

6.2.1 SEXUAL AND REPRODUCTIVE HEALTH

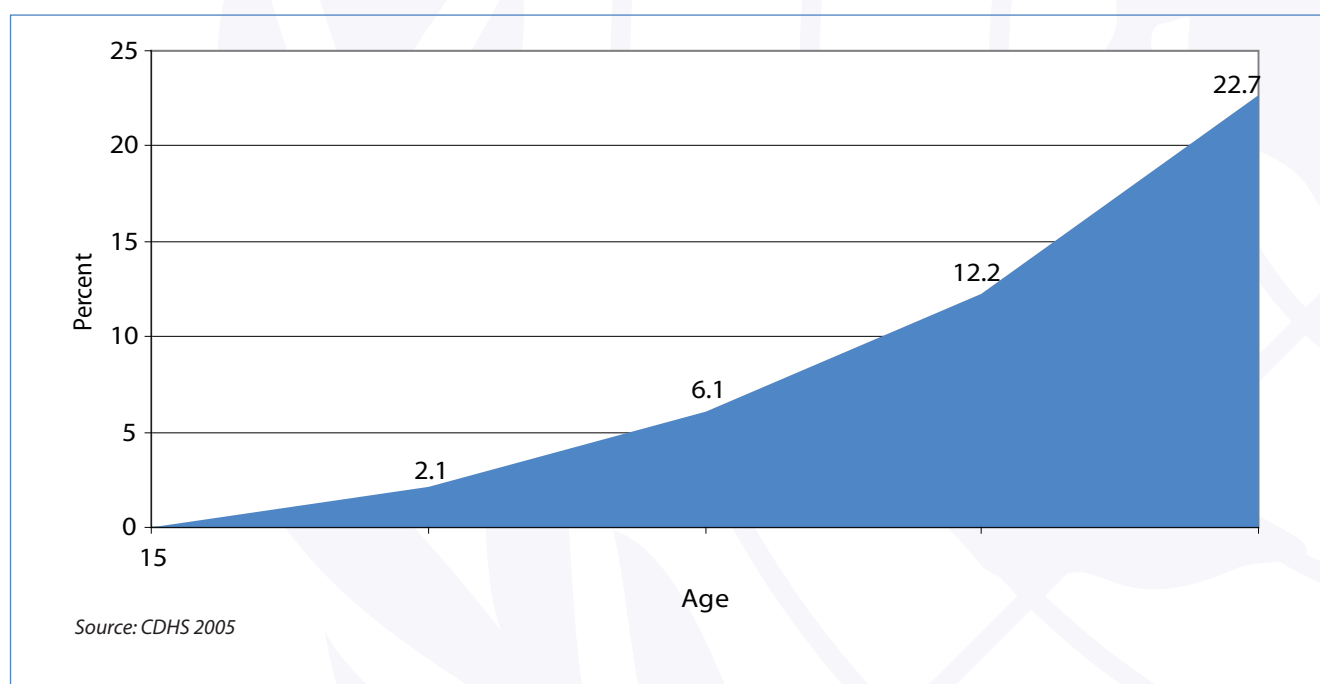
Age at first marriage

The age at first marriage is linked to women's reproductive health and maternal mortality. The average age for first marriage in Cambodia is relatively young compared to other countries in the region (UNICEF 2005), at 20 for women and 22 for men. They are slightly higher in urban areas, 21 for females and 24 for males (CDHS, 2005). According to CDHS 2005, the median age of first marriage for women has decreased about half a year over the past generation.

Unplanned pregnancy

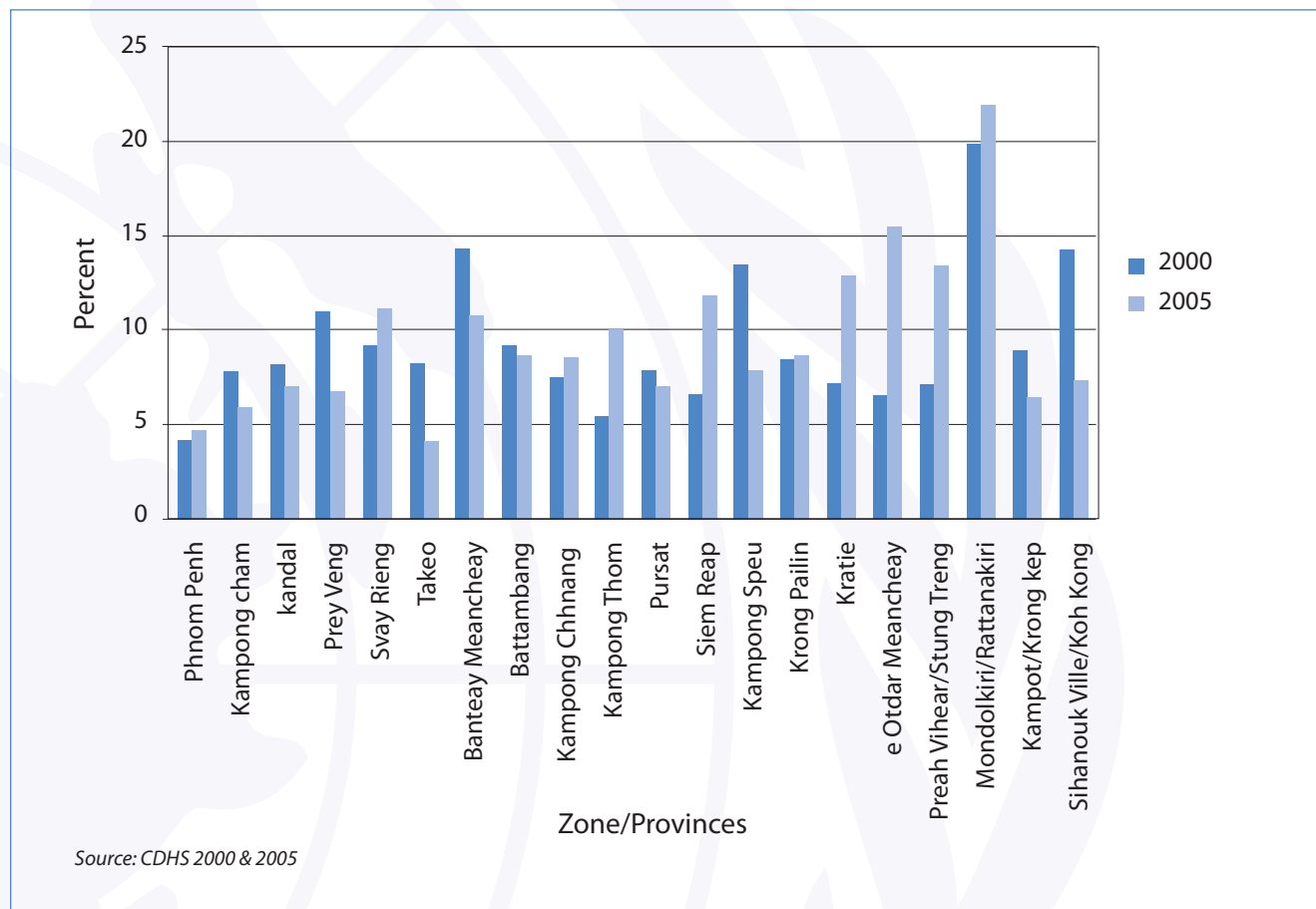
According to CDHS 2005, approximately 8 per cent of Cambodian women aged 15-19 have become mothers or are currently pregnant with their first child. About 23 per cent of young married women have already given birth by the age of 19 (Figure 6.1). Early childbearing is far more common in rural areas, where 8.3 per cent of 15-19 year-olds had given birth, compared to only 6.0 per cent in urban areas (CDHS 2005).

FIGURE 6-1. PERCENTAGE OF CURRENTLY MARRIED WOMEN AGED 15-19 WHO HAVE BEGUN CHILDBEARING, 2005



In geographic terms, the percentage of young married women in mountain/forest or remote regions who have begun childbearing increased between 2000 and 2005 (Figure 6-2). The highest proportion was found in Mondolkiri/Ratanakiri, where childbearing increased from 19.8 per cent in 2000 to 21.8 per cent in 2005. Other increases over the same period were measured in Odar Meanchey (6.5 per cent to 15.4 per cent), Preah Vihear/Steung Treng (7.1 per cent to 13.4 per cent) and Kratie (7.8 per cent to 12.9 per cent). Increases also occurred in provinces within the Tonle Sap zone, including Kampong Chhnang, Kampong Cham and Siem Reap.

FIGURE 6-2. TRENDS IN CHILDBEARING AMONG CURRENTLY MARRIED WOMEN AGED 15-19, 2000 TO 2005



ABORTION

Data on abortions has not been disaggregated well enough to identify adolescent and young women within the overall figures, which relate to women aged 15-49. According to CDHS 2000 and 2005, the percentage of abortions among women aged 15-49 increased from 5 per cent in 2000 to 8 per cent in 2005. The proportion of women aged 15-19 who reported having had an induced abortion was less than 1 per cent in 2005. However, under-reporting of such behaviour is common. The most common place to get an abortion for women aged 15-34 was at private clinics (35.3 per cent), followed by other homes (33.7 per cent), private homes (11.5 per cent) and public health facilities (10.8 per cent). Given the lack of regulation of private providers, this is a cause for concern. The percentage of women who obtained an abortion from a trained professional was 87.3 per cent among urban women and 76.1 per cent among rural women (CDHS 2005). The fact that almost 1-in-4 women did not use an untrained provider is an issue requiring further study.

6.2.2 YOUTH AWARENESS OF HEALTH-RELATED ISSUES

Contraceptive knowledge and use

In general, knowledge of family planning methods among married women is good, particularly among young married women aged 15-24. However, less is known about those who are unmarried. About 97.3 per cent of those aged 15-19 know at least one method of contraception and exactly the same percentage know

of modern methods (CDHS 2005). Those aged 20-24 had even better knowledge, at 99.2 per cent and 99 per cent, respectively. In practice, however, the use of contraception among married women remains low, with 20.8 per cent of the 15-19 age group reporting the current use of any method, and 13.7 per cent reporting the use of a modern method. The proportions are higher among the 20-24 age group, with 34.6 per cent reporting using any method and 23.3 per cent reporting using a modern method. The most popular method of contraception by young married women is the pill, followed by withdrawal and injectables (Table 6-1). Information does not appear to exist on unmarried people's knowledge and use of contraceptives.

Table 6-1. Contraceptive method use by currently married women aged 15-24, 2005 (%)

Contraceptive method	15-19	20-24
All married women	100.0	100.0
Contraception	20.8	34.6
Daily pill	7.0	10.7
Monthly pill	0.6	1.6
IUD	1.7	1.0
Injectables	1.6	6.3
Male condom	2.8	3.0
Rhythm	1.2	3.3
Withdrawal	5.9	7.9
Other	0.1	0.6
Not currently using	79.2	65.4

Source: CDHS 2005

KNOWLEDGE OF SEXUAL AND REPRODUCTIVE HEALTH

According to FGD participants, both young males and females have a good understanding of sexual and reproductive health and related infections. Youth interviewees stated that they learned from sexual education and awareness campaigns provided by NGOs in their villages, and in school. They mentioned training provided by the Reproductive Health Association of Cambodia (RHAC) on sexual and reproductive health and HIV and AIDS. Some also cited other sources of information such as television, village and community library information boards, the latter being supported by the NGO, Open Forum of Cambodia. FGD participants also cited peer educators in their villages as another information source.

Besides learning from school, I received training on sexual and reproductive health from a local NGO, called RHAC, through its staff, who often come to my village. The training conducted in the village gathers all the youth and sometimes both parents to participate in the training also. I have also learnt through the community library in the village and from the TV in my house... – FGD, 15-19 year old female, Sangker village, Svay Rieng

Although there has been improvement in terms of increased awareness of sexual and reproductive health among young people, the depth of penetration across the country is not clear. Key informants suggest that where there are no NGO or governmental programmes, awareness is much more limited. They also observed

that while awareness-raising efforts of locally based organizations, and the dissemination of public information on sexual and reproductive health, HIV and STI among young people have been significant achievements, they need to be expanded.

It is most likely that many rural youths have limited access to information on reproductive health. Consequently, they may have incomplete knowledge and understanding of important issues such as sexuality, contraception and safe sex.

PERCEPTIONS ABOUT MARRIAGE AND FAMILY PLANNING

The majority of the young FGD participants knew that early marriage or pregnancy for women between 15 and 18 can have health consequences for both mothers and children, and negatively impact upon employment opportunities. There was a range of opinions on the appropriate age for marriage for young people. However, there was a general consensus that the ideal family size would be between two and three children. They reasoned that, with a fairly small household, parents have enough time to work to earn income, while mothers and children can enjoy good health.

GENDER AND CULTURE-RELATED ISSUES

Historically, culture and tradition limited the amount of sex information provided to those who were not married, especially females. Elders felt that sex was not a topic fit for conversation; and if it was to be discussed at all, it was the role of parents.

Slowly, traditional attitudes have shifted and there is now awareness that sex education is important for young people. Young unmarried people, especially girls, are allowed to talk more openly within the family, and have the opportunity to participate in community meetings to discuss issues concerning their health, such as sexual and reproductive health, family planning and abortion.

Unlike our old generation, the young people in modern society have a lot of opportunities to learn about sex and reproductive health from many sources of information, such as school, TV and radio. More practically, some non-governmental organisations send their staff to educate people in the village, especially youth, about HIV/AIDS and sexual and reproductive health. Elders from previous generations heard mostly from their parents only. Sometimes because the household is very busy with farm or business activities, children in the household have no chance to learn about this... – FGD with mothers' group, Sangker village, Svay Rieng

KNOWLEDGE OF OTHER IMPACTS ON HEALTH

In 2006, through its Reproductive Health Initiative for Youth in Asia (RHIYA) project, UNFPA-Cambodia conducted a youth reproductive health survey that targeted 10-24 year-olds and posed several questions on knowledge and experiences related to illicit drug use. The survey found that awareness of prohibited drugs among young people was very high (over 90 per cent of males and females aged 10-14, and over 98 per cent in the 15-24 age group).

However, the MoEYS 2004 Youth Risk Behaviour Survey (YRBS) among young people aged 11-18 found that only 43 per cent reported receiving education about drugs, nationwide. Interviewees said they learned about drugs from school (38 per cent), other organizations (2.7 per cent) and other sources (1.8 per cent). Only 40.6 per cent of the males and 42.5 per cent of the females reported awareness of drugs. Out-of-school youths had significantly lower awareness of illicit substances (10.2 per cent) compared to their in-school peers (78.8 per cent). About 43 per cent of the respondents aged 11-18 said that the best way to avoid using drugs was to avoid making friends with drug users. Some 37.1 per cent suggested that young people should not try drugs, and 28.1 per cent proposed that they should stay away from drug users. Clearly there are some major discrepancies in the research in this area.

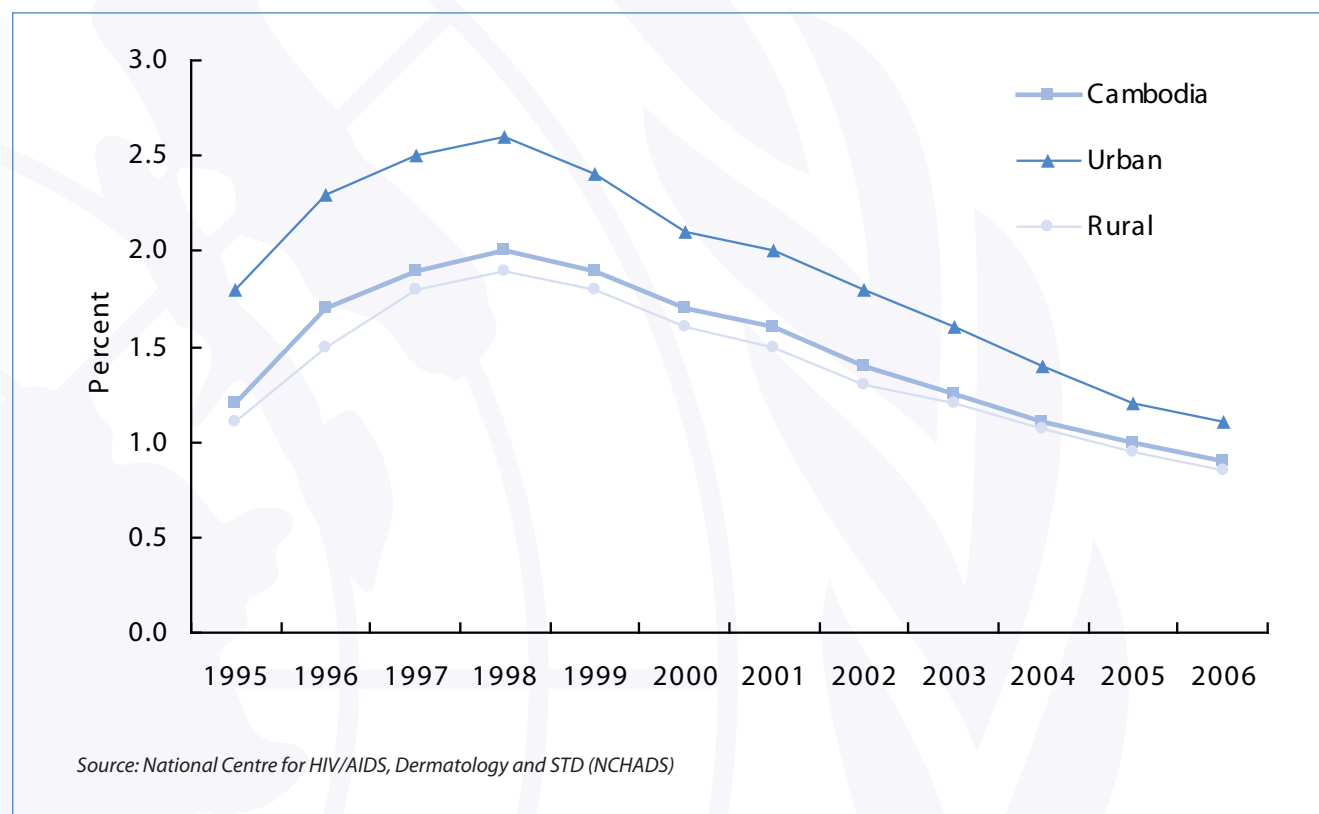
6.2.3 YOUTH AND HIV AND AIDS

Cambodia has made significant inroads in its efforts to prevent and fight HIV in recent years. Based on its periodic HIV Sentinel Surveillance (HSS) from 1995 to 2006, NCHADS reported in 2007 that the prevalence of HIV among the adult population (aged 15-49) had gradually decreased from 1.9 per cent in 1999 to 0.9 per cent in 2006, after peaking at 3.3 per cent in 1998. HIV prevalence is higher in urban than rural areas (Figure 6.3). The NCHADS estimate is higher than the 2005 CDHS estimate of 0.6 per cent, which NCHADS attributes to the fact that the 2005 CDHS covered only formal households and excluded non-household women at high risk of HIV infection. The Asian Epidemic Model developed by NCHADS in 2007 predicted that the prevalence of HIV in adults aged 15-49 is expected to decline from 0.9 per cent in 2006 and to stabilize at 0.6 per cent after 2010.

Although HIV prevalence among Cambodian adults has declined remarkably, issues relating to specific population groups must still be considered. Groups at high risk of HIV infection are female sex workers (FSW), men who have sex with men (MSM) and intravenous drug users (IDU). Data on the prevalence of HIV among these groups gathered by HSS 2006 and NGOs (on women attending antenatal centres) showed that HIV prevalence among the FSWs stood at 12.6 per cent, down from 21.4 per cent in 2003 (NAA 2008). The National AIDS Authority (2008) notes that 7.2 per cent of this proportion consists of people younger than 25. The prevalence of STIs among MSM was 9.7 per cent in Phnom Penh and 7.4 per cent in the provinces (UNICEF 2008a). Consistent condom use by this group is apparently low and many MSM have multiple sexual partners, including females. Stigma and discrimination result in many MSM being unable or unwilling to access health services, including voluntary counselling and testing (VCT) and prevention services, particularly young MSM (UNESCO 2008, cited in UNICEF 2008a). The 2003 KHANA study on MSM in Phnom Penh, Battambang and Siem Reap supports this observation, finding that condom use by MSM was low and inconsistent, and that their knowledge of safe sex practices and HIV and AIDS was uneven, placing many young men at risk of HIV infection, as well as the young women who have sex with them.

HIV prevalence rates among pregnant women aged 15-24 attending antenatal clinics has remained fairly stable between 2003 and 2006; at an estimated 0.36 per cent and 0.41 per cent, respectively (HSS 2003 and 2006). Recent research has found that approximately 43 per cent of new infections are occurring in married women aged 15-49. Most are believed to have been infected by their husbands (NAA, 2008). HIV prevalence rates for youth are not available in HSS 1995-2006 or CDHS 2000. However, the 2005 CDHS gives an estimate of 0.2 per cent for youths aged 15-24. Figures for females and males in this age cohort were 0.3 per cent and 0.1 per cent, respectively.

FIGURE 6-3. TRENDS IN HIV PREVALENCE AMONG POPULATION AGED 15-49, 1995-2006

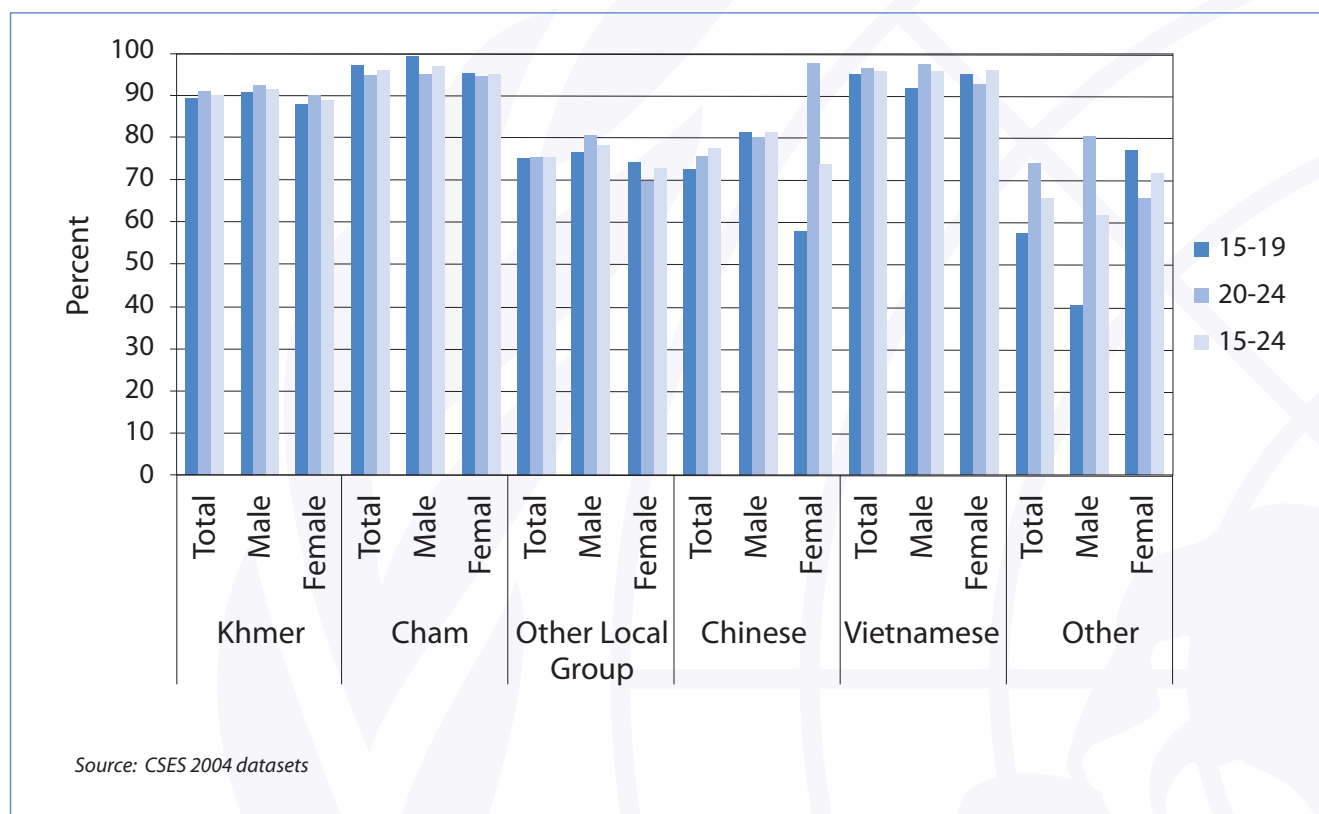


YOUTH AWARENESS OF HIV AND AIDS

Knowledge of HIV among Cambodian people is high. According to the 2004 Cambodia Socio-Economic Survey (CSES), about 90 per cent of Cambodians have heard of HIV. The same survey estimated that knowledge of HIV among youths aged 15-24 was also high, ranging from 88 per cent to 98 per cent across all areas of the country. CDHS 2005 revealed similar results (98.3 per cent of men and 98.7 per cent of women aged 15-24 have heard of HIV). The 2006 RHIYA Cambodia Endline Survey, covering 2,056 young people aged 10-24 across its seven target provinces, showed similar findings, with almost 100 per cent of both young males and young females saying that they have heard about HIV and AIDS.

However, the same cannot be said of young people belonging to Cambodia's local ethnic groups. These groups comprise of upland ethnic minority and indigenous people, the majority of whom live in remote rural or mountainous regions. Figure 6-4 shows that, the proportion of young males and females from 'other' local ethnic groups who have heard of HIV is comparatively lower than those of other ethnicities in the same age cohort (CSES 2004). Poverty also limits awareness of the impact of HIV and AIDS. For example, most homeless or street youths, young migrants seeking jobs and young female sex workers face risk of infection due to their limited access to information, or the relationships they may establish to satisfy their need for intimacy and a feeling of belonging, or for food or protection (Mith Samlanh-Friends 2002).

FIGURE 6-4. PERCENTAGE OF YOUTHS WHO HAVE HEARD OF HIV AND AIDS, BY GENDER AND ETHNICITY

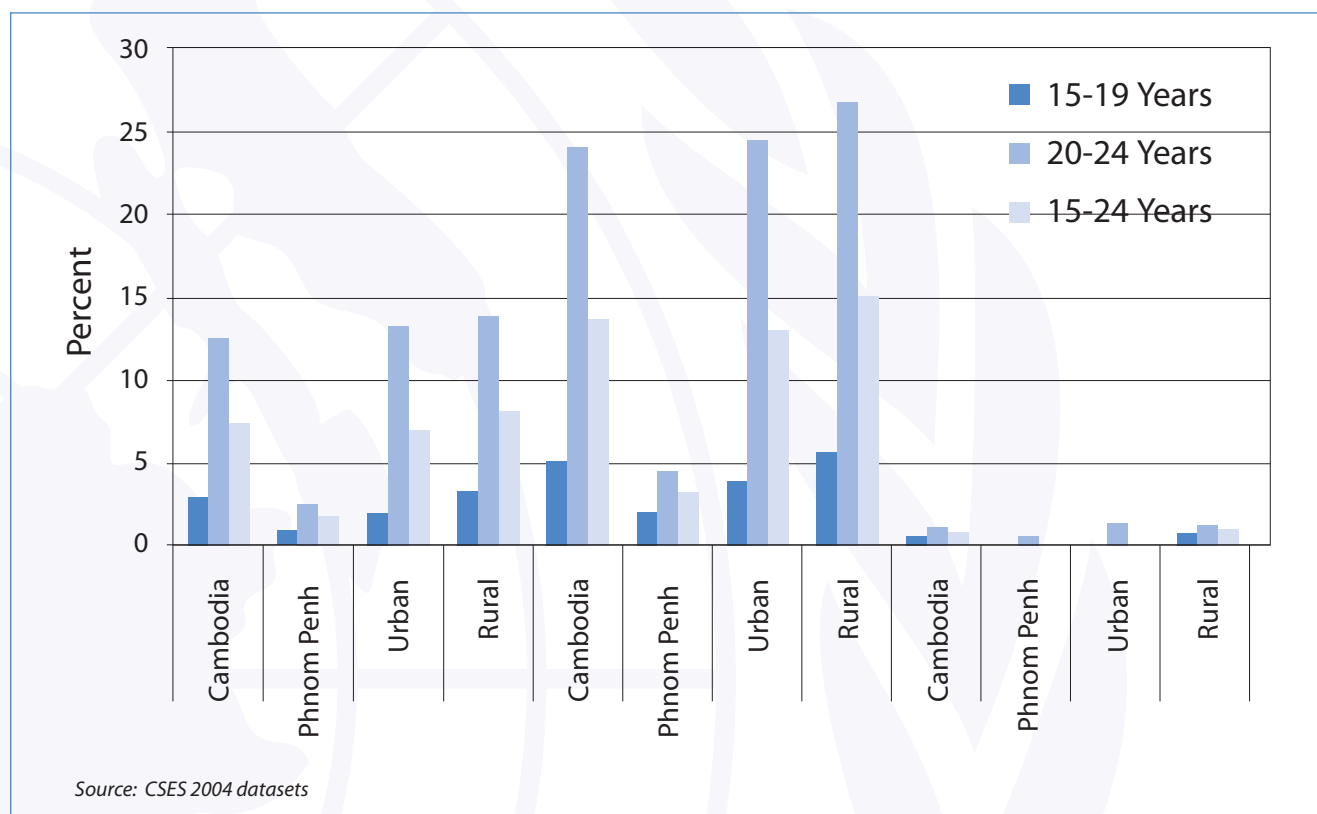


6.2.4 TOBACCO USE

Smoking is a risk factor associated with serious diseases, and it is recognised as the single most preventable cause of death in the general population. According to CSES 2004, smoking is more prevalent among young men than young women, and across ages. Overall, 7.3 per cent of Cambodian youths aged 15-24 were current smokers (13.6 per cent males and 0.8 per cent female). A higher proportion of rural youths (8.1 per cent) smoke cigarettes than urban youths (6.9 per cent) or youths in Phnom Penh (1.7 per cent). More significantly, male youths in rural areas (15.1 per cent) smoked cigarettes more than their urban counterparts (12.9 per cent) or young males in Phnom Penh (3.2 per cent). Female youths in rural areas (0.8 per cent) also smoked more than those in other urban areas or in Phnom Penh, where almost no smoking was noted (Figure 6-5).

Among adolescents aged 15-19 years, 2.9 per cent of males and females reported having smoked a cigarette. Of these, 5.1 per cent of the males and 0.6 per cent of the females indicated they smoke on a daily basis. By strata, the proportion of smokers among 15-19 year-old adolescents in rural areas was found to be higher (3.3 per cent) than in urban areas (2 per cent) or Phnom Penh (0.9 per cent). Some 5.6 per cent of males in rural areas said they had smoked compared to 3.8 per cent of males in urban areas and to 2 per cent in Phnom Penh. While 0.7 per cent of females in rural areas were smokers, almost no females in urban areas or Phnom Penh smoked.

FIGURE 6-5. PROPORTION OF CAMBODIAN YOUTHS WHO ARE CURRENT SMOKERS, BY AGE AND REGION



Clearly, smoking increases with age. A large proportion of those aged 20-24 were smokers. Figure 6-5 shows that 12.5 per cent of 20-24 year-olds are smokers, although not shown on the graph, there is a significant difference between the proportion of males and females smoking (24 per cent and 1.1 per cent, respectively). By region, the largest percentage of smokers were rural males (26.7 per cent), followed by urban males (24.5 per cent) and Phnom Penh males (4.5 per cent). Among females aged 20-24, 1.2 per cent and 1.3 per cent of rural and urban areas smoke, respectively.

The MoEYS YRBS in 2004 revealed prevailing trends in tobacco use among youths aged 11-18. Nationwide, about 5 per cent (9.2 per cent males and 1.3 per cent females) in this age group have tried smoking, and more than half reported smoking on a daily basis. Out-of-school youths are more likely to smoke than in-school youths (9.2 per cent, compared with 0.6 per cent). On average, most started smoking when they were 15 years old.

6.2.5 ALCOHOL CONSUMPTION

The 2004 YRBS also focused on youth consumption of alcohol, drinking behaviour and the home environment. Its findings revealed that 14.2 per cent of young people (20.9 per cent males and 7.4 per cent females) aged 11-18 reported having drunk alcohol. Among youths consuming alcohol, out-of-school youths (15.9 per cent) were more likely to have had a drink than their in-school peers (12.1 per cent). Half of the youths, most of whom were out-of-school, had had at least one drink in the previous 30 days. Young people on average, started to consume alcohol when they were 12 years old.

FGD findings for this study showed that new lifestyles and exposure to new environments are the most likely links to behavioural change and alcohol consumption tendencies in young people. It is also believed that peer pressure and the influence of their seniors contribute to the increased number of young people who started to drink early. Some 15-18 year-old male FGD participants, for example, started using alcohol at 15, apparently because they saw their brothers or friends drinking. Many said that alcohol consumption was a pathway to increased popularity and a good time. This behaviour is also apparently shaped by family factors (e.g. domestic violence, family members seen using alcohol or drugs) and the excessive availability of income in wealthier families (Mith Samlanh-Friends 2002). Youths report that alcohol-related violence is not uncommon, especially during special ceremonies.

6.2.6 CONSUMPTION OF ILLICIT DRUGS

In August 2008, NACD released a report on Illicit Drug Data and Routine Surveillance Systems in Cambodia for 2007, which stated that the production, sale and use of drugs has become more complex and widespread. It estimated that while the number of illicit drug users nationwide has declined, drug abuse has spread from big cities to remote areas (Lour Ramin 2008). The drugs most commonly available were methamphetamine, heroin, narcotic and hallucinogenic plants, and glue. Most drug users were unemployed, commercial sex workers, workers in labour-intensive industries (construction workers, garment factory workers and truck/taxi drivers), and street children. The illicit drug use problem remains predominantly a youth issue, with more than 80 per cent of known illicit drug users aged below 26 (NACD 2007).

The NACD report stated that there were 5,797 illicit drug users; a decline of nearly 1,000 compared to the previous year. It also reported that 1,719 drug users were admitted to government-run treatment centres, an increase over 2006 of 57.7 per cent. Four-fifths of these involved methamphetamine abuse. Two-thirds (66.7 per cent) were aged between 16 and 25, and most were either students or unemployed. The majority of illicit drug users were among farmers and labourers (37.8 per cent), followed by street children (16.8 per cent) and students (15.4 per cent).

Similarly, the 2004 YRBS indicated that the prevalence of drug abuse among Cambodian adolescents aged 11-18 was 0.9 per cent (1.6 per cent male and 0.3 per cent female). Some 2.2 per cent of urban youths and 0.5 per cent of rural youths were reportedly involved in drug abuse. On average, most drug users started at 12 years of age. Among those who have used drugs, 95 per cent reported having used them in the previous 12 months (MoEYS 2004).

In one FGD for this study, 6 of the 10 participants were HIV-positive, having been infected due to needle sharing. Some said that young people take drugs because of a challenge from peers, while others indicated that they simply wanted to try it for themselves. They knew that drug use causes health problems and can result in users becoming social outcasts, but stated that they cannot stop using them. One young man said that one of his friends had died because of drug abuse.

Young people use drugs because of a lack of encouragement in the home. Our parents complain and scold us all the time when we don't want to seek jobs to do or they say we are lazy... we think that drugs can make us feel relaxed or can reduce stress and forget sadness. In reality, we don't want to use it, but because we work hard we use drugs because it gives us more energy, and we don't feel hungry... – FGD, street youth, aged 15-24

6.2.7 OTHER CAUSES OF ILL HEALTH AND DEATH (ACCIDENTS, INJURIES AND SUICIDE)

Family-based violence is anecdotally reported to be a main cause of injury among the young. A combination of factors such as family struggles over money, unemployment, gambling, alcohol abuse and parenting practices mean that young people can be subjected to physical injuries and mental health problems (UNICEF 2008b, EveryChild-Cambodia 2008).

In general, in our village where some young adolescents live in poor households or have parents using alcohol, they live with fear; they become depressed and feel sad; lose concentration in school and sometimes run away from home because the father beats them very often or complains so much...

FGD males and females (20-24 years) Svay Reing

Also of concern are forms of abuse that impact on the physical and mental health of young people, such as rape and indecent assault, acid attacks, and the emerging phenomena of gang and youth violence. Mol statistics for the first half of 2007 reveal, for instance, that of 165 rapes reported, 53 were of girls younger than 15, 10 were of girls aged 15-17, and 41 were of 18-year-olds (Woods 2007).

Job and traffic-related accidents are other sources of injury, disability and death. One report (NIS/ NIPH 2008) suggests that suicide might be the leading cause of death among those aged 15-17. The same report suggests that drowning and road traffic accidents are the leading causes of death for 10 – 14 year olds. Regarding work-related injury, one young construction worker noted:

Working in a construction site is very difficult...some workers fall from the high building and die or are seriously injured. The company does not pay anything on this and we have to pay for it on our own or borrow some money from our friends or relatives. All day, we do not have enough food to eat, but are required to work hard...unlike other skilled labourers especially Vietnamese who are always better than us in income and who work easier. – FGD with youth construction workers, Phnom Penh

6.3 POLICY AND PROGRAMMING IMPLICATIONS

Secondary data and field findings from this study reveal increases in knowledge among young Cambodians of sexual and reproductive health, HIV and other related risks that cause ill health. HIV prevalence among those aged 15-49 has decreased significantly in recent years, and very low prevalence rates have been estimated for young people aged 15-24. There have been improvements in the areas of sexual and reproductive health, cigarette smoking, and alcohol and drug abuse, although these promising developments seem to apply less to marginalized and out of school youth, who remain among the highest-risk and most vulnerable of groups.

Emerging lifestyles and the influence of the environment seem to be closely linked to young people's attitudes towards tobacco use and alcohol consumption, particularly among young men aged 20-24. Compared with those living in urban areas, young males and females in rural and remote areas show significantly higher rates of smoking and drinking. A related and emerging concern is the consumption of illicit drugs, found to be prevalent in two thirds of young people aged 16-25, particularly street children and students. Field findings for this study also included the use of drugs by young people who migrate for work at the border, in order to cope with the heavy work and manage their hunger.

²⁶ Indecent assault as cited in Woods study (2007) is based on the definition in the UNTAC Criminal Code, Article 42, and refers to sexually offending another person of either sex by touching, caressing or any other sexual act not involving penetration.

A comprehensive set of policies and programmes should focus on these current health issues affecting youth. There is particular need to target specific population groups, based on their ethnicity, geographical location, and the needs of both single and married young people. Programmes should be instituted that guarantee full access to health information and services, and should include training for livelihoods and life skills, freedom from violence, and connections to supportive youth networks. Drug users will need specific attention, as care should be taken that they are not treated as criminals. As the Prime Minister has said, “illicit drug users should be victims who need to receive care; while criminals who produce, traffic, and use drugs must be heavily punished according to the law”. It will be necessary, therefore, to promote universal awareness of the harm caused by illicit drugs, tobacco use and alcohol consumption, especially among young people.

To arrive at policies that better address young people’s health status, it will be necessary for the Government and NGOs to develop advocacy, awareness-raising and health education programmes for youth, their households and communities. These programmes need to respond to the differing needs of young males and females, setting out very specific priority actions and projects. Government and non-governmental agencies should work together, based on existing local authority levels and community-based networks, and build effective collaboration with religious and local ethnic leaders, schools, medical practitioners, social service counsellors and families. They should engage young people in community discussions on development and encourage them to be active in decision-making within their communities.

Specific recommendations include:

- Continue and expand comprehensive health education by targeting both in- and out-of-school youths, with a wide range of geographical coverage. This should be provided consistently to all Cambodian youths from an early age. More importantly, health-related issues concerning youth must be included in Commune/Sangkat development plans and should be considered as a priority.
- Increase comprehensive access to accurate information on sexual and reproductive health, the impacts of smoking and alcohol and drug abuse, through mass media or outreach programmes, including a telephone hotline and Internet sites designed for youths.
- Improve health services through expanded youth counselling services and youth networks to ensure that at local level, especially in the communes, there are social or medical counsellors and social volunteer workers. In addition, provide health services to respond to unwanted pregnancies and abortions among young people, whose sexual activity is often unplanned.
- Develop and/or support programmes that will reduce the incidence of fatal and non-fatal injury among youth, with particular focus on mitigating suicides and road traffic accidents.

6.4 RESEARCH GAPS

This chapter shows the need for several areas of research. Among the key concerns needing additional investigation are:

- Links between unwanted pregnancy among 15-24 year-olds and the incidence of abortion, particularly the reasons for the absence of a trained provider for abortions.

- Contraceptive knowledge and use among unmarried youth, particularly the 15-19 and 20-24 age groups.
- The situation of youths in geographically isolated communities such as the mountain regions, particularly in terms of: access to healthcare information and services; knowledge of HIV and AIDS and infectious diseases; incidence of alcohol consumption, smoking and illicit drug use, etc.
- The most at-risk youth populations, such as street children and out-of-school youth, including youth migrating from rural to urban areas and across borders.

A final area that should be researched is HIV and AIDS prevalence among young people, disaggregated according to the 15-19 and 20-24 age groups. Current knowledge of this issue focuses mainly on NCHADS sentinel groups, including women attending antenatal centres, with broad reference to those aged below 25. Improved knowledge of this issue will help to inform decisions on policies and programmes to prevent and, as appropriate, reduce HIV and AIDS rates among youth.

VII

YOUTH AND VULNERABILITY



Changes brought about by globalization affect Cambodian young people in a number of ways, compromising their human rights and creating many risks and vulnerabilities on one hand while opening opportunities for their advancement as individuals and as a group on the other. Regional integration, advanced use of technology, the increasing global demand for skilled labour, and changing living standards have made both negative and positive impacts on young people. Youths are the most affected sector of society when it comes to coping with rapid economic growth and social change. Inadequate vocational skills among youth reduce their employability, increase the probability of their leaving school early, and contribute to the growing number of under-trained youths, marginalizing them and undermining their entrepreneurial competitiveness (Brewer 2004). That young Cambodians lack life and livelihood skills to cope with the challenges of globalization is seen as a major source of youth vulnerability.

Other issues associated with poverty, poor living conditions, poor nutrition, and ill health compound the vulnerability of youth. Poor children live in conditions of particular vulnerability. Their future is often compromised by shocks and stresses that hit their households when they are at a young age. Lack of adequate nutrition in their early years impairs their physical and mental development for the rest of their life. The lack of education and training, which are essential components of measures to address the challenges faced by poor children, is linked to increased vulnerability among youth. A low level of formal school education – brought about by parents withdrawing adolescents and youths from school, which is a typical (but unsustainable) coping mechanism – has severe consequences for future youth employment opportunities in a rapidly changing labour market (Gallina and Masina 2002).

Although Cambodia has emerged from a period of internal conflict, it is still marked by a “culture of violence” directed primarily at women in the form of domestic violence, trafficking of women and rape (Ing Kantha, 2006). Unemployment, a lack of access to information, substance abuse, and parental neglect are among the problems confronting youth. Those with disabilities face even greater competition from young unemployed school-leavers when searching for jobs, often resulting in negative attitudes and mistaken assumptions on the part of employers about their work capacity.

This chapter explores the situation of Cambodia’s vulnerable youth in relation to their environment, which largely part contributes to their vulnerability. It also presents the key elements and gaps that can serve as a basis for recommendations of how to address weaknesses and strengthen good practices in responding to the problems of vulnerable youth. Based on this situation analysis, the study also identifies opportunities for improving the process of awareness raising and advocacy on youth and vulnerability. Key issues discussed in this section are: the current laws, policies and programmes that respond to the unfavourable conditions of youths; the enabling environment and support available from international organizations; and the engagement of NGOs. The last section of this chapter discusses issues including the impact of poverty, education, migration, violence and abuse, and other related concerns arising from the effects of rapid social change.

7.1 NATIONAL POLICIES AND PROGRAMMES IN RESPONSE TO YOUNG PEOPLE'S VULNERABILITY

The Constitution of the Kingdom Cambodia is the highest law of the state. It delineates the rights and obligations of every Khmer citizen to life, personal freedom, and security (Article 32) and guarantees that there shall be no physical abuse against any individual (Article 38). It also guarantees the rights of children as stipulated in the CRC, particularly the right to life, education, protection during wartime, protection from economic or sexual exploitation, and protection from acts that are injurious to their educational opportunities, health, and welfare (Article 48).

The Law on Marriage and Family is a fundamental guideline that ensures the protection of children and youth as this is aligned with Articles 5 and 18 of the CRC, which "provides a framework for the relationship between the child, his or her parents and family, and the State" (Hodgkin and Newell 2002). The law is "to regulate and protect the marriage and family, to ensure equality of the spouses in marriage and family, to strengthen the responsibility of the parents in raising up and taking care of their children, and to promote the moral and educational development of children to become good citizen imbued with a sense of responsibility for the nation and society, and the love of work" (Art. 1). In a similar way to Articles 19 and 20 of the CRC, the law provides for the reporting of violence. It states that the People's Court can revoke parental authority if a "State organisation, the mass organisation, the authorities attached to the people's court or any relatives of the parents" commits a fault (Art. 20). It further states that "parental power shall be revoked and transferred to any organisation or relative by blood, from parent who is at fault as follows: the parents fail to educate their child; the parents use improper power in violation of the child rights or forcing him to commit crimes or acts against society; the parents treat badly their children; or the parents behave against the moral standards which have a bad influence over their children" (RGC 1989). A 'fault' relates to violating a child's rights, or otherwise abusing a child (Art. 119).

The 2005 Law on Prevention of Domestic Violence and Protection of the Victim also protects children and youths. It gives local authorities the responsibility to intervene in cases of domestic violence and allows for the issuance of protection orders required by the courts to enable them to take the most appropriate measures for victims. 'Victims' can be spouses, dependent children or any other person living under one roof. The Law also provides a range of penalties in respect to acts of domestic violence, which are considered criminal offences that are punishable under the Penal Law (Art. 35). It provides a legal mechanism to preserve harmony within households in line with the nation's good customs and traditions and in accordance with the Constitution (Art. 45). The Law incorporates CEDAW, which was ratified and signed by the Government in 1992. CEDAW, as a convention that protects women, is also embodied in the MoWA Five-Year Strategic Plan (Neary Rattanak II). MoWA is an integral part of the National Strategic Development Plan 2006-2010, with responsibility for mainstreaming gender concerns into the plans and programmes of line ministries. Four key elements have been set out in MoWA's Plan: education; health; empowerment of women in the economic sector; and legal protection, particularly for children and women.

Other legal guidelines that define the rights of Cambodian children and youth are:

- The 2007 Education Law
- The 1998 Labour Law, particularly Article 177; states that those younger than 18-years-old should not work in hazardous labour [Article 177(2)]. For those 12- to 15-years-old engaged in light

work, [Article 177(4) and Article 179 they must not undertake work that affects mental and physical development; or which interrupts regular school attendance, or prevents participation in guidance programmes/vocational training.

- The 2007 Law on the Suppression of Human Trafficking and Sexual Exploitation
- The 2006 Policy on Alternative Care for Children
- The 2002 Guidelines on the Establishment of the Commune/Sangkat Committees for Women & Children
- Prakas (ministerial guidelines) on Minimum Standards of Residential Care for Children

Cambodia has also ratified several international conventions and optional protocols relevant to child rights, namely:

- The Convention on the Rights of the Child (1992)
- ILO Convention 138 on the Minimum Age for Workers (1973)
- ILO Convention 182 on the Worst Forms of Child Labour (2006)
- The Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (2000)
- The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the UN Convention Against Transnational Organised Crime (2001)
- The Optional Protocol on the Convention on the Elimination of Discrimination against Women (CEDAW, 2001)
- Convention on the Elimination of all Forms of Discrimination against Women (1992)
- Optional Protocol to the Convention of the Rights of the Child on the Involvement of Children in Armed Conflict (2000)
- The Supplementary Convention on the Abolition of Slavery, the Slave Trade and Institutions and Practices Similar to Slavery (1957)

7.2 THE SITUATION OF YOUTH AS A VULNERABLE POPULATION GROUP

This section mainly discusses the situation of youths aged 15-24, but also explores the conditions of orphans and vulnerable children (OVC) as defined by MoSVY (MoSVY, 2006). It uses the definition of an 'orphan' made by the National Multi-Sectoral Orphans and Vulnerable Children Task Force (2008), as a child below the age of 18 who has lost one or both parents. Thus, youth vulnerability in this section is viewed against the challenges of poverty, physical weaknesses (children with a disability, orphans and abandoned children), violence and abuse, and migration.

²⁷ Children exposed to one or more of the vulnerability situations have been categorised into: children in need of special protection; and children at risk (which includes: orphans; abandoned children; children infected or affected by HIV); abused children (whether sexually, physically or emotionally); street children; children in conflict with the law; child victims of exploitation (whether sexual or through harmful labour); children with disabilities; children addicted to drugs; and children whose basic physical needs are not being met.²⁷

7.2.1 YOUTH VULNERABILITY AND THE CHALLENGES OF POVERTY

Poverty is a multi-dimensional issue that engenders risk and vulnerability, not least among young people from poor households. In a study on Managing Risk and Vulnerability in Cambodia, the World Bank (2006) found a complex set of factors leading to this situation. The majority of young people aged 15-24 live in rural areas. They constitute 26 per cent of the country's total population, of which about 35 per cent live below the poverty line (MoP 2006). Because their livelihoods are mostly dependent on rain-fed agriculture, these youths often experience food insecurity. Moreover, they lack vocational skills and the opportunity to access vocational training. Hence, the majority are unemployed or underemployed for most of the year. With little access to land, these youths receive limited education and economic opportunities (World Bank 2006; Fitzgerald and So 2007). Consequently, they decide to move to cities in the hope of employment and a more exciting life, causing a massive urban drift.

Social exclusion and poverty both contribute to vulnerability in youth. Young people are those most affected by family shocks, such as death or the chronic illness of the household head, the loss of the family's assets or financial debt. The biggest challenge facing young people at risk is the lack of opportunity for paid or productive employment. Unemployment is not evenly spread, and the situation of vulnerable groups varies according to different conditions and circumstances (Brewer, 2004). Unemployed young people are affected by a lot of serious social issues, such as getting drawn into gangs, alcohol consumption and drug abuse. However, it was found that unemployment among youth falls when education is improved. Hence, it is very important to take into account increasing opportunities at all levels of the educational ladder to reduce youth vulnerability. Young people less cared for by their families, those growing up in poor households, those who are early school leavers or do not attend school, and some of those from ethnic communities in remote areas, have been found to be disproportionately at risk of social exclusion. There are also particular times when young people are most vulnerable, such as when they leave home, their families or school (Brewer, 2004). Figure 7-1 summarizes the implications of poverty on youth well being.

FIGURE 7-1. KEY DRIVERS OF POVERTY AND THEIR IMPLICATIONS FOR YOUTH

Key drivers of chronic poverty	Examples of implications for youth
<p><i>Severe and/or repeated shocks</i></p> <ul style="list-style-type: none"> • Ill-health and injury • Environmental shocks and natural disasters • Market and economic collapse • Violence and conflict • Breakdown of law and order <p>PLUS Few private or collective assets to fall back on (Limited physical, financial, social or human capital, highly susceptible to shocks)</p> <p>PLUS Ineffective institutional support (e.g. lack of effective social protection, public information, basic services, conflict prevention and resolution)</p> <p>PLUS Poverty occurring at certain points in an individual or household's life (e.g. childhood, old age, youth and young households).</p>	<ul style="list-style-type: none"> • Young people are often in the early stages of physical and financial asset accumulation, and as such, they may find it particularly difficult to weather and bounce back from a shock. • Young couples may deplete their assets or reduce their own consumption to ensure that their young children are healthy and educated. • Even in labour markets with social insurance mechanisms in operation, young people generally have not built up the time or contributions to benefit. • When young people are forced to leave school before achieving a secondary, tertiary or vocational qualification, there are reduced returns to, or a complete loss of the significant long-term investment in education, time and resources made by the young people and their families. It becomes more difficult to find productive work and rebuild assets.
LIKELY TO TRAP PEOPLE IN POVERTY	

Source: Adopted from Moore (2006)

Young couples entering marriage, especially young married women and couples living in rural and remote areas, were found to be at high risk because they have to face issues of landlessness and land atomisation²⁸ (Fitzgerald and So 2007), as well as financial shortfall in their new families, illnesses among family members, and limited skills. Most young married couples are expected to participate in the family's agriculture-based production, which is often not profitable. Young married women begin to be burdened with increased household responsibility, and with problems related to the poor health and nutrition that they have experienced in their adolescent years, which are compounded by early child bearing that follows early marriage and, an inadequate food supply and limited income. These factors account for young married women having difficult pregnancies and the high risk of maternal and child mortality and morbidity (Moore 2007), and also explain why young married women are more vulnerable than unmarried women in the same age group.

Young people in the village either married or unmarried, who cannot find enough money to support their family and who lack jobs to do in the village especially after growing paddy rice or sometimes after harvest, move out of the village to Phnom Penh or Kampong Som. Some go to Neak Loeung (in Prey Veng). People in this village mostly depend on rice-fields and crops so that in general, young people leave the village to find jobs such as selling newspapers, working for private households, or becoming construction workers, garment workers or motodop drivers... – FGD parents' group, Sangker Village, Svay Rieng Commune

Rural households often accumulate long-term debts due to their inability to repay them. Unpaid interest soars from month to month for long periods, such as from one to two years, bringing extreme hardship to families. The first family members to suffer from this situation are youths, since parents usually pull them out of school and send them to work with moneylenders to reduce the family debt, or to work in other families to earn additional income. Issues related to their deployment into such work (child trafficking, violence, and sexual exploitation and abuse at the hands of employers) can arise and increase their vulnerability.

Most young people in rural areas who live in large households are more likely to be poor and vulnerable than those living in smaller households. The World Bank (2006) characterized poor and vulnerable households as those having many small children but lacking in adult wage earners. A high proportion of children and adolescents implies a high dependency ratio, which generally has a depressing effect on per capita income. In rural areas, where most of the poor are located, the dependency ratio rises to 89.6 per cent compared with 69.1 per cent in urban areas. A dependency ratio also changes according to the number of elderly or disabled people unable to work (World Bank 2006).

7.2.2 YOUTH VULNERABILITY AND PHYSICAL AND MENTAL HEALTH CHALLENGES

Street or homeless youth are considered the most vulnerable group in Cambodia, and are categorized into three types: primary homeless or roofless; secondary homeless (staying in any form of temporary accommodation, with no secure housing elsewhere); and tertiary homeless (long-term occupants of single rooms in private boarding houses) (Chamberlain and MacKenzie 1992). Young homeless people are particularly at risk of a wide range of physical and mental health problems, a lack of access to basic needs such as food and clothing, and a multitude of dangers, including sexual exploitation and violence. Youth can also face problems stemming from overcrowded, unsafe, unhygienic housing, as well as insecure tenure

²⁸ Land atomisation is the division of land into smaller parcels so that all children of a household may benefit from the ownership of a small piece of land.

or family difficulty in paying rent. Unsatisfactory housing conditions can contribute to poor health, family violence and poor education outcomes (Boese and Scutella, 2006). Mith Samlanh-Friends (2001) suggested that there were 1,200 children living on the streets of Phnom Penh and that the number appears to rise by 20 per cent each year, due in part to rural-urban migration. A large number of children (between 10,000 and 20,000, half of them girls) work on the streets to earn money through shoe shining, begging or prostitution.

Ethnic minority youths are considered the most vulnerable. Young people who are socially disadvantaged, who live in rural and remote areas, or who are of ethnic origin suffer very poor health, mostly due to alcohol abuse and smoking (Boese and Scutella 2006). The 2004 MoEYS Youth Risk Behaviour Survey (YRBS) attests that 45 per cent of young people in Ratanakiri and 40.9 per cent in Mondulakiri use alcohol. In comparison, an average of 12 per cent of youths in other provinces consume alcohol. The proportion of youths consuming tobacco was found to be highest in Ratanakiri (34 per cent). The proportion of young women aged 15-19 who have begun bearing children was greatest in Mondulakiri/Ratanakiri (21.8 per cent), followed by Odar Meanchey (15.4 per cent), while Preah Vihear/Stueng Treng and Kratie (13.4 per cent and 12.9 per cent, respectively) show the lowest incidence. These provinces are categorized as remote, where most of the ethnic youth reside (CDHS, 2005).

Physical and mental disability increase youth vulnerability. A leading cause of permanent disability among young people in Cambodia is road traffic accidents, particularly among males (NIS/NIPH 2008). The highest prevalence of motorcycle traffic accidents, in particular, is found among 15 to 17 year-olds. The NIS/NIPH survey (2008) also identified suicide as a leading cause of death in this age group, reflecting the mental health of young people. FGD findings for this study suggest that the poor mental health situation of youth stems from: violence in the home: a perceived lack of caring from the family: feelings of isolation upon migrating for work: and, in the case of migrants, the relationships they may develop to satisfy their need for friendship or in exchange for food or protection. Where violence in the home is present young people aged 15-19 reported fearing for their lives (MoWA 2005). The voices of the young people who participated in the FDGs lend credence to these observations.

Other factors contributing to youth vulnerability are the chronic illness of parents and parents living with HIV or AIDS. Vulnerability to HIV is high, since it can be transmitted by parents to their children, The death of parents can place the onus of responsibility on adolescents and/or young adults, compounding their problems. Studies show that risk perception of HIV is low – especially among the 10-15 year olds, which is less than half of those in the 16-24 age cohort and about 60-70% of the 25-49 age group.

When parents have chronic illnesses or die, children and youths not only lose parental love and support, but they can also face the problems of: losing access their basic rights; barriers to school attendance; losing access to health facilities; and losing their job security. According to the 2005 CDHS, 9 per cent of children under 18 have lost their father or mother, while 0.7 per cent have lost both parents. The proportion of children who have lost their father or mother or both increases significantly with age – 12 per cent for 10-14 year-olds, and 16 per cent for 15-17 year-olds. The growing number of people living with HIV poses a serious challenge: approximately 55,000 children (10.9 per cent of all orphans) were orphaned by AIDS-related illnesses in 2001, while the World Bank estimated that by 2005, 20.7 per cent of orphans in Cambodia would have lost parents due to the same cause (World Bank 2006).

7.2.3 YOUTH VULNERABILITY AND THE CHALLENGES OF VIOLENCE AND ABUSE

It is estimated that young Cambodians are more likely to experience violence and abuse than any other age group (MoWA 2008). Previous studies (Fitzgerald and So 2007; Ballard 2007; Keane 2006) note that family circumstances, community environment, and a wider 'world effect' (e.g. cross-cultural influence and ICT) are common factors that position Cambodian youth in vulnerable situations where they may experience domestic violence or other forms of abuse. Financial struggles within the family, the mental illness of parents, alcoholism, and gambling among members of the household are the main causes of violence within the household.

FGD participants, especially young females, believe that violence occurs more in poor households in rural and urban areas as a consequence of alcohol consumption. They further stated that those who suffer most from domestic violence are children and youths, who may live with fear, become depressed, start to misbehave, lose concentration at school, drop out of school or run away from home. In some cases, wives or daughters run away, too, returning to their parents' or grandparents' homes to seek help, and sometimes commit acts of violence.

Fitzgerald and So (2007) found domestic violence to be a cause of downward mobility for poor families, due to the costs related to damage to property, treatment of physical injuries and loss of productivity. Moreover, domestic violence has been found to strongly affect children within the family, particularly youths who lack the encouragement to pursue their studies or lose the opportunity to attend school, due to the stress they experience. When youths become very upset and depressed about the violence in their homes, they may leave home or look for another place to stay. Because of their harsh family environment and lost hopes for the future, young people who have grown up with violence at home may consequently lose compassion and become criminals and gang members (Jourdan, 2008). FGD participants agree:

Young people who live in households with frequent domestic violence achieve poor study results in school and are often not present in class... they look sad, don't like to talk... they like to sit at the back of the class. Sometimes, they leave school without completing their exams... – FGD, 15-18 year old males' group, Phnom Penh

Sexual abuse exacerbates youth vulnerability. Rape can be devastating for young women as they confront stigma and shame, given the high value placed by Cambodian culture on a woman's virginity (MoWA 2005). According to ADHOC (2005), rape cases have recently become brutal and are more often fatal. Victims include sex workers, garment workers and those working in beer promotion and karaoke establishments (MoWA 2008). Perpetrators include young urban men, male university students, members of the police and gang members who engage in bank or gang rape. Under- or non-reporting is common due to a host of factors, specifically the shame and stigma associated with rape, distrust of the judicial system, the cost of pursuing a prosecution, unofficial 'compensation' settlements between perpetrators and victims, and fears of retaliation from the perpetrator (LICADHO 2006).

The media are believed to have a key influence on Cambodian youth, particularly in promoting consumerism and violence (Mysliwiec 2005). Increased exposure of youths to wrongful behaviour such as violence and sexual misconduct is becoming common, and has allegedly led to increased involvement of young males aged 15-18 years in gang rapes and violent attacks on women. Focus group participants said that such incidents can take place in the village or in the commune during a special event such as a wedding or a traditional ceremony in the pagoda, at which youths are allowed to participate in drinking and merry making.

While advances in the use of information communication technologies (ICT) and digital media (like DVDs) have made the acquisition of knowledge and skills more accessible to youth, field observation for this study also found such technologies made access to pornographic films and other explicit material, such as violence and adult themes, more available to youth audiences.

Being in conflict with the law exacerbates youth vulnerability. To date, the court and penal system in Cambodia has not adequately provided measures to deal with juvenile cases, owing to a lack of facilities, juvenile courts and specialists in juvenile law. Children and youths who have violated laws or committed serious crimes are often detained with adults, despite legal provision for the separation of untried and convicted youth offenders from adults (CDC 2003). As such, their rights as children/youths are highly compromised. The Youth Rehabilitation Centre is the only alternative for incarcerating juveniles. Those are imprisoned, without any form of legal and social protection, may languish in jail or receive beatings in the hands of the police or adult inmates (EveryChild 2006; Egger 2005). The failure to release juveniles from pre-trial detention is reported to stem from attempts to secure financial benefits from the families of suspects to secure a release (Aekje et al 2006). Table 7-1 shows the number of children in conflict with the law nationwide.

Table 7-1. Children in conflict with the law (CICL), in prison and on pre-trial detention

Year	Total # of CICL on Prison in 24 provinces/ municipalities			Total # of CICL on Pre-trial Detention in 24 provinces/ municipalities			Proportion of total # of children in prison
	Male	Female	Total	Male	Female	Total	
2005 (end)	569	16	585	206	7	213	36%
2006 (end)	575	13	588	132	2	134	23%
2007 (end)	651	12	663	170	4	174	26%

Source: Ministry of Interior Prison Department

7.2.4 YOUTH VULNERABILITY AND THE CHALLENGES OF MIGRATION

Factors contributing to youth migration include: financial crisis in the family; a lack of livelihood resources and skills; and a lack of vocational training at school (or a lack of opportunity to go to school) (Chan and So 1999). Traditionally, young men are encouraged to find paid work, which usually requires migration, while women are discouraged from doing so. In recent years, however, it has become more common for women to migrate to find work, although their options are primarily limited to the garment and sex industries. Surveys of women in these industries have estimated that more than 250,000 women have migrated from their villages in search of paid employment over recent years (MoWA 2004). Young migrants are more vulnerable than permanent residents as they face more changing and different situations for which they may be unprepared (Shaohua 2005). FGD findings showed that young people who leave the village for employment in the city generally do not have a plan. They leave decisions up by a leader (guide) who may have experience of migration; on the whole, these young people are not prepared for the requirements of the labour market.

²⁹In a 2006 study, ILO found the average age of beer promotion girls to be 22.7 years.

Cambodians aged 15-25 make up a disproportionately large number of those who migrated in the five years before the 2004 Cambodia Socio-Economic Survey (Maltoni 2007). Comprising an estimated 30 per cent of migrant population, rural-to-urban mobility in this age group is shaped by a range of push and pull factors, including loss of land or loss of access to other livelihood resources, a desire to seek a better life, and the presence of family members in likely employment areas. Urban females in the 15-19 age group are more likely to migrate than their male counterparts (Table 7-2), although fewer in the 20-29 age group do so, due perhaps to childbearing and housework demands.

Table 7-2. Percentage of migrants by age group

	Cambodia		Urban		Rural	
	Males	Females	Males	Females	Males	Females
All Ages	11.52	9.27	23.66	21.38	8.09	7.05
15-19	12.63	12.48	25.76	28.45	9.93	9.04
20-24	24.20	17.05	43.12	37.78	20.06	12.90
25-29	23.44	14.13	40.31	30.70	19.60	10.73

Source: Maltoni 2007 based on CSES 2004

FGD participants indicated that young people who move from rural areas to look for jobs in the cities face a lot of difficulties upon arrival. Parents and young people aged 19-24 reported that migrant youths can end up using drugs, being manipulated by criminal gangs, or adopting negative social attitudes.

FGD findings also showed that young rural-urban migrants generally do not have a plan as to what they will do when they arrive. They may be at the mercy of an older leader (or guide) who may take advantage of them or place them in harmful situations. Being far from their parents and new to urban life, these youths have no choice but to obey their employers, regardless of the health hazards in their working environment.

Other young people head to Thailand where the evidence is that young migrant workers can make more money. Unfortunately, they also face serious difficulties (Fitzgerald and So 2007; Ballard 2007; Chan and So 1999). For example, construction workers returning to Cambodia have not been able to receive the full amount of money that was due them; rather, they tend to receive only 15 days of wages for 20 days of work. Besides being exploited by employers or supervisors, young migrants are often drawn into the use of drugs out of loneliness or, in some cases, are forced by employers or supervisors to use drugs to increase their stamina and productivity (Chan and So 1999).

...sometimes employers put drugs in the workers' drinking water, especially cart pullers. When the workers become addicted, they have to buy the drugs themselves. The price of one pill could cost between 70 and 140 Baht and varies according to the quality. Informal Interview with group cart pullers, Poipet

Young migrant workers also face serious difficulties when working near international borders. Fitzgerald and So (2007) found that many young migrants had negative past experiences related to the legal aspects of cross-border migration. FGD participants attested to this, and stated that the costs of travel and securing employment were often unaffordable. Some young migrant workers were also cheated or lost money when they returned to Cambodia. A number also faced the risk of arrest and losing most of their savings if the police caught them, especially if they crossed the border illegally.

I used to go to Thailand and I had a very hard time.... I worked for 15 days but the patron paid me for only 8 days, promising to pay the rest later. But I am still waiting to be paid. I was so disappointed with his bad behaviour. I don't know what to do and I couldn't find anyone to help me... FGDs with Youth (20-24), Siem Reap

In a recent study on parenting practices in Battambang (EveryChild-Cambodia 2008), FGD participants noted that vulnerable youths who stay away from home suffer from depression and poor living conditions. They experience feelings of isolation and a lack of family care, and their earnings are too low to meet their expenditure. To augment their income and fulfil their basic needs, some women become prey to sexual exploitation and prostitution, human trafficking and drug abuse. Young men may be recruited into street gangs and drawn into misdemeanours or even serious crime, such as gang rape and theft. It is evident that youths' desperate need to adjust to their new situation and to meet the high cost of living in the city requires them to harden their attitudes and alter their morals, leading them to break the law. This exacerbates the growing phenomenon of children and youth in conflict with the law.

With my 60 USD monthly pay as a beer promotion woman, I cannot shoulder the whole burden of supporting an old mother and three orphan nephews and nieces. Therefore, I have to work sometimes in indirect prostitution, which means risks of HIV. My work also puts me at risk from customers who are aggressive, who sometimes throw dishes at me if I do not agree to take alcohol with them... Khmer-Muslim Young Female, Phnom Penh

7.3 RESEARCH GAPS

This study's findings uncover a number of concerns that underpin vulnerability among youth and call for further study. Among the critical areas needing additional investigation are:

- Youth mental health, by gender, age and income, including factors that contribute to the incidence of suicidal thoughts and attempts.
- The different forms of disability in young people (physical, mental, social) and how these shape their vulnerability, with particular focus on attributes of ethnicity and educational level, as these compound vulnerability.
- The extent of the positive and negative influences of ICT among youth and how ICT shapes their day-to-day lives, with particular attention to: (i) differences between youths in urban and rural areas; and (ii) appropriate responses to the wrongful use of ICT, including forms of censorship and disseminating media messages on the positive use of ICT.
- An improved understanding of how some of the most vulnerable go on to do well despite poverty and adversity. What protects them from harm?

VIII

YOUTH PARTICIPATION AND RIGHTS



Between the 1970s and 1980s, Cambodia's youths were drawn into the civil war and the political process as citizens, but were then denied their rights to education and health, and the development of their full potential as members of society. State controlled volunteerism involved young people in the Mass Youth Organisation, which mobilized thousands of students to conduct literacy classes throughout the country during school breaks (Mysliwiec 2005). The political stability that began only in the early 1990s gave them the opportunity to participate in the social, political and economic spheres. While young people take part in economic activities that benefit their households and communities, the extent to which their voices are heard and incorporated in decision-making and development processes appears to have been limited.

This chapter focuses on current youth participation and their right to be involve in social and political activities. It examines the national legal framework for youth participation, which could support the formulation of a future National Youth Policy. It takes the view that youth participation can be the engine of growth for the country, if adolescents and young adults are given the opportunity to fully take part in the development process. It also explores the notion and practice of volunteerism among youth, particularly as it relates to their perceptions/attitudes and actual involvement in the improvement of their communities.

8.1 POLICIES AND PROGRAMMES SUPPORTING YOUTH PARTICIPATION IN THE DEVELOPMENT PROCESS

Several national frameworks and programmes have established the rights and critical role of youth in Cambodia's development process. Article 34 of the Constitution gives Cambodian citizens over 18 of either sex the right to vote, and to stand as candidates for election if they are at least 25. At the same time, Article 31 states that the Kingdom of Cambodia shall recognise and respect human rights as determined in the United Nations Charter, the Universal Declaration of Human Rights and its concomitant covenants and conventions, the CEDAW Convention on women's rights and the Convention on the Rights of the Child. Its National Strategic Development Plan of 2006-2010 also specifies that, with 60 per cent of the population being below 25 years of age, youth shall constitute a critical group in advancing the country's development (NSDP 2005).

The Government's Decentralisation and Deconcentration (D&D) framework opens up opportunities for the participation of youth and marginalized groups. Aligned with the RGC's Rectangular Strategy, this national programme strengthens local governance for development and poverty reduction. It finds support in the Cambodian Organic Law of 2008, which is designed "to provide a coherent legal foundation for democratic sub-national governance based on the principles of democratic representation, participation, public sector accountability and effectiveness, and poverty reduction". The lowest level of local government is represented by the Commune Council, which is closer to the population and reduces some of the communication and other roadblocks that undermine youth participation.

Spaces for youth participation in governmental programmes are also evident in the widespread effort of the RGC to encourage and support volunteerism (Brown 2008). MoH, for instance, articulates this idea and puts it into effect in its Policy on Community Participation and through its village health volunteers. Mol, too, anticipates volunteerism in the decentralisation programme to be a critical part of the empowerment of communities to demand transparency and accountability from local leaders (See section 8.22 for further discussion on volunteerism). Likewise, MoWA is working with local volunteers through a pilot project to promote the re-institution of norms, such as respect for women, to reduce violence against women.

Alongside these national frameworks and programmes, the UN Country Team (UNCT) initiated discussions in 2006 on the importance of a focus on issues related to Cambodian youths and adolescents. It recognizes the value of heightened levels of dialogue between young people and the UNCT on the implementation of the work of the UN, the implementation of the UN Development Assistance Framework (UNDAF) 2006–2010, support for implementation of the National Strategic Development Plan (NSDP) 2006–2010, and the attainment of the Cambodian Millennium Development Goals.

UNCT-Cambodia took steps to establish a UN Youth Advisory Panel in 2007 as part of its commitment to young people's empowerment and rights, which include their right to participate in decisions that affect their lives and to express their views and opinions, in accordance with basic human rights principles and the CRC. The Panel will set in place a mechanism for open dialogue and exchange between UNCT-Cambodia and youth groups, to advise the Country Team on strategic opportunities and actions to address adolescent and youth issues across the UN system. Specifically, it will: (i) increase dialogue and knowledge sharing between the UN system and Cambodian youth, based on best practices and lessons learned from youth policies and programmes, (ii) increase young people's understanding of the role of the UN, its comparative advantages and its Cambodian development priorities; and (iii), provide a means for young people to discuss issues with the UNCT, both to build their understanding of development issues, particularly as they relate to young people, and to influence the thinking of the UNCT in its priority setting, strategy and programme development and implementation.

Efforts to make the UN Youth Advisory Panel a reality include holding a preliminary dialogue with several youth-focused NGOs. These NGOs include the Khmer Youth Association (KYA), the Youth Council of Cambodia (YCC), the Youth Resource Development Programme (YRDP), Youth for Peace (YFP), Youth Star Cambodia, the Culture and Environment Preservation Association (CEPA), Khmer Youth and Social Development (KYSD), the People Health Development Association (PHD), the Youth and Child Hope Development Organisation (YCHD), the Khmer Youth Camp for Culture (KYCC), and Support Children and Young People (SCY).

Helping to form a 'mass base' to this initiative are the numerous NGOs that provide programmes and services related to health, education, civic engagement and citizenship. Annex 3-4 in Appendix A lists these NGOs in Cambodia's provinces and municipalities and the range of activities that they facilitate for youth.

8.2 CURRENT SITUATION

Cambodia's youth – defined in this study to be those aged 15-24 – comprise 26 per cent of the total population in 2004 (MoP 2006). Yet, their voices in the country's national policies and programmes are barely heard even though they have been visible participants in community-oriented activities. Brown (2008), in her study on volunteerism in selected NGOs, found that 32.1 per cent of males and 43.7 per cent of females aged below

25 give part or all of their time to activities that benefit their communities. Mysliwiec (2005) noted a similar pattern, finding that about a third of 215 young respondents to her study had some volunteer experience of community work, NGOs, or in private and public sectors, youth associations or international organizations. In 2002, Wallquist found that there were some 50-60 youth-initiated organizations in the country whose activities ranged from the promotion of good citizenship to bringing about social change.

The lack of recognition of youth needs and perspectives in the Government's policies and programmes appears to stem from several factors, including the hierarchical nature of Cambodian society, which demands respect for elders and authorities and limits possibilities for young people to articulate their views (Yong 2005). Along with this 'age hierarchy' comes a 'knowledge hierarchy' (Brown 2008), whereby leaders and older people think that youths are inexperienced and that they should listen to the more mature and experienced members of the community (Yong 2005). This study's FGD findings confirm these observations as young interviewees expressed their exclusion from or limited involvement in development activities.

Village local authorities never allowed us to participate and express our opinion and ideas in any village meeting... – FGD, 15-19 year old males, Sihanoukville

"Angkar" conducts agricultural trainings in the village. The youth were not allowed to participate in these trainings because the elders believe that they will not absorb what is being taught... – FGD, 15-19 year old females, Ratanakiri

The lack of support and encouragement from parents and communities for youth civic engagement also partly explains the absence of youth needs and perspectives in government policies and programmes. Parents apparently perceive such engagement as political in nature, and therefore entailing risk (KYA 2008). Qualitative information gathered for this study also found that Cambodia's education system has failed to impart the knowledge and values necessary for the development of skills among young people that would help them build and participate in modern democratic societies, thereby ensuring good governance. As one FDG participant noted:

We realise that the contribution of youth to our community development is very important...being able to express our ideas could help us improve our capacity and know more about development, sometimes we have some good ideas but do not have good opportunities to express them so we keep them in our minds – FGD, female youth, Siem Reap

There are indications that young people have a sense of civic responsibility, albeit at a fairly basic level (Mysliwiec 2005). Asked what they could do as students to contribute to Cambodia's development, respondents from Phnom Penh saw their roles as: "doing their best in their studies; sharing knowledge and information from their studies with relatives and 'others'; being a good citizen; conservation of the environment and of culture, engaging in social works; 'raising criticisms in order to reform bad practices'; engaging in volunteer work; and going after training opportunities" (Mysliwiec 2005). There is an apparent need for Cambodia's educational system and other traditional institutions (e.g., family, peer groups, community institutions such as the pagoda) to help instil the value of civic responsibility among young people.

8.2.1 YOUTH PARTICIPATION IN DECISION-MAKING DEVELOPMENT

According to the World Youth Report 2007, providing young people a chance to take part in decision-making helps shape their own development, preparing them for a role in enhancing and strengthening their societies, and subsequently creating a better environment for youth participation. This entails, however, broad, synergistic feedback mechanisms that give youth the space to provide their inputs or that permit a dialogue between young people, their families, local leadership groups and others who can be critical to the positive paths that youth can take for their advancement. Often, however, exclusion is more common.

Elders and local authorities think that youths have less experience in development, therefore, their ideas have been ignored ... – Fathers' FGD, Siem Reap

The elders and village chief only call youths to a meeting if there is conflict among young people. The youths are never called on to participate in drafting the village development plan... – FGD, 20-24 year olds, Siem Reap

There are presently no structures that bring youths into discussions of national or local development. Because local leaders do not consult youth on development issues – since their views are not appreciated – youth concerns are not adequately represented and reflected in village (or district and provincial) development priorities and budgets. Youths expressed confidence, however, of their ability to contribute to development. For them, the social environment and conservative beliefs of the authorities and elders in their communities prevent them from making a contribution. This suggests that youths have a positive view of their role, implying that a national youth policy – accompanied by institutional mechanisms that support young people's voluntary engagement – could bring on their more active participation in decision making within and possibly outside their communities.

8.2.2 YOUTH PARTICIPATION IN VOLUNTEERISM

The United Nations defines volunteerism as “actions undertaken out of free choice, not motivated by financial gain, and bringing benefit to the community, volunteer, and society at large” (United Nations General Assembly 2008). In Cambodia, several studies link volunteerism to the creation of social capital and to engendering reciprocity (Brown 2008; Mysliwiec 2005; Dara 2001; Ebihara 1968). This is because volunteerism fosters trust, a basic component to the concept of social capital, as it leads people to cooperate towards their shared goals. In the absence of assets in the 1990s and even today, poor Cambodian people have relied on their relationships, associations and networks to survive on a day-to-day basis, through voluntarily sharing or reciprocating labour, cash, food, information, services and emotional support in times of crisis such as ill health (Rakodi, 2002). These are the key elements of social capital that characterize rural communities – elements that build on trust and that can lead to meaningful participation in community activities and events.

The World Youth Report of 2007 notes that “volunteerism is a clear manifestation of youth participation in society – one that is often altruistic and devoid of immediate selfish interests.” It helps build interpersonal and social skills and strengthens personal potential. For example, promoting volunteerism and expanding opportunities for youth participation in development benefits larger society, and can be part of a strategy to combat social ills such as drug abuse, juvenile delinquency and other deviant behaviour, particularly among youth (United Nations 2007).

This study found that youth conceptions of volunteerism may depend on the benefits or advantages they can derive from it. Youths generally perceive volunteering as work that does not offer a salary. Not everyone thought it was a great idea. One 19-year-old said that: “Voluntary work in the community is a useless waste of time.” Some did not hold a positive view of volunteerism even if they had no experience of it.

On the other hand, ethnic youth in Ratanakiri province said they liked to work as volunteers. They believe their participation can strengthen their understanding and help their community:

I used to work as volunteer with many local NGOs that implement projects in my community and I gained more understanding about development and how to strengthen the community. From this experience I became a successful youth activist and I currently have created a community-based organisation to help the youth in my village... – 23-year-old male, Ratanakiri

Volunteering work among youths seems to be shaped by the availability of support, usually from an NGO. This idea is substantiated by a recent study in which young student respondents expressed willingness to volunteer provided that there was some means of support (Mysliwiec 2005). The same students saw their role to be one of teaching or imparting their knowledge to others. However, none viewed volunteerism in reciprocal terms or stated that they could also learn something from the people and communities they would be working with (Mysliwiec 2005).

There are indications that volunteering is gaining traction in Cambodia’s rural areas. EveryChild-Cambodia (2006) found 84 child- and youth-led clubs and organizations across the country, although some are local divisions or branches of NGOs that facilitate programmes for children and youths (Annex 8-1 in Appendix A). The activities of these associations include leadership training, home-based care (for people living with HIV and AIDS), primary health care, child rights promotion, monitoring child abuse, capacity building for club members, holding literacy classes. In a 2007 CARE survey in Koh Kong, 15-24 year-old interviewees claimed to participate in several associations and activities in their villages, such as savings groups, home-based care-related activities, sports, and a group that works on the environment, sanitation and hygiene.

This suggests that, while some have a negative attitude towards volunteerism (believing that it detracts from income generation), there remains a sense of altruism among many, particularly in rural areas. In terms of the development of social capital, the above accounts also demonstrate that, if the youth of Cambodia can move beyond the traditional concept of ‘charitable’ voluntary work, volunteerism can become a worthwhile, inclusive form of participation that expresses solidarity, fosters social cohesion and promotes participatory development. Volunteerism, in fact, bridges diverse pathways of participation to promote social, economic and political development. “Helping to do the right thing, and helping people, goes together with promoting a system that is more just and more equitable” (UNV/IAVE/CIVICUS 2008).

8.3 OPPORTUNITIES FOR YOUTH PARTICIPATION AND ANALYSIS

8.3.1 OPPORTUNITIES FOR POLITICAL PARTICIPATION

Young Cambodians could also contribute by engaging the State as citizens and as constituents in the electoral process (e.g. in the National Assembly and Commune Council elections). For those aged 18-24, such engagement brings an opportunity to help determine the election of local and national leaders who can represent young people’s needs and interests.

Youth political participation is still very low (COMFREL, 2008). The election monitoring organization, COMFREL, notes that students with university-level education still do not pay much attention to voting, stating that they register only because their parents encourage them to or because they are following the example of others. This seems to stem from a lack of encouragement, especially to girls, to engage in politics.

Additionally, the Government does not allow political discussions and meetings in schools, because they are seen as neutral areas in which politics has no place (Yong 2005). This poses a constraint on young people gaining a critical political orientation or developing informed opinions.

Where deeper participation in the electoral process is sought, engagement is said to occur through the youth wings of the three main political parties (the Cambodian People's Party, FUNCINPEC and the Sam Rainsy Party) (Yong 2005). The first youth party, the Khmer Front Party, was formed in 2002. With students and young adults in its constituency, it has organized campaigns and demonstrations and sent petition letters on a number of key issues to high-ranking officials, including the King (Yong 2005).

Young people's political expression has also been evident in media campaigns, the lobbying of political leaders, and taking part in and helping to organize demonstrations and public forums arranged by youth-focused NGOs (Yong 2005). Additionally, youth groups and associations have made conspicuous their commitment to influence the Cambodian society by reaching and working with individuals or groups within their villages, communes, districts or provinces. Support for such political engagement by youth comes from a number of international organizations and donors, including: the National Democratic Institute and the International Republican Institute, which conduct training for youth affiliates of the political parties; and Forum Syd and EED, which help pave the way for the greater visibility of young people outside the political parties.

8.4 POLICY AND PROGRAMMING IMPLICATIONS

There are positive factors in Cambodia which support opportunities for youth to participate meaningfully in social and political development processes. A key area that could provide a major opportunity for youth participation is the Government's current decentralization and deconcentration effort, which would afford young people a chance to become involved in the local development process. It also brings about opportunities for youth to participate as contractors for local government tenders for public works, such as the construction of roads, local bridges, schools and markets, and will allow them to become organized and be recognised by the local authorities.

However, major hurdles that need to be overcome are those related to the idea that participation and leadership should come with age, knowledge and experience. The tendency to listen to youth and address their needs tends to be (1) limited to specific issues (such as violence and drug use) and only when they emerge as local concerns to elders. Or they tend to be (2) one-time interventions that respond to an immediate visible problem. A rudimentary understanding of the concepts of governance, democracy and the importance of youth participation in development is an added complication for youth and for leaders alike. Local (and national) leaders need to be at the forefront of embracing youth in all development endeavours. Capacity building and learning experiences should therefore include those who can influence and mentor young people to become active participants in their own development. Critical to this would be support to basic social institutions such as the family, the school, and community (pagodas, local leadership groups) that shape young people's perspectives.

The key implications of the findings for policy and programming are:

- a. Current practices and beliefs of local authorities and community leaders hinder youth participation in the development process. Therefore, there is need to instill a better appreciation of the value of youth participation in these influential people. A legal framework such as a national youth policy could pave the way for the involvement of youth, particularly in socio-cultural and political development.
- b. Youth can benefit from participating only if there is strong support from the community. Indigenous peoples in the northern provinces tended to support youth participation in the development process by giving them opportunities for skills training that could improve their earning ability in the future.
- c. Youth participation in volunteerism is limited by their perceptions of volunteering as traditional 'helping' activities, i.e. unpaid work. Those who have accepted a wider concept of volunteerism, which includes civic participation and contributes to social, economic, and political development, have demonstrated increased engagement with and commitment to participation. Ways should be explored to promote a supportive environment for volunteerism, to enhance youth engagement in the participation explored.
- d. Efforts should be made to review ongoing initiatives for youth by NGOs and INGOs. This will help to create understanding of which strategies work in engaging youth in simple community functions or larger activities such as development-oriented events (e.g. promoting personal hygiene and sanitation or advancing a campaign on community latrines).
- e. A safe and supportive environment should be created, with a particular focus on youth leadership programmes, by establishing youth exchange activities, not only overseas but also between and within communities (e.g. among schools, villages, communes and provinces). These will open opportunities for youths to understand their larger society, build relationships and sharpen their knowledge and skills so they can become future leaders of the country.

One important effort towards enabling the involvement of all potential development players would be to build up a strong youth movement. Struggles for democratic reform in many countries have involved youth, who have more modern ideas about governance, and who dare challenge the status quo. There is an absence of venues for developing leadership among youth, such as student governments and rural youth associations. Activities to promote youth as a development agenda should also be strongly advocated. As the World Youth Report 2007 notes:

The effective engagement of youth as equal partners requires recognition of the rights of all young people to participate at all levels of decision-making and to make productive use of their knowledge, perspectives and experience. It is a process from which both youth and non-youth stakeholders benefit. It also represents a situation in which young people are no longer seen as passive recipients of national resources or the root cause of society's problems; instead, they are regarded as vital participants in society who can make an important contribution to their countries' development and whose involvement must therefore be appropriately nurtured and cultivated.



IX CONCLUSIONS & RECOMMENDATIONS



Any set of recommendations from this Situational Analysis of Cambodian Youth needs to be grounded in the tremendous strides that have occurred in the country over the past 15 years. For example, illiteracy has decreased as participation in primary and secondary education has increased. While Cambodia has a long way to go to make education equally accessible in rural areas and equally available to girls as for boys, it has already made great advances towards achieving that goal. Moreover, while there is need to strengthen health information and service delivery infrastructures, this analysis notes the substantial strides made in reducing HIV prevalence in the country.

The extent of the interrelation between the problems faced by Cambodian youth is striking. For example, rural poverty diminishes the likelihood of obtaining an education. Uneducated people are more likely to have large families. Moreover, rural poor who migrate to the cities for work are more likely than others to be homeless and unemployed, and thus more likely to turn to criminal behaviour or to seek employment as unskilled labourers in Thailand and Malaysia. Those who remain in rural communities are more likely to live on subsistence farming, perpetuating the cycle of poverty and stress that lead to sexual and physical abuse.

The following recommendations are based on the present Situational Analysis and enhanced at a workshop held in February 2009. These suggestions are presented with the awareness that young people are the hope for the nation. And with the awareness that without aggressive and coordinated set of interventions with government, bilateral organizations and NGOs, the demographic dividend that could flow from the rapidly growing number of youth entering both reproductive age and the work force, may well become a national nightmare.

RECOMMENDATIONS

The recommendations one – six are crosscutting. Specific recommendations under the themes of education, health, employment, vulnerability/social protection and , , rights and participation are found in the matrix below:

1. Provide technical and financial support to accelerate a final draft of The Cambodian National Youth Policy

Ensure inclusion of youth in decision making and development planning within the policy.
ToR prepared for consultant and timelines developed by end of March 2009
Led by UNRCO with UNICEF, UNFPA, UNV and UNESCO.

2. Strengthen Strategic Information about young Cambodians to inform policy and programming in 2010 and beyond.

Building on MoEYS support, implement a national baseline survey of mainstream Cambodian youth that includes the topics of sexual and reproductive health, education, disability, work, family life, media and IT influence, mental wellbeing, drug and alcohol abuse and selected health risk behaviour.

Led by the UN Adolescent, Youth and HIV Working Group in line with their planning document for 2009 UNCT will host a preliminary workshop to discuss the possibility of a comprehensive national youth survey. Experiences from a range of other Asian youth surveys will be presented and time given to consider and discuss the methodologies, scope of content, challenge of implementation, research partners and opportunities for mobilizing resources.

UNICEF and WHO to provide resources for youth survey experts by end of July 2009.

3. **Mainstream adolescent and youth needs and rights into the priority areas of UNCT work for 2009/2010 (through ensuring a deliberate lens on strategy development), into the UNDAF 2009, and into new UN documents/publications including the Democracy and Development safety nets in D and D.**
4. **Develop key messages focused on the risks and inequalities young people face, and advocate for policy protection, improved programming and services, including mobilizing resources for youth-focused and youth-led initiatives.**
5. **Mainstream youth focus on resource allocation and application of a youth lens in the poverty reduction process**
6. **Require a disaggregation of findings by gender, age and geography (urban, rural, and remote) in all UN agency documents, monitoring and evaluation methods and grants to other partners). Youth-specific information should, where possible, be further disaggregated to reflect 10-14, 15-19 and 20-24 age groups.**

	Education	Health	Employment	Social Protection	Rights and participation
Policy	<p>Develop and enforce pro-poor education policies with a focus on</p> <ol style="list-style-type: none"> 1) inclusiveness of the most vulnerable and marginalized 2) Support cash/kind from public and private institutions to enable the rural poor, especially girls, to continue their studies in secondary and post-secondary education 3) Technical and vocational education and training to respond to market demand and long-term national development policy 	<p>Advocate for implementation of Cambodia's signature on tobacco and alcohol control</p> <p>Advocate for the decriminalization of drug use to protect the rights of young drug users and prevent spread of HIV</p> <p>Enforce the age of marriage laws</p> <p>Identify targeted interventions for MARA and EVA in the next national HIV strategy 2010-2015 (UNCT led by UNAIDS)</p> <p>Expand health equity funds to cover all operational districts to ensure the poorest have access to free services at the point of delivery.</p>	<p>Review Labour law to demonstrate specific protection for young people, with specific reference to health and safety in the workplace</p> <p>Push for national policy impacting on youth employment including subject areas of labour market, land reforms and agriculture/irrigation</p>	<p>Finalize the draft Juvenile Justice Law.</p>	<p>Mainstream participation of young people into the D&D process by including specific references in UN & government documentation.</p> <p>Develop mechanisms and systems to ensure youth have a voice and are an integral and dynamic part of village/commune, provincial and national level development planning . (UNDP, UNICEF, UNFPA, UNV, UNESCO,)</p> <p>Volunteering Policy developed and integrated with Youth Policy, Education Policies and Employment Policies. (UNV, VIOs and NGOs) By end 2009</p>

<p>Program</p>	<p>Mobilize resources for the implementation of the National HIV/SRH education plan across the country</p> <p>Mobilize resources to operationalize youth and informal education policy</p> <p>Develop high-quality TV drama to challenge norms, perceptions and behaviors around a myriad of issues.</p> <p>1. importance of secondary school-education and success</p> <p>Implement child-friendly-school policy in all schools</p>	<p>Implementation of the TCC</p> <p>Provide training of AYFHS Guidelines to key health settings for MARA including: VCCT sites, sexual and reproductive health centres, including STI clinics and drug rehabilitation services. (UNFPA and WHO to lead implementation seeking funds from HIV sources)</p> <p>Social marketing of available contraception and safe abortion services for young unmarried women and men</p> <p>Targeted media campaigns for young men and especially young women and first time deliveries re the importance of delivering babies in health care setting (Consider opportunity to expand/extend current campaign to reach young sexually active women)</p> <p>Develop programmes with young women and men that facilitate critical thinking and problem-solving skills, that can act as a precursor to social and community mobilization. Subjects around for example making the environment safer from accidents/drowning/vector diseases (UNDP to support initiatives through D&D and commune planning by end 2009).</p>	<p>Enforce labour law and health and safety in the workplace.</p> <p>Scale up social protection networks to create better, safer working environments for young people (ILO: Expansion of SFI)</p> <p>Vocational Education: Establish programmes and opportunities for young people to develop work-related skills: including school-based vocational training, special vocational centres, on-the-job training and volunteering (ILO to explore/ establish pilot job centres).</p> <p>Entrepreneurial skills development through small grants initiatives (ILO, UNDP and partners)</p> <p>Invest in agricultural development to enable better financial outcomes for youth labour efforts</p> <p>Social security Irrigation initiative</p> <p>Support the rectangular (phase 2) strategic directive of establishing Youth Employment/ Vocational Centres in urban areas and selected rural areas</p>	<p>Enforcement of legislation and implementation of policies</p> <p>Parenting Education</p> <p>IEC on the rights of youth (including rights to protection) as enshrined in international conventions and national laws, as well as on who has responsibility to fulfill these rights.</p> <p>Develop programmes with young people facilitating critical thinking/problem solving solutions for Commune Council planning. Subjects around vulnerabilities in the village and systems/methods of protecting young people. Include youth in ongoing efforts to develop social safety nets and cash transfers UNDP (with governance) document lessons learnt by 2010</p>	<p>Establish a number of youth centres that offer opportunities for young people to participate in civil and community life and access opportunities for non formal education, leisure and recreation</p> <p>Develop pilot programmes to establish youth leadership structures at commune and provincial level. These can take the form of youth groups, youth committees, youth/ student associations, etc. (UNDP, UNICEF, UNESCO, UNFPA, UNV)</p> <p>Capacity building for Commune Council chiefs and elders to change perceptions about needs rights of young people and benefits of participation in community decision making and development (UNDP, UNICEF through Seth Koma)</p> <p>Capacity-building of youth at village level to understand their rights and their role in development of their communities. (UNDP, UNICEF, UNESCO, UNV, UNFPA)</p> <p>Develop high quality TV drama to provide messages, change perceptions and behaviours around multiple issues including adult perceptions and expectation of youth. UNCT Communications team led by UNICEF</p>
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Research	<p>Best and most beneficial practices in health and civic education in schools</p> <p>Review of content and nature of health education programmes in school – link with health</p> <p>Impact of secondary education on the future work and life of young Cambodian people</p>	<p>Strategic information on Behaviours and Lifestyles most at risk and extremely vulnerable adolescents for HIV. (The UN Adolescent and Youth HIV Working Group: Draft proposal for PAF funding by end Feb 2009 Data available end 2009</p> <p>Explore the underlying determinants of health risk behaviour (National Survey Cambodian Youth) Conduct Global Youth Tobacco Surveys at regular intervals.</p> <p>Better understand the contribution of adolescent and young women to maternal mortality</p> <p>Disabilities in young people (UNICEF to explore)</p>	<p>Small medium enterprises and agri business possibilities for job creation and labor market demand (ILO)</p> <p>Attitudes , orientation and experience of work for young people</p> <p>Availability of agricultural education skills</p>	<p>Examine existing laws and policies regarding child protection and determine need for policy and its content Social security scheme 2004 reviewed and/ or barriers to its implementation and the impact a missing scheme has on youth</p> <p>Review measures for Social Security compile and disseminate identify who has responsibility</p> <p>Review, map, compile and disseminate, current measures for protection from exploitation and abuse, including social protection. Highlight gaps in coverage</p> <p>Mental health status of young people. (National Health Survey)</p> <p>Vulnerabilities created by disabilities (National Health Survey)</p> <p>Impact of forced evictions on youth</p>	<p>Document best practice of youth participation as programme recipients, implementers and decision makers</p> <p>Rights and participation of most vulnerable youth in politics (covered in MARA HIV Survey)</p>
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REPORT APPENDICES AND ANNEXES

APPENDIX A – CHAPTER ANNEXES



CAMBODIAN YOUTH PROFILE



I- GENERAL DEMOGRAPHIC PROFILE

1.1 Cambodia Youth Population in 2005 and trend over 1998 and 2015

Age Group	FEMALES 1,000S			MALES 1,000S			Ref
	2005	Change over 1998	Projected change over 2015	2005	Change over 1998	Projected change over 2015	
		(%)	(%)		(%)	(%)	
10-14	921	11	-12	953	9	-12	1
15-19	839	20	-4	879	29	-6	
20-24	755	88	19	755	108	22	
25-29	484	2	69	443	1	90	
Total	7108	13	22	6699	14	24	

1.2. Total Youth Population by Age Group

Sex	AGE GROUP				Ref
	10-14	15-17	18-24	Total Youth age 15-24	
Male	924,885	543,348	1,049,726	2,517,959	2
Female	892,978	504,638	1,050,861	2,448,477	2

1.3. Geographical Distribution of Youth Population

Geographic location	AGE GROUP						Ref
	10-14		15-17		18-24		
	Male	Female	Male	Female	Male	Female	
Region							2
Phnom Penh	67,989	67,267	47,473	53,904	115,426	119,309	
Plain	400,933	384,143	236,929	215,609	441,189	447,564	
Tonle Sap Lake	287,427	278,506	164,349	148,001	299,092	294,386	
Coastal	68,918	66,714	36,025	35,523	75,444	73,010	
Plateau and Mountainous	99,619	96,348	58,572	51,601	118,576	116,592	
Residence							2
Urban	134,346	132,017	85,382	90,184	187,157	174,670	
Rural	790,539	760,962	457,966	414,454	862,569	876,191	

1.4. Youth Ethnic Background

Ethnicity	AGE GROUP						Ref
	10-14		15-17		18-24		
	Male	Female	Male	Female	Male	Female	
1 = KHMER	888,025	858,113	524,279	487,997	1,008,192	1,007,876	2
2 = CHAM	21,937	19,824	10,306	8,924	24,349	26,810	
3 = OTHER LOCAL GROUP	5,939	7,457	4,018	4,873	7,962	7,670	
4 = CHINESE	1,178	714	162	390	303	409	
5 = VIETNAMESE	4,753	4,470	2,951	1,373	5,401	4,969	
6 = THAI	0	0	0	0	0	0	
7 = LAO	1,221	1,677	949	221	2,288	1,383	
8 = OTHER	1,832	723	683	860	1,019	1,622	

1.5. Youth Family Structure and Poverty profile

• Youth Marital Status

Age	MARITAL STATUS						Total	Number of respondents	Ref
	10-14		15-17		18-24				
	Never married	Married	Living together	Divorced	Separated	Widowed			
Women								6	
15-19	89.2	9.8	0.3	0.4	0.2	0.2	100.0	3,601	
20-24	40.8	54.3	0.5	2.3	1.3	0.7	100.0	3,045	
Men								6	
15-19	97.9	1.6	0.0	0.0	0.4	0.0	100.0	1,662	
20-24	60.5	36.2	0.5	1.1	1.6	0.0	100.0	1,222	

• Household Size

Household size	AGE GROUP						Ref
	10-14		15-17		18-24		
	Male	Female	Male	Female	Male	Female	
Less than 3	8,449	9,129	8,225	8,369	34,828	44,297	2
3-4 members	150,737	143,545	89,347	81,380	245,990	298,842	2
5-6 members	386,969	372,007	211,552	188,685	348,818	324,418	2
7+	378,730	368,297	234,224	226,203	420,091	383,305	2