



# CAMBODIA 2023

## SUMMARY OF FINDINGS



Australian  
National  
University

# About the WHS+

2000

## Multi-Country Study Survey (MCSS)

71 surveys in 61 countries

2003

## World Health Survey

70 surveys in 69 countries

2023

## World Health Survey Plus is launched

Implemented in Bangladesh, Cambodia, Ghana, Nepal and Cox's Bazar Refugee Camp.

**WHS+** provides a data collection system for countries to monitor their progress towards population health targets, health-related SDGs, and WHO's impact framework.

## TOPICS COVERED

### HOUSEHOLD

- Household roster
- Housing
- Water, sanitation & hygiene
- Clean fuels
- Assets & income
- Household consumption & expenditure
- Health workforce
- Verbal autopsy

### INDIVIDUAL

- Socio-demographics
- Health state descriptions
- Disability
- Assistive technologies
- Risk factors & preventive health behaviors
- Chronic conditions & coverage
- Accidents/injury
- Health care utilization
- Social networks
- Quality of life & subjective wellbeing
- Antimicrobial resistance
- Immunization coverage & Covid-19 vaccination
- Global scales for early development
- Reproductive health
- Preventing unsafe abortion
- Violence against women/older women/children

### ANTHROPOMETRY, PERFORMANCE TESTS & BIOMARKERS

- Height
- Weight
- Waist/hip circumference
- Blood pressure
- Grip strength
- Gait speed
- Vision
- Hearing
- Cognition
- Haemoglobin
- Glycosylated haemoglobin
- Lipid profile

# Methodology and Design

**WHS+ Interview Training**  
20-26 February

## Pilot Study

27-28 February

## Data Collection

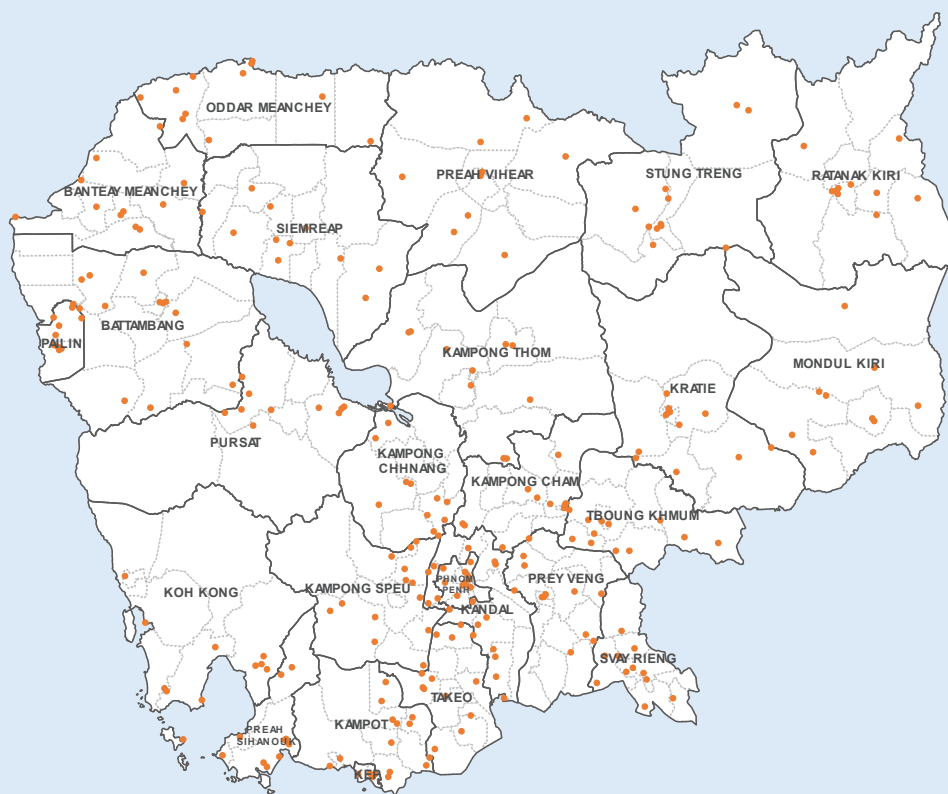
13 March-31 May

Target Sample  
6072

**Study Design**  
Cross-sectional  
**Coverage**  
National

## Response Rate

Household	Individual
88%	87%



## Geography

25 provinces  
203 districts  
1,647 communes  
14,568 villages

## Sampling Design

## Stratified three stage cluster design

Strata defined by cross  
classifying provinces  
(25) by locality  
(urban/rural) and  
village size (3 groups)

22 households selected  
from 276 villages

## Target Population

Adults 18+ years,  
residing in private  
households

 institutionalized

## Sampling Frame

2021 update of 2019  
General Population  
Census from National  
Institute of Statistics (NIS)

## Methods Used for Data Collection



face-to-face  
computer assisted  
personal  
interviews (CAPI)



anthropometry  
measurements



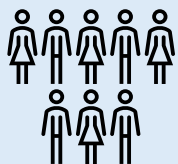
## performance tests



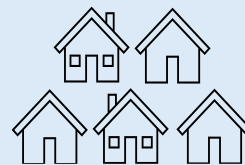
point-of-care testing

# WHS+ Cambodia 2023 Survey Sample

## Unit of Analysis

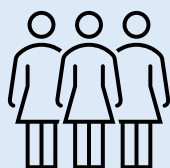


**5271** Individuals  
successfully reached



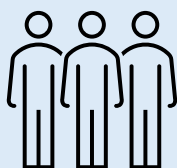
**5357** Private Households  
successfully reached

## Sex



**3655**

Women



**1616**

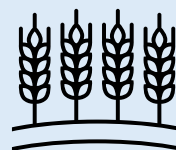
Men

## Urban/Rural



**2057**

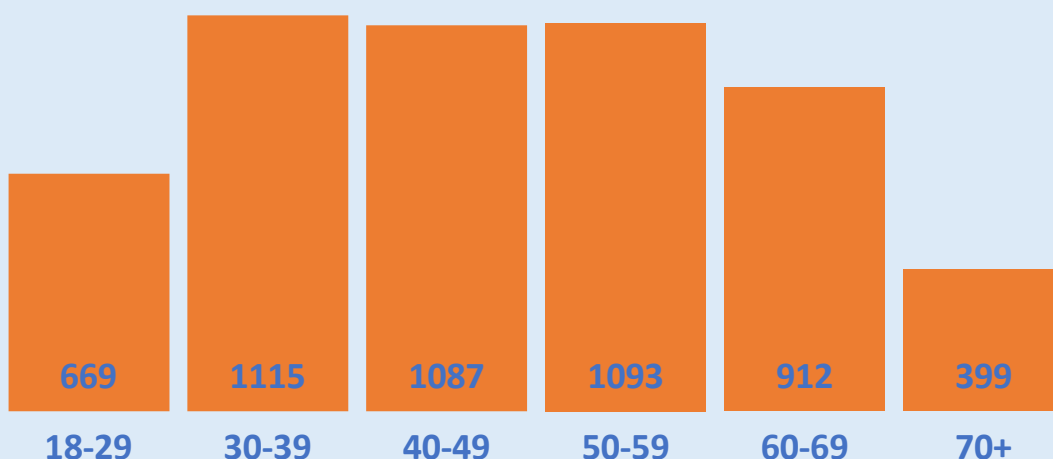
Urban



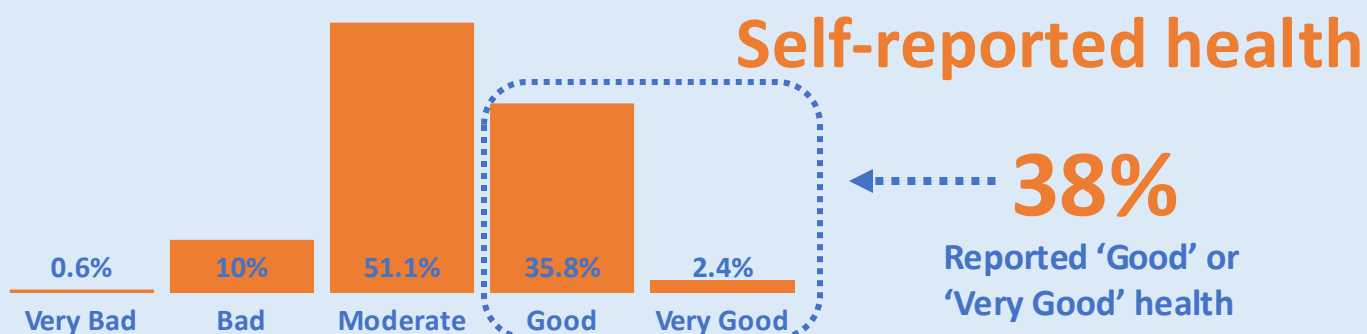
**3214**

Rural

## Age Distribution

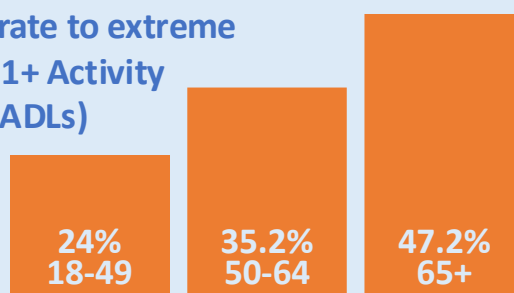


# Self-reported Health



## Limitations in functioning

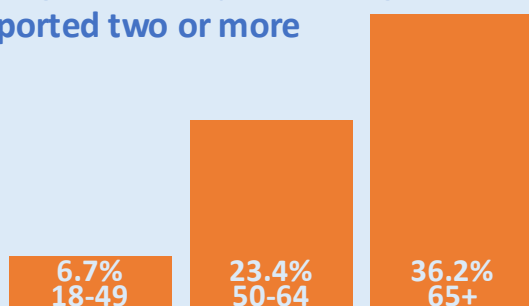
**28%** reported moderate to extreme limitation with 1+ Activity of Daily Living (ADLs)



## Self-reported Chronic Disease

**1 in 3** adults reported 1+ chronic conditions

7% aged 18-49 up to 36% aged 65+ reported two or more



2+ conditions, by age

## Chronic Disease Risk Factors

### Current cigarette smokers

Men 29.8%  
Women 1.9%



### Current alcohol users

Men 66.0%  
Women 24.5%

### Inadequate fruit and vegetable consumption

Men 56.2%  
Women 56.3%



### Daily moderate to low physical activity

Men 44.2%  
Women 51.1%

# Objective Health Measures



## Anaemia

**3 in 10** adults have anaemia.

Rates increase to almost **1 in 2** in 65+

Higher in Ratanak Kiri, Takeo, Kampong Cham & Preah Vihear (~ 4 in 10). Lower in Kep and Pailin (~2 in 10).

## Obesity

**17%** of adults are obese (BMI 27.5)

Higher rates in 30-64y

Women > men in middle older age

Higher rates in Phnom Penh (3 in 10)

Lower in Preah Vihear, Stung Treng, and Ratanak Kiri (1 in 20)



## Uncontrolled Diabetes

**12.6%** had high glycated hemoglobin ( $\geq 6.5\%$ )

**5%** in 18-29y to **25%** in 65+

2% in Ratanak Kiri to 30% in Svay Rieng

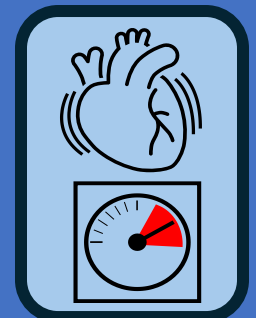
## Uncontrolled Hypertension

**18%** had BP  $\geq 140/90$  mmHg

**5%** in 18-29y to **30%** in 65+

Men **10% higher** than women

7% in Ratanak Kiri to 44% in Phnom Penh



## High Triglycerides

**3 in 10** had high triglycerides

**14%** in younger adults to **34%** in older adults

Elevated in 4 in 10 men and 3 in 10 women aged 30-64y

# Outpatient Healthcare Utilization

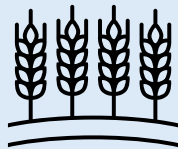


**9 in 10** or **87.8%** of adults used outpatient healthcare services in the last 12 months



**92.3%**

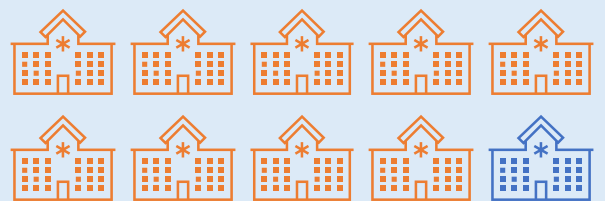
in  
Urban Areas



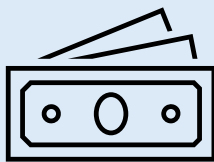
**84.5%**

in  
Rural Areas

...used outpatient  
health services



Among those who utilized outpatient healthcare services from **90.2%** sought care from private facilities, **9.8%** made to public facilities



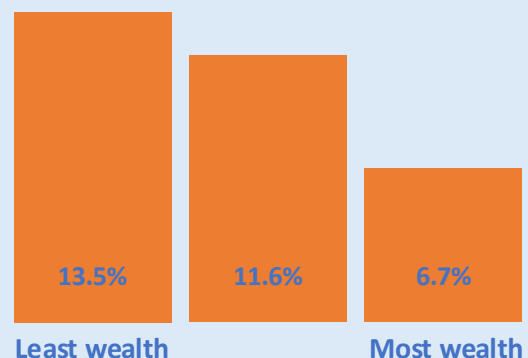
**96%**

of outpatient visits were paid by self,  
family or household members

**4%**

of outpatient visits were paid by  
mandatory or volunteer insurance or  
fee exemption

Utilization of public outpatient services amongst those that accessed care was **highest** amongst those with **lower** household wealth



# Inpatient Healthcare Utilization

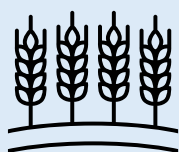


**3 in 20** or **14%** of adults used inpatient healthcare services in the last 12 months



**12.3%**

in  
Urban Areas



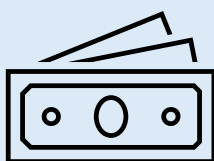
**15.1%**

in  
Rural Areas

...used inpatient  
health services



Among those who utilized inpatient healthcare services **51.4%** sought care from public facilities, **48.6%** from private facilities



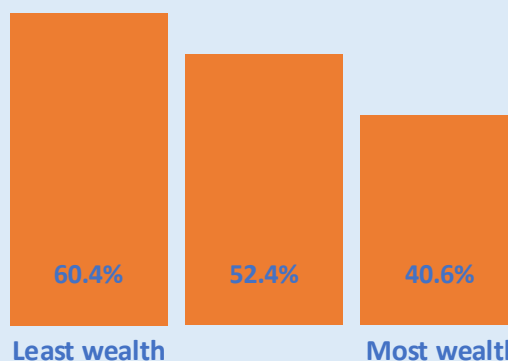
**88.8%**

of inpatient visits were paid by self,  
family or household members

**11.2%**

of inpatient visits were paid by  
mandatory or volunteer insurance or  
fee exemption

Utilization of public inpatient services amongst those that accessed care services was **highest** amongst those with **least** household wealth



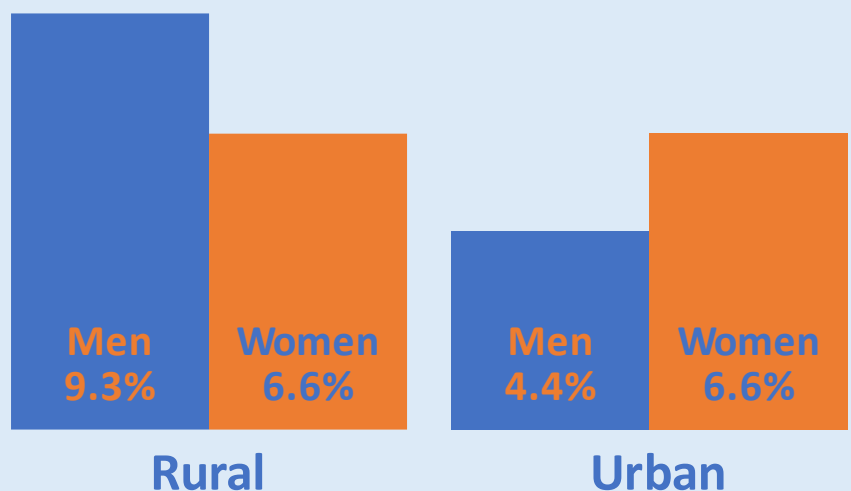


# Unmet Healthcare Need

The last time needed healthcare

**7%** unable to access care

**9.3%** of **men** who required care in **rural** areas were unable to access care compared to **4.4%** in **urban** areas



## Reasons outpatient care not received



40.3% Could not afford cost of visit



34.7% Thought not sick enough



10.5% No transport



8.6% Couldn't take time off work/other commitment



4.4% Couldn't afford transport

## Reasons inpatient care not received



41.3% Could not afford cost of visit



19.7% Other



11.1% Couldn't take time off work/other commitment



10.3% You thought you were not sick enough



7.6% You tried but were denied health care

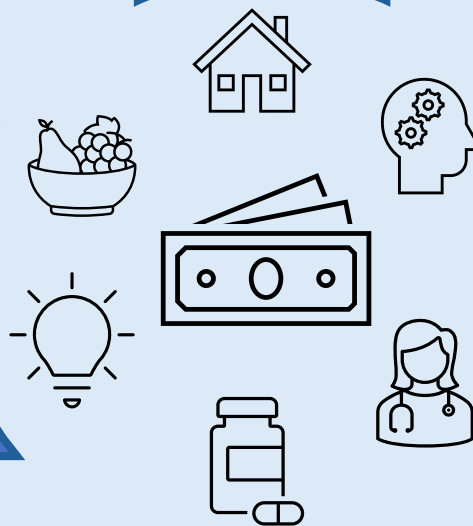
# Healthcare Expenses

**35%**

...of the population had to  
reduce spending (on food,  
housing, or utilities)  
because of health  
expenditure

**85%**

...of the population are very  
worried/somewhat worried of  
their finances



**41%**

... of the population are  
worried because of health  
care costs

**39%**

... of the population have  
anxiety due to healthcare  
costs

# Preventing Unsafe Abortion

## KNOWLEDGE

**55%** of adults demonstrate **poor knowledge** about abortion legislation

**63%** of adults **lack knowledge** of awareness of safe methods

**47%** of respondents demonstrate **good knowledge** regarding safe abortion locations

## ATTITUDES

  
**1 in 2** people **believe** abortion should be available for **birth regulation**

**56%** of adults **agree** women should be able to access **safe abortion**

**70%** of adults **agree** women seeking safe abortion care deserve to be treated with **understanding and kindness**

**55%** of adults **agree** believe women should be able to **choose** to have an abortion

## PRACTICE

  
**2 in 5** have **discussed** abortion **openly**

  
**2 in 5** has **assisted** someone **accessed** safe abortion information or services

  
**4 in 5** agree that they **treat** those who have had an abortion with **understanding and kindness**



# CAMBODIA 2023

- The results presented here were generated for the WHS+ Cambodia workshop hosted by the National Institute of Public Health on 01 November 2024. This report was also planned to coincide with the planned public release of the WHS+ data set. The report contains preliminary results – generated using survey weights - noting the subsequent limitations and cautions.
- The NIPH would like to thank the study respondents and communities for their time and contributions to better understanding population health and wellbeing in Cambodia.
- The hard work of the survey teams are also acknowledged and appreciated.
- The survey implementation was overseen by Prof Chhorvann and Prof Sopheab and coordinated by Srean Chhim.
- A number of agencies provided technical and other support for implementing the WHS+ Cambodia, including: the Ministry of Health, World Health Organization, HelpAge International, University of Gothenburg, University of Oregon Global Health Biomarker Laboratory, and Australian National University.