

Cambodia - Demographic and Health Survey 2014

**National Institute of Statistics (NIS) - Ministry of Planning, Royal Government of
Cambodia, Directorate General for Health (DGH) - Ministry of Health, Royal
Government of Cambodia**

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Sampling

Sampling Procedure

The 2014 CDHS sample is a nationally representative sample of women and men between age 15 and 49 who completed interviews. To achieve a balance between the ability to provide estimates at the subnational level and limiting the sample size, 19 sampling domains were defined, 14 of which correspond to individual provinces and 5 of which correspond to grouped provinces:

- Fourteen individual provinces: Banteay Meanchey, Kampong Cham, Kampong Chhnang, Kampong Speu, Kampong Thom, Kandal, Kratie, Phnom Penh, Prey Veng, Pursat, Siem Reap, Svay Rieng, Takeo, and Otdar Meanchey
- Five groups of provinces: Battambang and Pailin, Kampot and Kep, Preah Sihanouk and Koh Kong, Preah Vihear and Stung Treng, and Mondul Kiri and Ratanak Kiri

The sample of households was allocated to the sampling domains in such a way that estimates of indicators could be produced with precision at the national level, as well as separately for urban and rural areas of the country and for each of the 19 sampling domains.

The sampling frame used for the 2014 CDHS was derived from the list of all enumeration areas (EAs) created for the 2008 Cambodia General Population Census (GPC), provided by NIS. The list had been updated in 2012, and it excluded 241 EAs that are special settlement areas and not ordinary residential areas. It included 28,455 EAs for the entire country. The GPC also created maps that delimited the boundaries of each EA. Overall, 4,245 EAs were designated as urban and 24,210 as rural, with an average size of 99 households per EA.

The survey used a stratified sample selected in two stages. Stratification was achieved by separating every reporting domain into urban and rural areas. Thus, the 19 domains were stratified into a total of 38 sampling strata. Samples were selected independently in every stratum through a two-stage selection process. Implicit stratifications were achieved at each of the lower geographical or administrative levels by sorting the sampling frame according to geographical/administrative order before sample selection and by using a probability proportional to size selection strategy at the first stage of selection.

For further details on sample selection, see Appendix A of the final report.

Response Rate

All of the 611 clusters selected for the sample were surveyed in the 2014 CDHS. A total of 16,356 households were selected, of which 15,937 were found to be occupied during data collection. Among these households, 15,825 completed the Household Questionnaire, yielding a response rate of 99 percent.

In these interviewed households, 18,012 women were identified as eligible for the individual interview. Interviews were completed with 98 percent of these women. Of the 5,484 eligible men identified in every third household, 95 percent were successfully interviewed. There was little variation in response rates by urban-rural residence.

Weighting

Due to the nonproportional allocation of the sample to the different domains and to urban and rural areas, along with possible differences in response rates, sampling weights are required for any analysis using the 2014 CDHS data to ensure the actual representativeness of the survey results at the national as well as the regional level. Since the 2014 CDHS sample was a two-stage stratified cluster sample, sampling weights were calculated based on sampling probabilities separately for each sampling stage and for each cluster.

Sampling weights were adjusted for household nonresponse as well as for individual nonresponse in order to calculate the survey weights. A spreadsheet containing all sampling parameters and selection probabilities was prepared to facilitate the calculation of survey weights. Several sets of survey weights were calculated:

- one set for all households and for women's individual surveys
- one set for households selected for the male survey and for men's individual surveys
- one set for women selected for the domestic violence survey
- one set for households in the clusters selected for the micronutrient survey

The differences between the household weights and the individual weights are due to individual nonresponse. The domestic

violence survey weight takes the number of eligible women in the household into account because of the selection of only one woman per household. The final survey weights were normalized so that the total number of weighted cases was equal to the total number of unweighted cases at the national level, for both household weights and individual women's and men's weights. The normalized weights are relative weights that are valid for estimating means, proportions, and ratios but are not valid for estimating population totals or pooled data.

Questionnaires

Overview

Four questionnaires were used in the 2014 CDHS: the Household Questionnaire, the Woman's Questionnaire, the Man's Questionnaire, and the Micronutrient Questionnaire. These questionnaires are based on the questionnaires developed by the worldwide Demographic and Health Surveys (DHS) Program and on the questionnaires used during the 2010 CDHS survey. To reflect relevant population and health issues in Cambodia, the questionnaires were adapted during a series of technical meetings with various stakeholders from government ministries and agencies, nongovernmental organizations, and international donors. The final drafts of the questionnaires were discussed at a stakeholders' meeting organized by the National Institute of Statistics. The adapted questionnaires were translated from English into Khmer and pretested in February and March 2014.

The Household Questionnaire was used to list all of the usual members and visitors in the selected households. Basic information was collected on the characteristics of each person listed, including age, sex, education, and relationship to the head of the household. For children under age 18, parents' survival status was determined. The Household Questionnaire was also used to identify women and men eligible for an individual interview.

The Woman's Questionnaire was used to collect information from all women age 15-49 and the Man's Questionnaire was administered to all men age 15-49 living in one-third of the households in the CDHS sample.

The Micronutrient Questionnaire was implemented in a subsample of one-sixth of the sampled clusters for the collection of micronutrient specimens among eligible women and children. Specimens collected included venous blood, urine, and stool samples.

Data Collection

Data Collection Dates

Start	End	Cycle
2014-06	2014-12	N/A

Data Collection Mode

Face-to-face [f2f]

DATA COLLECTION NOTES

TRAINING AND FIELDWORK

The goal of training was to create 19 field teams capable of collecting data for the 2014 CDHS. Each team was responsible for data collection in one of the 19 survey domains (comprising the 23 provinces and the capital city of Phnom Penh). Field teams were composed of five people (5 teams) or six people (14 teams): a team leader, a field editor, two or three female interviewers, and one male interviewer. Nineteen fully staffed field teams would require 114 field personnel, and at the end of training 109 field personnel were retained. Twenty-six days of training included four days of field practice in Kandal province. Data processing personnel (3 data processing supervisors, 10 office editors/coders, 19 data entry operators, and 5 reserves) also attended classroom training.

Training began with the Household Questionnaire and was followed by the Woman's Questionnaire. Additional time was spent reviewing the Household Questionnaire, including consent statements for hemoglobin testing, and conversion of ages and dates of birth from the Khmer calendar to the Gregorian calendar. One week was devoted to additional activities, including the Man's Questionnaire, measurement of women's and children's height and weight, sample implementation and household selection, testing of household salt for iodine, and organization of documents and materials for return to the head office. After completion of training, including field practice, fieldwork was launched and teams disbursed to their assigned provinces.

During the training period, the 19 CDHS team leaders were provided with the cluster information for the provinces in which they would be working so that they could devise a data collection sequence for their sample points. Team leaders were best equipped to perform this task because they hailed from their own provinces. They also conducted the CDHS household listing operation (described in Appendix A) and therefore were well acquainted with the areas in which they would be working. The progression of fieldwork by geographic location had to take into account weather conditions during the rainy season.

Fieldwork supervision was carried out regularly by three CDHS survey coordinators from NIS and MOH along with an ICF Macro consultant. Supervision visits were conducted throughout the six months of data collection and included retrieval of questionnaires from the field. In addition, a quality control program was run by the data processing team to detect key data collection errors for each team. These data checks were used to provide regular feedback to each team based on its specific performance. Data collection was conducted from June 2 to December 12, 2014.

The training and fieldwork for collection of stool, urine, and venous blood samples were conducted separately by UNICEF in collaboration with the Institut de Recherche pour le Développement (France) and Cambodia's Ministry of Agriculture, Forestry, and Fisheries. Details are provided in the micronutrient chapter.

Data Collectors

Name	Abbreviation	Affiliation
National Institute of Statistics	NIS	Ministry of Planning, Royal Government of Cambodia

Data Processing

Data Editing

Completed questionnaires were returned from the field to NIS headquarters, where they were entered and edited by data processing personnel who were specially trained for this task and had also attended questionnaire training of field staff. Data processing personnel included a data processing chief, two assistants, four secondary editors and coordinators, 25 entry operators, and eight office editors.

Data processing for the 2014 CDHS began on 25 personal computers on July 6, 2014, five weeks after the first interviews were conducted. Processing the data concurrently with data collection allowed for regular monitoring of team performance and data quality. Field check tables were generated regularly during the data processing to check various data quality parameters. As a result, feedback was given on a regular basis, encouraging teams to continue in areas of high quality and to correct areas of needed improvement. Feedback was individually tailored to each team. Data entry, which included 100 percent double entry to minimize keying errors, and data editing were completed on January 8, 2015. Data cleaning and finalization were completed on January 23, 2015.

Data Appraisal

Estimates of Sampling Error

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2014 Cambodia Demographic and Health Survey (CDHS) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2014 CDHS is only one of many samples that could have been selected from the same population, using the same design and identical size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2014 CDHS sample is the result of a multistage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2014 CDHS is an SAS program. This program used the Taylor linearization method for variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y , and x represents the total number of cases in the group or subgroup under consideration.

Note: A more detailed description of estimate of sampling error is presented in APPENDIX B of the survey report.

Other forms of Data Appraisal

Data Quality Tables

- Household age distribution
- Age distribution of eligible and interviewed women
- Age distribution of eligible and interviewed men
- Completeness of reporting
- Births by calendar years
- Reporting of age at death in days
- Reporting of age at death in months
- Nutritional status of children based on the NCHS/CDC/WHO International Reference Population

Note: See detailed data quality tables in APPENDIX C of the report.

File Description

Variable List

Related Materials

Questionnaires

Cambodia Demographic and Health Survey 2014, Household Questionnaire

Title Cambodia Demographic and Health Survey 2014, Household Questionnaire
 Author(s) National Institute of Statistics (NIS), Ministry of Planning, Royal Government of Cambodia Directorate General for Health (DGH), Ministry of Planning, Royal Government of Cambodia
 Country Cambodia
 Language English
 Filename KHM_2014_DHS_hh_questionnaire.pdf

Cambodia Demographic and Health Survey 2014, Woman's Questionnaire

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 Author(s) National Institute of Statistics (NIS), Ministry of Planning, Royal Government of Cambodia Directorate General for Health (DGH), Ministry of Planning, Royal Government of Cambodia
 Country Cambodia
 Language English
 Filename KHM_2014_DHS_women_questionnaire.pdf

Cambodia Demographic and Health Survey 2014, Man's Questionnaire

Title Cambodia Demographic and Health Survey 2014, Man's Questionnaire
 Author(s) National Institute of Statistics (NIS), Ministry of Planning, Royal Government of Cambodia Directorate General for Health (DGH), Ministry of Planning, Royal Government of Cambodia
 Country Cambodia
 Language English
 Filename KHM_2014_DHS_men_questionnaire.pdf

Cambodia Demographic and Health Survey 2014, Micronutrient Questionnaire

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 Author(s) National Institute of Statistics (NIS), Ministry of Planning, Royal Government of Cambodia Directorate General for Health (DGH), Ministry of Planning, Royal Government of Cambodia
 Country Cambodia
 Language English
 Filename KHM_2014_DHS_micronutrient_questionnaire.pdf

Reports

Cambodia Demographic and Health Survey 2014, Report

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Other materials

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