



**KINGDOM OF CAMBODIA**  
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# Cambodia

## Demographic and Health Survey

### 2021–22

## Key Indicators Report



National Institute of Statistics  
Ministry of Planning  
Phnom Penh, Cambodia



Directorate General for Health  
Ministry of Health  
Phnom Penh, Cambodia

**June 2022**





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The DHS Program  
ICF  
Rockville, Maryland, USA

June 2022



The Ministry of Health



The 2021–22 Cambodia Demographic and Health Survey (2021–22 CDHS) was implemented by the National Institute of Statistics (NIS) in collaboration with the Ministry of Health. ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

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## ACRONYMS AND ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
ARI	acute respiratory infection
ASFR	age-specific fertility rate
BCG	bacillus Calmette-Guérin
CAPI	computer-assisted personal interviewing
CBR	crude birth rate
CDHS	Cambodia Demographic and Health Survey
CSPro	Census and Survey Processing
DHS	Demographic and Health Survey
DPT	diphtheria, pertussis, and tetanus vaccine
EA	enumeration area
GFR	general fertility rate
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GPC	General Population Census of Cambodia
HepB	hepatitis B
Hib	Haemophilus influenzae type B
HIV	human immunodeficiency virus
ICF	ICF, formerly Inner City Fund
IFSS	internet file streaming system
IPV	inactivated poliomyelitis vaccine
IUD	intrauterine contraceptive device
IYCF	infant and young child feeding
KIR	key indicators report
LAM	lactational amenorrhea method
MMR	maternal mortality ratio
MoH	Ministry of Health
MUAC	mid-upper arm circumference
NGO	nongovernmental organization
NIS	National Institute of Statistics
NN	neonatal mortality
OPV	oral polio vaccine
ORS	oral rehydration salts

PCV	pneumococcal conjugate vaccine
PNC	postnatal care
PNN	postneonatal mortality
PSU	primary sampling unit
RGC	Royal Government of Cambodia
SD	standard deviation
SDG	Sustainable Development Goal
SDM	standard days method
STI	sexually transmitted infection
TFR	total fertility rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

## FOREWORD

The 2021–22 Cambodia Demographic and Health Survey (CDHS) was implemented by the National Institute of Statistics (NIS) and the Ministry of Health (MoH). This Key Indicators Report (KIR) presents a first look at selected findings from the 2021–22 CDHS. Findings in this report will be used by policymakers to evaluate the demographic and health status of the Cambodian population to formulate appropriate population and health policies and programs in Cambodia. The forthcoming final report will contain more detailed findings.

The survey received financial support from the Royal Government of Cambodia (RGC), the United States Agency for International Development (USAID), the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Australian Aid, the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), and the World Food Programme (WFP). We would like to thank ICF for technical assistance throughout the survey. The survey could also not have been successfully carried out without the dedication of the staff of the NIS and the MoH who planned, oversaw, and participated in the entire CDHS. Special thanks go to the fieldworkers who made this survey possible by contributing their valuable time.

We would like to extend our special thanks to Kittti Settha Pandita Chhay Than, Honorable Senior Minister, Minister of Planning; H.E. Prof. Eng Huot, Secretary of State, Ministry of Health; H.E. Leng Phally, Secretary of State, Ministry of Planning; H.E. Hor Darith, Secretary of State, Ministry of Planning; and other members of the Executive Committee and Technical Committee who contributed to the successful implementation of the survey. We greatly appreciate the work carried out by all NIS and MoH staff at the central and provincial offices who worked with dedication and enthusiasm to make the survey a success. Finally, we would like to express our special thanks to the local authorities involved and to the survey respondents who gave their valuable time to make the survey possible.

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Ministry of Planning



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Ministry of Health



His Excellency Dr. Lo Veasnakiry



# 1 INTRODUCTION

The 2021–22 Cambodia Demographic and Health Survey (CDHS) is the fifth Demographic and Health Survey (DHS) conducted in Cambodia, following those implemented in 2000, 2005, 2010, and 2014. The National Institute of Statistics (NIS), in collaboration with the Ministry of Health (MoH), implemented the survey. Data collection took place from September 15, 2021, to February 15, 2022. Funding for the 2021–22 CDHS was provided by the Royal Government of Cambodia (RGC), the United States Agency for International Development (USAID), the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Australian Aid, the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), and the World Food Programme (WFP). ICF provided technical assistance through The DHS Program, which assists countries in collecting data to monitor and evaluate population, health, and nutrition programs.

This Key Indicators Report presents a first look at selected findings from the 2021–22 CDHS. A comprehensive analysis of the data will be presented in a final report in the fourth quarter of 2022.

## 1.1 SURVEY OBJECTIVES

The primary objective of the 2021–22 CDHS is to provide up-to-date estimates of basic demographic and health indicators. Specifically, the 2021–22 CDHS collected information on fertility, awareness and use of family planning methods, breastfeeding practices, nutritional status of women and children, maternal and child health, adult and childhood mortality, women’s empowerment, domestic violence, awareness and behavior regarding HIV/AIDS and other sexually transmitted infections (STIs), and other health-related issues such as smoking.

The information collected through the 2021–22 CDHS is intended to assist policymakers and program managers in designing and evaluating programs and strategies for improving the health of the country’s population. The 2021–22 CDHS also provides indicators relevant to the Sustainable Development Goals (SDGs) for Cambodia.



## **2 SURVEY IMPLEMENTATION**

### **2.1 SAMPLE DESIGN**

The sampling frame used for the 2021–22 CDHS is the 2019 General Population Census (GPC) of Cambodia, which was conducted in 2019 by the NIS. The sampling frame is a complete list of enumeration areas (EAs) covering the whole country, provided by the NIS, the implementing agency for the CDHS. An EA is a natural village—or a part of a village—created for the 2019 GPC and that served as the counting unit for the census.

The 2021–22 CDHS followed a two-stage sample design and was intended to allow estimates of key indicators at the national level as well as for urban and rural areas, and for each of Cambodia’s 25 provinces. The first stage involved the selection of sample points (clusters) consisting of EAs delineated for the 2019 GPC. A total of 709 clusters were selected, 241 in urban areas and 468 in rural areas. (The 2019 GPC had reclassified about 20% of rural EAs as urban EAs.)

The second stage involved the systematic sampling of households. A household listing operation was undertaken in all selected EAs from April to August 2021, and households to be included in the survey were randomly selected from these lists. Thirty households were selected from each cluster, for a total sample size of 21,270 households. Because of the approximately equal sample sizes in each province, the sample is not self-weighting at the national level, and weighting factors have been calculated and added to the data file so that the results will be proportional at the national level.

All women age 15–49 who were either permanent residents of the selected households or visitors who stayed in the household the night before the survey were eligible to be interviewed. In half of the households, all men age 15–49 who were either permanent residents of the selected households or visitors who stayed in the household the night before the survey were eligible to be interviewed. In the subsample of households not selected for the male survey, height, weight, and mid-upper arm circumference measurements were performed among women age 15–49 and children under age 5.

### **2.2 QUESTIONNAIRES**

Five questionnaires were used for the 2021–22 CDHS: the Household Questionnaire, the Woman’s Questionnaire, the Man’s Questionnaire, the Biomarker Questionnaire, and the Fieldworker Questionnaire. The questionnaires, based on The DHS Program’s standard Demographic and Health Survey (DHS-8) questionnaires, were adapted to reflect the population and health issues relevant to Cambodia. Comments were solicited from various stakeholders representing government ministries and agencies, nongovernmental organizations, and development partners. The survey protocol was reviewed by the Cambodia National Ethics Committee for Health Research and the ICF Institutional Review Board. After all questionnaires were finalized in English, they were translated into Khmer. The 2021–22 CDHS used computer-assisted personal interviewing (CAPI) for data collection.

The Household Questionnaire listed all members of and visitors to selected households. Basic demographic information was collected on each person listed, including age, sex, marital status, education, and relationship to the head of the household. For children under age 18, survival status of parents was determined. Data on age, sex, and marital status of household members were used to identify women and men who were eligible for individual interviews. The Household Questionnaire also collected information on characteristics of the household’s dwelling unit, such as source of drinking water; type of toilet facilities; materials used for flooring, external walls, and roofing; and ownership of various durable goods. In addition, modules on disability and child discipline were added to this questionnaire.

The Woman's Questionnaire was used to collect information from all eligible women age 15–49. These women were asked questions on the following topics:

- Background characteristics (including age, education, and media exposure)
- Pregnancy history and child mortality
- Knowledge, use, and source of family planning methods
- Antenatal, delivery, and postnatal care
- Vaccinations and childhood illnesses
- Breastfeeding and infant feeding practices
- Women's minimum dietary diversity
- Marriage and sexual activity
- Fertility preferences (including desire for more children and ideal number of children)
- Women's work and husbands' background characteristics
- Knowledge, awareness, and behavior regarding HIV/AIDS and other sexually transmitted infections (STIs)
- Knowledge, attitudes, and behavior related to other health issues (for example, smoking)
- Adult and maternal mortality
- Domestic violence

The Man's Questionnaire was administered to all men age 15–49 in the subsample of households selected for the men's survey. The Man's Questionnaire collected much of the same information as the Woman's Questionnaire but was shorter because it did not contain a detailed reproductive history or questions on maternal and child health.

The Biomarker Questionnaire was used to record the results of anthropometry measurements for women and children. This questionnaire was administered only to the subsamples selected for the respective biomarker component.

The Fieldworker Questionnaire recorded background information from the interviewers that will serve as a tool in conducting analyses of data quality. Each interviewer completed the self-administered Fieldworker Questionnaire after the final selection of interviewers and before the fieldworkers entered the field. No personal identifiers were attached to the 2021–22 CDHS fieldworkers' data file.

The interviewers used tablet computers for data collection. The tablet computers were equipped with Bluetooth® technology to enable remote electronic transfer of files, such as assignments from the team supervisor to the interviewers, individual questionnaires to survey team members, and completed questionnaires from interviewers to team supervisors. The CAPI data collection system employed in the 2021–22 CDHS was developed by The DHS Program with the mobile version of CSPro.

### **2.3 ANTHROPOMETRY MEASUREMENT**

Weight measurements were taken using mother/child scales with a digital display (UNICEF—model number S0141025). Height and length were measured using a portable baby/adult length-height measurement system (UNICEF—model number S0114540). Children younger than age 24 months were measured lying down (recumbent length), while older children and women were measured standing (height). Mid-upper arm circumferences (MUAC) were measured using new standard MUAC Tape (UNICEF—model number S0145620).

To assess the precision of height measurements, about 10% of children were randomly selected to be measured a second time. The DHS Program defines a difference of less than 1 centimeter between the two height measurements as an acceptable level of precision. Children with a Z-score of less than –3 or more than 3 for height-for-age, weight-for-height, or weight-for-age were flagged and measured a second time. The re-measurement of flagged cases was performed to ensure accurate reporting of height and weight measurements.



## **2.4 PRETEST**

The pretest for the CDHS was implemented June 2 to 28, 2021. The first 2 weeks were allocated for paper questionnaire training, followed by 3 days for CAPI training, and 2 days for field practice. The ICF technical assistance was provided virtually.

### *2.4.1 Questionnaire training*

Thirty candidates participated in questionnaire training—13 females and 17 males (20 interviewers, five supervisors and five biomarker technicians). Five NIS coordinators and one ICF staff member conducted the questionnaire training. The anthropometry measurement training was conducted separately by UNICEF—and in parallel to the questionnaire training—for five technicians. All 30 candidates were expected to return to participate in the main survey.

The training was conducted in Khmer. Mock interviews were organized at the end of training. Each trainee completed one household questionnaire and two individual questionnaires. The data collected during the practice exercises were later used in training sessions to test the CAPI programs and to practice collecting data on the tablets. Coordinators from the Ministry of Health provided training on various health topics including nutrition, HIV/AIDS, child vaccinations, and family planning and reproductive health.

The training of trainers for CAPI was conducted June 16 to 22, 2021, for five NIS staff, and the CAPI pretest training was conducted June 23–25, 2021, for 30 participants including the biomarker technicians.

Interviewers and biomarker technicians conducted a two-day fieldwork practice to solidify skills learned during the pretest training, and to provide a simulated fieldwork experience to test survey materials. The participants worked in five teams that mirrored the team composition planned for the actual fieldwork (one supervisor, four interviewers, and one biomarker technician). The practice was carried out in five villages in Kompong Thom province. Twenty-four households were selected in each village for the teams to collect data from during the field practice. In total, 78 households, 58 women, and 61 men were interviewed.

## **2.5 TRAINING OF FIELD STAFF**

### *2.5.1 Questionnaire training*

The main training for the 2021–22 CDHS was organized at the Ministry of Planning main auditorium in Phnom Penh. One hundred twenty-five candidates participated in the training—100 interviewers and 25 team supervisors. All candidates participated in the questionnaire training from July 19 to 31, 2021. Two National Institute of Statistics (NIS) coordinators and one ICF staff member conducted the questionnaire training. About half of the participants had worked on previous rounds of the CDHS or on other surveys, while the rest had no survey experience. Forty percent (50) of these participants were from provincial health departments, another 40% (50) were from the provincial statistics departments, and 20% (25) were from NIS.

Mock interviews were organized at the end of training. Each trainee completed one household questionnaire and two individual questionnaires. The data collected during the practice exercises were later used in training sessions to test the CAPI programs and to practice collecting data on the tablets. Representatives from developing partners and from various departments of the Ministry of Health and Women Affairs attended the training via Zoom. They took part online, discussing topics related to child health and early childhood development, family planning and reproductive health, HIV/AIDS, nutrition, immunization, and domestic violence.

A significant challenge for the survey was that the training participants were selected by MoH and NIS/Ministry of Planning from their provincial departments. So, most of the participants met expected qualifications, including experience in using computers and in working on a survey. As only the exact numbers needed to form the planned teams were allowed to be trained, there were no backup interviewers.

### *2.5.2 Anthropometry training*

The anthropometry training was conducted by nutritionists from the MoH. Because of UNICEF's Covid-19 risk mitigation policy, UNICEF Cambodia could not participate. Covid-19 restrictions also prevented the women and children required for the anthropometry practice and standardization from coming into the NIS building. And, for the same reason, meetings and gatherings at community centers for anthropometry practice and standardization did not take place. Practice on measuring adults was done with interviewers and volunteered NIS staff.

### *2.5.3 CAPI training*

The CAPI training was done from August 2 to 21 with in-person and virtual technical assistants. The CAPI training took longer than usual because a Covid-19 incident happened within the IT department at the end of the first week of training. Large gatherings were no longer permitted, and so participants were split into four small groups. Two groups were trained during the day, one from 8:00 a.m. to 12:30 p.m. and another from 1:30 p.m. to 5:30 p.m. It took 2 days to present each remaining topic on the agenda. The CAPI system was translated into Khmer and this included questions, response categories, error messages, reports, menus, and so on. The translations and checking were done by ICF and the NIS staff. The Household, Woman's, Man's, and Biomarker questionnaires, as well as the interviewer and supervisor's CAPI system, were also translated into Khmer.

The participants were grouped into 25 teams, each consisting of a team supervisor and four interviewers. Participants learned how to record responses in the CAPI system and how to use Bluetooth to exchange assignments and transfer questionnaire data and updates for the CAPI system. Supervisors also learned how to use an internet connection and the Internet File Streaming System (IFSS) to send data to the central office and to upload CAPI system updates into their tablets.

Because of Covid-19 regulations, field practice could not be implemented after the classroom training was completed. Instead, interviewers were asked to collect data at home and in their neighborhoods. This enabled participants to complete the training curriculum and gain experience on how to use the CAPI system for data collection and for closing the cluster. Clusters had been created for this improvised method—one cluster per team, and each cluster with five households. Each team interviewer and team supervisor interviewed at least one household using the Household Questionnaire and, using the appropriate Individual Questionnaire, all eligible adults who were the same gender as the interviewer. Biomarker questionnaires were also completed and keyed into the CAPI system. This kind of field practice would not normally replace conventional field practice. Nonetheless, under the circumstances, it was very helpful and the training was successfully completed. The workaround ensured that one of the most important aspects of the training was accomplished.

## **2.6 FIELDWORK**

Data collection was carried out by 25 field teams. Each team was provided a driver and a four-wheel drive vehicle. Coordinators from NIS and MoH coordinated and supervised fieldwork activities. ICF provided virtual technical assistance during the data collection period. The fieldwork began on September 15, 2021, in all 25 provinces, with each field team responsible for one province. The teams were closely monitored for quality control by the five field coordinators. There were instances when teams had to change their planned routing or to pause the field activities due to Covid-19 outbreaks in their provinces. Data collection was completed on February 15, 2022.

Fieldwork monitoring was an integral part of the 2021–22 CDHS and was carried out during field data collection by NIS, MoH, and virtually by ICF. NIS and MoH coordinators were equipped with monitoring guidelines. Every week NIS and ICF generated field check tables from the completed interview data to monitor data quality and fieldwork progress. Feedback was regularly provided to the coordinators and the field teams.

## **2.7 DATA PROCESSING**

The processing of the 2021–22 CDHS data began as soon as the fieldwork started. When data collection was completed in each cluster, the electronic data files were transferred via the internet file streaming system (IFSS) to the NIS central office in Phnom Penh. The data files were registered and checked for inconsistencies, incompleteness, and outliers. Errors and inconsistencies were communicated to the field teams for review and correction. Secondary editing, done by NIS data processors, was carried out in the central office, and included resolving inconsistencies and coding the open-ended questions. The paper Biomarker Questionnaires were collected by field coordinators and then compared with the electronic data files to look for any inconsistencies arising during data entry. Data processing and editing were carried out using the CSPro software package. The concurrent data collection and processing offered an advantage because it maximized the likelihood of the data being error-free. Timely generation of field check tables allowed for effective monitoring. The secondary editing of the data was completed in March 2022.

Numbers in the tables throughout this report reflect weighted numbers. Percentages based on 25 to 49 unweighted cases are shown in parentheses. Percentages based on fewer than 25 unweighted cases are suppressed and replaced with an asterisk. This is to caution readers when interpreting data that a percentage based on fewer than 50 cases might not be statistically reliable.



### 3 KEY FINDINGS

#### 3.1 RESPONSE RATES

**T**able 1 describes the 2021–22 CDHS sample and presents the response rates. A total of 21,270 households were selected for the CDHS sample, of which 20,967 were found to be occupied. Of the occupied households, 20,806 were successfully interviewed, yielding a response rate of 99%. In the interviewed households, 19,845 women age 15–49 were identified as eligible for individual interview. Interviews were completed with 19,496 women, yielding a response rate of 98%. In the subsample of households selected for the male survey, 9,079 men age 15–49 were identified as eligible for individual interview and 8,825 were successfully interviewed, yielding a response rate of 97%.

<b>Table 1 Results of the household and individual interviews</b>			
Number of households, number of interviews, and response rates, according to residence (unweighted), Cambodia DHS 2021–22			
Result	Residence		Total
	Urban	Rural	
<b>Household interviews</b>			
Households selected	7,230	14,040	21,270
Households occupied	7,127	13,840	20,967
Households interviewed	7,059	13,747	20,806
Household response rate <sup>1</sup>	99.0	99.3	99.2
<b>Interviews with women age 15–49</b>			
Number of eligible women	7,163	12,682	19,845
Number of eligible women interviewed	7,033	12,463	19,496
Eligible women response rate <sup>2</sup>	98.2	98.3	98.2
<b>Household interviews in subsample</b>			
Households selected	3,615	7,020	10,635
Households occupied	3,563	6,903	10,466
Households interviewed	3,531	6,856	10,387
Household response rate in subsample <sup>1</sup>	99.1	99.3	99.2
<b>Interviews with men age 15–49</b>			
Number of eligible men	3,237	5,842	9,079
Number of eligible men interviewed	3,166	5,659	8,825
Eligible men response rate <sup>2</sup>	97.8	96.9	97.2

<sup>1</sup> Households interviewed/households occupied.  
<sup>2</sup> Respondents interviewed/eligible respondents.

#### 3.2 CHARACTERISTICS OF RESPONDENTS

**Table 2** presents the weighted and unweighted numbers and percent distributions of women and men interviewed in the 2021–22 CDHS, by background characteristics. Results presented in this report are based on weighted data, so results are representative of the country, of urban and rural residence, and of each of the provinces.

**Table 2 Background characteristics of respondents**

Percent distribution of women and men age 15–49 by selected background characteristics, Cambodia DHS 2021–22

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
<b>Age</b>						
15–19	15.3	2,981	3,099	17.7	1,559	1,543
20–24	13.3	2,589	2,684	13.9	1,226	1,223
25–29	15.3	2,986	3,052	14.7	1,299	1,309
30–34	16.8	3,272	3,192	16.2	1,432	1,408
35–39	17.3	3,367	3,241	16.0	1,416	1,440
40–44	13.3	2,598	2,557	13.5	1,191	1,194
45–49	8.7	1,704	1,671	8.0	702	708
<b>Self-reported health status</b>						
Very good	3.6	709	845	8.9	786	624
Good	68.3	13,307	12,876	64.2	5,664	5,411
Moderate	25.5	4,971	5,255	24.7	2,184	2,614
Bad	2.5	494	504	2.1	187	171
Very bad	0.1	15	16	0.0	4	5
<b>Religion</b>						
Buddhist	97.4	18,980	18,846	97.3	8,590	8,570
Moslem	1.8	342	415	2.1	183	191
Christian	0.7	135	190	0.5	47	59
No religion	0.2	38	43	0.1	5	5
Other	0.0	2	2	0.0	0	0
<b>Marital status</b>						
Never married	24.6	4,788	4,616	34.9	3,078	2,918
Married	68.1	13,269	13,513	61.3	5,407	5,607
Living together	1.1	223	242	1.0	90	75
Divorced/separated	4.2	815	719	2.5	219	183
Widowed	2.1	400	406	0.3	31	42
<b>Residence</b>						
Urban	42.3	8,239	7,033	42.6	3,762	3,166
Rural	57.7	11,257	12,463	57.4	5,063	5,659
<b>Province</b>						
Banteay Meanchey	3.9	763	686	3.7	327	309
Battambang	6.9	1,347	845	7.2	636	412
Kampong Cham	6.0	1,163	743	6.0	533	343
Kampong Chhnang	3.5	675	769	2.9	259	306
Kampong Speu	6.3	1,226	890	6.0	532	394
Kampong Thom	4.2	819	770	4.3	376	338
Kampot	4.0	781	805	3.6	322	339
Kandal	7.4	1,445	887	7.7	678	419
Koh Kong	0.7	140	681	0.7	60	309
Kratie	2.3	443	670	2.5	216	337
Mondul Kiri	0.6	115	827	0.6	50	332
Phnom Penh	16.2	3,160	1,073	16.9	1,490	513
Preah Vihear	1.7	332	846	1.7	149	382
Prey Veng	6.3	1,233	848	7.0	615	436
Pursat	2.2	432	504	2.5	219	259
Ratanak Kiri	1.5	293	730	1.7	149	372
Siemreap	7.9	1,548	898	8.5	749	408
Preah Sihanouk	1.2	243	701	1.3	113	325
Stung Treng	1.0	195	809	0.9	81	333
Svay Rieng	3.8	735	784	3.5	311	337
Takeo	6.0	1,162	866	5.1	453	345
Otdar Meanchey	1.2	242	712	1.2	109	333
Kep	0.3	57	746	0.3	26	346
Pailin	0.5	96	656	0.5	41	302
Tboung Khmum	4.4	851	750	3.7	331	296
<b>Education</b>						
No education	11.6	2,265	2,762	5.8	514	681
Primary	38.7	7,554	7,773	36.5	3,220	3,450
Secondary	42.5	8,278	7,846	48.4	4,273	4,044
More than secondary	7.2	1,399	1,115	9.3	819	650
<b>Wealth quintile</b>						
Lowest	17.4	3,400	4,927	18.2	1,607	2,299
Second	18.1	3,534	3,541	17.9	1,578	1,614
Middle	19.6	3,813	3,803	19.0	1,680	1,685
Fourth	21.9	4,267	3,974	22.0	1,945	1,810
Highest	23.0	4,483	3,251	22.8	2,015	1,417
<b>Total 15–49</b>	<b>100.0</b>	<b>19,496</b>	<b>19,496</b>	<b>100.0</b>	<b>8,825</b>	<b>8,825</b>

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

- For both women and men, the percentage who are age 45–49 (9% and 8% respectively) is much smaller than any of the other age groups, reflecting a relatively younger population in Cambodia.
- Almost all women and men (97% each) are Buddhist.
- 72% of women and 73% of men reported that they have are in good or very good health; only 3% of women and 2% of men reported that their health was bad or very bad.
- One in 4 women (25%) and slightly more than 1 in 3 men (35%) have never been married. The majority of women (68%) and men (61%) are currently married; 1% of both women and men are living with someone as if married. About 4% of female respondents and 3% of male respondents are divorced or separated.
- Six in 10 women and men (58% and 57%, respectively) live in rural areas.
- By province, the largest percentage of female and male respondents (16% and 17%, respectively) are in Phnom Penh; less than 1% each of respondents are in Mondul Kiri, Kep, Pailin, and Koh Kong.
- 50% of women and 58% of men have attended secondary school or higher; 12% of women and 6% of men have no education.

### 3.3 FERTILITY

#### Total fertility rate

The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates. Age-specific fertility rates are calculated for the 3 years before the survey, based on detailed pregnancy histories provided by women.

**Sample:** Women age 15–49

**Table 3** shows age-specific fertility rates (ASFRs) among women by 5-year age groups for the 3-year period preceding the survey and the total fertility rate (TFR).

- If fertility were to remain constant at current levels, a woman in Cambodia would bear an average of 2.7 children in her lifetime.
- Fertility is low among adolescents (48 births per 1,000 women age 15–19), peaks at 154 births per 1,000 among women age 20–24, and then decreases thereafter.

**Table 3 Current fertility**

Age-specific and total fertility rates, general fertility rate, and the crude birth rate for the 3 years preceding the survey, according to residence, Cambodia DHS 2021–22

Age group	Residence		Total
	Urban	Rural	
15–19	39	55	48
20–24	128	174	154
25–29	127	166	149
30–34	107	112	110
35–39	57	64	61
40–44	23	24	24
45–49	[3]	[3]	[3]
TFR (15–49)	2.4	3.0	2.7
GFR	85	100	94
CBR	20.5	20.1	20.2

Notes: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates are for the period 1–36 months preceding the interview.

TFR: Total fertility rate expressed per woman

GFR: General fertility rate expressed per 1,000 women age 15–44

CBR: Crude birth rate, expressed per 1,000 population

**Trends:** The overall fertility rate has declined from 3.8 births per woman in 2000 to 2.7 births in 2014 and has remained unchanged in 2021–22 (Figure 1). The apparent changes in urban and rural fertility rates between 2014 and 2021–2022 are due to reclassification of about 20% of rural EAs to urban EAs in the 2019 General Population Census.

### 3.4 TEENAGE FERTILITY

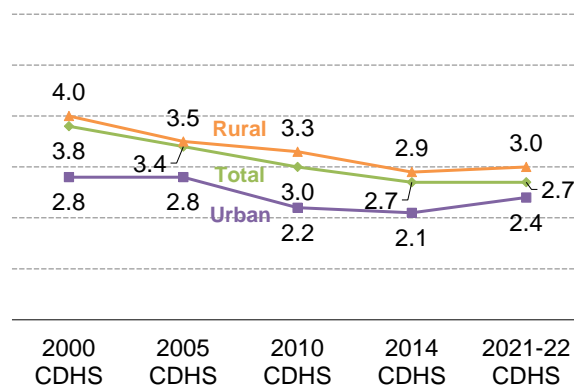
#### Teenage pregnancy

Percentage of women age 15–19 who have ever been pregnant.

**Sample:** Women age 15–19

**Figure 1 Trends in fertility by residence**

TFR for the 3 years before each survey



**Table 4** shows the percentage of women age 15–19 who have ever been pregnant at the time of the survey, according to background characteristics.

**Table 4 Teenage pregnancy**

Percentage of women age 15–19 who have ever had a live birth, percentage who have ever had a pregnancy loss, percentage who are currently pregnant, and percentage who have ever been pregnant, according to background characteristics, Cambodia DHS 2021–22

Background characteristic	Percentage of women age 15–19 who:				Number of women
	Have ever had a live birth	Have ever had a pregnancy loss <sup>1</sup>	Are currently pregnant	Have ever been pregnant	
<b>Age</b>					
15	0.4	0.0	0.8	1.2	670
16	1.7	0.0	0.9	2.7	692
17	4.0	1.0	1.6	6.4	631
18	10.5	2.4	2.9	14.0	540
19	22.2	6.8	8.5	30.2	448
<b>Residence</b>					
Urban	5.2	3.0	2.2	8.3	1,144
Rural	7.5	0.9	2.7	10.0	1,837
<b>Province</b>					
Banteay Meanchey	8.1	1.3	2.3	11.7	154
Battambang	5.4	1.5	2.9	8.3	224
Kampong Cham	4.2	0.0	1.2	5.4	168
Kampong Chhnang	9.1	0.7	2.8	11.0	103
Kampong Speu	4.4	2.5	2.2	7.5	175
Kampong Thom	5.1	2.9	1.3	7.5	129
Kampot	4.4	0.6	2.5	7.0	132
Kandal	3.5	2.0	0.9	4.4	228
Koh Kong	9.1	1.3	5.0	15.4	22
Kratie	11.9	0.0	5.6	14.6	66
Mondul Kiri	9.2	1.0	2.6	11.7	20
Phnom Penh	6.3	3.3	2.5	9.7	421
Preah Vihear	13.3	2.1	2.3	15.6	58
Prey Veng	5.9	0.9	1.8	7.4	192
Pursat	5.2	0.0	3.5	8.7	57
Ratanak Kiri	17.1	1.1	1.3	18.4	54
Siemreap	6.5	0.6	3.2	9.7	216
Preah Sihanouk	7.3	3.3	4.8	13.8	33
Stung Treng	17.3	4.0	7.9	24.6	39
Svay Rieng	7.5	4.5	1.0	9.6	101
Takeo	5.1	1.3	2.9	7.9	197
Otdar Meanchey	5.5	1.0	3.4	9.9	33
Kep	7.1	1.6	1.5	9.6	8
Pailin	9.5	3.2	4.8	14.3	16
Tboung Khmum	10.0	0.6	4.4	13.6	135
<b>Education</b>					
No education	31.8	3.6	5.4	35.2	50
Primary	14.0	2.9	6.3	20.6	532
Secondary	4.6	1.4	1.7	6.5	2,320
More than secondary	0.0	0.0	0.0	0.0	80
<b>Wealth quintile</b>					
Lowest	11.5	2.0	5.2	16.3	530
Second	6.9	0.0	1.6	8.4	610
Middle	6.0	2.5	3.4	10.2	587
Fourth	5.5	2.2	2.4	8.5	680
Highest	3.7	1.9	0.4	4.1	573
Total	6.6	1.7	2.5	9.3	2,981

<sup>1</sup> Stillbirth, miscarriage, or abortion



- Overall, 9% of women age 15–19 have ever been pregnant, 7% have had a live birth, 2% have had a pregnancy loss, and 3% are currently pregnant.
- The percentage of women age 15–19 who have ever been pregnant rises with age, from 2% at age 15 to 30% by age 19.
- Women age 15–19 who have ever been pregnant is correlated with lack of education; 35% of teenagers with no education have ever been pregnant compared with 7% with secondary education and 0% with more than secondary education.

### 3.5 FERTILITY PREFERENCES

#### Desire for another child

Women were asked whether they wanted more children and, if so, how long they would prefer to wait before the birth of the next child. Women who are sterilized are assumed not to want any more children.

**Sample:** Currently married women age 15–49

**Table 5** shows fertility preferences among currently married women age 15–49 by number of living children.

- 14% of women want another child soon (within the next 2 years) and 17% want to have another child later (in 2 or more years), and 3% want another child but have not decided when.
- 50% of women want no more children, 4% are sterilized, 3% are infecund.
- The percentage of women who want no more children rises with the number of living children she has, from 5% of women with no living children to 82% of women with six or more children.

**Table 5 Fertility preferences by number of living children**

Percent distribution of currently married women age 15–49 by desire for children, according to number of living children, Cambodia DHS 2021–22

Desire for children	Number of living children <sup>1</sup>							Total
	0	1	2	3	4	5	6+	
Have another soon <sup>2</sup>	69.8	26.7	9.0	3.8	2.3	0.9	0.9	13.9
Have another later <sup>3</sup>	10.2	40.2	16.5	4.9	1.9	0.8	0.0	16.8
Have another, undecided when	2.5	5.7	3.1	1.6	0.8	0.5	0.0	3.0
Undecided	6.0	10.6	11.8	8.6	6.7	6.3	3.5	9.8
Want no more	4.9	13.2	54.3	72.5	77.4	82.8	82.0	50.1
Sterilized <sup>4</sup>	0.3	0.6	2.3	5.4	7.6	4.6	9.4	3.2
Declared infecund	6.3	3.0	2.9	3.2	3.2	4.1	4.2	3.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	697	2,966	5,029	3,070	1,091	424	216	13,492

<sup>1</sup> The number of living children includes a woman's current pregnancy.

<sup>2</sup> Wants next birth within 2 years

<sup>3</sup> Wants to delay next birth for 2 or more years

<sup>4</sup> Includes both female and male sterilization

## 3.6 FAMILY PLANNING

### 3.6.1 Contraceptive use

#### Contraceptive prevalence

Percentage of women who use any contraceptive method

**Sample:** Currently married women age 15–49 and sexually active unmarried women age 15–49

#### Modern methods

Include male and female sterilization, injectables, intrauterine devices (IUDs), contraceptive pills, implants, female and male condoms, emergency contraception, the standard days method, and lactational amenorrhea method.

**Table 6** presents contraceptive use among currently married women and sexually active, unmarried women.

- 62% of currently married women are using a method of contraception, 45% are using a modern method, and 17% are using a traditional method.
- Among currently married women, the contraceptive pill is the most commonly used modern method (26%), followed by injectables (6%), and IUD (5%).
- Although currently married women in urban areas are more likely than those in rural areas to use any method of contraception (66% versus 59%), women in rural areas are more likely to use modern methods than urban women (47% versus 41%). Use of any traditional method of contraception among currently married women is higher in urban areas (24%) than in rural areas (12%).

**Table 6 Current use of contraception according to background characteristics**

Percent distribution of currently married women and sexually active unmarried women age 15–49, by contraceptive method currently used, according to background characteristics, Cambodia DHS 2021–22

Background characteristic	Any method	Any modern method	Modern method								Any traditional method	Traditional method		Not currently using	Total	Number of women
			Female sterilization	IUD	Injectables	Implants	Pill	Male condom	SDM	Other		Rhythm	Withdrawal			
<b>Number of living children</b>																
0	13.5	4.7	0.2	0.1	0.7	0.0	2.5	0.8	0.4	0.0	8.8	0.7	8.1	86.5	100.0	963
1–2	65.0	46.7	1.7	5.1	6.2	2.2	28.4	1.9	0.9	0.2	18.3	1.1	17.2	35.0	100.0	7,933
3–4	68.3	50.6	6.2	6.5	7.0	2.3	25.7	1.7	1.2	0.1	17.7	0.9	16.8	31.7	100.0	3,966
5+	57.7	44.0	6.1	4.6	7.3	2.7	21.3	1.4	0.5	0.2	13.7	1.3	12.4	42.3	100.0	630
<b>Age</b>																
15–19	40.9	31.7	0.0	2.8	6.1	1.1	20.2	1.5	0.0	0.0	9.3	0.7	8.5	59.1	100.0	335
20–24	52.9	39.7	0.1	2.2	7.5	1.8	26.4	1.3	0.4	0.1	13.2	0.8	12.4	47.1	100.0	1,384
25–29	61.8	44.6	0.5	3.5	6.6	2.4	29.3	1.4	0.4	0.5	17.2	0.7	16.5	38.2	100.0	2,365
30–34	67.7	47.3	1.7	6.0	5.8	1.9	28.5	1.8	1.5	0.1	20.4	1.4	18.9	32.3	100.0	2,840
35–39	72.8	54.9	4.6	7.3	6.8	3.1	30.1	2.0	0.9	0.1	17.9	0.9	17.0	27.2	100.0	2,902
40–44	63.0	45.3	6.1	6.3	5.9	1.7	21.6	2.5	1.1	0.1	17.7	1.2	16.5	37.0	100.0	2,262
45–49	40.3	25.5	6.0	3.2	3.2	1.3	9.8	0.5	1.5	0.1	14.7	1.2	13.5	59.7	100.0	1,404
<b>Residence</b>																
Urban	65.9	41.4	3.4	6.2	3.0	1.9	23.2	2.7	0.9	0.2	24.4	1.8	22.7	34.1	100.0	5,404
Rural	59.3	46.9	2.9	4.4	8.2	2.3	27.0	1.1	1.0	0.1	12.4	0.6	11.9	40.7	100.0	8,088
<b>Province</b>																
Banteay Meanchey	62.2	56.2	3.5	3.0	11.4	3.0	33.2	1.4	0.6	0.0	6.0	0.3	5.6	37.8	100.0	497
Battambang	65.5	51.1	6.4	7.6	6.4	2.4	23.6	2.8	1.9	0.0	14.4	0.6	13.8	34.5	100.0	913
Kampong Cham	46.4	38.9	3.4	6.0	8.0	2.2	17.0	1.5	0.7	0.0	7.5	0.0	7.5	53.6	100.0	848
Kampong Chhnang	61.9	43.7	2.1	4.1	9.8	0.6	25.8	0.3	0.3	0.7	18.2	0.0	18.2	38.1	100.0	456
Kampong Speu	61.8	45.3	1.7	3.0	3.9	0.7	35.0	0.5	0.0	0.4	16.6	0.1	16.5	38.2	100.0	839
Kampong Thom	59.8	46.6	3.0	5.4	10.4	3.4	21.1	1.0	2.0	0.4	13.2	1.0	12.2	40.2	100.0	619
Kampot	66.3	50.9	3.3	5.8	8.5	2.0	28.5	1.7	1.0	0.0	15.4	0.5	14.9	33.7	100.0	537
Kandal	69.3	44.0	3.6	7.1	5.1	0.4	25.2	2.1	0.4	0.2	25.3	0.4	24.9	30.7	100.0	967
Koh Kong	45.7	39.4	2.5	1.2	5.7	0.2	27.4	2.1	0.4	0.0	6.3	0.6	5.7	54.3	100.0	98
Kratie	56.7	40.5	3.8	5.1	7.6	2.4	21.1	0.3	0.1	0.0	16.2	0.6	15.6	43.3	100.0	323
Mondul Kiri	70.4	55.0	1.7	1.8	11.9	2.2	35.9	0.9	0.2	0.5	15.4	1.2	14.2	29.6	100.0	83
Phnom Penh	68.0	36.3	2.9	6.7	1.4	2.1	19.7	2.6	0.7	0.2	31.8	3.7	28.0	32.0	100.0	1,994
Preah Vihear	66.3	52.0	1.4	2.1	12.4	1.0	32.4	1.7	1.0	0.0	14.3	0.5	13.6	33.7	100.0	249
Prey Veng	63.2	48.7	2.8	6.0	5.7	3.2	27.3	1.2	2.2	0.2	14.6	1.4	13.2	36.8	100.0	892
Pursat	32.5	25.4	1.3	4.2	3.5	1.5	13.2	1.0	0.5	0.0	7.1	0.4	6.8	67.5	100.0	324
Ratanak Kiri	63.6	57.5	1.4	0.3	14.7	4.0	36.0	0.4	0.8	0.0	6.1	0.2	5.9	36.4	100.0	230
Siemreap	65.5	51.1	2.9	2.8	5.0	2.2	32.0	4.1	2.1	0.0	14.4	0.0	14.4	34.5	100.0	1,117
Preah Sihanouk	68.1	45.0	2.7	4.5	3.5	2.1	30.7	1.1	0.4	0.0	23.1	0.8	22.4	31.9	100.0	171
Stung Treng	54.5	42.6	0.7	0.9	14.2	0.6	22.7	1.1	2.3	0.3	11.8	0.0	11.8	45.5	100.0	147
Svay Rieng	58.1	41.0	3.4	2.4	5.0	3.5	25.4	0.9	0.2	0.2	17.1	0.9	16.2	41.9	100.0	537
Takeo	59.4	45.3	3.7	5.8	5.6	1.8	27.1	0.9	0.1	0.4	14.1	1.8	12.3	40.6	100.0	761
Otdar Meanchey	66.2	54.5	3.9	4.7	6.9	1.3	36.7	0.5	0.4	0.0	11.8	0.5	11.3	33.8	100.0	177
Kep	61.1	49.0	3.8	7.0	11.7	2.6	22.9	0.4	0.5	0.1	12.0	0.7	11.4	38.9	100.0	40
Pailin	63.9	46.2	5.8	5.2	4.6	2.2	24.8	2.1	1.2	0.3	17.7	0.5	17.2	36.1	100.0	71
Tboung Khmum	59.3	41.2	2.2	6.8	5.8	3.6	20.6	0.6	1.1	0.6	18.1	1.1	17.1	40.7	100.0	602
<b>Education</b>																
No education	57.1	46.8	2.4	3.9	8.7	2.1	28.2	1.1	0.3	0.1	10.3	0.4	10.0	42.9	100.0	1,893
Primary	62.6	46.4	4.1	4.9	7.0	1.7	26.9	0.9	0.7	0.1	16.2	0.8	15.4	37.4	100.0	6,080
Secondary	62.7	43.1	2.2	5.5	4.5	2.7	24.4	2.4	1.1	0.3	19.6	1.2	18.4	37.3	100.0	4,821
More than secondary	64.2	35.8	2.3	8.1	1.9	1.4	12.9	5.1	4.1	0.2	28.4	4.2	24.2	35.8	100.0	698
<b>Wealth quintile</b>																
Lowest	59.4	49.1	2.1	2.7	11.1	1.7	31.0	0.3	0.2	0.0	10.3	0.4	9.9	40.6	100.0	2,530
Second	59.8	45.8	2.7	4.0	7.3	2.1	27.9	0.6	1.0	0.3	14.0	0.9	13.1	40.2	100.0	2,449
Middle	59.3	43.5	3.2	5.2	5.9	1.7	25.2	1.4	0.9	0.0	15.8	0.6	15.2	40.7	100.0	2,653
Fourth	63.0	43.4	2.9	4.9	5.2	2.5	24.6	2.0	0.9	0.3	19.6	0.8	18.8	37.0	100.0	2,916
Highest	67.4	42.4	4.5	8.2	1.8	2.4	19.8	3.7	1.7	0.2	25.0	2.4	22.6	32.6	100.0	2,945
Total	61.9	44.7	3.1	5.1	6.1	2.1	25.5	1.7	0.9	0.2	17.2	1.1	16.2	38.1	100.0	13,492
<b>SEXUALLY ACTIVE UNMARRIED WOMEN<sup>1</sup></b>																
Total	28.8	28.8	0.6	1.4	1.9	0.0	9.1	14.4	0.0	1.5	0.0	0.0	0.0	71.2	100.0	60

Note: If more than one method is used, only the most effective method is considered in this tabulation.

SDM = Standard days method

LAM = Lactational amenorrhea method

Other modern method includes Female Condom (1 case), Emergency Contraception (6 cases), LAM (9 cases), and Male Sterilization (6 cases).

<sup>1</sup> Women who have had sexual intercourse within 30 days preceding the survey.

**Trends:** Contraceptive prevalence among currently married women has increased steadily, from 24% in 2000 to 62% in 2021–22. Over this same period, the use of any modern method has climbed from 19% to 45% (Figure 2).

### 3.6.2 Need and demand for family planning

<b>Need for family planning</b>	
<b>Unmet need for family planning</b>	
Proportion of women who (1) are not pregnant and not postpartum amenorrheic and are considered fecund and want to postpone their next birth for 2 or more years or stop childbearing altogether but are not using a contraceptive method, or (2) have a mistimed or unwanted current pregnancy, or (3) are postpartum amenorrheic and their last birth in the last 2 years was mistimed or unwanted.	
<b>Sample:</b> All women age 15–49, currently married women age 15–49, and sexually active unmarried women age 15–49	
<b>Met need for family planning</b>	
Current contraceptive use (any method)	
<b>Sample:</b> Currently married women age 15–49 and sexually active unmarried women age 15–49	
<b>Demand for family planning:</b>	Unmet need for family planning + met need (current contraceptive use (any method))
<b>Proportion of demand satisfied:</b>	$\frac{\text{Current contraceptive use (any method)}}{\text{Unmet need + current contraceptive use (any method)}}$
<b>Proportion of demand satisfied by modern methods:</b>	$\frac{\text{Current contraceptive use (any modern method)}}{\text{Unmet need + current contraceptive use (any method)}}$

**Table 7** presents data on unmet need, met need, and total demand for family planning services for currently married and sexually active unmarried women. These indicators help evaluate the extent to which family planning programs in Cambodia are meeting the demand for services.

- Overall, the total demand for family planning among currently married women is 74%. This demand consist of the 62% of currently married women who have a met need for family planning—that is, they are currently using a contraceptive method—and the 12% of currently married women have an unmet need for family planning. If all currently married women who said they want to space or limit their children were to use family planning methods, the contraceptive prevalence would increase from 62% to 74%.
- The total demand for family planning that is satisfied is 84%; 61% of the total demand is satisfied by modern methods.

**Table 7 Need and demand for family planning among currently married women and sexually active unmarried women**

Percentage of currently married women and sexually active unmarried women age 15–49 with unmet need for family planning, percentage with met need for family planning, percentage with met need for family planning who are using modern methods, percentage with demand for family planning, percentage of the demand for family planning that is satisfied, and percentage of the demand for family planning that is satisfied with modern methods, according to background characteristics, Cambodia DHS 2021–22

Background characteristic	Unmet need for family planning	Met need for family planning (currently using)		Total demand for family planning <sup>3</sup>	Number of women	Percentage of demand satisfied <sup>1</sup>	
		All methods	Modern methods <sup>2</sup>			All methods	Modern methods <sup>2</sup>
<b>Age</b>							
15–19	18.8	40.9	31.7	59.8	335	68.5	53.0
20–24	15.2	52.9	39.7	68.1	1,384	77.7	58.3
25–29	11.9	61.8	44.6	73.7	2,365	83.8	60.5
30–34	11.1	67.7	47.3	78.8	2,840	85.9	60.1
35–39	8.7	72.8	54.9	81.5	2,902	89.4	67.4
40–44	12.8	63.0	45.3	75.8	2,262	83.1	59.7
45–49	12.4	40.3	25.5	52.7	1,404	76.4	48.4
<b>Residence</b>							
Urban	9.8	65.9	41.4	75.7	5,404	87.0	54.7
Rural	13.1	59.3	46.9	72.4	8,088	82.0	64.8
<b>Province</b>							
Banteay Meanchey	14.5	62.2	56.2	76.7	497	81.1	73.3
Battambang	12.1	65.5	51.1	77.6	913	84.4	65.9
Kampong Cham	16.2	46.4	38.9	62.5	848	74.2	62.2
Kampong Chhnang	11.8	61.9	43.7	73.7	456	84.0	59.2
Kampong Speu	9.7	61.8	45.3	71.6	839	86.4	63.2
Kampong Thom	12.9	59.8	46.6	72.7	619	82.3	64.0
Kampot	6.7	66.3	50.9	73.0	537	90.8	69.7
Kandal	8.4	69.3	44.0	77.7	967	89.1	56.6
Koh Kong	16.9	45.7	39.4	62.5	98	73.0	63.0
Kratie	12.3	56.7	40.5	69.0	323	82.2	58.7
Mondul Kiri	8.1	70.4	55.0	78.5	83	89.7	70.1
Phnom Penh	8.6	68.0	36.3	76.6	1,994	88.8	47.4
Preah Vihear	6.9	66.3	52.0	73.2	249	90.6	71.1
Prey Veng	13.0	63.2	48.7	76.3	892	82.9	63.8
Pursat	30.7	32.5	25.4	63.2	324	51.4	40.1
Ratanak Kiri	12.2	63.6	57.5	75.8	230	83.9	75.8
Siemreap	12.6	65.5	51.1	78.1	1,117	83.9	65.5
Preah Sihanouk	10.6	68.1	45.0	78.7	171	86.5	57.1
Stung Treng	17.4	54.5	42.6	71.9	147	75.8	59.3
Svay Rieng	10.6	58.1	41.0	68.7	537	84.6	59.7
Takeo	10.7	59.4	45.3	70.1	761	84.8	64.7
Otdar Meanchey	12.4	66.2	54.5	78.7	177	84.2	69.2
Kep	15.4	61.1	49.0	76.5	40	79.9	64.1
Pailin	14.1	63.9	46.2	78.0	71	81.9	59.3
Tboung Khmum	13.3	59.3	41.2	72.6	602	81.7	56.7
<b>Education</b>							
No education	14.6	57.1	46.8	71.6	1,893	79.7	65.3
Primary	11.6	62.6	46.4	74.2	6,080	84.4	62.5
Secondary	11.3	62.7	43.1	74.0	4,821	84.7	58.2
More than secondary	8.7	64.2	35.8	72.9	698	88.1	49.2
<b>Wealth quintile</b>							
Lowest	13.5	59.4	49.1	72.9	2,530	81.4	67.4
Second	13.4	59.8	45.8	73.2	2,449	81.7	62.6
Middle	12.7	59.3	43.5	72.0	2,653	82.3	60.4
Fourth	10.7	63.0	43.4	73.7	2,916	85.5	58.9
Highest	9.1	67.4	42.4	76.4	2,945	88.1	55.4
Total	11.8	61.9	44.7	73.7	13,492	84.0	60.6
<b>SEXUALLY ACTIVE UNMARRIED WOMEN<sup>4</sup></b>							
Total	59.7	28.8	28.8	88.5	60	32.6	32.6

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al. 2012.

<sup>1</sup> Percentage of demand satisfied is met need divided by total demand.

<sup>2</sup> Modern methods include female sterilization, male sterilization, IUD, injectables, implants, pill, male condom, female condom, emergency contraception, standard days method (SDM), lactational amenorrhea method (LAM), and other modern methods.

<sup>3</sup> Total demand is the sum of unmet need and met need.

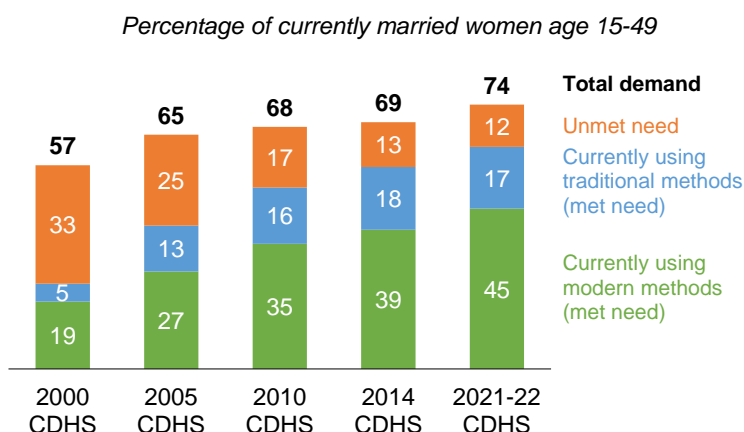
<sup>4</sup> Women who have had sexual intercourse within 30 days preceding the survey.

**Trends:** Figure 2 shows the total demand for family planning among currently married women has increased from 57% in 2000 to 74% in 2021–22.

Over this time period, unmet need has declined from 33% in 2000 to 12% in 2021–22.

The use of modern contraceptives has increased from 19% in 2000 to 45% in 2021–22. The use of traditional methods has increased from 5% in 2000 to 18% in 2014 and has since leveled off (17% in 2021–22).

**Figure 2 Trends in use, need, and demand for family planning**



### 3.7 EARLY CHILDHOOD MORTALITY

<b>Neonatal mortality:</b>	The probability of dying within the first month of life
<b>Postneonatal mortality:</b>	The probability of dying between the first month of life and the first birthday (computed as the difference between infant and neonatal mortality)
<b>Infant mortality:</b>	The probability of dying between birth and the first birthday
<b>Child mortality:</b>	The probability of dying between the first and fifth birthday
<b>Under-5 mortality:</b>	The probability of dying between birth and the fifth birthday

**Table 8** presents estimates for three successive 5-year periods prior to the 2021–22 CDHS. The rates are estimated directly from the information collected as part of a retrospective pregnancy history, in which female respondents list all of the children to whom they have given birth, along with each child’s date of birth, survivorship status, and current age or age at death.

**Table 8 Early childhood mortality rates**

Neonatal, post-neonatal, infant, child, and under-5 mortality rates for 5-year periods preceding the survey, Cambodia DHS 2021–22

Years preceding the survey	Neonatal mortality (NN)	Post-neonatal mortality (PNN) <sup>1</sup>	Infant mortality (i,q <sub>0</sub> )	Child mortality (c,q <sub>1</sub> )	Under-5 mortality (u,q <sub>0</sub> )
0–4	8	4	12	4	16
5–9	10	7	18	4	22
10–14	15	10	25	5	30

<sup>1</sup> Computed as the difference between the infant and neonatal mortality rates

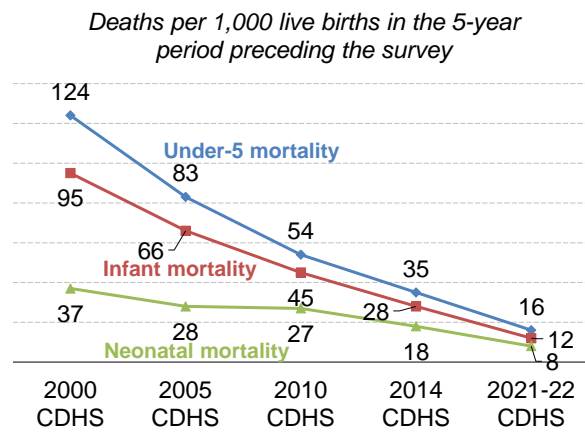
- During the 5 years immediately preceding the survey, the neonatal mortality rate was 8 deaths per 1,000 live births, the infant mortality rate is 12 deaths per 1,000 births, and the under-5 mortality rate was 16 deaths per 1,000 children.
- Mortality during the first month (neonatal mortality) accounts for 66% of infant deaths and 50% of under-5 deaths.

**Trends:** Figure 3 presents trends in childhood mortality, as assessed through the current and previous CDHS. Under-5 mortality decreased from 124 deaths per 1,000 live births during the 5 years preceding the 2000 CDHS to 16 deaths per 1,000 live births in the most recent 5-year period. Infant and neonatal mortality have similarly declined.

### 3.8 MATERNAL CARE

Proper care during pregnancy and delivery is important for the health of both the mother and the baby. Table 9 presents key indicators related to maternal care.

**Figure 3 Trends in early childhood mortality rates**



**Table 9 Maternal care indicators**

Among women age 15–49 who had a live birth and/or a stillbirth in the 2 years preceding the survey, percentage who received antenatal care (ANC) from a skilled provider for the most recent live birth or stillbirth, percentage with four or more ANC visits for the most recent live birth or stillbirth, percentage who took any iron-containing supplements during pregnancy, and percentage whose most recent live birth was protected against neonatal tetanus; among all live births and stillbirths in the 2 years before the survey, percentage delivered by a skilled provider and percentage delivered in a health facility; and among women age 15–49 with a live birth or stillbirth in the 2 years preceding the survey, percentage who received a postnatal check during the first 2 days after giving birth, according to background characteristics, Cambodia DHS 2021–22

Background characteristic	Women who had a live birth and/or a stillbirth in the 2 years preceding the survey					Live births and stillbirths in the 2 years preceding the survey			Women who had a live birth and/or a stillbirth in the 2 years preceding the survey	
	Percentage receiving antenatal care from a skilled provider <sup>1</sup>	Percentage with 4+ ANC visits	Percentage who took any iron-containing supplements during pregnancy <sup>2</sup>	Percentage whose most recent live birth was protected against neonatal tetanus <sup>3</sup>	Number of women	Percentage delivered by a skilled provider <sup>1</sup>	Percentage delivered in a health facility	Number of births	Percentage of women with a postnatal check during the first 2 days after birth <sup>4</sup>	Number of women
<b>LIVE BIRTHS</b>										
<b>Mother's age at birth</b>										
<20	98.2	82.3	98.4	90.4	359	97.4	96.1	359	80.4	359
20–34	98.9	88.1	97.8	92.0	3,475	98.8	97.6	3,477	84.4	3,475
35–49	97.9	79.6	96.1	90.5	729	99.0	97.7	729	89.5	729
<b>Residence</b>										
Urban	99.1	91.0	97.3	93.1	1,789	99.8	99.0	1,789	88.1	1,789
Rural	98.4	83.3	97.8	90.7	2,774	98.0	96.5	2,776	82.9	2,774
<b>Province</b>										
Banteay Meanchey	99.4	84.4	99.1	93.6	163	100.0	99.4	163	92.4	163
Battambang	99.3	94.0	99.6	90.3	332	99.7	97.0	334	84.6	332
Kampong Cham	99.1	91.8	96.5	93.7	259	100.0	97.6	259	91.6	259
Kampong Chhnang	99.0	82.2	98.8	97.5	162	99.4	98.8	162	99.4	162
Kampong Speu	97.6	86.7	96.3	94.3	269	99.0	98.5	269	95.7	269
Kampong Thom	98.7	80.5	98.3	92.3	219	94.5	93.0	219	82.7	219
Kampot	97.5	91.7	98.4	90.7	166	99.4	99.3	166	73.9	166
Kandal	99.1	89.3	95.5	86.5	341	99.5	96.6	341	89.9	341
Koh Kong	93.9	76.5	92.0	86.0	38	95.8	94.1	38	94.2	38
Kratie	97.1	65.8	97.7	93.4	128	98.6	97.0	128	91.8	128
Mondul Kiri	96.3	75.2	96.4	87.4	32	91.6	87.8	32	82.5	32
Phnom Penh	99.2	91.6	97.5	95.6	683	100.0	99.8	683	90.1	683
Preah Vihear	97.5	58.9	98.6	89.6	86	96.3	93.8	87	66.5	86
Prey Veng	100.0	86.0	99.1	88.8	321	97.4	97.2	321	88.2	321
Pursat	98.4	87.9	99.2	96.5	113	100.0	100.0	113	82.8	113
Ratanak Kiri	95.4	56.1	87.6	68.1	75	87.1	84.3	75	44.1	75
Siemreap	99.6	90.1	98.3	93.3	340	100.0	99.6	340	43.1	340
Preah Sihanouk	98.8	84.4	98.2	91.3	55	98.8	97.8	55	88.1	55
Stung Treng	96.1	69.3	95.3	86.3	58	88.1	86.8	58	78.3	58
Svay Rieng	99.3	90.1	99.5	88.4	186	98.5	95.9	186	97.0	186
Takeo	97.6	83.5	98.4	89.7	252	100.0	99.1	252	97.8	252
Otdar Meanchey	99.4	79.8	94.4	95.6	55	99.5	97.8	55	79.3	55
Kep	98.9	86.2	98.9	93.5	11	100.0	99.3	11	96.3	11
Pailin	98.0	84.8	99.1	93.2	22	100.0	100.0	22	64.3	22
Tboung Khmum	97.6	90.1	95.9	91.8	196	99.5	98.2	196	91.3	196
<b>Mother's education</b>										
No education	95.3	73.3	94.1	84.2	484	93.6	91.4	484	76.2	484
Primary	98.6	83.8	97.3	91.6	1,840	98.8	97.4	1,842	84.7	1,840
Secondary	99.4	90.2	98.4	92.7	1,916	99.8	98.8	1,916	86.9	1,916
More than secondary	99.7	97.1	99.9	97.1	323	100.0	99.5	323	87.9	323
<b>Wealth quintile</b>										
Lowest	97.1	75.6	96.8	88.4	965	95.4	93.6	966	76.1	965
Second	98.8	85.8	98.3	92.5	865	99.0	97.7	865	84.6	865
Middle	98.4	87.3	97.9	90.6	835	99.9	98.4	837	88.3	835
Fourth	99.1	87.8	97.2	91.7	1,011	99.6	98.4	1,011	86.4	1,011
Highest	99.9	95.8	98.0	95.3	887	100.0	99.7	887	90.0	887
<b>Total</b>	<b>98.7</b>	<b>86.3</b>	<b>97.6</b>	<b>91.7</b>	<b>4,563</b>	<b>98.7</b>	<b>97.5</b>	<b>4,565</b>	<b>84.9</b>	<b>4,563</b>
<b>STILLBIRTHS</b>										
<b>Total</b>	<b>86.2</b>	<b>83.1</b>	<b>86.1</b>	<b>na</b>	<b>13</b>	<b>100.0</b>	<b>83.6</b>	<b>18</b>	<b>75.0</b>	<b>13</b>
<b>LIVE BIRTHS AND STILLBIRTHS<sup>5</sup></b>										
<b>Total</b>	<b>98.6</b>	<b>86.3</b>	<b>97.6</b>	<b>na</b>	<b>4,574</b>	<b>98.7</b>	<b>97.4</b>	<b>4,577</b>	<b>84.9</b>	<b>4,574</b>

Note: If more than one source of assistance was mentioned, only the provider with the highest qualifications is considered in this tabulation.

na = not applicable

<sup>1</sup> Skilled provider includes doctor, nurse/midwife, and auxiliary midwife.

<sup>2</sup> Iron tablets and syrup

<sup>3</sup> Includes mothers with two injections during the pregnancy of her most recent live birth, or two or more injections (the last within 3 years of the most recent live birth), or three or more injections (the last within 5 years of the most recent live birth), or four or more injections (the last within 10 years of the most recent live birth), or five or more injections at any time prior to the last live birth.

<sup>4</sup> Includes women who received a check from a doctor, midwife, nurse, community health worker, or traditional birth attendant.

<sup>5</sup> For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data on antenatal care and postnatal checks are tabulated for the most recent birth only.



### 3.8.1 Antenatal care

#### **Antenatal care (ANC) from a skilled provider**

Pregnancy care received from skilled providers, such as doctors, nurses/midwives, and auxiliary midwives.

**Sample:** Women age 15–49 who had a live birth or stillbirth in the 2 years before the survey

Antenatal care (ANC) from a skilled provider is important to monitor pregnancy and reduce morbidity and mortality risks for the mother and child during pregnancy, at delivery, and during the postnatal period.

- Nearly all of women (99%) reported receiving antenatal care from a skilled provider for their most recent live birth or stillbirth in the 2-year period before the survey.
- Overall, 86% of women had four or more ANC visits for their most recent live birth or stillbirth.
- 98% of women took iron-containing supplements during their most recent pregnancy.

**Trends:** The percentage of women who received antenatal care for their most recent live birth in 2 years preceding the survey increased from 39% in 2000 to 99% in 2021–22, and the percentage who received four or more ANC visits increased from 9% in 2000 to 86% in 2021–22.

### 3.8.2 Tetanus toxoid

#### **Protection against neonatal tetanus**

The number of tetanus toxoid injections needed to protect a baby from neonatal tetanus depends on the mother's vaccinations. A birth is protected against neonatal tetanus if the mother has received any of the following:

- Two tetanus toxoid injections during the pregnancy
- Two or more injections, the last one within 3 years of the birth
- Three or more injections, the last one within 5 years of the birth
- Four or more injections, the last one within 10 years of the birth
- Five or more injections at any time prior to the birth

**Sample:** Last live births in the 2 years before the survey to women age 15–49

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus, a major cause of early infant death in many developing countries, often due to failure to observe hygienic procedures during delivery.

- Overall, 92% percent of women with a live birth in the 2 years before the survey received sufficient tetanus toxoid injections to protect their baby against neonatal tetanus.
- Differences in protection against neonatal tetanus were generally small, with the exception that only 68% of women in Ratanak Kiri received sufficient tetanus toxoid injections to protect their child against neonatal tetanus.

### 3.8.3 Delivery care

#### **Institutional deliveries**

Deliveries that occur in a health facility.

**Sample:** All live births and/or stillbirths in the 2 years before the survey

#### **Skilled assistance during delivery**

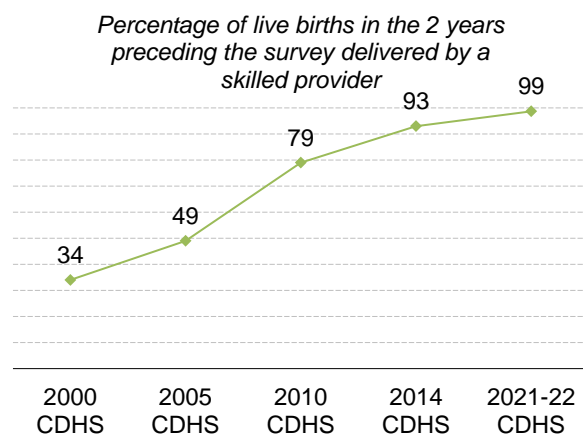
Births delivered with the assistance of doctors, nurses/midwives, and auxiliary midwives.

**Sample:** All live births and/or stillbirths in the 2 years before the survey

Access to proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that could lead to death or serious illness for the mother and/or baby (Van Lerberghe and De Brouwere 2001; WHO 2006a).

- Overall, 99% of live births and stillbirths were assisted by a skilled provider (**Figure 4**).
- Nearly all live births (98%) took place in a health facility; only 74% of stillbirths occurred at a health facility.

**Figure 4 Trends in delivery assistance**



**Trends:** The percentage of live births that are assisted by a skilled provider has increased markedly over the past 2 decades, from 34% in 2000 to 99% in 2021–22.

### 3.8.4 Postnatal care for the mother

A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. Thus, prompt postnatal care (PNC) to treat any complications arising from the delivery is important for both the mother and the child, as well as to provide the mother with information on how to care for herself and her child. Safe motherhood programs recommend that all women receive a check of their health during the first 2 days after birth.

- Overall, 85% of women with a live birth in the 2 years preceding the survey received a postnatal check within 2 days after delivery; only 71% of women with a stillbirth received a postnatal check.

## 3.9 VACCINATION COVERAGE

Universal immunization of children against common vaccine-preventable diseases is crucial for reducing infant and child mortality. In Cambodia, routine childhood vaccines include BCG vaccine (tuberculosis), HepB vaccine (hepatitis B), DPT-HepB-Hib or pentavalent vaccine (diphtheria, tetanus, pertussis, hepatitis B, and *Haemophilus influenzae* type b), oral polio vaccine or OPV (poliomyelitis), inactivated polio vaccine or IPV (poliomyelitis), pneumococcal conjugate vaccine or PCV, and measles rubella (MR) vaccine.

Information on vaccination coverage was obtained in two ways in the 2021–22 CDHS: from written vaccination records, including vaccination or health cards, and from verbal reports from the mother. In the survey, the vaccination card was observed for 82% of children age 12–23 months and for 73% of children age 24–35 months (data not shown).

### 3.9.1 Basic Antigen Coverage

#### **Fully vaccinated—basic antigens**

Percentage of children who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report). To have received all basic antigens, a child must receive at least:

- One dose of BCG vaccine, which protects against tuberculosis
- Three doses of polio vaccine given as oral polio vaccine (OPV), inactivated polio vaccine (IPV), or a combination of OPV and IPV
- Three doses of DPT-containing vaccine, which protects against diphtheria, pertussis (whooping cough), and tetanus
- One dose of measles-containing vaccine given as measles rubella (MR)

**Sample:** Living children age 12–23 months

Historically, an important measure of vaccination coverage has been the proportion of children receiving all basic antigens. Children are considered fully vaccinated against all basic antigens if they have received the BCG vaccine, three doses each of polio vaccine and DTP-containing vaccine, and a single dose of measles-containing vaccine. In Cambodia, the BCG vaccine is usually given at birth or at first clinic contact, while the polio and DPT-HepB-Hib vaccines are given at approximately age 6, 10, and 14 weeks. A first MR vaccination should be given at or soon after age 9 months.

- 67% of children age 12–23 months are fully vaccinated with basic antigens.
- Among the basic antigens, coverage was highest for BCG (94%).

### 3.9.2 Vaccination Coverage According to National Schedule

A second measure of vaccination coverage is the percentage of children age 12–23 months and 24–35 months who are fully vaccinated according to the national schedule. In Cambodia, a child age 12–23 months is considered to be fully vaccinated according to the national schedule if the child has received all basic antigens as well as a birth dose of HepB vaccine, a dose of IPV, three doses of HepB and Hib (given as part of DPT-containing vaccine), and three doses of the pneumococcal vaccine. Children age 24–35 months are considered fully vaccinated according to the national schedule if they receive a second dose of the MR vaccine in addition to all the vaccinations relevant for a child age 12–23 months.

- 65% of children age 12–23 and 55% of children age 24–35 months are fully vaccinated according to national schedule.
- 3% of children age 12–23 months have received no vaccinations.



**Trends:** The percentage of children age 12–23 months who have been fully vaccinated against all basic antigens peaked at 79% in 2010, has declined to 73% in 2014, and slightly increased to 76% in 2021–22 (**Figure 5**). The percentage of children with no vaccinations has changed little since 2010.

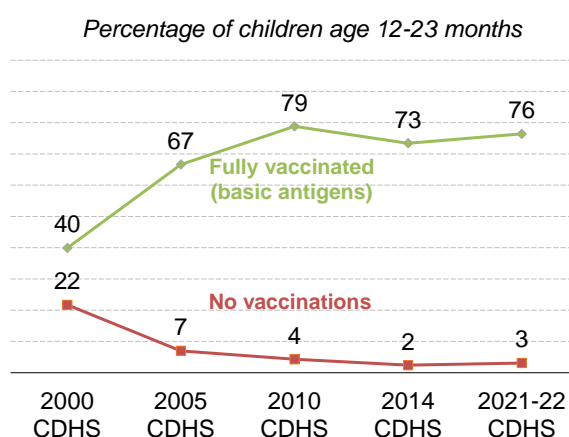
### 3.10 CARESEEKING AND TREATMENT OF CHILD ILLNESS

Acute respiratory infection (ARI), fever, and dehydration from diarrhea are important contributing causes of childhood morbidity and mortality in developing countries (WHO 2003). Prompt medical attention when a child has the symptoms of these illnesses is, therefore, crucial in reducing child deaths.

**Table 11** presents information on careseeking for ill children in Cambodia. Overall, 1% of children under age 5 showed symptoms of an ARI, 13% exhibited fever, and 6% experienced diarrhea in the 2 weeks preceding the survey (data not shown).

- Advice or treatment was sought for 92 % of children with symptoms of ARI in the 2 weeks before the survey.
- Advice or treatment was sought for 80% of children with fever in the 2 weeks before the survey.
- Advice or treatment was sought for 69% of children with diarrhea in the 2 weeks before the survey.
- 29% of children with diarrhea received ORS, 13% received zinc supplements, 10% received ORS and zinc supplements, and 8% received ORS, zinc supplements, and continued feeding.

**Figure 5 Trends in childhood vaccinations**



**Table 11 Treatment for symptoms of ARI, fever, and diarrhea**

Among children under age 5 who had symptoms of acute respiratory infection (ARI) or had fever during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought; and among children under age 5 who had diarrhea during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, percentage given a fluid made from oral rehydration salt (ORS) packets or given pre-packaged ORS fluid, percentage given zinc, percentage given ORS and zinc, and percentage given ORS, zinc, and continued feeding, according to background characteristics, Cambodia DHS 2021–22

Background characteristic	Children with symptoms of ARI <sup>1</sup>		Children with fever		Children with diarrhea					
	Percentage for whom advice or treatment was sought <sup>2</sup>	Number of children	Percentage for whom advice or treatment was sought <sup>2</sup>	Number of children	Percentage for whom advice or treatment was sought <sup>2</sup>	Percentage given fluid from ORS packet or pre-packaged	Percentage given zinc	Percentage given ORS and zinc	Percentage given ORS, zinc, and continued feeding <sup>3</sup>	Number of children
<b>Age in months</b>										
<6	*	11	66.4	76	53.2	14.6	0.1	0.0	0.0	51
6–11	*	7	83.1	138	74.1	26.9	13.4	10.1	9.4	101
12–23	(86.2)	32	81.2	234	68.7	25.8	15.2	11.6	9.7	147
24–35	(96.6)	18	84.1	180	71.7	39.5	18.6	12.3	9.7	78
36–47	*	17	77.6	187	56.0	33.1	4.6	2.6	2.6	58
48–59	*	14	78.6	161	84.0	33.2	17.3	16.7	12.0	43
<b>Sex</b>										
Male	91.3	56	79.4	532	70.2	29.5	11.3	8.9	7.0	251
Female	92.6	42	80.1	444	66.7	27.6	14.2	10.2	9.0	227
<b>Residence</b>										
Urban	*	14	80.6	284	76.9	21.7	8.9	6.9	3.6	137
Rural	91.7	85	79.4	692	65.1	31.4	14.2	10.6	9.7	340
<b>Mother's education</b>										
No education	(84.0)	16	71.6	119	70.3	36.4	15.6	11.4	10.8	53
Primary	94.9	46	80.3	448	70.1	27.1	12.7	9.1	7.9	241
Secondary	(91.2)	35	82.2	376	68.2	30.5	12.9	10.6	8.0	164
More than secondary	*	1	(73.8)	33	*	*	*	*	*	19
<b>Wealth quintile</b>										
Lowest	82.5	36	77.3	235	61.0	31.5	13.1	8.9	8.7	141
Second	*	18	81.1	259	66.8	31.3	13.9	10.1	9.4	116
Middle	*	20	74.0	198	77.8	26.2	12.8	9.1	6.3	71
Fourth	(95.0)	20	83.5	187	75.3	26.2	13.8	13.2	8.5	90
Highest	*	4	86.5	97	(68.1)	(23.1)	(7.1)	(4.5)	(4.5)	60
Total	91.9	98	79.7	976	68.5	28.6	12.7	9.5	8.0	477

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

<sup>1</sup> Symptoms of ARI include short, rapid breathing that was chest-related, and/or difficult breathing that was chest-related.

<sup>2</sup> Includes advice or treatment from the following sources: public sector, private medical sector, NGO medical sector, and other.

<sup>3</sup> Continued feeding includes children who were given more, same as usual, or somewhat less food during the diarrhea episode.

### 3.11 CHILD NUTRITIONAL STATUS

Anthropometry is commonly used to measure child nutritional status. The anthropometric measurements are used to report on child growth indicators. The distribution of height and weight for children under age 5 is compared with the WHO growth standard reference population (WHO 2006b). The distribution of a well-nourished population will be similar to the reference population, while the distribution of a poorly nourished population will not. The indices height-for-age, weight-for-height, and weight-for-age can be expressed in standard deviation units (Z-scores) from the median of the reference population. Values that are greater than two standard deviations below the median of the WHO child growth standards are used to define malnutrition.

#### **Stunting (assessed via height-for-age)**

Height-for-age is a measure of growth faltering. Children whose height-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are considered short for their age (stunted). Children who are below minus three standard deviations (-3 SD) are considered severely stunted.

**Sample:** Children under age 5

#### **Wasting (assessed via weight-for-height)**

The weight-for-height index measures body mass in relation to body height or length and describes acute undernutrition. Children whose Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are considered thin (wasted). Children whose weight-for-height Z-score is below minus three standard deviations (-3 SD) from the median of the reference population are considered severely wasted.

**Sample:** Children under age 5

#### **Underweight (assessed via weight-for-age)**

Weight-for-age is a composite index of height-for-age and weight-for-height that takes into account both wasting and stunting. Children whose weight-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are classified as underweight. Children whose weight-for-age Z-score is below minus three standard deviations (-3 SD) from the median are considered severely underweight.

**Sample:** Children under age 5

#### **Overweight (assessed via weight-for-height)**

Children whose weight-for-height Z-score is more than two standard deviations (+2 SD) above the median of the reference population are considered overweight.

**Sample:** Children under age 5

A total of 4,443 children (unweighted) under age 5 were eligible for weight and height measurements. For some of the eligible children, however, complete and credible data on height, weight, and/or age were not obtained. In this report, height-for-age is based on 95% of eligible children, weight-for-height is based on 96% of eligible children, while weight-for-age is based on 98% of eligible children.

**Table 12** shows the nutritional status for children under age 5, according to the three anthropometric indices: 22% of children under age 5 are stunted, 10% are wasted, and 16% are underweight. Four percent of children under 5 are overweight.

**Table 12 Nutritional status of children**

Percentage of children under age 5 classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, according to background characteristics, Cambodia DHS 2021–22

Background characteristic	Height-for-age <sup>1</sup>				Weight-for-height				Weight-for-age				
	Percent-age below -3 SD	Percent-age below -2 SD <sup>2</sup>	Mean Z-score (SD)	Number of children	Percent-age below -3 SD	Percent-age below -2 SD <sup>2</sup>	Percent-age above +2 SD	Mean Z-score (SD)	Number of children	Percent-age below -3 SD	Percent-age below -2 SD <sup>2</sup>	Mean Z-score (SD)	Number of children
<b>Age in months</b>													
<6	4.0	13.1	-0.3	337	7.1	16.4	7.5	-0.4	331	2.4	11.6	-0.6	379
6–11	3.5	13.9	-0.5	430	2.1	10.8	4.4	-0.4	431	2.1	11.0	-0.7	434
12–23	6.6	27.0	-1.2	883	1.8	6.8	4.3	-0.3	887	2.5	13.1	-0.8	896
24–35	6.9	23.9	-1.2	795	1.9	9.5	4.1	-0.5	798	2.9	19.5	-1.0	802
36–47	6.8	22.0	-1.2	841	1.5	9.5	3.7	-0.5	842	2.9	17.6	-1.0	846
48–59	4.8	22.1	-1.1	868	2.5	9.5	2.9	-0.6	870	4.2	20.1	-1.1	876
0–23	5.3	20.8	-0.9	1,650	2.9	9.8	5.0	-0.3	1,649	2.4	12.3	-0.7	1,709
24–59	6.1	22.7	-1.2	2,503	2.0	9.5	3.6	-0.6	2,510	3.3	19.1	-1.1	2,524
<b>Sex</b>													
Male	6.9	24.5	-1.1	2,111	2.7	10.9	4.7	-0.5	2,114	3.2	18.0	-1.0	2,157
Female	4.6	19.2	-1.0	2,042	2.0	8.2	3.5	-0.5	2,045	2.8	14.6	-0.9	2,077
<b>Mother's interview status</b>													
Interviewed	5.4	21.5	-1.0	3,665	2.4	9.9	4.2	-0.5	3,656	3.0	16.4	-0.9	3,737
Not interviewed, but in household	5.8	24.6	-1.0	71	0.9	5.4	1.2	-0.3	73	6.3	17.8	-0.9	75
Not interviewed, not in household <sup>3</sup>	9.6	24.9	-1.2	417	2.0	7.8	3.6	-0.4	430	2.4	15.0	-1.0	422
<b>Residence</b>													
Urban	5.1	16.8	-0.8	1,482	1.6	8.4	5.8	-0.3	1,479	2.2	12.2	-0.7	1,504
Rural	6.2	24.7	-1.2	2,672	2.7	10.3	3.2	-0.6	2,681	3.4	18.6	-1.1	2,729
<b>Province</b>													
Banteay Meanchey	1.1	15.6	-0.8	176	3.4	8.8	3.4	-0.6	178	1.4	12.5	-1.0	180
Battambang	1.9	17.6	-1.1	307	0.4	9.3	1.9	-0.5	308	0.9	15.4	-1.0	317
Kampong Cham	4.0	22.8	-1.1	252	5.5	6.6	1.7	-0.6	249	4.4	18.0	-1.0	255
Kampong Chhnang	4.3	19.1	-0.9	154	8.7	30.3	1.4	-1.4	153	10.8	35.1	-1.5	157
Kampong Speu	7.9	24.9	-1.1	234	3.4	11.0	9.3	-0.3	234	4.6	17.7	-0.9	240
Kampong Thom	10.3	26.5	-1.2	195	1.1	8.9	2.5	-0.4	199	2.9	15.4	-1.0	198
Kampot	5.7	28.4	-1.2	155	3.6	9.6	4.3	-0.4	154	2.4	16.4	-0.9	160
Kandal	2.0	15.0	-0.8	311	3.9	10.3	2.8	-0.5	312	3.9	14.1	-0.8	312
Koh Kong	9.0	22.5	-1.0	33	3.8	10.2	9.6	-0.2	33	1.6	12.4	-0.7	34
Kratie	5.9	21.8	-1.3	97	0.0	2.6	5.4	-0.4	97	1.8	15.5	-1.0	112
Mondul Kiri	7.5	29.4	-1.4	27	1.9	13.6	1.9	-0.7	26	2.9	22.7	-1.3	27
Phnom Penh	5.1	15.3	-0.8	494	0.0	6.1	5.8	-0.1	493	0.4	9.7	-0.5	498
Preah Vihear	5.7	26.3	-1.4	80	0.0	7.4	4.1	-0.6	81	1.3	17.1	-1.2	81
Prey Veng	5.0	22.1	-1.1	317	1.3	7.3	2.5	-0.4	321	2.1	12.9	-0.9	319
Pursat	11.6	32.9	-1.3	107	1.4	8.9	4.3	-0.3	106	2.4	18.0	-1.0	110
Ratanak Kiri	19.0	39.1	-1.5	62	6.5	14.9	8.7	-0.5	61	13.2	28.5	-1.3	64
Siemreap	7.3	25.7	-1.1	313	2.0	12.8	0.5	-0.9	310	4.6	24.5	-1.3	316
Preah Sihanouk	12.1	24.2	-1.1	52	0.0	6.1	8.5	0.1	51	2.1	14.3	-0.8	52
Stung Treng	3.7	29.1	-1.3	53	0.4	7.5	0.3	-0.7	53	2.0	22.4	-1.2	53
Svay Rieng	3.9	17.9	-0.9	185	2.9	10.4	5.0	-0.6	184	2.2	15.2	-0.9	187
Takeo	8.8	25.9	-1.2	264	1.0	5.9	7.1	-0.2	267	2.7	13.6	-0.8	270
Otdar Meanchey	6.3	23.4	-1.0	60	2.1	7.2	7.2	-0.4	60	0.9	9.8	-0.9	61
Kep	14.9	27.7	-0.9	10	8.4	21.8	9.0	-0.3	10	2.8	13.6	-0.7	11
Pailin	6.0	22.6	-1.0	21	3.3	6.8	3.2	-0.5	21	4.5	13.5	-0.9	21
Tboung Khmum	7.1	24.1	-0.9	192	3.5	12.8	6.5	-0.5	197	2.5	17.5	-1.0	198
<b>Mother's education<sup>4</sup></b>													
No education	8.6	27.9	-1.2	386	5.2	16.7	3.1	-0.8	392	6.6	28.6	-1.4	397
Primary	5.4	25.3	-1.1	1,559	2.4	11.0	2.2	-0.6	1,551	3.5	19.2	-1.1	1,581
Secondary	4.3	17.0	-0.9	1,547	1.9	7.5	6.0	-0.3	1,548	1.7	12.3	-0.7	1,586
More than secondary	7.5	17.0	-1.0	243	0.5	6.3	7.4	-0.1	237	3.2	6.8	-0.7	247
<b>Wealth quintile</b>													
Lowest	8.9	30.3	-1.4	957	3.6	12.4	2.9	-0.7	959	5.6	24.0	-1.3	979
Second	5.3	23.0	-1.1	840	2.4	10.0	3.0	-0.5	848	2.1	17.5	-1.0	859
Middle	4.4	22.5	-1.1	862	2.2	7.6	3.4	-0.5	866	2.4	14.7	-0.9	874
Fourth	4.6	18.3	-0.9	803	1.6	9.7	5.1	-0.4	801	2.9	15.3	-0.8	823
Highest	5.3	12.5	-0.6	692	1.6	7.8	6.9	-0.1	685	1.1	7.2	-0.5	698
<b>Total</b>	5.8	21.9	-1.0	4,153	2.4	9.6	4.1	-0.5	4,160	3.0	16.3	-0.9	4,234

Note: Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards. Total includes one case for which mother's education information is missing.

<sup>1</sup> Recumbent length is measured for children under age 2; standing height is measured for all other children

<sup>2</sup> Includes children who are below -3 SD from the WHO Growth Standards population median

<sup>3</sup> Includes children whose mothers are deceased

<sup>4</sup> For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

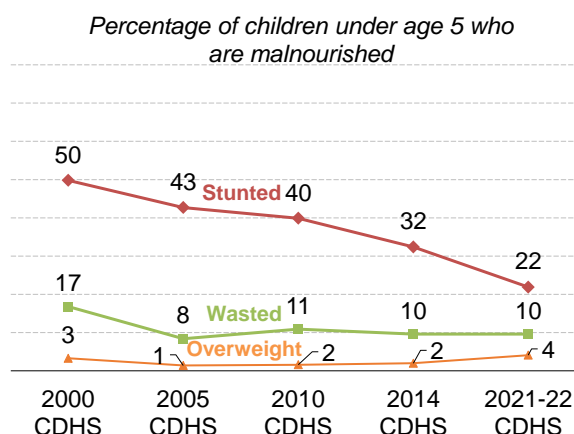


**Trends:** A comparison of anthropometric measures from the previous surveys shows that the prevalence of stunting has decreased from 50% in 2000 to 22% in 2021–22 (**Figure 6**). The percentage of children who are wasted and overweight has changed little since 2005.

### 3.12 INFANT AND CHILD FEEDING

Optimal infant and young child feeding (IYCF) practices are critical to the health and survival of young children. Recommended IYCF practices include early initiation of breastfeeding within the first hour of life, exclusively breastfeeding for the first 6 months of life, and feeding children a diet that meets a minimum diversity (WHO and UNICEF 2021).

**Figure 6 Trends in nutritional status of children**



#### Early initiation of breastfeeding

Percentage of children age 0–23 months who were put to the breast within 1 hour of birth

**Sample:** Children age 0–23 months

#### Exclusive breastfeeding under 6 months

Percentage of children age 0–5 months who are fed exclusively with breastmilk during the previous day

**Sample:** Youngest children age 0–5 months living with the mother

#### Minimum dietary diversity 6–23 months

Percentage of children age 6–23 months who are fed a minimum of 5 out of 8 defined food groups during the previous day. The eight food groups are as follows: breastmilk; grains, roots, and tubers; legumes and nuts; dairy products (milk yogurt, cheese); flesh foods (meat, fish, poultry, and organ meat); eggs; vitamin A-rich fruits and vegetables; and other fruits and vegetables.

**Sample:** Youngest children age 6–23 months living with the mother

Key IYCF indicators are presented in **Table 13**.

- 54% of children age 0–23 months engaged in early initiation of breastfeeding.
- 51% of children age 0–5 months were exclusively breastfed.
- 51% of children age 6–23 months met the minimum dietary diversity.

**Table 13 Infant and young child feeding (IYCF) indicators**

Percentage of children fed according to various IYCF practices, Cambodia DHS 2011–22

Indicator	Indicator numerator and denominator	Value
Early initiation of breastfeeding	Percentage of children age 0–23 months who were put to the breast within 1 hour of birth	53.8
	Number of children age 0–23 months	3,290
Exclusive breastfeeding under 6 months	Percentage of children age 0–5 months who were fed exclusively with breastmilk during the previous day	51.2
	Number of youngest children age 0–5 months living with the mother	809
Minimum dietary diversity 6–23 months	Percentage of children age 6–23 months who were fed foods and beverages from at least 5 out of 8 defined food groups during the previous day	50.5
	Number of youngest children age 6–23 months living with the mother	2,321
Sweet beverage consumption 6–23 months	Percentage of children age 6–23 months who were given a sweet beverage during the previous day	28.4
	Number of youngest children age 6–23 months living with the mother	2,321
Unhealthy food consumption 6–23 months	Percentage of children age 6–23 months fed unhealthy foods during the previous day	20.9
	Number of youngest children age 6–23 months living with the mother	2,321

Unhealthy infant and young child feeding practices should be avoided because they can replace nutritious foods that provide important nutrients for children and promote unhealthy weight gain. For infants and young children, the consumption of sweet foods and beverages increases the risk of dental caries and obesity in childhood. The indicator definition below for unhealthy food consumption describes sentinel unhealthy foods, which are foods that are high in sugar, salt, or unhealthy fats that are commonly consumed by infants and young children (WHO and UNICEF 2021).

**Sweet beverage consumption 6–23 months**

Percentage of children age 6–23 months who are given a sweet beverage during the previous day

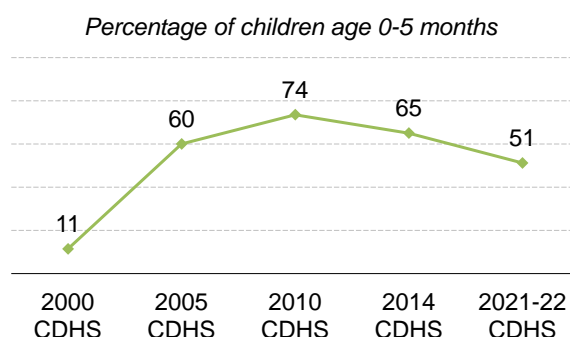
**Unhealthy food consumption 6–23 months**

Percentage of children age 6–23 months who are fed sentinel unhealthy foods during the previous day

**Sample:** Youngest children age 6–23 months living with the mother

- 28% of children age 6–23 months were fed a sweet beverage.
- 21% of children age 6–23 months consumed unhealthy foods.

**Trends:** Exclusive breastfeeding among children age 0–5 months rose from 11% in 2000 to a peak of 74% in 2010 and has declined subsequently, from 65% in 2014 to 51% in 2021–22 (**Figure 7**).

**Figure 7 Trends in exclusive breastfeeding**

### 3.13 HIV

#### 3.13.1 Prevention knowledge among young people

##### **Knowledge about HIV prevention**

Knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two major misconceptions about HIV transmission: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

**Sample:** Women and men age 15–24

Knowledge of how HIV is transmitted is crucial to enabling people to avoid HIV infection, and this is especially true for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviors.

- 74% of young women and 83% of young men know that consistent use of condoms can reduce the risk of getting HIV (**Table 14**).
- 75% of young women and 79% of young men know that having just one uninfected partner can reduce the chance of getting HIV.
- Only 23% of young women and 27% of young men have a thorough knowledge of HIV prevention methods, meaning that in addition to knowing about consistent use of condoms and limiting sexual intercourse to one uninfected partner, they know that healthy looking people can be infected with HIV, and they reject the two most common misconceptions about transmission of HIV.

**Table 14 Knowledge about HIV prevention methods among young people**

Percentage of young women and young men age 15–24 who, in response to prompted questions, say that people can reduce the risk of getting HIV by using condoms every time they have sexual intercourse, and by having one sex partner who is not infected and has no other partners, and percentage who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission, according to background characteristics, Cambodia DHS 2021–22

Background characteristic	Women age 15–24				Men age 15–24			
	Percentage who say HIV can be prevented by:			Number of women	Percentage who say HIV can be prevented by:			Number of men
	Using condoms <sup>1</sup>	Limiting sexual intercourse to one uninfected partner <sup>2</sup>	Percentage with knowledge about HIV prevention <sup>3</sup>		Using condoms <sup>1</sup>	Limiting sexual intercourse to one uninfected partner <sup>2</sup>	Percentage with knowledge about HIV prevention <sup>3</sup>	
<b>Age</b>								
15–19	70.7	71.2	20.1	2,981	80.0	75.3	23.5	1,559
15–17	67.6	68.7	18.0	1,993	75.8	71.3	20.4	1,052
18–19	77.0	76.3	24.4	989	88.6	83.4	30.0	508
20–24	77.9	79.6	27.0	2,589	86.5	82.6	30.3	1,226
20–22	76.5	78.2	27.6	1,729	86.4	81.9	27.9	752
23–24	80.6	82.4	25.9	860	86.6	83.7	34.2	473
<b>Marital status</b>								
Never married	73.1	73.8	23.7	3,714	81.5	77.0	26.3	2,318
Ever had sex	*	*	*	13	91.0	83.5	27.9	192
Never had sex	73.2	73.8	23.8	3,701	80.7	76.4	26.1	2,125
Ever married	76.0	77.8	22.5	1,856	89.6	85.8	27.7	467
<b>Residence</b>								
Urban	78.3	79.2	31.8	2,272	82.2	79.8	31.2	1,158
Rural	71.1	72.3	17.5	3,298	83.4	77.5	23.1	1,627
<b>Education</b>								
No education	44.9	50.3	8.9	152	63.9	52.9	8.1	59
Primary	61.1	65.1	15.5	1,204	72.3	68.5	15.2	736
Secondary	77.6	77.3	24.2	3,735	87.2	82.1	29.1	1,776
More than secondary	88.6	91.1	40.6	480	88.9	89.4	48.9	213
<b>Wealth quintile</b>								
Lowest	63.6	67.0	13.7	974	77.1	71.2	14.3	508
Second	72.6	71.3	18.2	1,055	80.6	75.2	22.7	546
Middle	75.0	76.1	20.0	1,128	85.4	78.0	28.4	559
Fourth	73.9	77.2	25.4	1,209	84.1	79.2	27.0	546
Highest	83.1	81.9	36.5	1,205	86.2	87.0	37.5	625
Total 15–24	74.1	75.1	23.3	5,570	82.9	78.5	26.5	2,785

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

<sup>1</sup> Using condoms every time they have sexual intercourse

<sup>2</sup> Partner who has no other partners

<sup>3</sup> Knowledge about HIV prevention means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two common misconceptions about transmission or prevention of HIV: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

### 3.13.2 Sexual behavior

Information on sexual behavior is important in designing and monitoring intervention programs to control the spread of HIV.

**Table 15.1 Multiple sexual partners and higher-risk sexual intercourse in the last 12 months: Women**

Among all women age 15–49, percentage who had sexual intercourse with more than one sexual partner in the last 12 months, and percentage who had intercourse in the last 12 months with a person who was neither their husband nor lived with them; among those having more than one partner in the last 12 months, percentage reporting that a condom was used during last intercourse; among women age 15–49 who had sexual intercourse in the last 12 months with a person who was neither their husband nor lived with them, percentage who used a condom during last sexual intercourse with such a partner; and among women who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Cambodia DHS 2021–22

Background characteristic	All women			Women who had 2+ partners in the last 12 months		Women who had intercourse in the last 12 months with a person who was neither their husband nor lived with them		Women who ever had sexual intercourse <sup>1</sup>	
	Percentage who had 2+ partners in the last 12 months	Percentage who had intercourse in the last 12 months with a person who was neither their husband nor lived with them	Number of women	Percentage who reported using a condom during last sexual inter course	Number of women	Percentage who reported using a condom during last sexual intercourse with such a partner	Number of women	Mean number of sexual partners in lifetime	Number of women
<b>Age</b>									
15–24	0.1	0.3	5,570	*	8	*	16	1.3	1,867
15–19	0.1	0.4	2,981	*	4	*	11	1.5	362
20–24	0.2	0.2	2,589	*	4	*	5	1.2	1,505
25–29	0.2	0.3	2,986	*	6	*	10	1.1	2,548
30–39	0.2	0.3	6,639	*	14	*	22	1.3	6,237
40–49	0.4	0.1	4,301	*	15	*	6	1.2	4,132
<b>Marital status</b>									
Never married	0.0	0.2	4,788	*	1	*	11	1.4	89
Married/living together	0.3	0.2	13,492	(0.0)	39	(39.9)	21	1.2	13,482
Divorced/separated/widowed	0.2	1.9	1,216	*	3	*	23	1.3	1,213
<b>Residence</b>									
Urban	0.2	0.5	8,239	*	19	(58.5)	41	1.3	6,026
Rural	0.2	0.1	11,257	(0.0)	24	*	14	1.2	8,757
<b>Province</b>									
Banteay Meanchey	0.2	0.0	763	*	2	*	0	1.5	540
Battambang	0.0	0.5	1,347	*	0	*	6	1.1	997
Kampong Cham	0.0	0.1	1,163	*	0	*	2	1.2	915
Kampong Chhnang	0.7	0.0	675	*	5	*	0	1.1	504
Kampong Speu	0.6	0.0	1,226	*	7	*	0	1.2	928
Kampong Thom	0.2	0.4	819	*	2	*	3	1.2	656
Kampot	0.7	0.1	781	*	5	*	1	1.3	584
Kandal	0.0	0.1	1,445	*	0	*	2	1.6	1,079
Koh Kong	0.2	1.9	140	*	0	*	3	1.1	108
Kratie	0.0	0.0	443	*	0	*	0	1.1	356
Mondul Kiri	0.1	0.0	115	*	0	*	0	1.1	89
Phnom Penh	0.3	0.8	3,160	*	8	*	24	1.4	2,242
Preah Vihear	0.0	0.1	332	*	0	*	0	1.1	266
Prey Veng	0.0	0.3	1,233	*	0	*	3	1.1	966
Pursat	0.6	0.3	432	*	3	*	1	1.0	335
Ratanak Kiri	0.3	0.1	293	*	1	*	0	1.1	239
Siemreap	0.0	0.1	1,548	*	0	*	1	1.1	1,230
Preah Sihanouk	0.5	0.3	243	*	1	*	1	1.5	187
Stung Treng	0.0	0.2	195	*	0	*	0	1.2	158
Svay Rieng	0.1	0.1	735	*	1	*	1	1.1	584
Takeo	0.3	0.1	1,162	*	4	*	2	1.3	838
Otdar Meanchey	1.7	1.2	242	*	4	*	3	2.1	194
Kep	0.0	0.2	57	*	0	*	0	1.2	43
Pailin	0.6	0.6	96	*	1	*	1	1.2	76
Tboung Khmum	0.0	0.0	851	*	0	*	0	1.1	668
<b>Education</b>									
No education	0.4	0.2	2,265	*	8	*	4	1.2	2,112
Primary	0.3	0.3	7,554	*	20	*	25	1.3	6,687
Secondary	0.2	0.2	8,278	*	14	(19.9)	19	1.2	5,227
More than secondary	0.0	0.5	1,399	*	0	*	7	1.1	758
<b>Wealth quintile</b>									
Lowest	0.2	0.0	3,400	*	7	*	1	1.2	2,771
Second	0.3	0.0	3,534	*	9	*	0	1.2	2,676
Middle	0.3	0.2	3,813	*	12	*	8	1.2	2,900
Fourth	0.1	0.5	4,267	*	3	*	21	1.2	3,221
Highest	0.3	0.5	4,483	*	11	*	24	1.4	3,214
Total	0.2	0.3	19,496	2.3	43	47.3	55	1.2	14,783

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

<sup>1</sup> Means are calculated excluding respondents who gave non-numeric responses.

**Table 15.2 Multiple sexual partners and higher-risk sexual intercourse in the last 12 months: Men**

Among all men age 15–49, percentage who had sexual intercourse with more than one sexual partner in the last 12 months, and percentage who had intercourse in the last 12 months with a person who was neither their wife nor lived with them; among those having more than one partner in the last 12 months, percentage reporting that a condom was used during last intercourse; among men age 15–49 who had sexual intercourse in the last 12 months with a person who was neither their wife nor lived with them, percentage who used a condom during last sexual intercourse with such a partner; and among men who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Cambodia DHS 2021–22

Background characteristic	All men			Men who had 2+ partners in the last 12 months		Men who had intercourse in the last 12 months with a person who was neither their wife nor lived with them		Men who ever had sexual intercourse <sup>1</sup>	
	Percentage who had 2+ partners in the last 12 months	Percentage who had intercourse in the last 12 months with a person who was neither their wife nor lived with them	Number of men	Percentage who reported using a condom during last sexual intercourse	Number of men	Percentage who reported using a condom during last sexual intercourse with such a partner	Number of men	Mean number of sexual partners in lifetime	Number of men
<b>Age</b>									
15–24	1.1	4.0	2,785	(13.0)	30	68.3	111	2.5	653
15–19	0.7	2.6	1,559	*	11	(72.2)	40	2.6	91
20–24	1.6	5.8	1,226	*	19	66.1	71	2.4	563
25–29	2.6	6.7	1,299	(10.9)	34	71.1	86	2.8	1,008
30–39	2.6	5.0	2,849	15.0	75	85.4	143	4.2	2,697
40–49	2.2	2.6	1,893	(6.2)	41	71.8	49	5.3	1,876
<b>Marital status</b>									
Never married	1.5	6.9	3,078	(25.5)	46	72.6	211	5.8	510
Married/living together	2.1	2.0	5,497	5.4	114	83.0	110	4.0	5,481
Divorced/separated/widowed	7.7	27.5	250	*	19	73.2	69	4.0	243
<b>Residence</b>									
Urban	2.6	6.1	3,762	13.5	99	82.2	230	5.9	2,610
Rural	1.6	3.2	5,063	10.0	81	66.2	160	2.8	3,625
<b>Province</b>									
Banteay Meanchey	1.1	2.6	327	*	4	*	8	4.0	224
Battambang	2.5	5.4	636	*	16	*	34	6.1	424
Kampong Cham	0.6	1.4	533	*	3	*	8	1.9	371
Kampong Chhnang	2.8	8.5	259	*	7	(85.2)	22	3.7	208
Kampong Speu	1.9	4.1	532	*	10	*	22	2.8	377
Kampong Thom	1.0	3.2	376	*	4	*	12	2.2	259
Kampot	3.1	3.4	322	*	10	*	11	2.0	222
Kandal	3.7	8.3	678	*	25	(82.4)	56	4.1	480
Koh Kong	0.8	0.8	60	*	0	*	0	1.8	42
Kratie	0.7	1.0	216	*	2	*	2	4.9	149
Mondul Kiri	0.7	1.4	50	*	0	*	1	2.8	38
Phnom Penh	2.2	5.5	1,490	*	33	(90.6)	82	6.5	979
Preah Vihear	2.0	3.5	149	*	3	*	5	2.3	111
Prey Veng	0.8	1.7	615	*	5	*	10	1.9	418
Pursat	1.0	1.4	219	*	2	*	3	1.9	144
Ratanak Kiri	3.6	3.1	149	*	5	*	5	1.9	109
Siemreap	0.7	4.4	749	*	5	*	33	7.9	569
Preah Sihanouk	0.3	9.0	113	*	0	(82.7)	10	3.3	84
Stung Treng	1.3	2.5	81	*	1	*	2	2.8	65
Svay Rieng	4.7	7.8	311	*	15	(50.8)	24	3.3	231
Takeo	4.1	4.4	453	*	19	*	20	3.0	359
Otdar Meanchey	0.6	3.2	109	*	1	*	3	2.9	82
Kep	5.1	8.1	26	*	1	(81.2)	2	3.6	18
Pailin	3.6	8.0	41	*	1	*	3	3.7	33
Tboung Khmum	1.8	3.1	331	*	6	*	10	2.8	237
<b>Education</b>									
No education	0.7	3.2	514	*	4	*	16	2.7	451
Primary	2.2	3.7	3,220	10.6	71	74.3	118	3.3	2,563
Secondary	1.8	4.8	4,273	13.7	76	72.3	206	4.7	2,658
More than secondary	3.4	6.1	819	(11.8)	28	87.7	50	6.2	563
<b>Wealth quintile</b>									
Lowest	1.4	2.6	1,607	(8.6)	23	(61.5)	42	2.3	1,183
Second	1.4	3.6	1,578	(13.3)	21	68.8	56	2.7	1,074
Middle	2.3	4.2	1,680	(21.4)	39	87.0	70	2.9	1,169
Fourth	2.1	5.5	1,945	(10.0)	41	66.7	106	3.9	1,433
Highest	2.7	5.7	2,015	(7.3)	54	85.3	116	8.0	1,376
Total 15–49	2.0	4.4	8,825	11.9	179	75.6	390	4.1	6,235

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

<sup>1</sup> Means are calculated excluding respondents who gave non-numeric responses.

- Among women age 15–49, less than 1% had two or more partners in the last 12 months, and among those who did, 2% reported using a condom during the last sexual intercourse (**Table 15.1**).
- Among women age 15–49, less than 1% had sexual intercourse with a person who was neither their husband nor lived with them, and among those who did, 47% reported using a condom during the last sexual intercourse with this person.
- Among women age 15–49 who ever had sexual intercourse, the mean number of lifetime sexual partners was 1.2.
- Among men age 15–49, 2% had two or more partners in the last 12 months, and among those who had two or more partners, 2% reported using a condom during the last sexual intercourse (**Table 15.2**).
- Among men age 15–49, less than 4% had sexual intercourse with a person who was neither their wife nor lived with them, and among those who did, 76% reported using a condom during the last sexual intercourse with this person.
- Among men age 15–49 who ever had sexual intercourse, the mean number of lifetime sexual partners was 4.1.

### 3.13.3 *Prior HIV testing*

HIV testing programs diagnose people living with HIV so that they can be linked to care and access antiretroviral therapy (ART). Knowledge of HIV status helps HIV negative individuals reduce risk and remain negative.

- Overall, 47% of women and 30% of men age 15–49 have ever been tested for HIV (**Table 16.1** and **Table 16.2**, respectively). Nearly all of those who were ever tested received the test results.
- Only 7% percent of women and 2% of men age 15–49 were tested in the 12-month period preceding the survey and received the results of the last test they took.

**Table 16.1 Coverage of prior HIV testing: Women**

Percent distribution of women age 15–49 by HIV testing status and by whether they received the results of the last test, percentage of women ever tested, and percentage of women who were tested in the last 12 months and received the results of the last test, according to background characteristics, Cambodia DHS 2021–22

Background characteristic	Percent distribution of women by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who have been tested for HIV in the last 12 months and received the results of the last test	Number of women
	Ever tested and received results	Ever tested, did not receive results	Never tested <sup>1</sup>				
<b>Age</b>							
15–24	23.7	0.3	76.0	100.0	24.0	7.0	5,570
15–19	8.5	0.2	91.4	100.0	8.6	3.7	2,981
20–24	41.3	0.4	58.2	100.0	41.8	10.7	2,589
25–29	65.1	0.6	34.3	100.0	65.7	12.5	2,986
30–39	63.9	0.5	35.6	100.0	64.4	7.2	6,639
40–49	38.1	0.4	61.5	100.0	38.5	2.2	4,301
<b>Marital status</b>							
Never married	6.8	0.1	93.1	100.0	6.9	1.3	4,788
Ever had sex	35.8	0.0	64.2	100.0	35.8	3.0	89
Never had sex	6.3	0.1	93.6	100.0	6.4	1.2	4,699
Married or living together	60.5	0.6	38.9	100.0	61.1	9.1	13,492
Divorced/separated/widowed	53.7	0.3	46.0	100.0	54.0	3.4	1,216
<b>Residence</b>							
Urban	54.9	0.2	44.9	100.0	55.1	7.0	8,239
Rural	41.1	0.6	58.3	100.0	41.7	6.7	11,257
<b>Province</b>							
Banteay Meanchey	48.6	0.5	50.9	100.0	49.1	6.4	763
Battambang	57.4	0.2	42.3	100.0	57.7	9.9	1,347
Kampong Cham	36.8	0.1	63.1	100.0	36.9	7.1	1,163
Kampong Chhnang	43.5	0.3	56.2	100.0	43.8	7.1	675
Kampong Speu	44.4	0.2	55.4	100.0	44.6	6.5	1,226
Kampong Thom	42.9	0.6	56.4	100.0	43.6	6.0	819
Kampot	38.1	0.8	61.1	100.0	38.9	5.4	781
Kandal	52.1	0.5	47.5	100.0	52.5	9.0	1,445
Koh Kong	51.2	0.2	48.6	100.0	51.4	9.2	140
Kratie	47.1	0.7	52.2	100.0	47.8	8.3	443
Mondul Kiri	27.8	0.5	71.7	100.0	28.3	4.2	115
Phnom Penh	60.3	0.0	39.7	100.0	60.3	6.1	3,160
Preah Vihear	31.6	0.8	67.6	100.0	32.4	7.1	332
Prey Veng	36.0	1.9	62.1	100.0	37.9	5.7	1,233
Pursat	45.3	0.3	54.4	100.0	45.6	8.5	432
Ratanak Kiri	11.2	0.8	88.1	100.0	11.9	2.3	293
Siemreap	49.7	0.4	49.9	100.0	50.1	6.6	1,548
Preah Sihanouk	50.9	0.1	49.0	100.0	51.0	5.3	243
Stung Treng	40.3	0.1	59.6	100.0	40.4	6.9	195
Svay Rieng	43.0	0.8	56.2	100.0	43.8	7.0	735
Takeo	45.0	0.6	54.5	100.0	45.5	6.4	1,162
Otdar Meanchey	44.4	0.7	54.8	100.0	45.2	6.9	242
Kep	47.8	0.0	52.2	100.0	47.8	6.8	57
Pailin	70.2	1.5	28.3	100.0	71.7	10.6	96
Tboung Khmum	38.5	0.0	61.5	100.0	38.5	6.3	851
<b>Education</b>							
No education	37.3	0.4	62.3	100.0	37.7	4.7	2,265
Primary	49.6	0.5	49.9	100.0	50.1	6.7	7,554
Secondary	46.6	0.5	52.9	100.0	47.1	7.2	8,278
More than secondary	50.0	0.1	49.8	100.0	50.2	8.7	1,399
<b>Wealth quintile</b>							
Lowest	38.4	0.6	61.0	100.0	39.0	7.1	3,400
Second	41.1	0.6	58.3	100.0	41.7	6.9	3,534
Middle	43.7	0.5	55.8	100.0	44.2	6.6	3,813
Fourth	50.7	0.4	48.9	100.0	51.1	7.2	4,267
Highest	57.1	0.2	42.7	100.0	57.3	6.5	4,483
Total	46.9	0.4	52.6	100.0	47.4	6.9	19,496

<sup>1</sup> Includes respondents who have not heard of HIV or who refused to answer questions on testing



**Table 16.2 Coverage of prior HIV testing: Men**

Percent distribution of men age 15–49 by HIV testing status and by whether they received the results of the last test, percentage of men ever tested, and percentage of men who were tested in the last 12 months and received the results of the last test, according to background characteristics, Cambodia DHS 2021–22

Background characteristic	Percent distribution of men by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who have been tested for HIV in the last 12 months and received the results of the last test	Number of men
	Ever tested and received results	Ever tested, did not receive results	Never tested <sup>1</sup>				
<b>Age</b>							
15–24	8.3	0.9	90.8	100.0	9.2	2.0	2,785
15–19	1.6	0.2	98.2	100.0	1.8	0.8	1,559
20–24	16.8	1.8	81.3	100.0	18.7	3.4	1,226
25–29	34.0	2.4	63.5	100.0	36.5	3.4	1,299
30–39	43.7	3.3	53.0	100.0	47.0	2.4	2,849
40–49	29.4	2.9	67.7	100.0	32.3	1.3	1,893
<b>Marital status</b>							
Never married	7.2	0.8	92.0	100.0	8.0	2.2	3,078
Ever had sex	22.5	3.2	74.3	100.0	25.7	6.5	518
Never had sex	4.1	0.3	95.6	100.0	4.4	1.3	2,560
Married or living together	39.0	3.2	57.8	100.0	42.2	2.0	5,497
Divorced/separated/widowed	42.8	3.1	54.1	100.0	45.9	5.2	250
<b>Residence</b>							
Urban	35.7	3.2	61.1	100.0	38.9	3.2	3,762
Rural	22.3	1.7	76.0	100.0	24.0	1.4	5,063
<b>Province</b>							
Banteay Meanchey	32.4	1.0	66.6	100.0	33.4	2.6	327
Battambang	31.4	0.3	68.3	100.0	31.7	2.8	636
Kampong Cham	26.0	0.0	74.0	100.0	26.0	0.7	533
Kampong Chhnang	28.1	0.6	71.3	100.0	28.7	2.5	259
Kampong Speu	23.9	0.0	76.1	100.0	23.9	2.0	532
Kampong Thom	23.2	0.2	76.5	100.0	23.5	1.5	376
Kampot	23.2	0.7	76.1	100.0	23.9	2.4	322
Kandal	28.7	1.1	70.1	100.0	29.9	2.2	678
Koh Kong	25.9	11.8	62.2	100.0	37.8	2.6	60
Kratie	7.6	9.7	82.7	100.0	17.3	0.0	216
Mondul Kiri	19.0	1.1	80.0	100.0	20.0	1.1	50
Phnom Penh	41.9	1.8	56.4	100.0	43.6	3.8	1,490
Preah Vihear	22.7	0.5	76.8	100.0	23.2	2.3	149
Prey Veng	18.1	0.9	81.1	100.0	18.9	1.4	615
Pursat	22.2	0.8	77.0	100.0	23.0	0.9	219
Ratanak Kiri	10.8	1.6	87.5	100.0	12.5	1.5	149
Siemreap	19.7	15.6	64.7	100.0	35.3	1.8	749
Preah Sihanouk	43.6	0.7	55.6	100.0	44.4	1.8	113
Stung Treng	16.4	2.2	81.4	100.0	18.6	1.1	81
Svay Rieng	28.5	0.8	70.6	100.0	29.4	2.4	311
Takeo	36.3	0.3	63.4	100.0	36.6	2.2	453
Otdar Meanchey	29.0	0.3	70.7	100.0	29.3	1.6	109
Kep	21.9	0.8	77.3	100.0	22.7	3.5	26
Pailin	56.9	0.0	43.1	100.0	56.9	6.4	41
Tboung Khmum	22.3	0.0	77.7	100.0	22.3	0.8	331
<b>Education</b>							
No education	12.9	1.9	85.2	100.0	14.8	0.4	514
Primary	22.6	1.8	75.6	100.0	24.4	1.2	3,220
Secondary	29.9	2.3	67.8	100.0	32.2	2.1	4,273
More than secondary	49.3	4.9	45.8	100.0	54.2	7.1	819
<b>Wealth quintile</b>							
Lowest	15.6	1.7	82.7	100.0	17.3	1.0	1,607
Second	19.4	1.6	79.0	100.0	21.0	1.3	1,578
Middle	24.1	1.2	74.7	100.0	25.3	1.1	1,680
Fourth	33.5	3.4	63.1	100.0	36.9	2.1	1,945
Highest	42.7	3.4	53.9	100.0	46.1	4.7	2,015
Total 15–49	28.0	2.3	69.6	100.0	30.4	2.2	8,825

<sup>1</sup> Includes respondents who have not heard of HIV or who refused to answer questions on testing

### 3.14 MATERNAL MORTALITY

#### Maternal mortality rate

The number of maternal deaths per 1,000 women age 15–49. Maternal mortality rates by 5-year age groups are calculated by dividing the number of maternal deaths to female siblings of respondents in each age group by the total person-years of exposure of the sisters to the risk of dying in that age group during the 7 years preceding the survey. The number of deaths is the number of sisters reported as having died in the 7 years preceding the survey either during pregnancy or delivery, or in the 42 days following the delivery or termination of a pregnancy, by their age group at the time of death; deaths due to accident or violence are excluded. The person-years of exposure in each age group are calculated for both surviving and dead sisters based on their reported current age (living sisters) or age at death and years since death (dead sisters).

**Sample:** Sisters (both living and dead) age 15–49 in the 7 years preceding the survey, by 5-year age groups

#### Maternal mortality ratio

The number of maternal deaths per 100,000 live births. The maternal mortality ratio is calculated by dividing the age-standardized maternal mortality rate for women age 15–49 in the 7 years preceding the survey by the general fertility rate (GFR) for the same time period.

Estimates of the maternal mortality ratio (MMR) and the lifetime risk of maternal death for the period 0–6 years before the survey are shown in **Table 17**. Age-specific maternal mortality rates are calculated by dividing the number of maternal deaths by years of exposure (not shown). Maternal deaths are defined as any death that occurred during pregnancy, childbirth, or within 42 days (6 weeks) after the birth or termination of a pregnancy, excluding deaths due to accident or injury. Maternal deaths are a relatively rare occurrence and should be interpreted with caution. The MMR, obtained by dividing the age-standardized maternal mortality rate by the age-standardized general fertility rate, is often considered a more useful measure of maternal mortality since it measures the obstetric risk associated with each live birth.

**Table 17 Maternal mortality ratio**

Total fertility rate, general fertility rate, maternal mortality ratio, and lifetime risk of maternal death for the 7 years preceding the survey, Cambodia DHS 2021–22

Total fertility rate (TFR)	2.7
General fertility rate (GFR) <sup>1</sup>	81
Maternal mortality ratio (MMR) <sup>2</sup>	154 c.i.: (69, 239)
Lifetime risk of maternal death <sup>3</sup>	0.004

c.i. is confidence interval

<sup>1</sup> Age-adjusted rate expressed per 1,000 women age 15–49

<sup>2</sup> Expressed per 100,000 live births; calculated as the age-adjusted maternal mortality rate times 100 divided by the age-adjusted general fertility rate

<sup>3</sup> Calculated as  $1 - (1 - \text{MMR})^{\text{TFR}}$  where TFR represents the total fertility rate for the 7 years preceding the survey

**Table 17** shows that the MMR for the period 2014 to 2021–22 is 154 deaths per 100,000 live births. The lifetime risk of a maternal death is 0.004, which indicates that for every 1,000 women, 4 will have a maternal death.

### 3.15 CHILD DISCIPLINE

#### Only nonviolent discipline

Took away privileges, forbade something the child liked, or did not allow the child to leave the house; explained why the child's behavior was wrong, gave the child something else to do.

#### Psychological aggression

Shouted, yelled at, or screamed at the child, called the child dumb, lazy, or another name like that.

#### Any physical punishment

Shook, spanked, hit, or slapped on the bottom with bare hand; hit on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object; hit or slapped the child on the face, head, or ears; hit or slapped on the hand, arm, or leg, or beat up, that is hit over and over as hard as one could.

#### Severe physical punishment

Hit or slapped on the face, head, or ears, or beat up, that is hit over and over as hard as one could.

The 2021–22 CDHS asked adults about the disciplining methods they used with their children in the month before the survey.

- Overall, two-thirds (66%) of Cambodian children age 1–14 experienced a violence discipline method. Only 23% of children 1–14 years experienced nonviolent discipline.
- Almost three in five (59%) of children experienced psychological aggression, 43% experienced any physical punishment, and 5% experienced severe physical punishment such as hitting the child on the face or head.

**Table 18 Child discipline**

Percentage of children age 1–14 years by child disciplining methods experienced during the last one month, Cambodia DHS 2021–22

Background characteristics	Percentage of children aged 1–14 years who experienced:					Number of children aged 1–14 years
	Only nonviolent discipline <sup>1</sup>	Psychological aggression <sup>2</sup>	Physical punishment: Any <sup>3</sup>	Physical punishment: Severe <sup>4</sup>	Any violent discipline method	
<b>Sex</b>						
Male	22.4	60.4	45.4	4.7	67.8	7,132
Female	23.8	57.5	39.9	4.4	64.9	7,064
<b>Residence</b>						
Urban	28.9	49.7	39.1	4.3	58.3	5,047
Rural	19.9	64.1	44.6	4.7	70.8	9,149
Total	23.1	59.0	42.7	4.5	66.4	14,196

<sup>1</sup> Took away privileges, forbade something the child liked or did not allow the child to leave the house; explained why the child's behavior was wrong, gave the child something else to do

<sup>2</sup> Shouted, yelled at, or screamed at the child; called the child dumb, lazy, or another name like that

<sup>3</sup> Shook, spanked, hit, or slapped on the bottom with bare hand; hit on the bottom or elsewhere on the body with something like a belt, hairbrush, stick, or other hard object; hit or slapped the child on the face, head, or ears; hit or slapped on the hand, arm, or leg, or beat up, that is hit over and over as hard as one could

<sup>4</sup> Hit or slapped on the face, head, or ears, or beat up, that is hit over and over as hard as one could

Only 27% of respondents who answered questions about child discipline believe that physical punishment is necessary to raise children properly (**Table 19**).

**Table 19 Attitudes toward physical punishment**

Percentage of respondents who believe that physical punishment is needed to bring up, raise, or educate a child properly, Cambodia DHS 2021–22

Background characteristics	Percentage who believe that a child needs to be physically punished	Number of respondents
<b>Sex</b>		
Male	27.5	7,132
Female	26.8	7,064
<b>Residence</b>		
Urban	23.2	5,047
Rural	29.3	9,149
Total	27.1	14,196

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