes for Column 14: Reason for Migration
01. Transfer of work place
02. In search of employment
03. Education
04. Marriage
05. Family moved
06. Lost land / lost home
07. Natural calamities
08. Dislocated due to Dam construction
09. Dislocated due to other major or small projects
10. Insecurity
11. Repatriation or return after displacement
12. Orphaned
13. Visiting only
14. Other (specify .....)

Sl. No.	For all persons							For persons aged 5 years and more													
	Literacy		Full Time Education					Functional Difficulty						Main Activity	Occupation		Employment Status	Agriculture, Industry, Trade or Service		Sector of Employment
	15 (a)	15 (b)	16 (a)	16 (b)		16 (c)		16 (d)		17						18	19		20	21		22
	Can the person read and write with understanding in Khmer language? 1. Yes 2. No (Enter Code)	Can this person read and write with understanding in any other language? -If so which (Enter code from list below)	Has the person attended School/ Education Institution?	Currently attending grade for code 2 of col.16(a)? (Enter code from list below)		What is the highest grade completed? (Enter code from list below)		Main subject of study for codes 15 to 20 in col.16(b) or 16(c). For other codes in col.16(b), (c) skip to col. 17.		See the note below (Enter code from list below)						Main activity of the person during last year. Enter code from list below	Types of occupation/employment Write the occupation in word		Employment Status/ Class Enter code from list below	Nature of Economic Activity (Agriculture, Industry, Trade or Service) Write the nature of economic activity in words		Sector in which employed (Enter code from list below)
								Description	Code	1	2	3	4	5	6		Name of Occupation	Code		Nature of Economic Activity	Code	
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
0																						

Codes for column 15(b)
1. No other language
2. Vietnamese
3. Chinese
4. Lao
5. Thai
6. French
7. English
8. Chaam
9. Other

Codes for column 16(a)
1. Never
2. Now
3. Past

Codes for column 16 (b): Currently Attending Grade
For code 1and 3 in column 16 (a), put dash (-) in 16(b)
For code 2 in column 16 (a), enter code from list below.

Codes for column 16 (c) What is the highest grade completed?
For code 1in column 16 (a), put dash (-) in column 16 (b)
For code 2 and 3 in column 16 (a), enter code from the list below.

Common Codes for column 16 (b) and 16 (c)
00. Pre-school/Kindergarten
01. Class 1
02. Class 2
:
:
11. Class 11
12. Class 12
17. Undergraduate course
18. Master's Degree course
19. Ph.D. course
20. Any other course

Separate Codes for column 16 (b)
15. Technical/vocational pre-secondary diploma/certificate course
16. Technical/vocational post-secondary diploma/certificate course

Separate Codes for column 16 (c)
13. Lower Secondary/ Diploma/ Certificate
14. Upper Secondary/Diploma/Certificate/Baccalaureate
15. Technical/vocational pre-secondary diploma/certificate
16. Technical/vocational post-secondary diploma/certificate
17. Graduate Degree
18. Master's Degree
19. Ph.D Degree
20. Any Other Diploma/Degree completed
88. No grade completed

Column 17: Functional Difficulties
Do you have difficulty……..
17.1 seeing, even if wearing glasses?
17.2 hearing, even if using a hearing aid?
17.3 walking or climbing step?
17.4 remembering or concentrating?
17.5 with self-care (such as washing all over or dressing)?
17.6 using your usual (customary) language, do you have difficulty speaking, for example understanding or being understood?

Codes for column 17
1. No – no difficulty
2. Yes – some difficulty
3. Yes – a lot of difficulty
4. Cannot do at all

Codes for column 18
Main activity during last year
1. Employed (fill in cols. 19 to 22)
2. Unemployed (Employed any time before) (Fill in col.19 to 22 for last employment).
3. Unemployed (Never employed any time before)
4. Home maker
5. Student
6. Dependent
7. Rent-receiver, Retired or other income recipient
8. Other
(For codes 3 to 8 put dash (-) in cols. 19 to 22)

Codes for column 20: Employment Status/Class
1. Employer
2. Paid employee
3. Own-account worker
4. Unpaid family worker
5. Other (specify…)

Codes for column 22 Sector of Employment
1. Government
2. State owned enterprise
3. Cambodian private enterprise
4. Foreign private enterprise
5. Non-profit institution
6. Household sector
7. Embassies, International institutions, and foreign aid, and development agencies
8. Other (specify….)

3/6

FORM B HOUSEHOLD QUESTIONNAIRE PART 3: FERTILITY INFORMATION OF FEMALES AGED 15 AND OVER LISTED IN COLUMN 2 OF PART 2

Sl. No.	Name of the woman (for woman aged 15 and over)	Sl. No. in column 1, Part 2	FERTILITY INFORMATION FOR WOMAN AGED 15 AND OVER						Particulars of Birth in the last 12 months to woman aged 15-49 years			
			Number of Children Born *(Give number in two digits like 01, 02,…….10, 11. If None, write '00')*						Particulars of Birth in the last 12 months to woman aged 15-49 years			
			How many Children have been born alive to the woman ?		How many of them are living ?		How many of them have died?		Any child born alive to the woman during the last 12 months? (Give actual number like 1, 2 under the appropriate column.If none write 0) (If no child was born to the woman in the last 12 months, skip to part 4)		State who assisted her during the delivery. (Enter code from list below)	Did the person register the birth of this baby with the Civil Authority? (Enter code from list below)
1	2	3	4		5		6		7		8	9
			(a) Male	(b) Female	(a) Male	(b) Female	(a) Male	(b) Female	(a) Male	(b) Female		
1												
2												
3												
4												
5												
6												
7												
8												
9												
0												

Codes for column 8	
1: Doctor	4: Traditional Birth Attendant
2: Nurse	5: Other (specify…..)
3: Midwife	6: None

Codes for column 9
Yes = 1
No = 2

4/6

FORM B HOUSEHOLD QUESTIONNAIRE PART 4 : HOUSING CONDITIONS, AMENITIES AND ASSETS POSSESSED BY HOUSEHOLD

(Enter code in the boxes below)

On what basis does this household occupy this dwelling?	Main Source of light	Main Cooking Fuel	Type of toilet facility household usually uses	Share facility with other household	Main Source of drinking water supply	Time take to go there, get water, and come back	No. of rooms occupied by household (exclude kitchen, bathroom, toilet and storeroom)	Availability of separate kitchen within premises
1	2	3	4	5	6	7	8	9
1. Owner occupied 2. Rent 3. Not owner but rent free 4. Other (Please specify)	1. City Power 2. Generator 3. Both city power and generator 4. Kerosene 5. Candle 6. Battery 7. Other (Please specify)	1. Firewood 2. Charcoal 3. Kerosene 4. Liquefied Petroleum Gas(LPG) 5. Electricity 6. None 7. Other (Please specify)	1 . None, not using toilet 2. Pour flush (or flush) connected to sewerage 3 . Pour flush (or flush) to septic tank or pit 4 . Pour flush (or flush) to elsewhere (i.e. not a sewer or pit/tank) 5 . Pit latrine with slab 6. Pit latrine without slab or open pit 7. Latrine overhanging field or water (drop in the field, pond, lake, river, sea) 8 . Other, specify	1. Yes 2. No	1. Piped into dwelling 2. Piped into compound, yard or plot 3. Public tap / standpipe 4. Tube Well, Borehole 5. Protected well 6. Unprotected well 7. Protected spring 8. Unprotected spring 9. Rainwater collection 10. Tanker-truck 11. Cart with small tank / drum 12. Surface water (river, stream, dam, lake) 13. Bottled water 14. Other (specify)	1. Water on premises 2. Less than 30 minutes 3. More than 30 minutes 4. Don't' Know	1. One room 2. Two rooms 3. Three rooms 4. Four rooms 5. Five rooms 6. Six rooms 7. Seven rooms 8. Eight rooms and more	1. Yes 2. No
(Enter code)	*(Enter code)*	*(Enter code)*	*(Enter code)*	*(Enter code)*	*(Enter code)*	*(Enter code)*	*(Enter code)*	*(Enter code)*

PARTICULARS OF AMENITIES AND ASSETS POSSESSED BY HOUSEHOLD (Give number for each, write "00" if not owned)

Radio/ Transistor	Television	Telephone (Fixed)	Cell phone	Laptop and Desktop Computer	Bicycle	Motorcycle	Refrigerator	Washer	Fan	Air-Conditioner	Car/Van
10	11	12	13	14	15	16	17	18	19	20	21

Boat	Tractor (See note below)	
	(a). Big tractor	(b).Hand tractor(Koyaon)
22	23	

State whether the household accesses internet

At home	Outside home
24	25
1. Yes 2. No *(Enter code)*	1. Yes 2. No *(Ente code)*

5/6

FORM B HOUSEHOLD QUESTIONNAIRE PART 5: DEATH IN HOUSEHOLD

Deaths in Household in the last 12 months : **Total Number of Deaths** | | |

Death Particulars														
Sl. No.	**Name of Deceased**	**Sex** 1. Male 2. Female *Enter code*	**Relastionship to Head of Household** *Enter code from list below*	**Age at Death** See note below *Enter code from list below*			**What was the cause of the death?** Death caused by illness? (Enter code from list below)		**Registration of death** Has this death been registered with the civil authority ? 1. Yes 2. No	**For woman aged 15-49 who died** Did the woman die while pregnant, during delivery or within 42 days after giving birth? **1**: Yes **2**: No	**If "Yes " in Column 8(a)** State where the Death *took place?* *(Enter code from list below)*	State who attended on her before death? *(Enter code from list below)*
1	**2**	**3**	**4**	**5**			**6**		**7**	**8 (a)**	**8(b)**	**8 (c)**
1												
2												
3												
4												
5												
6												
7												
8												
9												
0												

Codes for column 4	**Codes for column 5**
1. Head	Write the age in total years
2. Wife / Husband	completed at the time of Deat
3. Son / Daughter	000: Less than 1 year
4. Father / Mother	001: 1 year to less than 2 ye
5. Grand child	002: 2 years to less than 3 y
6. Other Relative	:
7. Non-Relative including boarder	:
	:
	:

Code for Column 6 Cause of Death			
Illness		**Accident**	**Not Know**
01. Fever	09. Pregnancy complication	13. Land mine	17: Don't know
02. Diarrhoea	10. Delivery complication	14. Road accident	
03. Tuberculosis	11. Within 42 Days after deliver	15. Drowning	
04. Heart disease	12. Other illness	16: Other accident	
05. Dengue fever			
06. Malaria			
07. Tetanus			
08. HIV/AIDS			

Codes for column 8 (b)
Place of Death
1. Hospital
2. Health Center
3. Home
4. Other (specifiy…)

Codes for column 8 (c)	
1: Doctor	4: Traditional Birth Attendant
2: Nurse	(TBA)
3: Midwife	5: Other (specify….)
	6: None

6/6


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