

CAMBODIA

YOUTH CONSULTATION ON HIV/AIDS WITH YOUNG PEOPLE

Integrating Young People into the International AIDS Conference

RESULTS OF THE WORKSHOP

8 & 9 APRIL 2004



CAMBODIAN YOUTH DEVELOPMENT

WITH THE FINANCIAL AND TECHNICAL SUPPORT OF UNICEF

MAY 2004

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1. INTRODUCTION

a. HIV/AIDS situation in Cambodia

In Cambodia, AIDS is reaching the general population. With an HIV/AIDS prevalence reaching 3% (2003) of the adult population, Cambodia is the country with the highest infection rate in the Asia and Pacific region.

Mobility of the population and in particular rural exodus is increasing vulnerability of the people.

Factors of vulnerability are evaluative as well as behaviour patterns and roads of transmission of the virus. It is acknowledged that 30 % of the new infection occurs from mother to child (NCHADS/Ministry of Health).

Although the AIDS epidemic is now well established into the general population, commercial sex workers and drugs users represent potential groups that can transmit the virus to their clients/partners.

Prevention efforts targeting young people should therefore be reinforced and continued. That is the reason why UNICEF, together with UNESCO is supporting the Ministry of Education, Youth and Sports for the conduction of a Youth Risk Behaviour Survey carried out on a national scale. The survey will provide key information on risk behaviour taken by young people and will make a new baseline about Cambodian youth.

b. Young people in Cambodia

Young people in Cambodia represent more than 50 % of the total population and therefore make the driving forces of the country. Like in other countries, Cambodian youth like to challenge conventions and to push boundaries. For more information about Youth in Cambodia, please see annexes c. (*Fact sheet about young people in Cambodia*) and d. (*Youth vulnerability*) and e. (the Youth Risk Behavior Survey).

c. Challenges related to HIV/AIDS and Young People

- Reduction of vulnerability;
- Promotion and access to counseling and testing on HIV/AIDS;
- Care and support of young people infected/affected by HIV/AIDS;
- Reduction of discrimination and stigma towards young people living with AIDS and affected by HIV/AIDS.

2. THE YOUTH CONSULTATION

a. General framework

The UNICEF Office in Phnom Penh supported the youth consultation through a youth organization, *Cambodian Youth Development - CYD*. Other key partners of the HIV/AIDS sections of UNICEF facilitated the organization of the consultation (The Youth Department of the MoEYS, the Ministry of Rural Affairs, the Ngo Inthanou, the Cambodian Red Cross and Save the Children UK). The workshop lasted for 2 days and focus on self expression and participation of the group of young people.

b. Participants

The participants were recruited by the NGO Cambodian Youth Development, through the support of various youth networks such as the youth department of the Ministry of Education, Youth and Sports, the Ministry of Rural Development, international and local NGOs, schools students association (Rose Club). A particular attention was given to the gender balance (50 % of girls were involved in the consultation) as well as the geographical distribution (9 participants coming from provinces). For more details about the participants, please see attached annex # a.

c. Methodology

The group was briefed about the objective of the consultation in plenary session. In order to facilitate self and free expression, the group was divided into 3 several sub groups of 10 persons to discuss each topic. A rapporteur was designated in each of the sub groups to report the findings of the discussion in plenary session. Facilitators, coming from Government's institutions, Ministries or the NGO sector animated each of the sub groups.

d. Results

NB: the result of the consultation, for each topic are presented in this report under the form of bullet points



Access to information

Dr. Ouk Rim, Deputy Director of Department of Rural Health Care of MoRD and Mr. Kim Amara, Deputy Director of Youth Department of MoEYS facilitated this session.

Group I: How can you protect yourself against the transmission of HIV? If not why do you think the peers do not have "access" to this information? What are the barriers to "Accessing" the correct information about HIV/AIDS?

How can you protect yourself against the transmission of HIV?

- Use condom at any sexual intercourse;
- Faithfulness;
- Delay the first sexual intercourse;
- Use clean needle for any injection;
- Do regular blood testing;
- Self-responsibility and moral values.

If not why do you think the peers do not have "access" to this information?

- Lack of HIV/AIDS information into youth networks;
- Morals (tradition)
- Shyness about matters related to sexuality (taboos);
- Parents don't let children (particularly daughter) speak about sexuality
- Limited access and quality of education

What are the barriers to "Accessing" the correct information about HIV/AIDS?

- Lack of education, shy, urgent anger and;
- Individuals feels no concerns about the subject;
- Family barriers: Parents may not allow their children, particularly their daughter, to know about sexuality issues
- Society: poverty, cultural barriers
- Discrimination;
- Limited access to media;
- Not sufficient information;
- Lack of facilitator, role models into youth networks;
- Limited access to condom in some areas;
- Difference of values about sexuality between generations or groups of ages (between parents and children);
- Lack of cooperation and coordination between stakeholders.

Group II: Do your religious beliefs, customs and social values affect your sexual behavior? How?

The groups agreed that religious beliefs, customs and social values are factors that highly affect the sexual behavior of young people:

Religious beliefs

- Religious precepts and discipline;
- Notion of sin and bad action.

Social Values

- Morality;
- Tradition and culture;
- Role of men and women in the society;
- Discrimination;
- Not collaborate from community and authority;
- Poverty;

- Attitude of rich person or person detaining power/high responsibility (problems of leadership and role models?);
- Limited access to education and in particular value education.

Custom

- Gender role: It is not culturally appropriate that women talk about sex.

Group III: What do you think about the way sex and HIV/AIDS education should be provided at school?

- Develops peer education curriculum and programs;
- Encourage youth participation;
- Development of friendly IEC
- Setting of regular workshops/information sessions by organizations external of the school
- Involvement of students into international events such as World AIDS Day
- Organization of recreational activities such as concert and quiz (with incentives for the good answers) about HIV/AIDS
- Integrate HIV/AIDS at all levels of the education system;
- Encourage the participation of people living with HIV/AIDS in teaching about AIDS issues at school;
- Create AIDS support groups at school level;
- Improve cooperation between education stakeholders at provincial, district, commune and school level.

In plenary session, the group chooses the three following priorities for the topic access to information:

- 1. AIDS law should be disseminated;**
- 2. Self-responsibility should be encouraged and values promoted among youth;**
- 2. Promotion of condom should be generalized in all youth network.**

Access to skills

Ms. Norng Sarakmony, from the Cambodian Red Cross - CRC and Mr. Chin Mardy, from the NGOs Cambodian Youth development facilitated this session

Group I: Do you think young people are keeping themselves safe from HIV/AIDS?

The groups propose 2 types of answers to this question:

Yes if:

- Individual responsible behavior is involved (condom use, delay the first sexual intercourse);
- Family and community provide "safety net" (information, access to education, health services).

No if:

- Young people are at stage where they want to experience new things and challenge conventions;
- Individual responsible behavior is not involved;
- Difficulty in making appropriate choices, particularly concerning life skills.

Group II: Do girls have sufficient knowledge and skills to protect themselves from HIV/AIDS?

Yes if:

- Push their partners to use condom;
- Do blood testing before getting married
- Use clean needle for any injection;
- Get good advice from peers.

No if:

- Don't use condoms;
- Do not understand about the risk of sexuality;
- Do not understand about AIDS;
- Are not skilled to negotiate.

Group III: What is the most important reason why young people do not choose to get themselves tested for HIV?

- Afraid of facing the truth;
- Shyness to face counselor, doctors and other people at the medical consultation;
- Lack of money;
- Scare of discrimination and judgment;
- Lack of counseling and testing centers;
- Lack of information about testing and counseling;
- In case of the person tested is found HIV+, afraid of having to keep a secret;
- In case of the person tested is found HIV+, decrease of self esteem;
- Ignorance about counseling and testing on HIV/AIDS;
- No confidence in the counselor and the medical services;
- Peer pressure for not having a blood test.

In plenary session, the group chooses the three following priorities for the topic access to skills:

- 1. Encourage counseling and testing and reduce fears related to it;**
- 2. Provide life skills education to young people (negotiating skill, assertiveness)**
- 3. Promote openness about sexuality issues among youth.**



Access to services (HIV prevention)

Mr. Chin Mardy, and Mr. Som Savoeun, Chief of Planning office of Youth Department of MoEYS facilitate this session

Group I: What could be done to improve access to prevention and care services for young people in your country?

About care services:

- Support and encourage people living with HIV/AIDS and affected by AIDS;
- Develop care services with a national coverage;
- Provide access to treatment for people living with HIV/AIDS;
- Reduce discrimination;
- Involve all sectors of the society;
- Encourage involvement of communities;
- Explain the usefulness of medicine / food and sanitation living.

Prevention services:

- Training focus on life skills at schools and out of schools;
- Generalize social marketing (Condom promotion);
- Focus on border and remote areas, when the risk of contracting AIDS is higher;
- Creation and support of youth networks at the community level;
- Encourage government's bodies and the civil society to work together on prevention issues.

Group II: Do you know where you can get tested for HIV? Would you use those services? Why or Why not?

Do you know where you can get tested for HIV?

The following places for testing were mentioned:

- Private clinic;
- Public hospitals;
- Health center operated by NGOs;
- Other organization, like *Institut Pasteur*.

Would you use those services?

Yes because:

- Want to know about serological status;
- Don't trust partners;
- Got already symptom of AIDS;
- Take a risk (have sex without condom);
- Get injection blood injection with unclean needles.

No because:

- Afraid of facing the trust;
- Not believe the blood testing center;
- Do not have enough money and time;
- Shyness;
- Lack of knowledge about what is blood testing on HIV/AIDS;
- Lack of the counseling and testing centers at the community level (particularly rural and remotes areas);

Group III: Do you know any of the HIV/AIDS programs addressing the issue of young people and HIV/AIDS in your community?

The group mentioned existing HIV/AIDS Program addressing the issues of young people (Cambodian Red Cross peer education program, Club Rose, Save the Children. The group has identified the following issues as part of these existing programs:

- Risks and no risk;
- Evolution of the virus;
- Care and support of people living with AIDS;
- Delay the first sexual intercourse;
- Non-discrimination;
- Prevention;
- Promotion of counseling and testing;
- Self-responsibility, assertiveness, negotiation skills.

In plenary session, the group chooses the three following priorities for the topic access to HIV Prevention

- 1. Expand Counseling and testing services at rural and remote areas;**
- 2. Creation of youth networks at community level in cooperation with existing structures (NGOs, Governments' bodies);**
- 3. Include HIV/AIDS at all level of the education system as well as for out of schools youth**



Access to services (AIDS prevention)

**Dr. Kong Narom, Training Coordinator of Pharmaciens Sans Frontières
and Ms. Morm Sophea, Facilitator of Inthanou Association**

Group I: Is ARV treatment for HIV/AIDS available for young people in your community/village/district?

Respondents mentioned city or provinces where they have heard it is possible to get treatment. Among these geographical location was also mentioned name of hospitals

- Phnom Penh;
- Siem Reap hospital
- Russian hospital;
- Takeo province
- Calmette hospital
- Kompong cham province
- Maryknol organization
- Centre for Hope

Could you please tell us about the medication that you have taken (for groups with positive people)?

Respondents focus their answers on how to take the treatment in a proper way:

- Get medicine at appropriate time (during the entire life time);
- Discuss with doctor before using medicine;
- Beside ARV medicine has to discuss with doctor

Group II: Do discrimination against people living with HIV/AIDS among youth people in community?

The group recognizes that discrimination towards people living with AIDS is happening in Cambodia, particularly through the form of:

- The person is left alone (put apart from the society);
- The person living with AIDS is look down by members of his/her family, friends and neighbors;
- Fears from the society of having contact with an person infected;

Group III: What can be done to reduce stigmatization regarding HIV/AIDS in your community?

- Give chance to participate in social activities;
- To educate the way of infection and non infection of HIV/AIDS;
- Encourage general support from communities to people living with AIDS and affected by AIDS;
- Judgment.

In plenary session, the group chooses the three following priorities for the topic access to services (AIDS prevention)

- 1. Give the chance to young people living with AIDS to participate in social activities related to HIV/AIDS and to be the actors of their own development;**
- 2. Promote non-discrimination;**
- 3. Provide access to treatment.**

3. SUMMARY OF PRIORITIES ACTIONS

Panel 1: Access to information

1. AIDS law should be disseminated;
2. Self responsibility should be encouraged values promoted among youth;
3. Condoms should be promoted at all youth networks.

Panel 2: Access to skills

1. Encourage counseling and testing and reduce fears related to it;
2. Provide life skills education to young people (negotiating skills, assertiveness);
3. Promote openness about sexuality issues among youth.

Panel 3: Access to services (HIV Prevention)

1. Expand counseling and testing services targeting young people;
2. Creation of youth network at community
3. Include HIV/AIDS education at all level of the education system as well as for out of schools youth.

Panel 4: Access to services (AIDS prevention)

1. Give the chance to young people living with AIDS to participate in social activities related to HIV/AIDS and to be the actors of their own development;
2. Promote non-discrimination;
3. Provide access to treatment.

4. THREE KEYS MESSAGES FOR THE GLOBAL AIDS CONFERENCE

As final result of the Youth Consultation's workshop on HIV/AIDS, participant selected three core priorities to be presented at the AIDS conference.

These priorities were also painted on a large piece of cloth, signed and participants printed their hand on it to show their commitment. H.E. Mr. Chey Chab, Under Secretary of State of MoEYS acknowledged about these three priorities and signed on the banners.

- 1. Create, support and promote youth networking groups at communities level, in cooperation with existing structures (Local authorities, NGOs);**
- 2. Dissemination and application of the AIDS law;**
- 3. Increase access to voluntary counseling and testing.**

Annex a**List of participants**

N°	Name	Sex	From
01	OUK SAO KE	F	KAMPONG CHNANG
02	MAM PHEAKDEI	M	PUR SATH
03	KIM SOHEA	M	KAMPONG CHNANG
04	TUORN BUNTHOEUN	F	KAMPONG CHNANG
05	KON PESITH	F	KAMPONG CHNANG
06	HUL SARUN	F	SVAY RENG
07	OK SOPHY	F	SVAY RENG
08	KUOY VUOCHLY	F	PUR SATH
09	POL CHANTHA	M	SVAY RENG
10	MOU SUMVINA	F	CYD
11	MOU CHANSOPHEAK	M	CYD
12	SOK LEANG	M	CYD
13	THOU SAMNAG	M	ROSE CLUB
14	KHLOK SOUSSOBALÉ	F	ROSE CLUB
15	NY VANDA	M	LOVE CLUB
16	CHHORN SOTHEARY	F	LOVE CLUB
17	RATANAK TETHSAMBO	M	RHAC
18	SOUR KIMLY	F	GGAC
19	CHHENG SAMBO	F	AFESIP
20	OUT POV	F	PSF
21	YUK BUNTHEUN	M	KGN
22	KEAT RANGSEY	M	CRC
23	LY YASAK	M	SCA
24	KOEV VIRAK	F	UNESCO
25	PICH SINATH	F	UNESCO
26	LA LIDA	F	UNESCO
27	ITH RINDA	F	SCADP
28	CHIN SINOEUN	M	SCADP
29	SREY RATHANAK	M	SOVANPHUM
30	CHAN BOPHA	F	ROSE CLUB

Total of participants coming from province: 09, including 6 females
- From KOMPONG CHNANG province: 04 participants, including 03 females
- From PURSAT province: 02 participants, including 01 female
- From SVAY RIENG province: 03 participants, including 02 females

Total of participants coming from Phnom Penh: 21, including 9 females

TENTATIVE SCHEDULE

+ Day 1: April 8, 2004

- 7.30 – 7.45: Arrival of the participants, national and international guests
- 8.00 – 8.05: Opening Ceremony - *CYD's M.C*
- 8.05 – 8.15: Presentations of the objectives of the workshop - *Mr. Chin Mardy, Executive Director of Cambodian Youth Development (CYD)*
- 8.15 - 8.20: Speech of the supporter of CYD's activities - *Ms. Chin Sedtha, Assistant Project Officer - HIV/AIDS unicef Phnom Penh*
- 8.20 - 8.30: Speech of the CYD's partner, and Opening Ceremony's Announcement - *Dr. Chea Samnang, Director of DoRHC of MoRD*
- 8.30 – 8.45: Icebreaker game and Introduction of each participant – *Facilitated by Cambodian Youth Development (CYD)*
- 8.45 – 9.00: Coffee break
- 9.00 – 10.30: **Panel 1: Exercise group (3 groups of 10 persons)**
Access to information and knowledge of HIV/AIDS
Achievements, Challenges and Recommendations

Facilitators: Dr. Ouk Rim, Deputy Director of DoRH of MoRD and Mr. Kim Amara, Vice Director of the Youth Department of MoEYS

Group Discussion:

1. How can you protect yourself against the transmission of HIV? If not, why do they think the peers do not have "access" to this information? What are the barriers to "accessing" the correct information about HIV/AIDS?
2. What do you think about the way sex and HIV/AIDS education is provided in schools?
3. Do your religious beliefs, customs and social values affect your sexual behavior? How?

Brainstorming:

4. What would be the scope of "sex education" in your opinion?
5. Do young people have success to relevant information or counseling?
6. Have you been informed about sex education at school?

10.30 – 11.30: Presentation of each group – each group will have to present the results of the discussions and select 3 priorities by giving the scores

11.45 - 13.30: Lunch at the MCHC

13.30 – 14.00: After-lunch energizing game

14.00 - 15.30: **Panel 2: Exercise group (3 groups of 10 persons)**
Access to skills
Achievements, Challenges and Recommendations

Facilitators: Nong Sarakmony, Facilitator of CRC and Mr. Chin Mardy, CYD Executive Director

Group Discussion:

1. Do you think young people are keeping themselves safe from HIV? If not, then why not?

2. Do girls have sufficient knowledge and skills to protect themselves from HIV/AIDS?
3. What are the most important reasons why young people don't choose to get themselves tested for HIV?

Brainstorming:

4. What do you think about condoms? Are they easy to access? Do you feel comfortable carrying a condom with you?
5. How can young people protect themselves from HIV/AIDS?

15.30 - 15.45: Coffee break and Icebreaker game

15.45 - 16.45: Presentation of each group - each group will have to present the results of the discussions and select 3 priorities by giving the scores

16.45 - 17.00: Wrap up of the day

+ Day 2: April 9, 2004

8.00 – 8.10: Introduction of the day by *Cambodian Youth Development*

8.10 – 8.30 Energizing game – *Facilitated by Cambodian Youth Development*

8.30 – 9.00 Coffee break and Icebreaker game

9.00 – 10.30 **Panel 3: Exercise group (3 groups of 10 persons)**
Access to HIV prevention
Achievements, Challenges and Recommendations

Facilitators: Mr. Chum Thu, Program Manager of HIV/AIDS Education of World Education and Mr. Som Savoeun, Chief of Planning Office of the youth department of MoEYS

Group Discussion:

1. What could be done to improve access to prevention and care services for young people in your community?
2. Do you know where you can get tested for HIV? Would you use those services? Why or why not?
3. Do you know any of the HIV/AIDS programs addressing the issue of young people and HIV/AIDS in your community?

Brainstorming:

4. What kind of services has been provided for young people?
5. Have those services, which have been provided, served the needs of young people? If not, how could services for young people be improved?

10.30 – 11.45: Presentation of each group – each group will have to present the results of the discussions and select 3 priorities by giving the scores

11.45 - 13.30: Lunch at the MCHC

14.00 - 15.30: **Panel 4: Exercise group (3 groups of 10 persons)**
Access to AIDS prevention
Achievements, Challenges and Recommendations

Facilitators: Inthanou and Dr. Kong Narom, Training Coordinator of PSF

Group Discussion:

1. Have you experienced any kinds of discrimination regarding HIV/AIDS among young people in your community?

2. Do you know of any care and support for young people affected by HIV/AIDS in your community? Does it address the needs of young people?
3. Is ARV treatment for HIV/AIDS available to young people in your community/village/district? Could you please tell us about the medication that you have taken/are taking (for groups with positive young people)?

Brainstorming:

4. What can be done to reduce stigmatization against young people living with HIV/AIDS?
5. Do you think religious beliefs; customs and social values can help young people living with HIV/AIDS? Do your religious beliefs, customs and social values make you act in a certain way to people with HIV? Do your religious beliefs make you feel negative or positive towards them?

15.30 - 15.45: Coffee break and Icebreaker game

15.45 - 16.30: Presentation of each group - each group will have to present the results of the discussions and select 3 priorities by giving the scores

16.30 - 17.15: Plenary session for the selection of **3 priorities** among the priorities defined during the 2 days workshop

17.15 - 17.30: Arrival of the participants, national and international guests

17.30 - 17.35: Closing Ceremony - *CYD's M.C*

17.35 - 17.45: Final Report of the whole workshop - *Mr. Chin Mardy, Executive Director of Cambodian Youth Development (CYD)*

17.45 - 17.50: A representative of youth participants addresses the selection of 3 priorities among that will be carried to the International AIDS Conference

17.50 - 18.10: Speech of the CYD's partner, and Closing Ceremony's Announcement - *H.E Chey Chap, Under Secretary of State of MoEYS*

18.10 - 18.20: Closing of the workshop and remittance of certificate of participation

18.20 - 18.30: Supporting Ceremony on the three priorities by hand print of the participants and signing from the H.E Chey Chab, Under Secretary of State of MoEYS and special guests, and also take a photo together.

CAMBODIA FACT SHEET
Adolescents, 10 – 19 years; Youth, 15 – 24 years; Young people, 10 – 24 years
(Compiled by Mr. David Wilkinson)

Most research conducted with adolescents has been in Phnom Penh and provincial centers, and very little is known about adolescents living in the countryside. The cultural context and behaviour of adolescents is also a vast unexplored area - for example: power relations and expected behaviour of adolescent males.

Population

32.8% of the population is aged between 10 and 24 years of age (NIS, 1998)
Age at marriage for women is between 19 and 21 years (CDHS, 2000)
12.1% of females between the ages of 15 and 19 are currently married, and of these 40% gave birth to 1 or 2 children before the age of 20 years (CDHS, 2000)
34% of married women aged 15-19 years met their husband for the first time on their wedding day (CDHS, 2000)

Education

<5% of adolescents are still in the education system by age 15 (RGC/UNICEF, 2001)
85% of males and 75% of females aged 15 – 24 years of age are literate (able to read and write a simple message)

Employment

16% of children and adolescents aged between 5 and 17 years are working (MoP, 1997)

Leisure

Football and Thai boxing are popular sports on TV. "Organised sports clubs outside school are an almost unheard of phenomena" (Wallquist, 2002).

Drugs

The majority of drug use takes place in secondary schools; in a few years time these students will bring drugs to the universities (Wallquist, 2002).
54% of school students in Phnom Penh state that yama (methamphetamine tablets) is popular at school (Gender & Development, 2003)
37% of university students state that yama (methamphetamine tablets) is popular at university (Gender & Development, 2003)
65% of street children report having ever used yama, 71% have used glue and 13% have injected a drug. (Mith Samlanh-Friends, 2002)
Glue is the substance of choice for younger age groups (below 14 years) and of poorer youth (Mith Samlanh-Friends, 2002)
94% of all adolescent boys and girls (in focus group discussions) said that it was very important for them to have more information on drug & alcohol abuse (WHO, 2003)
34% of young people in Phnom Penh did not know if cocaine is harmful and a further 20% believe that it is harmless (Gender & Development, 2003)
90% of young people in Phnom Penh believe that cigarettes are harmful and 85% believe that alcohol is harmful (Gender & Development, 2003)

Sexual Activity

Median age at first intercourse for women is 20 years (CDHS, 2000)
Female garment workers first sexual encounter at 18 years (CARE, 1999)
More than half the women interviewed had their first sexual encounter before 18 years and some as young as 13 years (Tarr, 1996).
In the men who have sex with men study, 50% had first sexual partner aged 16 – 18 years. With 17.3% below the age of 16 years (FHI, 2001)

Sexual Violence

89% of rape victims are below the age of 19 years (LICADHO, 2001)
53% of rape victims are below the age of 14, and 23% are below the age of 10 (MoWVA, 2002)

61% of males accused of rape are below the age of 19 years (LICADHO, 2001)
42% of young men in Phnom Penh know someone who has participated in *bauk* (gang-rape) (Gender & Development, 2003)
60% of university students know someone who has participated in *bauk* (gang-rape) (Gender & Development, 2003)
100% of all adolescent boys and girls (in focus group discussions) said that it was very important for them to have more information on management of sexual violence (WHO, 2003)

HIV / AIDS

20.9% of the people affected by HIV are between 15 and 19 years of age, and 35.5% are between 20 and 24 years of age
3% of women attending for ANC and 19% of sex workers between the ages of 15-19 tested positive for HIV (HSS, 2002)

Nutrition

57.7% of women aged 15 – 19 years are anaemic (Hb less than 12 g/dl)

Teenage Pregnancy

13% (6,656) of all women who delivered at NMCHC in 2002 were aged 15 – 20 years (NMCHC, 2003).
34% of urban women and 39% of rural women had their first birth when 19 years or below (CDHS, 2000)
Only 1% of women 19 years or below are using a modern contraceptive method (CDHS, 2000)
Unmet contraceptive need for girls ages 15–19 is 37.1%

Maternal Mortality

In one study conducted in Kampot, Siem Reap and Stung Treng Provinces between October 1998 and September 1999, of the 236 deaths among women 15 – 49 years, 21% of the deceased women were aged 15 – 24 years. Direct obstetric causes included hemorrhage, sepsis and eclampsia (RACHA, 2000).

Infant Mortality

Infants of females less than 20 years 101 per 1,000 live births - national 95 per 1,000 live births (CDHS, 2000)

Under Five Mortality

Under-five mortality of females less than 20 years is 126.3 per 1,000 live births; nationally - 124 per 1,000 live births (CDHS, 2000)

Violence

62% of young people in Phnom Penh have witnessed an assault or robbery perpetrated by a youth gang (Gender & Development, 2003)

Annex d **YOUTH VULNERABILITY TO HIV/AIDS**

Young people make a large proportion of the Cambodian population. 54.8% of the population is under 20 year old [census 1998]. Like everywhere in the world, young people constitute the driving forces of the country. However, the Cambodian context offers little opportunity in term of education, job and careers, social and personal development. In regard to the HIV/AIDS epidemic, factors and determinants that contribute to the vulnerability of young people could be listed as follows:

FACTOR 1: SOCIAL, ECONOMIC, POLITICAL AND CULTURAL CONTEXT

Weakness of the education system

The education system has been completely dismantled from 1970 to 1979. The legacy of years of turmoil has driven the education sector into a very limited capacity of service delivering. Compulsory education starts at 6 years olds. However, only 23% of the 6 years old population entered school (National Institute of Statistics - 1999). The grade level of students does not reflect the official age of students in that grade. Children as old as 14 years old entered in grade 1! (Forester 1999). Nationally, only 45 % of the student's reach grade 5 (National EFA 2000 assessment group, 1999). Consequently, basic education is not properly addressed to young people. Therefore, the literacy rate is low (Official rate 67.3% - 79.5 for males and 57% for females - NIS 1999). Nation-wide, only 23% of secondary school age youth are attending secondary schools grades 7 to 12 in 1998-1999. The number of students in higher education per 100,000 is 62 [EMIS - 1999].

Correlation between poverty and education is also high. Parents have to give 100 to 200 riels every day per children to the teacher to get access to education services.

Education and gender

Grade 4 and 5 see very high drop out rates for girls. By age 15, male enrolment is 50 % higher and by age 18, male enrolment rates are nearly 3 times as large as female enrolment rates (Ministry of Planning 1998 and MoVWA 2001)

Lack of sex education curriculum into the formal education system

There is no policy on sex education at the MoEYS. Although that HIV/AIDS is addressed to some extent into the primary and secondary curriculum (from grade 5 to grade 12), there is no link between one lesson to one other. The capacity of teacher to teach about sex education is limited. Sex education is not seen as a priority.

Cultural values

In the Cambodian system of values, it is not appropriate to talk openly about sex. Girls are not supposed to have sex before wedding and most of the time, parents choose for their children whom to marry. In the meantime, brothels are flourishing in cities and it is a common activity for young boy and married men to visit CSW. With the opening of Cambodia to the outside world and the phenomenon of globalization, young people quickly change their behavior towards sex, love and emotion.

Poverty

Poverty may drive young people to engage into commercial sex. It is the case of young girls working as beer promoters, karaoke, and massage, who are driven into occasional prostitution to increase their wages.

Beliefs

Many beliefs contribute to the vulnerability of young people in the Cambodian society. I.e., traditional medicine is sometime presented as miraculous and ritual tattoos are supposed to prevent from disease, bullets and others dangers. HIV/AIDS is also seen as a trick of pharmaceutical industry to sell condom and medicine. Others believe says that sex intercourse with a virgin will bring more vitality and that there is no risk of contamination, even without condom or that masturbation damage health and particularly the brain.

Drugs and alcohol

Sniffing glues and hallucinogens drugs such as "Yaba" become more and more common, particularly in dancing and discotheques. The consumption of beer is also link with casual sex.

Peer pressure

Cambodian society is organized in clans and groups. As a result of this system, peer pressure is very strong and influences behavior of individual into a group of person.

Impact of pornographic material

Researches have demonstrated (Tarr, 1996) that pornographic material very much influences sexual practices of young people. This material is available at markets and is affordable for young people.

FACTOR 2: ACCESS TO INFORMATION**Little access to mass media**

Magazines for teenagers are not available and TV and radio does not address programs for young people. Access to computer and Internet is also very limited.

FACTOR 3: ACCESS TO HEALTH SERVICES AND CARE

Care. The access to health services is generally poor and limited. Treatments are expensive, doctors and nurse not experienced. Young people can also feel shame and fears to talk about sex diseases and HIV/AIDS.

FACTOR 4: MOBILITY**Rural exodus**

Young people are moving from countryside to urban areas and Phnom Penh to find a job or to study at university levels. Many of them stay with relatives, rent a room if they can afford or stay in the dormitories of the pagoda. Promiscuity, loneliness, distances from family, absence of parent's authority, opportunity to have many friends combined with the feeling of freedom can lead to risky behavior.

Youth Risk Behaviour Survey

More than 9,000 young people from around the country took part in a major new survey aimed at improving understanding of the risk behaviour of Cambodian youth. The survey, which started in 2003 with data collectors from the Ministry of Education, Youth and Sports (MoEYS) interviewing young people all around the country.

The Youth Risk Behaviour Survey (YRBS) is designed to examine factors affecting the overall development of Cambodia's young people. The main aim of the survey is to assess the prevalence of risk behaviours that can have a negative effect on their health and safety. Although primarily designed to collect quantitative data, the YRBS will also gather qualitative data that will provide insights into young people's perceptions of risk behaviours.

Some 9,388 young people between the ages of 11 to 18 have been interviewed during the survey. The survey has involved interviews, at village level, with 4,284 young people attending school and another 5,104 out-of-school young people. The survey, which was prepared with the assistance of the National Institute of Statistics, Ministry of Planning, has been conducted in 319 primary, lower- and upper-secondary schools in 319 villages.

Under the leadership of MoEYS, the survey's questionnaire was developed by a committee of organizations that focus on issues affecting young people in Cambodia.

The questionnaire, which has 107 questions, is divided into 11 sections as follows:

(1) Personal and Family Data; (2) Physical Safety; (3) Violence; (4) Smoking; (5) Alcohol; (6) Drugs; (7) Sexual Behaviour; (8) Sexually Transmitted Diseases and HIV / AIDS; (9) Food and Health; (10) Worry, depression and attempted suicide, and; (11) Sports and Life Skills

It is expected that the survey will provide invaluable information and insights for organizations working with young people in Cambodia. The results of the survey will be available at the end of June 2004.

For further information, please contact:

- **Mrs. Khieu Sunran**, Vice Director of the Pedagogical and Research Department: 855 12 844 090;
- **Dr. Etienne Poirot**, Head of the HIV/AIDS section, UNICEF: epoirot@unicef.org;
- **Mr. Fabrice Laurentin**, HIV/AIDS Focal Point, UNESCO and UNICEF: f.laurentin@unesco.org;