Situation Analysis

Adolescent Reproductive Health and the Role of the Media in Cambodia

In-Country Research for the AIDCOM Project Promoting Advocacy for Adolescent Reproductive Health Through Effective Communication

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Vann Sophal
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Adolescents aged between 11 and 20 make up one-quarter of the Cambodian population. Living in the poorest country of the South East Asian region, which is emerging from a long period of civil war and destruction, many of them are growing up in an unstable and deprived situation.

Access to reproductive health services is poor for the entire Cambodian population, but adolescents have some particularly acute un-met needs. Their access to and knowledge of birth spacing is low, they lack sex education and they are thought to be are particular risk from HIV/AIDS and STDs. Cambodian adolescents are a diverse group. The needs of boys and girls, rural and urban, and in-school and out-of-school youth are varied.

The Royal Government of Cambodia faces many challenges in terms of national reconstruction, development and poor infrastructure. ARH is an area in which it does not yet have a policy or dedicated budget. However, some government activities carried out in partnership with international organizations relate to ARH These include reform of the school curriculum, promotion of birth spacing and the National Aids Programme's HIV/AIDS prevention activities.

International and local NGOs play an active role in reproductive health in Cambodia and some of their activities relate to younger people. In the past these have mainly been HIV/AIDS prevention interventions with "high risk groups" such as street children, commercial sex workers and other young women working in sexually vulnerable situations.

Recent research has, children a more complex picture of the sexual experiences of young Cambodians than was previously available. It suggests that young people respect and are influenced by traditional mores about marriage and sex. But at the same time, Cambodia is changing first and there is more evidence of a youth culture including boyfriend-girlfriend relationships which can be sexual. This suggests that it is dangerous to think in terms of risk groups or preach abstinence. Adolescents-especially adolescent girls - in Cambodia are growing up in a situation where sex is a possibility but they are ill-equipped to make informed choices about relationships, sexuality, birth spacing and preventing HIV/AIDS and STDs. There is evidence that some projects are being planned which will respond to these needs, but even these are limited in scope.

The media does not yet reach every adolescent in Cambodia. However, young people are increasingly exposed to TV, video and radio. In the print medium the most popular magazine counts adolescents among its major audience. Recent media campaigns on birth spacing and HIV/AIDS have shown that the media in Cambodia is a credible and effective means of health promotion. If appropriate messages are targeted at the real needs of this age group, the media could play a role in informing and helping to empower young people in Cambodia.
The authors would like to acknowledge the financial support of UNFPA Phnom Penh and AIDCOMM for this project.

We would also like to thank the Youth Department of the Ministry of Education, Youth and Shorts for allowing Vann Sophal to join this project:

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## Abbreviations Used

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ARC</td>
<td>Australian Red Cross</td>
</tr>
<tr>
<td>ARH</td>
<td>Adolescent reproductive health</td>
</tr>
<tr>
<td>AS EAN</td>
<td>Association of South East Asian Nations</td>
</tr>
<tr>
<td>CCC</td>
<td>Co-operation Committee for Cambodia</td>
</tr>
<tr>
<td>CPP</td>
<td>Cambodian People's Party</td>
</tr>
<tr>
<td>CRC</td>
<td>Cambodian Red Cross</td>
</tr>
<tr>
<td>CSW</td>
<td>Commercial sex workers</td>
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<tr>
<td>DAP</td>
<td>Direct Aid Program</td>
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<tr>
<td>IEC</td>
<td>Information education and communications</td>
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<tr>
<td>KAP</td>
<td>Knowledge, Attitudes and Practices</td>
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<tr>
<td>MOEYS</td>
<td>Ministry of Education, Youth and Sport</td>
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<tr>
<td>NAP</td>
<td>National AIDS Programme</td>
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<tr>
<td>NMCHC</td>
<td>National Mother and Child Health Centre</td>
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<td>RHAC</td>
<td>Reproductive Health Association of Cambodia</td>
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<tr>
<td>RGC</td>
<td>Royal Government of Cambodia</td>
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<tr>
<td>SC;F</td>
<td>Save the Children Fund</td>
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<tr>
<td>STDs</td>
<td>Sexually transmitted diseases</td>
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<tr>
<td>TVK</td>
<td>Television Kampuchea</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organisation</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>UNKS</td>
<td>United Neutral Khmer Students</td>
</tr>
<tr>
<td>UNTAC</td>
<td>United Nations Transitional Authority in Cambodia</td>
</tr>
<tr>
<td>USD</td>
<td>United States Dollar</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<td>WI</td>
<td>World Vision International</td>
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A. GENERAL BACKGROUND INFORMATION

A.1 The Situation of Cambodia

Cambodia in the 1990's is a country emerging from more than two decades of war, which has deeply affected the population, infrastructure and resources of the country.

Civil war in the 1970's culminated in the notoriously repressive regime of Democratic Kampuchea, under which it is estimated that more than one million of the population died of starvation, disease and execution. In the 1980's, under the People's Republic of Kampuchea, reconstruction began, but the country was isolated from most international aid. The Paris Peace Accords of 1991 brought together the factions which had been struggling for control of Cambodia and laid the first foundation for a new political and economic system. The Paris Peace was followed by a major UN operation, the United Nations Transitional Authority in Cambodia (UNTAC), which managed national institutions, drafted a new constitution and organised the first free elections.

The election led to the formation of the Royal Government of Cambodia (RGC), a coalition of two political parties, the FUNCINPEC and the Cambodian People's Party (CPP), headed by joint prime ministers. The coalition of two rival parties has some implications for policy development and the business of government, especially in the current period, when party rivalry is intensifying in the run-up to national elections planned for 1998. Cambodia is a constitutional monarchy, and under the F;GC it has moved from a command economy to a free market economy. In July 1997 Cambodia is scheduled to join the ASEAN grouping of South East Asian nations.

Cambodia's recent history means that conditions in the country are very different from those in the neighboring countries of South East Asia. Cambodia is the poorest and least developed country in the region. It is rated at number 153 on the Human Development Index of 175 countries, while Singapore, Thailand, Malaysia, the Philippines and Indonesia are all in the top 100 countries and Vietnam, Myanmar and the Lao People's Democratic Republic are rated between numbers 120 and 1362.

Cambodia's total population is 10.702 million in a total area of 181,035 square kilometres. The country is divided into 22 provinces each of which has a provincial capital, but the only major urban centre is the capital city, Phnom Penh. Cambodia is primarily an agrarian society, with 85.6% of the population living in rural areas, where subsistence rice-farming is the major economic activity. More than 80% of the working population are found in the primary sector of agriculture, forestry and hunting.

Living conditions, education and health in Cambodia are poor. Only 6% of households have electricity, toilet facilities and piped or purchased water supplies. The mean number of years of schooling for adults aged over 25 is very low at 3.7 years, with females and the rural population having markedly lower levels of education than their
male and urban peers. Nearly half of the population have no access to health services and 64% have no access to safe water.

**A.2 Adolescents in Cambodia**

Demographically, adolescents make up a large proportion of the population in Cambodia. The country’s population is very young - with about 44% under 15 years of age. Adolescents, according to the World Health Organisation (WHO) definition of people aged between 11 and 19 years, are 25% of the population.

This large adolescent population is characterized more by diversity than by homogeneity. The majority of adolescents in Cambodia are attending school, but a substantial minority are not. For the whole 10 - 19 year-old age group, 80.2% in urban areas and 65.9% in rural areas were attending school. Girls drop out of school at a higher rate and younger age than boys, especially in rural areas. Economic pressures and seasonal agricultural needs lead many young adolescents to work as well as, or instead of, attending school. Adolescents fall into many different groups of the population. Cambodians aged between 11 and 19 may be high school students, primary school pupils, vendors, factory workers, agricultural workers, soldiers, university students, street children, sex workers, beer or cigarette promoters or housewives. Where there have been interventions in response to their reproductive health needs, it has usually been as members of one of these groups rather than as adolescents per se.

It has been the urgency of the need to respond to the HIV/AIDS problem in Cambodia which has raised questions about who adolescents are in Cambodia, what their reproductive health needs are and how they can be addressed. It is in this context that the first research on young people's sexual knowledge, attitudes and behaviour has been carried out. Different lines of cultural acceptability are drawn by different researchers and practitioners, but all of them stress the need to respect the differences between the diverse groups within this age group - especially the rural-urban and gender differences between adolescents.

**B. POLICY PERSPECTIVES**

**B.1 Government Policy**

The Royal Government of Cambodia does not have an official policy on Adolescent Reproductive Health (ARH).

**B.2 Government Budget and Programmes**

There have been no specific government programmes or budgets for ARH over the last few years.
Ministries and Departments Responsible for Adolescent Affairs

There is one governmental department whose responsibilities encompass adolescents in the age range 10 - 19. There is cooperation between Ministries and departments on specific issues and activities, but this is on a limited and ad hoc basis, but there is no permanent body consulting together about adolescent affairs or ARH.

**B.3 Youth Department**

The Youth Department of the Ministry of Education, Youth and Sport (MOEYS) is responsible for youth affairs, with youth defined as the age range of 18 - 25. The director of this department reported that its activities are limited by an extreme shortage of funding. The budget amounts to 22 riels (less than 0.01USD) per young person in the population per year. This is not enough to fund activities, but only for salaries which are at the standard rate for government employees of less than USD20 per month, well below the real cost of living for people in Phnom Penh.

The youth department's work has, in the past, focused on the organisation of a youth enrollment, Royalist Youth Movement (*Yuvachun RietSomkumNiyurn Khmer*). In July 1997, however, this organisation was suspended because of a lack of funding for such activities. The Youth Department also organizes a Scout Movement, which arranges after school activities like camping trips for mainly male High School students. The number of students involved in activities fluctuates according to available funding, but is expected to be very small and mostly concentrated in the capital city.

The youth department recognizes that there are health issues of relevance to young people in this target group - including HIV/AIDS, alcohol abuse, smoking, lack of ??? and nutrition problems. The Director argues that the Department would need a partner outside the government to fund any future activities. He also suggests that there should be a Youth Consultative Group to coordinate activities between government departments and to create a Master plan for Youth Policy, backed by more research on young people and their needs.

**B.4 Education Department**

The Education Department of MOEYS is responsible for the education system of Primary Schools and High Schools. Many adolescents are under the Education Departments remit, as the majority are still attending school, especially in the younger age group.

The Education Department has one major project related to ARH, which is the combination of Population Education into the new curriculum being written for High School grades 7 - 12. This project, funded by UNFPA, executed by UNESCO and implemented by the Research Institute of MOEYS, will integrate messages about adolescent reproductive health, sexuality and relationships into the curriculum across several subjects for the first time.

**B.4 The Ministry of Health**

The major project of the Ministry of Health which has a potential to make an impact on the National AIDS Programme (NAP). The NAP has in the past identified youth
as a target group for HIV/AIDS prevention but has no specific project aimed at the adolescent age group in operation now.

Together with UNICEF and the MOEYS, the NAP has been involved for several years in an initiative to put HIV/AIDS education in the school curriculum. Progress is described as having been slow, with problems of funding, technical expertise and coordination. In particular, there are problems in introducing HIV/AIDS education without a context of broader sex education or discussion of reproductive health issues. It is the current practise for reproduction to be taught only as part of Biology, often related to plants and animals rather than to humans. There are some associated concerns about parental attitudes to the discussion of sex in the classroom.

However, on a local level, NAP staff have secured permission to give HIV/AIDS education sessions in schools by approaching local education authorities and School Directors directly. These sessions have taken place in a number of provinces including Banteay Meanchey, Battambang, Siem Reap and Kompong Cham, as well as in Phnom Penh. These sessions have targeted High School students, who are usually aged from 13 years upwards. Sessions have also been held in vocational training institutions, especially Institutes of Pedagogy, where future teachers are being trained.

B.4 Dissemination of ARH Policies

Except for the in-school initiatives described above, there has been no dissemination of government policies specifically on ARK. Over the last two years there have been several media campaigns on birth spacing and HIV/AIDS awareness, with one or two spots specifically targeted at younger people. These have been co-productions between international NGOs and government agencies.

By cooperating with the Ministry of Information, other ministries and departments have some access to media production facilities. However, it was pointed out by the NAP that the cost of airtime is a constraint. Theoretically, public information spots can have free airtime, but this can prove difficult to negotiate with some TV companies. Television is working in an increasingly commercial atmosphere with an demand from the private sector for TV advertising space, led by international companies promoting cigarettes and alcohol. In this market, the television companies are able to charge 100USD per minute for international advertisers and 70USD per minute for local advertisers. In order to secure transmission, particularly in prime time, even government agencies may have to pay. However, there was also some evidence that television companies were motivated to extend the broadcast life of spots which proved entertaining and popular with the audience.

8.5 Alternative Providers of Activities and Services for Adolescents

Since the UNTAC period, Cambodia has been characterized by an intense level of international NGO activity, and the formation of many local NGOs engaged in development-related activities. According to the NGO umbrella organisation the Cooperation Committee for Cambodia (CCC), there are currently 149 international NGOs working in Cambodia and 180 Cambodian NGOs.
In the area of adolescent reproductive health, like many other sectors related to health, welfare and social issues, NGOs play a significant role. Where interventions are being made in relation to ARH, they are primarily being made by NGOs. Some NGOs are engaged in national level partnerships with government agencies, which include a strong element of capacity building to strengthen government staff and institutions, such as the Population Education Project working on curriculum development with MOEYS. Other NGOs are engaged in implementing their own projects, for example the provision of birth spacing advice or community-level HIV/AIDS education.

C INFORMATION AND DATA ON ADOLESCENTS IN CAMBODIA

C.i Surveys on Adolescent Sexuality

In 1997, Save the Children Fund (UK) has published two related pieces of research undertaken as part of its Young People, HIV/AIDS/STDs and Sexual Health Project.

C.i.1 KAP Survey

The Survey of Knowledge Attitudes and Practices surveyed just over 1,000 people aged from 11 - 20, in urban and rural areas of Phnom Penh, Battambang and Kratie. The young people were all living at home, so the survey excludes those in sex work or other work which involves living away from home.

The survey looked particularly at perceptions, knowledge and attitudes related to HIV/AIDS and STDs. It also gathered some information on sexual experience and behaviour, including perception of peers’ behaviour.

The major findings of this survey included:

- 92% of respondents had heard of AIDS and knew it can not be cured
- 92.3% of respondents said that AIDS is present in Cambodia
- Only 28.1% of respondents could give a name to the virus that carries AIDS
- Only 10% said their peers are likely to use condoms in their first sexual experience
- Ten per cent of young people said they had had sex
- Thirds of girls who said they had sex were married, almost all the sexually active boys were single

The research showed that young people in Kratie, the most rural area surveyed, were consistently less knowledgeable than their more urban peers, suggesting that location is a critical factor in access to learning about sexual health. This may be partly because electronic media is much less available to young people in rural areas. Literacy levels were linked to residence and produced similar patterns with the least literate having the least knowledge. Boys and girls had similar knowledge about HIV/AIDS but there was some divergence in terms of their perception of risk, use of condoms and their sexual experience.

Overall, the survey showed a high level of basic awareness of HIV/AIDS. However, there were many misconceptions such as the idea that mosquitoes can transmit the virus and knowledge of transmission was patchy. This may be reflected in the strong avoidance or rejection of HIV positive people, which the respondents expressed. Thane was much poorer knowledge and awareness of STDs. Young people seemed unclear
about how to assess the risks and possible avoidance practices. Girls, in particular, seemed to feel the avoidance of risk was out of their control.

C.i.2 Participatory Action Research

The second phase of SCF’s research as part of the young people and sexual health project was *Participatory Action Research in a Rural Village, Provincial Town and Urban Squatter Community in Phnom Penh*. The objectives of this research were to identify priority groups of youth for intervention; to undertake participatory, qualitative research to learn more about lifestyles; risk behaviour, peer influence and skills of protection; to develop pilot strategies for information, communication and skills of protection, with the participation of young people.

This survey used focus group discussions, key informant interviews and piloting of education materials with a group of 68 young people aged between 15 and 20, including in-school and out-of-school adolescents from three different communities.

The survey concluded that:

- Education needs to work both in the context of traditional behaviour and less conventional sexual activity
- Parental regulation of girls’ sexual behaviour may not provide them with opportunities to gain social skills
- Boys’ gangs should be targeted for education activities, as gangs are a context where risky behaviour may occur
- The sexual double standard reduces the effectiveness of HIV/AIDS education by silencing women
- Romantic ideas about relationships can cause problems when used in IEC, because they ignore other sexual contexts
- Males are usually more sexually experienced than females and many visit CSWs before marriage
- The boundaries of sex work are blurred, and sex work is an issue for adolescent females
- Prejudice about sex workers makes work with sex workers and clients or discussion of this context difficult
- It is difficult for young women to refuse unwanted, unprotected sex. Males need to be educated about females’ right to refuse sex.

The results of SCF’s surveys are informing its development of a sexual health programme for young people’s.

Demographic and Socio-Economic Data

C.ii.1 How is Adolescence Defined in Cambodia’s

The Cambodian definition of adolescence is very different from that used by WHO. While WHO refers to adolescents as 11 - 19 year-olds, covering the whole decade within which puberty might occur, Cambodians interviewed for this report understood adolescence to refer to the period after puberty. The official definition of youth (*yuvachun*), expressed in the remit of the Youth Department is age 18 -25.
It became clear in interviewing people concerned with ARH in Cambodia that the age category 11 - 19 was not meaningful for them. Adolescents in Cambodia are probably more correctly understood to be people aged over 15. Fifteen is well below the average age for marriage's, but it is frequently referred to as, the age when girls are traditionally regarded as being old enough to marry, especially in rural areas. This can be understood as a way of referring to puberty or the age when sexual activity could take place. A survey of young people aged 11-20 showed that 42.3% of all respondents thought that boys had their first sexual experience between the age of 16 and 18 and 46.5% thought girls also had sex for the first time at this age.

For most people engaged in ARH in Cambodia, the age group of 15 - 20-year-olds seems to be understood as the target group of interventions for adolescents. Since the great majority of interventions focus on HIV/AIDS prevention, this understanding appears to come from a desire to target scarce resources on a group who may already be sexually active. It also arises from a wish to avoid raising sexual topics with a younger age group who may be “too shy” or “not understand”.

C ii.2 Demographic Profile of Adolescents in Cambodia

The demographic profile of Cambodian adolescents, aged 11 - 19 years, is as follows, according to the 1996 Demographic Survey of Cambodia:

• The total number of adolescents is 2.730 million, or 25% of the total population.
• 50.6% of adolescents are male and 49.4% are female.
• 14.6% of adolescents live in urban areas, while 85.4% live in rural areas.

The great majority of adolescents are unmarried. A detailed breakdown of the percentage of single 15 - 19-year-olds in different strata is as follows:

Table 1 - Proportion of 15 - 19 Year-Olds Who are Single

<table>
<thead>
<tr>
<th>Total M &amp; F</th>
<th>Total Males</th>
<th>Total Females</th>
<th>Urban M &amp; F</th>
<th>Urban Males</th>
<th>Urban Females</th>
<th>Rural M &amp; F</th>
<th>Rural Males</th>
<th>Rural Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>94.8%</td>
<td>98.1%</td>
<td>91.7%</td>
<td>95.6%</td>
<td>98.6%</td>
<td>92.8%</td>
<td>94.7%</td>
<td>98.1%</td>
<td>91.4%</td>
</tr>
</tbody>
</table>

Anecdotally it is suggested that the age of marriage in the countryside is younger but the key difference appears to be gender, with significantly more girls than boys marrying while still in their teens.
C.ii.3 Socio-Economic Information on Adolescents

Comprehensive information about the socio-economic situation of adolescents is not available for Cambodia. However, adolescents share the poverty, health and educational deprivation of the Cambodian population as a whole’s.

The Youth Department of the MOEYS describes the problems facing young people as primarily relating to poverty, with a majority of parents perceived as being unable to provide adequately for the education and health care of adolescent and poor nutrition seen as a major health concern for young people.

It is extrapolated that 68% of adolescents live in the poorest households, with no electrical power, no toilet facilities and no piped water or piped well-water. In urban areas the proportion living in these households is 28% and in rural areas it is 75%. Only 5.5% of adolescents live in households with piped water supplies and only 15.5% live in households where electrical power is available.

Most adolescents are attending school and are literate, but there are significant differences between urban and rural sectors and between the sexes. As the following table s2’ show, any ARH strategy carried out through schools risks excluding almost 35%, of adolescents in the rural majority and just over 40% of rural girls. For Cambodia as a whole almost one in five adolescents are illiterate, which has important implications for health education strategies.

### Table 2 - Literacy and School Attendance of All Adolescents

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Illiterate</th>
<th>Do Not Attend</th>
<th>Attend School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>18.4%</td>
<td>13.7%</td>
<td>67.9%</td>
</tr>
<tr>
<td>Urban</td>
<td>8.3%</td>
<td>11.5%</td>
<td>80.2%</td>
</tr>
<tr>
<td>Rural</td>
<td>20.1%</td>
<td>14.0%</td>
<td>65.9%</td>
</tr>
</tbody>
</table>

### Table 3 - Literacy and School Attendance of Male

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Illiterate</th>
<th>Do Not Attend</th>
<th>Attend School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>15.8%</td>
<td>10.2%</td>
<td>74.0%</td>
</tr>
<tr>
<td>Urban</td>
<td>6.7%</td>
<td>8.2%</td>
<td>85.1%</td>
</tr>
<tr>
<td>Rural</td>
<td>17.3%</td>
<td>10.6%</td>
<td>72.1%</td>
</tr>
</tbody>
</table>

### Table 4 - Literacy and School Attendance of Female

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Illiterate</th>
<th>Illiterate Do Not Attend</th>
<th>Attend School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>21%</td>
<td>17.2%</td>
<td>61.8%</td>
</tr>
<tr>
<td>Urban</td>
<td>9.9%</td>
<td>14.9%</td>
<td>75.2%</td>
</tr>
<tr>
<td>Rural</td>
<td>23%</td>
<td>17.5%</td>
<td>59.5%</td>
</tr>
</tbody>
</table>

Among adolescents who have already left school and are literate, 60.7% left education without completing Primary School, 32.4%: completed Primary School and only 6.8% had a higher qualification, such as a High School diploma. So, ARH education which only takes place in High School risks ignoring most adolescents in the school system.
C.ii.4 Adolescent Reproductive Health Problems

The information available on adolescent reproductive health problems in Cambodia suggests that HIV/AIDS is the most significant as well as the most serious issue for this age group.

In 1996 it was estimated by the National AIDS Program that 70 - 120,000 people in Cambodia were infected with HIV. Nearly half of these people were aged under 29, most of them were in their twenties and were infected during adolescence. For those aged under 20, a majority of cases were females, a vulnerable group because of adolescent female involvement in the sex industry.

In relation to STDs, adolescents have very limited knowledge, which makes it extremely difficult to assess the incidence of such diseases in this age group. Two thirds of young people questioned in a KAP survey of adolescents in three province could not name one STD. Another survey which asked respondents directly whether they had suffered or were now suffering an STD found that urban people in the 18-24 age group were slightly more likely to report an STD than people in other age groups.

Statistically, teenage pregnancy appears to be a small problem, with less than one percent of births being to teenage mothers. However, this ignores a number of other factors. With contraceptive knowledge lower among younger women and availability of birth spacing still very scarce, young women who are having sex are likely to be at high risk of becoming pregnant.

There is some quantitative information about abortion in Cambodia, but it refers only to married women, who are mostly older. This KAP surveys suggests that 2% of pregnancies experienced by the surveyed women in the last five years had been terminated. In Phnom Penh the total was 9% and given that this was a sensitive question it is suggested that some of the 7% of pregnancies reported as ending in miscarriage may also have been abortions. The married 15-19 year-olds in the survey were more likely than older women to know someone who had had an abortion - 29% did. A recent report which includes richer qualitative information about adolescent sexuality than has previously been available, suggested that adolescent girls saw accidental pregnancy as a more of a risk than HIV and included anecdotal accounts of unwanted pregnancies and terminations. Outreach workers at Indra Devi, a local NGO providing HIV/AIDS awareness in the community, suggested that unwanted pregnancy in adolescent girls has serious consequences and often leads to girls losing their families and working as CSWs or in other sexually vulnerable situations.

Mental health or emotional problems facing adolescents have not yet been studied in detail, although it is, possible to speculate that young people, along with other Cambodians, bear the emotional burdens of living in an insecure and unstable
situation, where traditional social structures have been damaged and poverty and associated problems are widespread and the future is uncertain. For adolescents in particularly difficult circumstances - such as street children and CSWs - their situation has an impact on their emotional health as well as every other aspect of their safety.

C.iii  Sex Education, Knowledge and Services

C.iii.1 Formal Sex Education
For those adolescents who attend school, sex education is not yet available. However, sex education is being devised under the UNFPA-funded Population Education Project. This project will integrate population education across several subjects in the new curriculum being written for Cambodian schools and will be available to pupils in grades 7 - 12, who are usually aged from 13 upwards. One grade's textbooks will be produced each year, with the project expected to be completed in the year 2000.

Population Education will be integrated into the syllabus for Biology, Moral and Civic Education, Home Economics and Social Studies. While Biology will cover the anatomy and physiology of human reproduction, the social and emotional aspect of sex education will be part of Home Economics courses, where the curriculum will include adolescent sexuality, growth and development, pregnancy, HIV/AIDS, gender issues, responsible parenthood and family planning. As an example, the Grade 8 Home Economics module on Adolescent Development will include the following topics:

- sexuality
- boy-girl relationships
- whether to have sex or not
- staying in school or dropping out
- when to marry
- hazards of teenage pregnancy
- when to have the first child
- how many children to have

This project represents a major change in the content of educational materials in Cambodia, but there are some constraints. The subjects covered are limited to those which can be integrated in existing school subjects and there are serious constraints on the number of pages in textbooks and the amount of classroom time available, since Cambodian schools have to organize their pupils in two half-day sessions. Teaching methods used for subjects related to sexuality are also an issue. After each textbook produced there will be a programme of in-service teacher orientation and teacher's guides with additional material will be published. However, the traditional Method of teaching in Cambodia - characterized by a teacher-centered approach - may not always be appropriate for this subject matter. Teachers will be encouraged to try a more learner-centered approach using alternative methodologies like role plays, but such a shift in method and attitude will take time. The Education Reform Committee, which is responsible for approving the new curriculum, has so far placed no constraints on the theme and content of lessons related to sex. For Grade 7 students, the Committee has approved a very frank explanation of bodily changes at puberty, countering the idea that these subjects cannot be discussed openly in Cambodia. However, it was reported that the writers of the textbooks were sometimes conservative and traditional in their attitudes, especially in relation to women and gender issues.

C.iii.2 Non-Formal Sources of Sex Knowledge
In the absence of formal sex education, young Cambodians receive sexual information from a variety of other sources of inter-personal or media communication.
A recent survey by the Cambodian Red Cross, targeted Cambodians aged between 13 and 40, suggested that friends are the most significant source of sexual knowledge for men in both rural and urban areas, providing around one third of men with their information about sex. More than a quarter of men said they learned about it "on their own" and very few learned about sex from parents - 2.5% in the urban sector and 4.3% in the rural sector. Videos were quite a popular source of information, reaching 22.5% of urban men and 8.5% of rural men about sex. Books and magazines were mentioned by 8% in the city and only 2.8% in rural areas. Unfortunately the same questions was not asked of Cambodian women who, focus group discussions for this survey suggested, would be unwilling to talk about their sexual knowledge.

According to the same survey, the average age when men learned about sex was 17 in Phnom Penh and 18 in the countryside. Again, women were not asked the same question as men, but were asked how old they were when they found out that a man and woman sleep together to make a baby. The response was that rural women found out at 16, and Phnom Penh women at 17.

An ethnographic study of young people's sexual behaviour in Cambodia confirmed the level of discussion of sex which is possible between young contemporaries. High School and University students interviewed their peers and gained more detailed, explicit and less conventional "acceptable" information about sexual behaviour than Their researchers. While the results of this research are difficult to quantify, it is worth pointing out that the sexual histories detailed in the report suggest that at least some Cambodian adolescents have sexual knowledge earlier than other research suggests. Many of the boys interviewed, as well as a few of the girls, mentioned watching sex videos and these are referred to as sources of sexual knowledge and an influence on their sex lives.

C.iii.3 ARH Services for Adolescents

Services in reproductive health are limited for Cambodians as a whole and so far few services have targeted adolescents. The exception is where young people have been targeted as members of a perceived "risk group" in AIDS/HIV prevention work. There is some evidence of a growing recognition of the need to provide services for youth among agencies engaged in reproductive health activities.

C.iii.4 The Role of the Private/Corporate Sector

The private sector is not currently playing a significant role in adolescent affairs in relation to reproductive health. This reflects the situation of the Cambodian economy, were a corporate sector operating in a free market is still in the early stages of development and much business is small-scale and local.

However, this is a sector where rapid change can be expected and growing consumerism going hand in hand with an increasingly sophisticated media is likely to have its strongest impact on the urban young. This will provide opportunities for new initiatives like PSI's plan with the publishing company which produces Procheapray,
Cambodia's most popular magazine, to produce a regular column on HIV/AIDS and sexuality.

C.iv Sex Attitudes and Behaviour of Adolescents

C.iv.1 Perceptions of Sexuality, Roles and Responsibilities: The Gender Gap

The different perceptions of male and female sexuality are the most salient feature of the way young people in Cambodia appear to regard sex.

Young men place a high value on the virginity of young women as a prerequisite for marriage and eroticise sex with a virgin as a highly desirable activity. Many young men believe their elders have an important role to play in choosing a wife for them, or at least approving their own suitable choice. Some male sexual behaviour - being a woman-hunter (prean neatey) or playboy - may attract disapproval, but it is acceptable for young men to visit CSWs and this is relatively affordable.

Young women's sexual options are more strictly proscribed. For young women who are not sex workers, any sexual contact which does take place is usually in a boyfriendgirlfriend (songsar) relationship where trust, love and promises of marriage are on the agenda. A girl who is known to have had sex may be described as khoch hawee, or already spoiled.

Dr. Chou Meng Tar r characterizes boys as seeking to have sex with their girlfriends, but also paying for sex, often as a form of sexual initiation, while girls expect to have their first sexual contact with their husband, possibly having sex with their songsar if marriage has already been agreed on. These conclusions seem to be supported by quantitative evidence of young people's views of their peers' likely first sexual experiences. Boys thought boys' first experience was most likely to be with a CSW, with girlfriend in second place and wife in third place - the opposite to the girls' perception. Boys also thought girls most likely to have their first sexual experience with a boyfriend, while girls said it would be with a husband.

Most of the information available on adolescent sexual behaviour relates to heterosexual intercourse. There is some anecdotal evidence to suggest that same sex sexual activity between males in this age group does take place but is not regarded as a separate sexual identity or as an activity which excludes sex with women. There are also some adolescent male sex workers in Phnom Penh, although they are fewer and less visible than female CSWs. Where same-sex relationships between women are referred to in the research on Cambodian sexuality, they are between older women.

Similarly, male masturbation is surrounded by a culture of colourful euphemisms and is referred to in many of the sexual histories in the detailed ethnographic research, whip, female masturbation is mentioned as possibility by only one or two of the girls interviewed. It seems likely that, as with other aspects of female sexuality in Cambodia,
the invisibility of these aspects of young women's lives makes it difficult to draw any clear conclusion.

**C.iv.2 Behaviour Patterns of Adolescents: Tradition and Change**
Cambodian traditional morality is seen as prohibiting some sexual behaviour, especially for young women, whose virginity at marriage can be regarded as a reflection of family honour. However, it is a mistake to assume this morality is monolithic.

Recent participatory action research 33 with 11-19 year olds in a rural village, provincial town and an urban squatter community suggested that all the young people in the survey were influenced by traditional codes. These were seen as offering an ethical framework and a way of coping with change. However, these adolescents also talked about changes in traditional behaviour and a developing leisure culture. This can be described as a “flipside” of tradition where young people break rules. This includes young men visiting brothels and young couples frequenting quiet places (konlaeng sngat) where they can meet secretly away from family scrutiny and may have sex.

A survey of young, mainly single Phnom Penh men 31 aged between 14 and 34, but mainly falling into the 17 - 24 age group, is an interesting illustration of the difference between what is regarded as desirable behaviour and what is perceived to really happen. More than 80% of these young men said it was not acceptable for a single man to sleep with a prostitute, but almost 60% of the non-virgins had done so. Almost 90%,% said it was inappropriate for boyfriends and girlfriends to sleep together, but more than 50% thought young couples were having pre-marital sex and more than 20% of those who were sexually active were sleeping with their girlfriends.

The information which is available so far is not adequate to describe the sexual behaviour patterns of adolescents or to analyze it along socio-economic lines. However, for ARH interventions, the most important message seems to be that the situation is complex. Traditional mores are not superficial - they are a significant influence and, like other aspects of Cambodian culture, they have an emotional significance as part of the country's reassertion of its identity. However, for approaches to ARH to be effective they need to sidestep questions of what should happen and find ways of reflecting a more complicated reality in which some young people find ways to be sexually active.

**C.iv.3 Dealing with Sex-Relaters Problems**
It is difficult for people of any age in Cambodia to find services and information to resolve problems like unwanted pregnancy, STDs and HIV. Access to health services and, information is limited by low availability, geographical access and prohibitive cost. Adolescents are more likely than older people to have difficulty in accessing services.

The family is traditionally seen as a powerful concept in Cambodian society and could be argued to have provided a source of advice and support in coping with problems. In spite of the social fracturing suffered by the Cambodian family in the last 20 years, it still has an important role to play in a situation where outside agencies have only a
minimal role in solving individuals' problems. The research of Dr. Chou Meng Tarr includes interviews with older people about the sexual behaviour of the young. These elders' most abiding impression seems to be of the breakdown of traditional morality and sexual codes. They perceive young people as freer in their sexual behaviour and less respectful of their elders than in previous generations. They take a strict view about how those who break sexual codes, especially girls who become pregnant outside marriage, should be treated. While this evidence should be treated with caution - none of the interviewees, for example, reporting that they have actually punished their own children or grandchildren in this way - it does suggest disapproval and a generation gap which might make it extremely difficult for young people to air their sexual problems within the family.

The experience of organisations who have begun to offer ARH services, especially information, to young people suggests that if this is offered in the right way there is a great demand for more knowledge and advice. It appears that once sexual health subjects have been broached, there are many questions young people would like answers to.

**D PROGRAMMES AND SERVICES FOR ARH**

**D.i Government Programmes**

As described above, there is no government programme specifically for ARH. Government programmes which do, however, impact on ARH have already been described in Section B above.

**D.ii NGO Programmes**

There are many NGOs engaged in health promotion, HIV/AIDS education and community health in Cambodia. This following information is a round-up of the relevant projects of organisations interviewed for this report. It is not fully comprehensive since time constraints made it impossible to travel to the provinces, where some focally-based NGOs such as Battambang Women's Aids Project have programmes which also impact on adolescents.

**Cambodian Red Cross**

CRC is a Cambodian organisation, affiliated to the Red Cross internationally. its projects include an HIV/AIDS peer education project, funded by AusAID through the Australian Red Cross. UNICEF has supported CRC in the development of IEC materials.

The peer education project operates in Phnom Penh and in the provinces of Battambang, Sihanoukville, Kandal and Kampot. Some adolescents fall into the target group of this project, which is people aged between 14 and 40. The staff said that in rural areas 14 can be too young to talk about sex - with some adolescents not acquiring sexual knowledge until they are 17 or 18 - while city children may know about sex when they are aged 8 - 13.

The peer education project involves training people aged 20 - 40 to carry out community-based education on HIV/AIDS. The educators are often drawn from local
health authorities, the Women's Association or are active community members accessed through other local NGOs. They are selected for their ability to act as trainers and knowledge of their local communities. They contact communities through village heads, who they talk to about local needs, to plan the sessions.

CRC staff said that a major constraint in their work has been the need to develop IEC materials which are appropriate for Cambodia - it has proved counterproductive to try to import materials even from neighboring countries. For 1997 they produced a calendar featuring pictures of famous and attractive Cambodian stars with messages about preventing HIV/AIDS. They are currently pre-testing new IEC materials including card games and a pamphlet which will put HIV/AIDS messages in the context of realistic stories about people's lives. A Thai video Last Home for AIDS Patients has also been dubbed into Khmer and will be shown on village videos to promote compassion for AIDS patients.

A constraint CRC identifies in working with younger people is shyness. The staff recognise that younger peer educators can be more accessible for adolescents to talk to about sex, but they say the idea of young people receiving information from a contemporary is still a new one in Cambodia. They have already provided some sessions for school pupils aged from 16 upwards and said that they compromise on the age of the educator - for example sending a 23-year-old along together with an older colleague.

**CARE International**

CARE is an international NGO with a large and varied programme in Cambodia, including health promotion, production of IEC materials and HIV/AIDS awareness.

Recently CARE has carried out HIV/AIDS and STD awareness sessions in garment factories, funded by the USAID DAP. These factories are a new phenomenon in Phnom Penh, opened by foreign investors who have just begun to enter Cambodia. The staff of the factories are 90% female and young - mostly aged between 17 and their mid-twenties. These young women are targeted because they are mostly internal migrants who live away from their rural homes in dormitories. They are unusual in living away from family influence with their contemporaries, and CARE staff argue that in Thailand similar migrant workers tend to engage in a new youth culture which can include boyfriend-girlfriend relationships.

There are some constraints in working with these women, as 1997 has seen the beginning of unionization in the factories, which have very tight security. However, by assuring employers that they were not planning to talk about human rights issues and were in fact helping the workers protect their own health, CARE was able initiate good relationships with them.

So far, the awareness sessions have taken place in five or six factories which each have a staff of 500 - 600 young women. The presentation includes showing a video documentary about a child with AIDS in Australia, sharing basic information about HIV/AIDS transmission and condoms. The presentation emphasizes that HIV/AIDS is not only a concern for CSWs, since many women may have husbands or partners who visit sex workers. The condom, which is often associated with illicit or commercial sex is described in terms of purity and cleanliness. At the end of the presentation there is are questions with prizes for women who have remembered AIDS messages. Condoms
are distributed but they are presented carefully in an attractive package with other small gifts.

in a recent session, the CARE team took two women with AIDS to meet the women in a garment factory. The two women were introduced casually and talked to the garment workers as a group. Many workers came to speak to women individually and seemed very interested to actually see someone with the disease. It is a problem in Cambodia that most people believe they have never seen a person with HIV, prejudices can be very strong or people may net believe Cambodians really have HIV.

CARE sees these awareness sessions as only a stacking point. They are aware it could be difficult to engage garment workers in peer education as they work long shifts in a six-day week, but the team would like to build on the foundation it has made with the workers and garment companies. This project provides an interesting example in terms of introducing people with AIDS to a Cambodian audience and illustrates the possibility of the workplace as a place to target adolescents who are no longer in school.

**Friends/ Mith Samlanh**

Friends is an organisation working with street children and those at risk of becoming street children in Phnom Penh. It provides outreach, a safe shelter, a boarding house, training, education and family reintegration as well as an HIV/AIDS Awareness Programme. This programme is funded by UNDP and the Belgian Embassy in Thailand.

Over 30% of the children Friends works with have experienced prostitution and children who live or work on the streets are particularly vulnerable to abusive and unsafe sexual experiences and the HIV/AIDS awareness sessions are very specifically targeted to their needs.

The organisation has created two shows - one for boys and one for girls - which are performed twice a week at its centre for children from the streets, children living at the centre or boys in custody in the Phnom Penh Youth Rehabilitation Centre. The boys' show is performed for a group of 18 boys who are old enough to be sexually active, ranging from eight to 22 year-olds. Tire show is very varied with a lot of activities for the group to take pad in - including songs, dramas and games culminating in the condom race, a competitive relay where boys show that they can put a condom on a model penis. The girls' show is very different, but is also proactive. A group of 10 -15 girls aged in their teens, or younger in the case of girls who have already been abused, follow the story of Srey Mak, a young girl on the streets. Her relationships and dilemmas reflect the experiences of girls in the group, including facing sale to a brothel, having a boyfriend and negotiating safe sex. There are opportunities for the girls to interact with the young actress who plays Srey Mak and suggest how she should resolve her problems. The reaction to both shows is very positive among the audiences.

The Coordinator of Friends says that the staff of the organisation devised the shows to reflect the experiences and needs of their clients. The show can be very emotional for some of the children, when they recognize their experiences, but aims to give them knowledge to empower them to avoid risky situations in the future. In the future, Friends is planning to produce a different show targeting younger children at risk of becoming street children and their parents and to train other organisations to produce similar shows.
These adolescents are in a very particular situation, where sex is likely to be experienced early and in abusive contexts. However, in terms of designing materials which relate imaginatively to the target group's real experiences and promoting atmosphere where open discussion is possible, more general lessons could be drawn from Friends' work.

**Indra Devi Association**

Indra Devi is a Cambodian NGO working in Phnom Penh and Kandal province, working with livelihood projects, women's rights, human rights and a Buddhist mental health project.

For the last three years Indra Devi has been providing HIV/AIDS awareness in the community. It has talked to people of all ages in the communities where it works as well as focussing on various groups perceived as being at risk including soldiers, policemen, moto taxi drivers, CSWs and women who work in other sexually vulnerable situations such as beer promoters or waitresses. Many of the sex workers are in their teens. The Indra Devi outreach worker reported that it has become increasingly difficult to access these young women as brothels and other workplaces are very suspicious and the women are often forced to move frequently, making follow-up difficult. She also said that it can be extremely difficult for CSWs to insist on condom use, so it is important that the men who have power in these situations are also targeted.

The Indra Devi staff consider that young women who migrate from the countryside are very vulnerable and that women in many work situations - vendors who work at night, beer promoters and restaurant waitresses - are at risk of being raped, tricked or persuaded into risky sexual activities.

**The Reproductive Health Association of Cambodia**

RHAC is a local NGO which organizes three clinics, outreach through volunteers in private sector reproductive health services and training to provincial health staff.

The clinics - two in Phnom Penh and one in Sihanoukville - offer birth spacing, diagnosis and treatment of STDs, HIV counselling and testing, ante-natal and postnatal care and sterilization. Most of the clients are aged over 30 and are married, although the organisation does not usually ask marital status. Women tend to seek out birth-spacing services-to limit family size when they already have children.

The Associate Executive Director said that RHAC plans to focus activities to younger people in the future. This will include developing an IEC strategy and engaging younger couples' interest in birth spacing and providing knowledge to young people in school before they become sexually active. The approach will be to provide a comprehensive ARH service - with a range of services available as well as education.

The school project was scheduled to begin in June 1997 with a workshop to thirty 13 -16-year-olds and teachers from the High School in Sihanoukville. The message of the workshops will be to inform participants about HIV and AIDS and prevention and ways of changing behaviour. In the future these young people will be able to act as peer educators.

**Save the Children Fund (UK)**

Following a two-phase research project, SCF is beginning to implement its Young People, HIV/AIDS/STDs and Sexual Health Project in Kratie province.
This work will build on the participatory action research project by using the six groups of young people who engaged in the research and developed IEC materials as peer educators. The group includes both in and out of school youth, boys and girls. For in-school activities, good cooperative relationships have already been set up with the Provincial Education Department and high school students involved in the initial group have already begun raising awareness among their peers.

This project is currently being set up, with its basis in a very effective piece of research it promises to be an ARH intervention different from those which have previously taken place in Cambodia. The young people involved in the project have already designed IEC materials and messages and the philosophy of the project will be to give them the knowledge to carry out awareness-raising for themselves. The facilitators of the sessions held with the young people said they were surprised by the openness the young people showed. They were not shy and gave surprisingly frank answers, although the urban adolescents were observed to be a little more open than their rural peers. There was also a session which allowed participants to write down their confidential questions to be answered by the trainers. This was a successful strategy, especially in encouraging girls to share their concerns.

**UNICEF**

Unicef's work in the area of ARH has focused mainly on supporting NGOs in developing IEC materials on HIV/AIDS. Organisations supported include CRC and SCF. Building on the popularity of private language schools among adolescents, Unicef has just developed an English language teaching package on HIV/AIDS for use in private language schools. The package may be translated into French, Chinese and Thai for wider distribution in the future, as these languages are also popular options. Unicef would like to see IEC materials with a less medical and didactic and more human approach to ARH. They plan to produce video training modules which use real life situations as a starting point for models of how to change to safer behaviour. The recent research by SCF is seen as providing useful starting point, emphasizing the different points of view of the sexes and picking up on real-life situations such as couples meeting secretly in *konlaeng sngat* or boys facing peer pressure to visit CSVJs.

**United Neutral Khmer Students**

LINKS is a student association which has been supported in carrying out HIV/AIDS education work by WVI and by the HIV/AIDS Alliance. LINKS started this work three years ago and was the first organisation to initiate peer education with the students of Phnom Penh University, who are mainly male and aged from their late teens to late twenties. The peer education among students is informal person-to-person contact, backed with some IEC materials such as leaflets. LINKS has carried out some similar work with Police and moto-taxi drivers. The organisation also provides more formal sessions in High Schools around Phnom Penh for students in grade 7 - 12, aged 13 - 18. This work has only started in 19'37 and there are sometimes problems in securing permission. WVI supports LINKS in dealing with problems like this. The sessions in school include a video and distribution.
of a leaflet and are held separately for boys and girls. It is hoped that taking the leaflet home might encourage students to talk with their parents about HIV/AIDS.

The messages considered appropriate for the two age groups are quite different. The leaflet aimed at High School pupils advises them that they are young and should wait to have sex, concentrate on education and self-improvement. It does not mention other STDs, which are featured in UNKS’s work with students. WVI provide UNKS with backup of regular supervision and refresher courses.

World Vision International

WVI has carried out HIV/AIDS training with communities in the Phnom Penh districts of Tuol Kork and Russey Keo. This peer education work targets people in the age group 15 - 40, especially housewives, workers and out-of-school-youth. The project is funded by World Vision UK and World Vision Korea.

The project staff said they have faced some constraints, depending on the cooperation of local authorities in villages and districts. However, they regard the work as a success and have noticed that people in the communities they have worked in have become less shy of talking about sex, condoms and HIV/AIDS. Some of the peer educators work with specific groups of men and women separately while others work with mixed group, including families, to foster better discussion of the subject.

WVI has also provided training to other community groups in skills for HIV/AIDS education. These include the student group UNKS, which targets young people.

E MEDIA AND COMMUNICATIONS

E.1 Baseline Data

Baseline data on ARH in the media is not available. There is no system for gathering information about viewing figures or audience profile of broadcast media in Cambodia.

The only data available results from evaluations of the effectiveness of particular media campaigns. For example, Health Unlimited surveyed audience response to its birth spacing campaign and found that 87% of those surveyed could recall at least one of the TV or radio spots and the vast majority liked them. The most memorable and popular was the TV spot where a comedian shows the comic efforts of a poor cyclo driver to cope with his many small children.

E.2 Media Features on ARH and Sexuality

There is no current media feature which relates exclusively to ARH and sexuality. However, Cambodia has seen the following media initiatives related to reproductive health or HIV/AIDS:

Information about AIDS

This weekly column in Raksrnei Kampuchea, the most popular daily newspaper in Cambodia, is produced by WVI using information from the NAP. The column provides up to date news about the HIV/AIDS situation in Cambodia together with advice to readers on preventing transmission of the virus, safe sex practices, etc. The column
has been run since 1995. Occasional competitions are run, with prizes for readers who send in the correct answers to questions about HIV/AIDS. Typically about 40 readers respond.

**Procheapray Column**

Population Services International will begin a column in this fortnightly magazine in August 1997. The column, run in conjunction with PSI’s radio show will carry information about HIV/AIDS and STDs and promote the use of PSI’s *Number One* brand of socially-marketed condoms.

The magazine sells 32,000 copies of every issue and believes that each copy is seen by 200,000 people. Three quarters of the readers are women and teenagers. The magazine is a relatively new phenomenon in Cambodia. It carries features on Cambodian, Thai and Western stars, news-related features, human interest stories and fiction and has already covered some reproductive health related materials editorially in features such as *About Periods* (*om pi ka mean rodow)*.

**Sopheap**

PSI have already successfully produced 39 15-minute episodes of this soap opera with HIV/AIDS and condom-promotion messages. It was broadcast on National Radio and FM stations within Phnom Penh. In Phnom Penh, about half the audience tuned in whereas in the countryside where there are fewer radio stations the audience was 75%. The soap followed the life of Sopheap, a young hairdresser, her family and friends. The main audience were found to be rural women aged between 25 and 35.

PSI augmented the soap opera with a 15-minute call-in programme where listeners could ask questions about HIV/AIDS. This got an excellent response and attracted a slightly younger audience. Each week 150 - 200 letters were received and many of these came from adolescents, they addressed a range of issues from condom use and withdrawal in sexual intercourse to the social impact of AIDS on the country.

PSI has now secured funding from AusAID for 100 more episodes of the soap, which will now be 20 minutes long. This will give the opportunity to introduce new characters and more issues, including domestic violence, married men indulging in risky behaviour, STDs and their treatment, pregnancy and abortion, sex in boyfriend and girlfriend relationships and misconceptions about AIDS. The new series will start in July 1997.

The writers of the series were initially concerned that some of the material might be regarded as "improper" but the feedback from pre-testing and radio audience has been that the shows reflected reality. As other media workers in Cambodia agreed drama provides a context where more explicit material can be treated in a way that is not offensive because it is elliptical.

**Birth Spacing Campaign**

The first mass media campaign on birth spacing in Cambodia was broadcast in late 1996. The project was funded by UNFPA, the EU and the ODA and produced by Health Unlimited.

The campaign aired on both TV and radio. There were four TV spots, one quiz programme and three Karaoke videos. The radio campaign included 21 spots, nine songs and a comedy.

The campaign included a number of different messages designed to promote the idea of birth spacing, raise awareness of methods, raise awareness that the condom can
also prevent HIV/AIDS and dispel some popular misconceptions. The radio spots used short
drama dialogues between family members or friends, allowing for quite complex situations to be
hinted at. One objective of the campaign was to inform young and unmarried women and men
of the benefits of delaying childbirth - in the spot Young Love, Sweet Love a girl asks her
boyfriend to delay marriage. Several songs also tackled the subject of girls who would rather
wait to get married or don’t want to be Twenty With Three Children. The media advisor of Health
Unlimited said that these messages were aimed at adolescents, but were also written for
parents, who must be acknowledged to hold the power over many girls’ marriage plans. The
songs written in an emotional style typical of Cambodian popular music, were designed to win
sympathy for the young girls’ viewpoint in a gentle way.

The birth spacing campaign showed the potential effectiveness of the media in promoting
reproductive health. The spots were remembered and approved by the audience and clinics
reported that there was an increased demand for birth spacing at the time they were airing.

**AIDS Quiz and Vox Pops**

National TV station TVK produced these shows for World Aids Day 1996. The quiz was
sponsored by WVI and featured a mixture of comedy, entertainment and serious messages from
important public figures about HIV/AIDS.

The vox pop show was produced without external finance and used interviews with Cambodians
to raise and dispel some of the misconceptions about AIDS.

**Future Media Plans**

The next phase of Health Unlimited’s work in the media will be the production of a radio show.
This will be a three-year project and will be aired on FM stations and National Radio. The show
will be interactive, answering listeners’ queries and the target audience will be women and
youth. The show will use an approachable non-medical presenter, will aim to invite feedback
and participation and will deal with sexuality within the context of a broader range of social
issues. It will aim for “no holds barred, within the limits of decency” subject matter.

Unicef may also fund a radio magazine programme focusing on reproductive health, STDs and
HIV/AIDS. It is also working on a script by a Cambodian novelist for a 12-part TV soap opera on
family life aimed at adolescents. The series will include messages on health promotion,
HIV/AIDS, life skills and keeping girls in school.

TVK staff now have experience in covering HIV/AIDS material and are interested in making a
drama about AIDS in Cambodia which has already been written by a Cambodian film school
graduate.

**E.3 Media Dissemination of Government Policies**

The media is not being used systematically to disseminate government health promotion
messages. The use of media campaigns in Cambodia is still in its infancy and as discussed above
(see section B.4) there are economic constraints on public information broadcasting.

The media in Cambodia reaches a limited population. However, within that constraint, TV and
radio appear to have strong credibility with the audience. The style of broadcasting in both
media is changing rapidly with a more sophisticated style of
production and presentation becoming the norm. For example, short advertisements and rapid changes of material are becoming more usual - a style which makes the audience more literate in following short spots and other formats popular internationally for health promotion. A young audience are likely to be particularly open to new styles and formats.

Provided that the media is used alongside other health promotion approaches, and expertise is drawn from the Cambodian producers, writers and journalists who have already gained some experience of this work, the broadcast media undoubtedly has the potential to play a fuller role in promoting better ARH.

E.4 Media Preferences of Adolescents

The reach of television stations in Cambodia is geographically limited and ownership of TVs is still thought to be small. However, even in remote rural communities, video parlors are very popular and the materials they show include video tapes of Cambodian broadcast TV as well as Thai soap operas, Hong Kong, martial arts and home-grown Karaoke. More than nine out of ten Cambodian adolescents have ever seen TV3S and more than nine out of ten in Phnom Penh watch at least once a week. For the surveyed areas as a whole over 80% watch at least once a week.

Radio has wider reach, but seems to attract a less enthusiastic following in this age group. Only about a third of adolescents listen every day and less than 70% listen every week.

Newspapers and magazines have limited appeal. Two thirds of Phnom Penh adolescents had ever read a newspaper or magazine, while only a third in the provinces reported having done so. Among those who read a newspaper, Raksmei Kampuchea was the most popular. The magazine Procheaprav scored high popularity, and was the preference of almost 40% of readers, and more than half of those aged 16-20.

The Internet reached Cambodia in mid-1997, so far this medium is restricted to a tiny number of users, very few of whom are likely to be Cambodian adolescence.

F RECOMMENDATIONS

Adolescent reproductive health is beginning to be recognized as a discrete concern by organisations and agencies working in the areas of reproductive heath, health promotion and HIV/AIDS prevention in Cambodia. Targeting youth is something of a buzzword, but too often this means slightly adjusting approaches used with adults or children rather than focussing on the specific needs of adolescence. In particular, it seems some organisations would rather not acknowledge that some people under 20 are having sex outside marriage. This leads to didactic interventions which only reinforce the potentially dangerous gap between what is said and what is done.

However, there are projects which are already developing very effective models of media work and other ARK interventions. These have so far been limited and there is
enormous need for more information and services for Cambodian adolescents. In developing future projects, the following are important:

- Young couples need to be a priority in birth spacing services and campaigns.
- Young women's need to protect themselves from risky sex with boyfriends, rape or coercion needs to be clearly addressed, especially for young women working outside the home or migrating to the city.
- HIV/AIDS education needs to be realistically contextualised in media campaigns.
- Peer education is valuable if peers really are contemporaries.
- Illiterate young people would especially benefit from peer education.
- More opportunities need to be created in the media and in training sessions for young people's questions to be answered, preferably confidentially.
- The media has a powerful role to play, but young people need their own specific media messages.
- Educators need to be sensitive to youth culture and habits, which may be increasingly at variance with those of their elders.
- Media distribution needs to be priority. TV programmes in particular would be much more valuable if videos were more widely distributed to rural video parlours or by a mobile video service.
- Traditional culture and rebellious activities both need to be acknowledged and responded to in ARH interventions.
- The special needs of CSWs must be addressed, but their position should not always be marginalised in ARH education.
APPENDIX I - RELEVANT DOCUMENTS

Brown, John C., Sexual Knowledge, Attitudes and Behaviour in Cambodia and the Threat of Sexually Transmitted Diseases Cambodian Red Cross and Australian Red Cross, Phnom Penh, 1997

Cambodian Women's Development Association, Knowledge, Attitudes and Behavior Among Young Males in Phnom Penh, Cambodia, Cambodian Women's Development Association, Phnom Penh, 1995


Chou Meng Tarr, Contextualising the Sexual Culture(s) of Young Cambodians Association for Asian Studies, 48th Annual Meeting, Honolulu, April 1996


Groenen, Riet, Adolescent Reproductive Health in Cambodia UNFPA, Bangkok, 1997

Groenen, Riet, NGOs in Cambodia UNFPA, Bangkok

Health Unlimited; Audio/Video Scripts: HIV/AIDS, Health Unlimited, Phnom Penh, 1996

Health Unlimited, Birth Spacing Campaign Evaluation, Health Unlimited, Phnom Penh, 1997

Health Unlimited, Broadcast Materials on Birth Spacing, Health Unlimited, Phnom Penh, 1996

Health Unlimited, Radio Scripts on AIDS Prevention, Health Unlimited, Phnom Penh, 1996


Munz, Monique, HIV/AIDS and Youth,: Current Situation in Cambodia and Suggestions for SCF, UK, SCF(UK), Phnom Penh, 1996


APPENDIX II - PEOPLE INTERVIEWED

CAMBODIAN RED CROSS
Ms Robyn Preston, Project Assistant
Ms Krong Chanthou, Project Facilitator

CARE INTERNATIONAL
Mr Khus Chaviariak, IEC Coordinator
Ms Carrie Tuvor, IEC Consultant

FRIENDS/ MITH SAMLANH
Mr Sebastien Marot. Coordinator

HEALTH UNLIMITED
Ms Alma Rivera, Media Development Advisor

INDIRA DEVI ASSOCIATION
Mrs Dy Ratha, President
Mrs Sa Om Sobhana, Outreach Worker

MINISTRY OF EDUCATION, YOUTH AND SPORTS
Mr Vann Someth, Director of Youth Department

NATIONAL AIDS PROGRAMME
Dr Tia Phalla

POPULATION SERVICES INTERNATIONAL
Ms Christine Claypoole, Communications Specialist
Ms Maia Smith, Programme Assistant

REPRODUCTIVE HEALTH ASSOCIATION OF CAMBODIA
Dr Va Chavorn, Associate Executive Director

SAVE THEM CHILDREN FUND (UK)
Ms Chin Sedtha

TVK
Mr Cedric Jancloes, Documentary Specialist

UNESCO
Ms Magdalena Dugenia, Chief Technical Advisor, Population Education Project

UNICEF
Dr Jim Mielke, Project Officer, S T DIHV/AIDS
Mr Daniel Dravet, Information and Communication Officer
LINKS
Mr Long Sokhom, Director

WORLD VISION INTERNATIONAL
Mr Am Vichet, Media Coordinator, AIDS Prevention and Care Project
Mrs Young Setha, Training Coordinator, Phnom Penh AIDS Awareness Project
Mr Ros Sovanna, Training Coordinator, AIDS Prevention and Care Project
APPENDIX III - OTHER RELEVANT ORGANISATIONS

Khmer Students and Intellectuals Association

President: Long Panhavuth
Address: 16 Street 320
          Beng Keng Kang III
          Chamcar Mon District
          Phnom Penh
          Cambodia
Telephone: (855)23 - 364631

Khmer Youth Association

President: Yong Kim Eng
Address: 135A Street 263
          Tuk La-ak I
          Tuol Kork District
          Phnom Penh
Telephone: (855)23-366643
          (855)15-919-092
Email: kya@forum.org.kh
APPENDIX IV - CAMBODIAN MEDIA CONTACTS LIST

- Indigenous Media - Print
- Indigenous Media - magazines
- Government Owned Media
- Private Radio and TV Stations
- Foreign Language Newspapers
- Foreign Agencies/Correspondents

Courtesy of: Cambodian Communications Institute, Ministry of Information, Phnom Penh