



Reproductive Health Initiative for Youth in Asia

Cambodian Baseline Survey

Final

European Union
United Nations Population Fund
Survey design, implementation and report by Ian Ramage, 2004

Contents

Acknowledgements	2
Summary of Findings	3
Acronyms	6
Introduction	7
RHIYA Cambodia	7
Young People and Reproductive Health in Cambodia	8
Method	10
Objectives	10
Research Team	10
Sample	10
Instruments	11
Training and field work	12
Data Processing	12
Sample Coverage	12
Limitations	14
Findings – Quantitative Baseline	15
Demography	15
Exposure to Radio	24
Drugs of Addiction	29
Reproduction and Contraception	34
Pregnancy	46
HIV/AIDS Awareness and Knowledge	51
Sexually Transmitted Infections	60
Sexual Behaviour and Condom use	67
Awareness and Attitudes to <i>Bowk</i>	73
Literacy in RHIYA target areas	76
Findings - Qualitative Baseline	79
Puberty and reproductive health	79
What should young people learn?	80
Who should talk to young people?	82
What do parents tell their children?	83
What is different for young people now?	84
Young people and risk	85
Reproductive health and Khmer culture	86
Appendix – English Questionnaire	89

Acknowledgements

The research team would like to extend their sincere gratitude to Regine Ducos for her guidance, support and encouragement throughout the whole baseline process. Thanks go to Vimol Hou for her constant support and assistance both in the field and in Phnom Penh. Thank you also to Gabriel Pictet for his invaluable support in the design of the baseline and for his constant encouragement.

Our particular thanks go to the NGO partner staff who helped develop the questionnaire, identify target groups, and negotiate the fieldwork. Particular thanks to those on the baseline steering committee for their guidance and support.

Thanks to Dr. Lim Thai Pheang, Director of the National Centre for Health Promotion (NCHP) for allowing two of his staff; Dr. Daphea and Dr. Viratey to be seconded to work on the baseline. Thanks also to Dr. Loh Sophearo and his data entry team at NCHP for their hard work in data entry and cleaning.

Ian Ramage was the research director for the RHIYA baseline and was assisted by four friends and colleagues who acted as the senior researchers. These experienced staff worked on all aspects of the research from the initial sampling design to the final report. They were:

Dr. Chhea Chhor Daphea
Dr. Kim Viratey
Dr. Leng Kuoy
Mr. Tan Sokhon

Two additional staff assisted with the research for which we are grateful:

Mr. Lor Ry – Research Assistant and Interviewer
Ms. Emily Mayo – Writing and editing assistance

Our gratitude to the staff of the Royal University of Phnom Penh, especially those in the Psychology and Sociology Departments who helped us to find the following wonderful students to make up the field work teams.

Ms. Thoung Nary – Interviewer	Ms. Lorn Borrney - Interviewer
Ms Chy Chanleakena – Interviewer	Ms. Sok Saran - Interviewer
Ms. Koh Sokheary – Interviewer	Ms. Prum Phaldyn – Field Editor
Ms. Nou Simorn – Field Editor	Ms. Ek Sokunbopha - Interviewer
Mr. Keo Phalla – Interviewer	Mr. Chan Vuthy - Interviewer
Mr. Khorn Choou – Field Editor	Mr. Phonn Thearin - Interviewer
Mr. Prum Tiny – Interviewer	Mr. Kim Raksmeay - Interviewer
Mr. Sous Kamao - Interviewer	

Three UNFPA drivers Mr. Sambath, Mr. Sameun and Mr. Sothun drove the data collection teams to interview young people. Our thanks go to all of them. One driver, Mr.?? Sothun showed dedication and commitment to the baseline beyond the call of duty. Sothun cheerfully worked 12-15 hour days for several weeks without complaint, he provoked the ire of his superiors by staying with the team in the field after dark and in the process fell quite ill in April. He has earned our sincere respect and gratitude. We hope to work with him again.

Finally, our thanks to the young participants and their parents; the information they provided is invaluable in terms of future service provision by the RHIYA.

Summary of Findings

This report outlines the results of a quantitative questionnaire-based survey of young people in the RHIYA target population. Two thousand and seventy-five young men and women from urban and rural Cambodia were interviewed. Additionally, this research presents the results of qualitative research involving fifty-six young people and parents in interviews and group discussions.

Young people from eight of the eleven RHIYA project provinces and municipalities (Battambang, Kampong Cham, Kampong Chhnang, Kandal, Kratie, Phnom Penh, Prey Veng, Takeo) were interviewed in one hundred and forty-five locations.

Method

A short youth questionnaire was developed, which was adapted from the RHIYA core instrument provided by UCL. Interviews with young people covered demography, drugs, reproduction and contraception, pregnancy, HIV/AIDS knowledge, knowledge of STIs, sexual behaviour and condom use, gender attitudes and literacy.

One hundred and nine villages were selected from 297 RHIYA target villages using probability proportional to size sampling. All 36 urban locations targeted by CARE and Mith Samlanh/Friends were also selected. Households were selected in the village-based sample using a variety of the EPI random walk method. A random starting point was selected from a sketch map to reduce potential bias. All eligible respondents in each selected household were interviewed.

To supplement the information collected during the quantitative baseline, some qualitative data was also collected. Parents of young people were interviewed and focus groups were held with young men and women. These interviews were recorded with respondents' permission, then transcribed and translated for analysis.

Sample Characteristics

During fieldwork, 2098 eligible young people were selected for interview and 2075 young people were successfully interviewed. The response rate for the baseline was 98.8 percent. The final sample was comprised of 53.6percent male and 46.4percent female participants. To reflect the RHIYA target areas the sample included 75.9percent rural youth and 24.1percent urban youth. Respondents were aged between 10 and 24 years with most of the young people (89.8%) in the 15-24 age group.

Demography

Overall, results showed that mobility was generally low among the RHIYA target population with some exceptions. Only 6.6 percent of respondents in the village-based survey had lived in their villages for less than one year. Most had lived in the village for more than 10 years (72.5%). However, urban respondents were far more mobile than rural youth with 21.7 percent living in their village for less than one year. The Mith Samlanh/Friends target group was the most mobile population in the baseline with 36.3 percent of young people reporting that they had lived on the streets for less than a year.

Only 2.3 percent of the sample had not attended school and around half (51.3%) had completed some primary school. Young women generally reported lower levels of education than young men did.

Young people reported a variety of living arrangements. However, most young people lived with one or both parents (74.8%). Only 7.0 percent of the sample reported that they lived with their spouse.

Most young people interviewed reported that they were single (81.6%). Only 17.6 percent were currently married at the time of the interview.

Exposure to Radio

Overall, 65.9 percent of the young people interviewed had listened to the radio in the three months preceding the survey. More than half (53.4%) reported that they listened more than once per week. Many of the radio listeners (59.1%) reported that they had listened to the youth programmes broadcast by CHEMS and CHED. More than half of the radio listeners (54.8%) also reported listening to the radio soap operas broadcast by CHEMS and CHED.

Drugs of Addiction

Nearly all young people interviewed were aware of drugs of addiction (95.3%). Around a third of the sample reported that they knew someone who had tried drugs. In addition, almost 20 percent of the sample reported that their friends had tried drugs of addiction. As expected, very few young people reported that they had personally tried drugs (4.0%).

Pregnancy

All young women over 15 years were asked about pregnancy (n=854). Around a quarter reported that they had ever been pregnant (25.6%). The average age at first pregnancy was 19.78 years. The age at first pregnancy for urban young women was about a year younger than for rural young women in the sample. Most of the young women who reported pregnancies (91.9%) said that they wanted their first pregnancy.

Although the number of pregnancy reported was small (n=219) the results were interesting. 84.7 percent of the pregnancies reported resulted in a live birth where the mother kept the child. However, 9.3 percent of first pregnancies ended in a miscarriage or stillbirth. Young mothers in the 15-19 year age group reported much higher rates of termination, miscarriage or still birth (21.0%). 7.9 percent of young women who were first pregnant between the ages of 15 and 19, reported that they chose to abort the pregnancy.

Reproduction and Contraception

Only 14.2 percent of young people could correctly identify the most fertile period in the menstrual cycle. However, knowledge of contraception methods was quite high with 97.4 percent of young people saying they knew at least two modern contraceptive methods. Knowledge of the daily pill (96.5%) and the condom (90.9%) were particularly high.

Only 16.3 percent of the sample reported that they or their partner had ever used a method of contraception. This was lower than the percentage of young people who had ever been married (18.3%) or who were sexually active (30.8%). Condoms were the most common method ever used by young people in the survey, followed by the daily pill and the withdrawal method.

HIV/AIDS Awareness and Knowledge

HIV/AIDS awareness was very nearly complete across the sample. Only 15 young people (0.7%) said they were not aware of HIV/AIDS. On average, young people were able to identify 2.5 major methods of HIV transmission. 86.1 percent of young people interviewed

said, that consistent condom use was a good way to prevent HIV transmission. Young people said they received information about HIV from many different sources with radio (72.3%) and television (60.7%) being the most common.

Knowledge about STIs

Knowledge of STIs was mixed across the RHIYA target population. 20.7 percent of young people reported that there were no sexually transmitted diseases apart from HIV. Knowledge of different STIs was generally low, with only syphilis being recognised by most respondents. On average, young people reported just over one method of STI prevention (mean 1.07 methods). Again, consistent condom use was the most commonly reported method of avoiding STIs.

Sexual Behaviour and Condom use

All respondents aged 15 to 24 years were asked about their sexual behaviour (n=1846). Overall, 34.3 percent of this sample reported that they had ever had sex. Many single men reported that they were sexually active but few single women did. Around 40 percent of sexually active young men reported that their last sex was with a sex worker.

Awareness and Attitudes to *Bowk*

Awareness of *bowk* as gang rape was low across the sample (12.1%). However, awareness was much higher among urban youth (30.0%) than rural youth (5.7%). Comparison across provinces seems to show awareness decreasing in provinces further from the capital.

Attitudes to gang rape were also investigated among young men who were aware of *bowk* as gang rape. Most young men reported that it was not acceptable to gang rape a woman or a sex worker. However, significantly more young men said it was acceptable to gang rape a sex worker (12.9%) than another woman (4.6%).

Literacy in RHIYA target areas

Literacy was poor in most RHIYA target areas. Overall only 48.3 percent of young people tested could read, write and understand a simple sentence in Khmer. Many young people (42.9%) had only limited literacy skills and could match a noun to a picture but could not read and write a sentence. A small proportion of the RHIYA target population had no literacy skills at all (8.8%).

Qualitative Baseline

Qualitative interviews with parents in RHIYA target areas showed that parents generally believed sexual and reproductive health education were important for their children. Many parents expressed a great fear that their children would contract HIV. Mothers also wanted their children to know about birth spacing to prevent them from having large families.

However, many parents were also concerned that young people would become *overjoyed* with sex, drugs or alcohol, which could lead to disaster. Most parents said it was difficult to talk to their children about sexual and reproductive health issues and young people confirmed that they sought information from sources other than their parents.

Both parents and young people reported that gender expectations were different for young men and women but that there is no cultural prohibition against SRH education.

Acronyms

ACCY	Association for Care of Children and Youth
AIDS	Acquired Immune Deficiency Syndrome
CCASVA	Cambodian Children Against Starvation and Violence Association
CCWD	Community of Cambodian Women for Development
CHED	Cambodian Health Education Development
CHEMS	Cambodian Health Education Media Services
CLA	Children and Love Association
CPR	Community Poverty Reduction
DHS	Demographic Health Survey
EC	Emergency Contraception
EPI	Extended Programme of Immunisation
EU	European Union
GAD/C	Gender and Development/Cambodia
HIV	Human Immuno-deficiency Virus
IDA	Indradevi Association
IEC	Information Education and Communication
IUD	Intra Uterine Device
KHANA	Khmer HIV/AIDS NGO Alliance
LAM	Lactic Amenorrhoea Method
LYCSO	Local Youth and Child Support Organisation
MoSALVY	Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation
MoEYS	Ministry of Education, Youth and Sport
MTCT	Mother to Child Transmission
NCHP	National Centre for Health Promotion
NGO	Non-government organisation
NHS	National Health Survey
OEB	Operation de Enfants Battambang
PLWHA	Person Living with HIV/AIDS
PPS	Probability Proportional to Size
RHAC	Reproductive Health Association of Cambodia
RH	Reproductive Health
RHI	Reproductive Health Initiative
RHIYA	Reproductive Health Initiative for Youth in Asia
RUPP	Royal University of Phnom Penh
STI	Sexually Transmitted Infection
SRH	Sexual and Reproductive Health
UCL	Catholic University of Louvain
UNFPA	United Nations Population Fund
WCRD	Women and Child Rights Development Organisation
WOMEN	Women's Organisation for Modern Economy and Nursing
WDA	Women Development Association

Introduction

RHIYA Cambodia

The Reproductive Health Initiative for Youth in Asia (RHIYA) is a continuation of the Reproductive Health Initiative (RHI) of 1998-2002 and aims to build upon the experiences and lessons learned from that first phase. The RHI programme was initiated by the European Union (EU) and the United Nations Population Fund (UNFPA) across seven countries (Bangladesh, Cambodia, Laos, Nepal, Pakistan, Sri Lanka and Vietnam). The programme began after governments recognised the substantial unmet needs of young people for sexual and reproductive health information and services at the International Conference on Population and Development held in Cairo in 1994.

In Cambodia, the EU/UNFPA RHIYA programme aims to improve the sexual and reproductive health status of young people at risk through enabling them to engage in safer sexual and reproductive health behaviour and increasingly utilise youth-friendly services. The programme operates in partnership with three European and 17 local non-governmental organisations that undertake seven different projects. The seven projects are linked and share the following core aims:

<p style="text-align: center;">Definitions* <i>Adolescents – 10-19 years</i> <i>Young people – 10-24 years</i> <i>Youth – 15-24 years</i> <i>*WHO/UNICEF 1998</i></p>
--

- To increase the political, community and family support for adolescent and youth sexual and reproductive health interventions;
- To enhance awareness and knowledge of sexual and reproductive health issues among young people;
- To increase the availability of and access to quality sexual and reproductive health services for young people;
- To enhance the technical, planning and managerial capacity for local provision of youth friendly sexual and reproductive health services;
- To improve the understanding of critical adolescent and youth sexual and reproductive health issues in Cambodia.

The EU has contributed US\$2.8 million over a two and a half-year period to the Cambodian programme. In addition, UNFPA and the NGO partners are contributing US\$500,000 each. The RHIYA Cambodia programme will reach more than 250,000 young people through sexual and reproductive health interventions and up to 1.2 million young people will listen to the radio programmes produced under the RHIYA. The programme covers eleven provinces; Kratie, Kampong Cham, Prey Veng, Kandal, Takeo, Kampong Speu, Kampot, Phnom Penh, Kampong Chhnang, Battambang and Siem Reap.

The NGO partner projects target different groups of vulnerable young people, in a variety of provinces using varying methods.

CARE International in Cambodia, in partnership with Gender and Development for Cambodia (GAD/C), will work with young garment factory workers in Phnom Penh in a continuation of the *Sewing a Healthy Future Project* and in a pilot project targeting young urban men in Phnom Penh, called *Playing Safe*. The second phase of the *Sewing a Healthy Future* project will provide technical assistance to the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MoSALVY) in the development of policy and education activities related to HIV/AIDS interventions in the workplace. The *Playing Safe* project acknowledges the need for a greater focus on young men in terms of sexual and reproductive health,

particularly concerning negotiation and decision-making. *Playing Safe* seeks to empower young men to create positive social networks and sporting opportunities and will use these structures to address topics including cultural stereotyping, sexual coercion, violence and gender awareness.

Health Unlimited, in partnership with Cambodian Health Education Media Service (CHEMS) and Cambodian Health Education Development (CHED), will reach young people with messages on sexual and reproductive health through call-in radio programmes and soap operas that reach 80 % of the Cambodian population.

Save the Children UK and Australia will work with the Association for Care of Children and Youth (ACCY), Local Youth and Child Support Organisation (LYCSO), Women and Child Rights Development Organisation (WCRD), Women's Organisation for Modern Economy and Nursing (WOMEN) and the Children and Love Association (CLA). Save the Children and their partners, will conduct outreach and educational activities around sexual and reproductive health. The project will work with young people and those who interact with young people including monks. Save the Children will work with adolescents in three districts of Takeo Province, two districts of Kratie Province, two districts of Prey Veng Province and the Municipality of Phnom Penh.

Khmer HIV/AIDS NGO Alliance (KHANA) in partnership with Cambodian Children Against Starvation and Violence Association (CCASVA), Community of Cambodian Women for Development (CCWD), Community Poverty Reduction (CPR), Indradevi Association (IDA) and Women Development Association (WDA), will work with young people in Prey Veng, Kandal and Kampong Chhnang Provinces. KHANA aims to enhance the effectiveness of their partner NGO's activities in STI and HIV/AIDS prevention, care and support. KHANA coordinates the national RHIYA Youth Camp.

Reproductive Health Association of Cambodia (RHAC) will provide clinical services and outreach education to vulnerable youth in Kampong Cham, Takeo and the Municipality of Phnom Penh. RHAC clinics are located in Phnom Penh, Kampong Cham and Takeo provinces. RHAC peer educators work in 16 schools and in 79 villages.

Mith Samlanh/Friends will work with street living and street working children and urban youth in Phnom Penh and, in partnership with Operation de Enfants Battambang (OEB), through hospitals and pagodas in Battambang. Mith Samlanh/Friends in Phnom Penh undertakes outreach and peer education work. In addition sexual and reproductive health services are also carried out at drop-in centres and in the community.

Young People and Reproductive Health in Cambodia

Cambodia, with a recent history of civil war, has a young population with 54.7 percent of its total population of 11.4 million being under 19 years old. Young people aged 10 to 19 years' make-up twenty-seven percent of the population and youth aged 15-24 years represent eighteen percent. The needs of young people who are entering reproductive age are wide and far-reaching. Adolescent and youth sexual and reproductive health (SRH) problems are many and serious. At the same time, other health indicators like maternal and infant mortality are among the highest in the region.

Cambodia has a generalised HIV/AIDS epidemic. Sero-prevalence is on the decline but remains among the highest in Asia at 2.6 percent of the adult population.¹ The Royal Government of Cambodia is strengthening the health system to address these health problems. The Health Sector Strategic Plan 2003-2007 considers reproductive health (RH)

¹ Report on HIV Sentinel surveillance in Cambodia 2000, NCHADS.

services as a priority and calls for these services to be delivered in an integrated way through the minimum and complementary package of activities. Consequently, most birth spacing methods are made available at health centre level. However, as reproductive health interventions in Cambodia are closely linked to maternal and child health, the public health system mainly reaches married women of reproductive age, and not the large population of potentially sexually active young people. There are moves to address this issue by increasing young people's access to RH services. The Ministry of Education, Youth and Sport has started to introduce SRH education in schools, especially on HIV/AIDS. In addition, there are no policies specifically prohibiting or limiting the access of young or unmarried people to RH information or services.

The Reproductive Health Initiative for Youth in Asia targets young people aged between 10-24 years. This age group makes up a large part of the population. Until recently, there has been a lack of baseline data on sexual knowledge, attitudes and behaviour of young Cambodians. There is also a lack of institutional knowledge about Cambodian youth culture, particularly in urban areas and its response to external cultural influences. This knowledge gap is worrying for parents and guardians and it limits the capacity of agencies to promote behaviour change in areas like drug use, unsafe sex and gender attitudes. Economic changes make young people from the countryside, especially young women, increasingly likely to migrate to work in the city, where they encounter new risks outside a familiar and usually protective family context.

What is known from baseline studies is that young Cambodians, especially women are concerned with morality and reputation while acknowledging that sexual activity takes place among their peer group. Most young people are aware of HIV/AIDS and identify it as a major problem for their generation. Most know that the disease is incurable, transmitted through sex and prevented by condom use. Young people show relatively low knowledge of sexually transmitted infections (STIs). Misconceptions about symptoms and means of transmission are widely held. For birth spacing and fertility, there is the same pattern of basic messages being received with no accurate context, which makes applying knowledge difficult.

Studies show that there is an important gap between knowledge and practice. In terms of HIV/AIDS, for example, a high appreciation of personal and peer group risk, does not necessarily imply condom use. Among factory workers, one in five knew someone with HIV/AIDS; thirty percent felt their friends were at risk and eighty-six percent worried about getting HIV/AIDS. However, for those who were sexually active, only two out of three remembered using a condom the last time they had sex. The common reasons for not using a condom were not knowing how to use it; embarrassment about buying it; or believing that their partner did not have a disease. Reported levels of sexual activity by young people vary widely between groups, with sex being the most powerful variable. Levels of education were also a variable.

Teenage fertility is a concern for social and health reasons. The National Health Survey (NHS) 1998 estimates that the children of mothers under 18 are 1.5 times as likely to die in infancy. Unwanted pregnancy and the associated stigma remain a major preoccupation for young single women. Abortion is legal in Cambodia but generally not safe due to lack of technical oversight. Accurate estimates of the number of abortions for young women are not yet available. However, recent research shows that young women are quite familiar with abortion. Young Cambodian women are also vulnerable to violence, trafficking, rape and forced prostitution. Gender remains a major issue.

Method

Objectives

As part of the RHIYA Programme, a baseline survey has been carried out in all seven RHIYA countries before or at the beginning of programme implementation. The Institute of Demography at the Catholic University of Louvain (UCL) in Belgium was selected by UNFPA to implement the Monitoring and Evaluation Regional Dimension component of the RHIYA Programme. UCL has provided guidance and followed the realisation of baseline. UCL will also lead the endline survey to ensure the measurement of the programme effect.

The main objective of the baseline survey was to collect and provide relevant and reliable current indicators on youth sexual and reproductive health at the beginning of project activities. This is essential to ensure proper monitoring and tracking of the results of the project, as well as a relevant evaluation. Baseline information has been collected at the various programme levels: at goal level, at purpose level and at the output level. Additionally, the baseline survey will provide information that will assist in future programme development.

Research Team

The team from Domrei Consulting, led by expatriate consultant and Research Director Mr. Ian Ramage, carried out the baseline survey. The team was made up of four qualified and experienced Cambodian Nationals in the roles of supervisors and senior researchers (Mr. Tan Sokhon, Dr. Leng Kuoy, Dr. Chhea Chhor Daphea and Dr. Kim Viratey). This core team was involved in all stages of the survey including the instrument design, sample design, pre-testing, interviews, data entry design, analysis and report writing. A team of twenty-one young interviewers and field editors were selected through a merit selection and interview process from more than seventy applicants, mostly 3rd and 4th year students from the Royal University of Phnom Penh (RUPP). Students were seen as ideal interviewers because of their closeness to the age of the target group and their enthusiasm at being involved in such a large survey. The team was divided into smaller field teams comprising a supervisor, four interviewers and a field editor to carry out the quantitative survey. The interview teams comprised equal numbers of male and female staff. In addition, field supervisors conducted and translated in-depth interviews and focus group discussions for the qualitative survey.

The National Centre for Health Promotion conducted the data entry and cleaning under the supervision of the Research Director and senior researchers.

Sample

Multi-stage sampling was used to ensure even representation across NGO partners, urban and rural youth and young men and women. The first stage in planning the sample was the proportional sampling for each NGO of RHIYA project. Each RHIYA project has an adequate sample size for analysis of project impact. Save the Children and KHANA work with numerous local partners and have a larger sample size to reflect this. Mith Samlanh/Friends who work with a smaller population have a smaller sample size. At least 100 young people have been interviewed per project partner.

The second stage in the sample design was the selection of provinces; all provinces covered by RHAC, Save the Children, KHANA, CARE and Mith Samlanh/Friends have been included in the survey. Some NGO projects cover more than one province, so each province has a sample of at least 100 young people. When one NGO covers similar population in different provinces, each province has the same sample size. When one project covers different

populations in different provinces, its sample size is different from province to province based on the size of the total population covered. For NGOs implementing projects in one province or city like CARE, the sample has been drawn from the entire target area.

The third stage was the selection of villages in each province. All villages under coverage were listed and selected using probability proportional to size (PPS) selection. The numbers of villages selected was dependent upon the required sample size for the project.

The final stage in this multi-stage sampling was systematic household sampling achieved by requesting participation from all eligible male or female respondents in randomly selected households in each village. The sample size from each village was 18 young people.

Teams selected a random starting point from a sketch map of the village. The sampling interval was calculated by dividing the total number of households in the village by the required sample (18). Teams chose the house nearest the starting point as the first house and used the sampling interval to select additional households until the required sample was reached.

In the case of CARE and Mith Samlanh/Friends Phnom Penh, where the definition of the target groups meant young people could not be identified in households, gathering areas (or clusters) were identified. Interviewers observed the areas and interviewed young people at the location.

The final sample consisted of 2098 young people aged from 10 to 24 years from eight provinces and municipalities, twenty-three districts, 52 communes and 145 villages or gathering places (in the case of CARE and Mith Samlanh/Friends).

Fifty-six people participated in the qualitative part of the baseline. Four focus group discussions were held with young people in different locations (two rural, two urban). Two groups were held with young women and two with young men. Forty-one young people participated in the discussions (26 young women, 15 young men). Topics for discussion included knowledge of birth spacing, knowledge of sex, relationships, fears and concerns about sexual and reproductive health. Twelve In-depth Interviews were held with parents. Participants were aged between 43 years and 65 years. All participants had been or were married and all had children. The smallest family had three children, the largest eleven.

Instruments

UCL initially developed questionnaires to be used across all RHIYA implementation countries. These questionnaires served as a prototype for developing the Cambodian questionnaire. The quantitative questionnaire was designed to meet three aims; to allow comparison between RHIYA countries, to allow RHIYA Cambodia partners to measure project impact at endline and to provide additional information about the target population for programme development. The questionnaire design incorporated indicators for use in cross-country comparison and Cambodia and NGO partner specific indicators.

In designing the questionnaire, Cambodian specific cultural issues were considered paramount. The questionnaire was designed by a Cambodian team in Khmer and translated into English on completion. The questionnaire covered demographics, drug use, reproduction and contraception, pregnancy, HIV/AIDS/STIs, sexual behaviour, *Bowk*, gender and a short literacy test. The literacy test was drawn from the instrument used for the 1999 National literacy survey.²

² Report on the assessment of functional literacy levels of the adult population of Cambodia, MoEYS/UNDP/UNESCO, 2000

The RHIYA Cambodia baseline steering committee, comprising representatives from each partner NGO was involved in the design of the questionnaire. Before finalisation, the questionnaire went through twelve major revisions and was pre-tested during three field trials with approximately 100 young people in Phnom Penh and Kampong Speu province. The English translation is appended to this report.

Training and field work

Interviewers and Field Editors were provided with extensive training covering ethical issues, sexual and reproductive health issues, data collection, interview techniques and pre-testing of the instrument. NGO partners made a presentation at the training to explain their projects, providing a context for the interview team. Additionally, staff members from each partner NGO were invited to take part in the training, to increase their participation in the baseline and to allow interviewers to establish contacts to assist in the field. Training took place over ten days during February 2004.

Data collection was carried out over a six-week period from February 23 to April 12 2004. Three teams made up of a supervisor; four interviewers and one field editor collected data in allocated provincial areas. Simple field reporting forms were used to assist the interviewers and supervisors manage data in the field. In the field, supervisors conducted spot checks, re-interviews or observed twenty-five percent of all interviews to ensure data quality. The field editor checked all questionnaires before leaving the village.

Data Processing

Each supervisor checked and collated all data in clusters while in the field. On the teams return to Phnom Penh, data was delivered to the Research Director with a summary sheet for each cluster, the completed questionnaires, the records of field checks and any refusals or incomplete questionnaires. The Research Director checked and collated this information and delivered all data to the Data Entry Team at the National Centre for Health Promotion.

The data entry team used EPI Data software for data entry. Double data entry was used to cross check and ensure consistency. Consistency checks were built into the design of the data entry form to ensure accuracy. Data was cleaned and analysed using EPI Info and SPSS software. Clean data was returned to the Research Director and team for analysis.

Sample Coverage

Two thousand and ninety-eight young people were selected for interview. Two thousand and seventy-five young people were successfully interviewed. The response rate was 98.9 percent.

Interview Result	Frequency	Percent	Cum. Percent
Completed	1939	92.4%	92.4%
Completed – third party present for part	136	6.5%	98.9%
Respondent started but did not complete	6	0.3%	99.2%
Respondent refused	9	0.4%	99.6%
Parent/guardian refused	2	0.1%	99.7%
Not found after two appointments	6	0.3%	100%
Total	2098	100%	100%

Twenty-three respondents were selected for interview but interviews could not be completed. Overall, the non-response rate was very low at 1.1 percent. To determine the characteristics

of non-responders, some statistics were calculated for the incomplete or refused interviews. Most of the non-responses were male 78.3 percent (only 53% of the sample were male) and a high proportion (52.2%) was from urban areas (only 24% of the sample was urban). Nearly half of the non-responses (47.8%) were from only two NGO target groups – WOMEN in Phnom Penh and CARE (only 13.3% of the sample were from these two NGOs).

One thousand nine hundred and thirty-nine interviews were completed confidentially with one hundred and thirty-six being conducted with a third party present for all or part of the interview. Those interviews that were completely or partly carried out in the presence of a third party were checked against the rest of the sample. The interviews were similar to the rest of the sample. Those that were observed were slightly more likely to be female (60.3%, compared to 53% of the sample). Some of the more sensitive questions were checked and there were no significant differences in responses of those with a third party present.

Projected and actual sample size for each RHIYA project				
RHIYA NGO Partner	Age Group	Planned Sample	Actual Sample	Percentage
RHAC	15-24 yr.	300	319	15.4%
KHANA	15-24 yr.	500	539	25.9%
CARE	15-24 yr.	150	150	7.2%
Mith Samlanh/Friends	15-24 yr.	450	432	20.8%
Save the Children	10-19 yr.	600	635	30.6%
<i>Total</i>		<i>2000</i>	<i>2075</i>	<i>100.0%</i>

Save the Children works with a younger target group than most of the NGO partners and this was reflected in the sample. The following table shows survey respondents by age group.

Participants by Age		
Age Group	Sample	Percentage
10 – 14 years	212	10.2%
15 – 19 years	1108	53.4%
20 – 24 years	755	36.3%

The urban and rural breakdown of the sample reflects the predominantly rural areas where RHIYA partners are working. The following table shows survey respondents by location.

Urban and Rural Participants		
Location	Sample	Percentage of Total
Urban	500	24.1%
Rural	1575	75.9%
<i>Total</i>	<i>2075</i>	<i>100.0%</i>

The following table shows survey respondents by sex.

Participants by Sex		
Sex	Sample	Percentage of Total
Male	1112	53.6%
Female	963	46.4%
<i>Total</i>	<i>2075</i>	<i>100.0%</i>

The sex breakdown of the sample was affected by the CARE target group, which is only male and the Mith Samlanh/Friends target group, which is mostly male. For the random village based sampling, the sex ratios were 52 percent female and 48 percent male respectively. This closely reflects the sex distribution of the Cambodian population from the 1998 National Census.

The following table shows the survey sample by province.

Geographical coverage of the sample			
Province	Sample	Percent	Sampling clusters
Battambang	308	14.8%	17
Kampong Cham	107	5.2%	9
Kampong Chhnang	111	5.3%	6
Kandal	315	15.2%	18
Kratie	127	6.1%	7
Phnom Penh	500	24.0%	52
Prey Veng	370	17.8%	20
Takeo	237	11.4%	16
Total	2075	100.0%	145

Twenty-three districts and fifty-two communes were included in the survey. Overall, 145 sampling clusters were covered, made up of 109 villages and 36 urban target areas.

Limitations

The inner city sample for the Mith Samlanh/Friends and CARE projects was identified by the team as potentially difficult in terms of data collection due to the high mobility of the group. In the initial stages of data collection, a specific team was allocated to this area. On checking data collected by that team, some discrepancies were found and after further investigation by the Research Director and consultation with NGO partners, RHIYA representatives and UCL, the data was discarded and the team was dismissed. The data was collected a second time, by a different team. The second data set was more difficult to collect, as the team had to ensure that the young people had not been previously interviewed.

Data collection teams met with some additional challenges, in particular transport in the provincial areas, however no limiting factors were identified.

With the exception of the literacy test, the survey was a self-report questionnaire. Therefore, the data was prone to all the potential sources of self-report bias. Respondents may have been too embarrassed to answer some questions truthfully or conversely they may have tried to please the interviewer and answer appropriately. However, considerable effort went into designing the questionnaire and the interview to limit the impact of these factors.

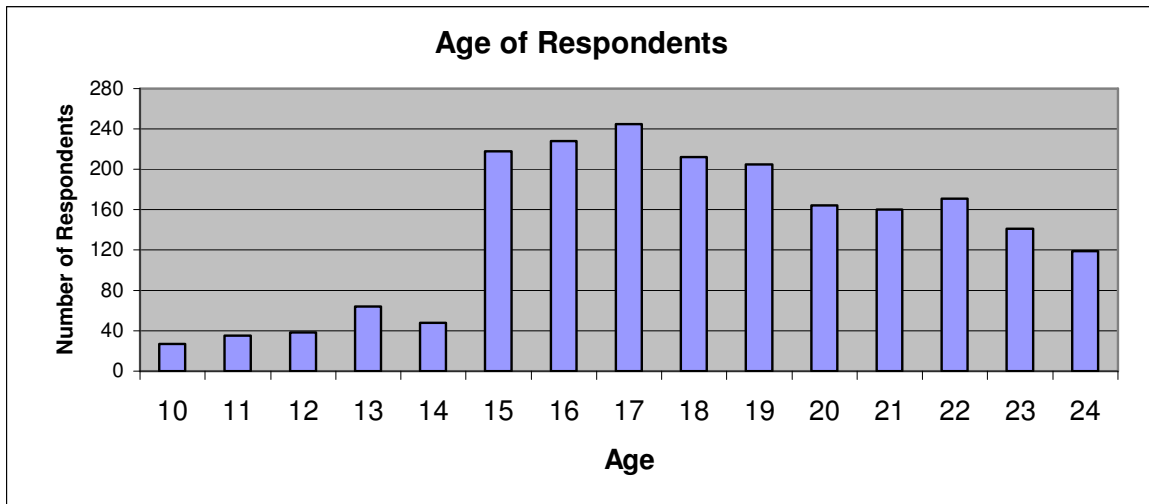
Overall, the researchers identified no limitations that would bias or otherwise effect the quality of the data.

Findings – Quantitative Baseline

Demography

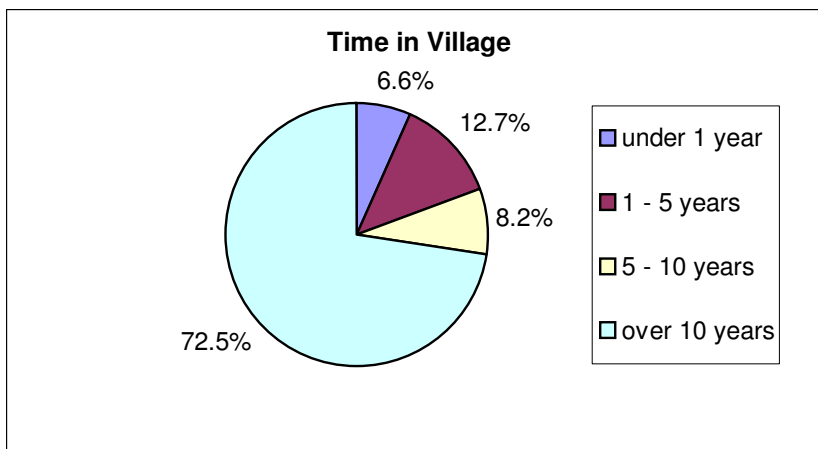
Age of Respondents

Respondents were aged from 10 to 24 years. The following graph shows the breakdown of the respondent's ages. A small percentage of young people under fifteen years were survey participants. The average age of the participants was 18.3 years.



Mobility – Village-based Sample

To gain some insight into mobility among the RHIYA target group, respondents were asked how long they had lived in their village. Urban respondents were asked the same question, as the village as an administrative unit is also used in the capitol. The young people interviewed for the CARE and Mith Samlanh/Friends sample were asked slightly different questions. Therefore, results for CARE and Mith Samlanh/Friends are reported separately. The results for the village-based sample are for 1800 young people. The following table shows the number of years respondents have lived in their current village.



Only 6.6 percent of respondents in the village-based survey had lived in their current village for less than one year. A little over nineteen percent had lived in the village for less than five years. Most young people (72.5%) had lived in their village for more than 10 years. Given that the sample includes 10 year olds, it is clear that the RHIYA target group as a whole is not highly mobile.

Results show no significant difference in mobility between young men and young women.

Urban and rural comparison shows major differences in mobility. The sample size for urban youth with CARE and Mith Samlanh/Friends samples excluded is quite small (n=226). However, only 4.4 percent of rural youth had moved to their village in the last year compared to 21.7 percent of urban youth. Most urban youth interviewed (60.6%) had lived in the village for less than 10 years compared to only 22.7 percent of rural youth.

When mobility is compared across provinces, the difference in Phnom Penh mobility is highlighted. Overall, mobility in other provinces is quite low. The following table shows mobility by province.

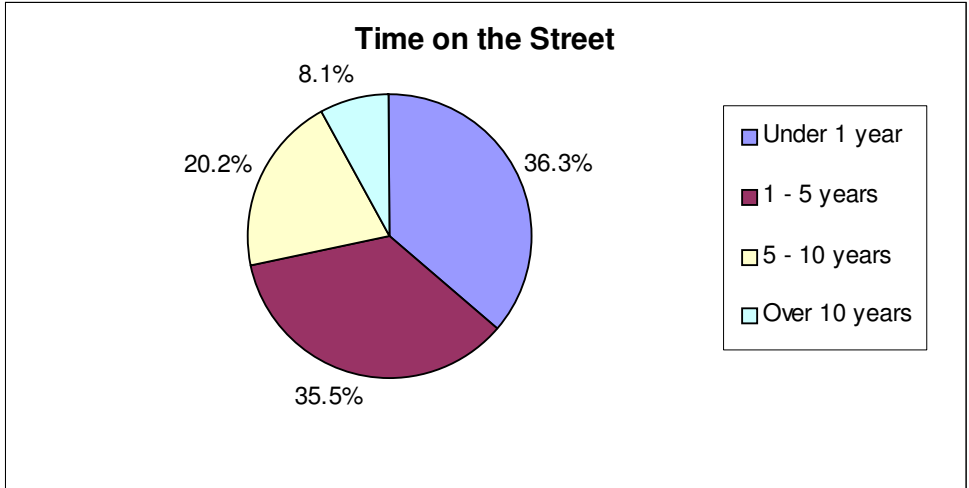
Province	Time lived in the village			Sample size
	Under 1yr	Under 5yrs	Under 10yrs	
Battambang	5.2%	26.0%	39.3%	308
Kampong Cham	4.7%	16.8%	28.0%	107
Kampong Chhnang	3.6%	18.0%	21.6%	111
Kandal	12.0%	27.8%	34.5%	316
Kratie	0.0%	3.1%	6.3%	127
Phnom Penh	21.7%	44.2%	60.6%	226
Prey Veng	1.9%	7.0%	11.4%	369
Takeo	0.0%	5.1%	10.1%	237
<i>Overall</i>	<i>6.6%</i>	<i>19.3%</i>	<i>27.5%</i>	<i>1800</i>

Mobility – CARE and Mith Samlanh/Friends Samples

Young men in the CARE target areas were asked how long they had been studying or coming to relax in the location where they were interviewed. Young people in the Mith Samlanh/Friends sample were asked how long they had been living on the streets in Phnom Penh. The Mith Samlanh/Friends target group has previously been identified as a highly mobile group. Results for the samples are presented here separately. While the CARE and Mith Samlanh/Friends sample represents a large proportion of the urban sample, it does not correlate with the separation of the urban and rural sample.

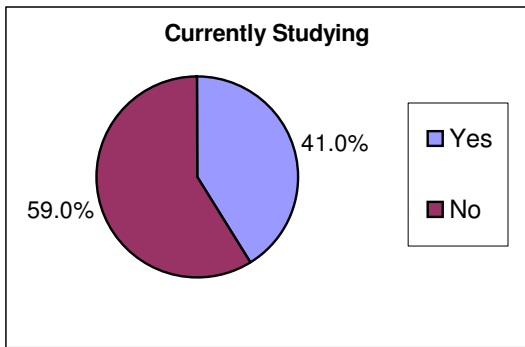
The CARE sample of 150 young male respondents, showed that on average the young people interviewed had been coming/gathering/playing in the same area for just less than two years. Forty percent of respondents had been coming/gathering/playing in the area for less than a year.

Results for mobility of the Mith Samlanh/Friends target group confirmed assumptions that they are a highly mobile group. Thirty six percent (36.3%) reported that they had been living on the streets in Phnom Penh for less than a year. The average time on the streets, for the Mith Samlanh/Friends target group was about three years. The sample size (n=124) is too small to provide any analysis across sex, with only 36 female participants, however patterns for female and male respondents appear to be similar. The mobility of the Mith Samlanh/Friends target group is illustrated in the following graph.



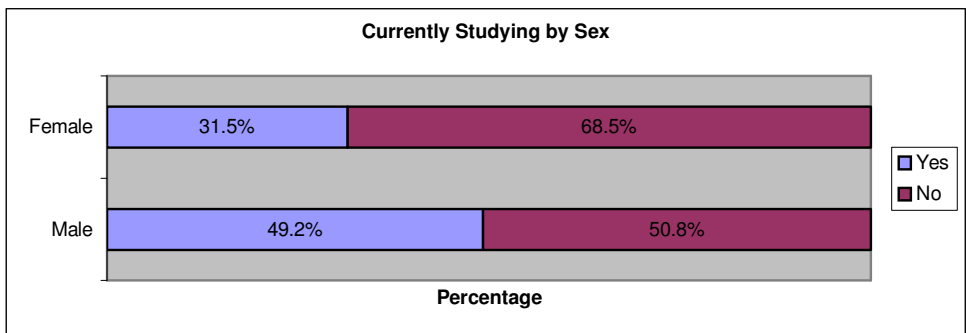
Education

All respondents were asked if they were currently studying. Most respondents were not currently studying. The following graph shows these results for the whole sample including the CARE and Mith Samlanh/Friends target groups.



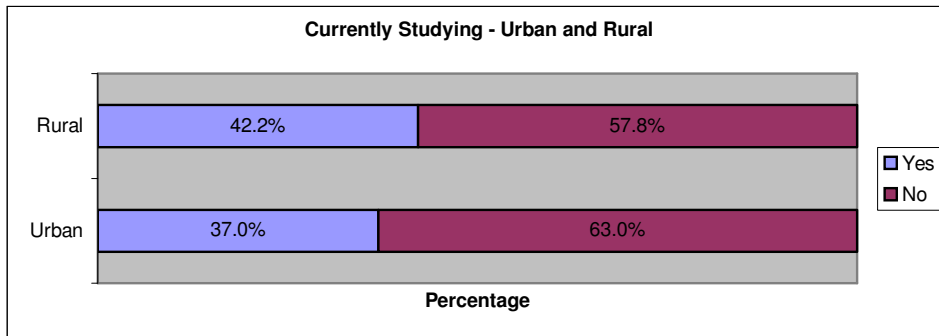
The CARE and Mith Samlanh/Friends samples make only a small difference to these results with 40.8 percent currently studying and 59.7 percent stating that they are no longer studying. These are balanced by the CARE sample being the most highly educated group and in the sample and the Mith Samlanh/Friends sample having the lowest level of schooling. These are examined later in this section.

Comparing these results by sex shows the following results.



As the graph illustrates, around half of the young male respondents interviewed were currently studying compared to about a third of the young female respondents.

Comparison of urban and rural young people shows the following results.



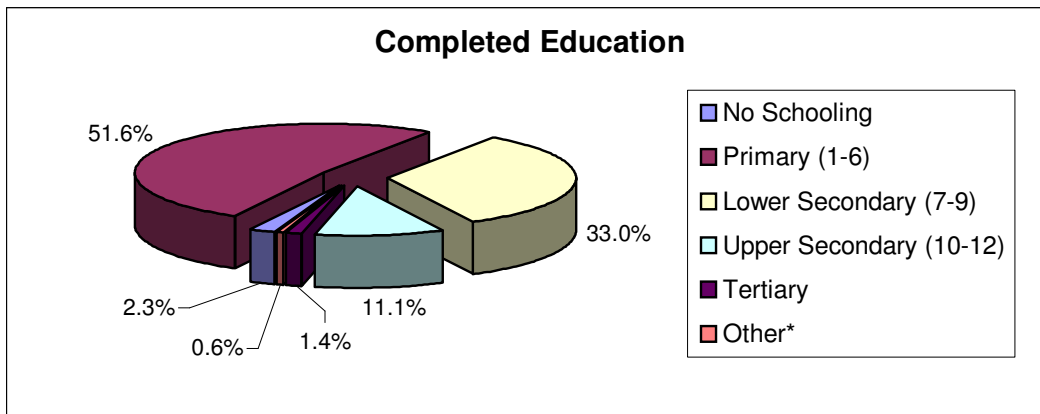
This result showing that rural youth are more likely to be currently studying is somewhat surprising. Excluding the CARE and Mith Samlanh/Friends interviews from the urban sample makes this difference even more acute with only 26.5 percent of urban youth currently studying. However, the results from the mobility question may go some way to explain the large difference. Ninety percent of the young people who have migrated to Phnom Penh in the last three years are not currently studying. It is likely that many young people have migrated to Phnom Penh to work and not to study.

Considering age in terms of current study, shows that all the ten-year-olds interviewed were currently studying and very few of the twenty-four year olds were studying. Those aged fifteen were the most likely to be currently in school and those aged sixteen were most likely not to be in school.

Results for the CARE sample alone show that most were studying (78.7%). This was expected, as the NGO's target population is middle class young men in Phnom Penh. In addition, many young men were interviewed in tertiary educational institutions to collect this sample. The Mith Samlanh/Friends sample also reflected their target group with only seven (5.6%) young people interviewed currently studying.

Highest Educational Level Completed

Young people were asked about the highest level of education they had completed. It is worth remembering that this information was self reported and may have been inflated by participants. The CARE and Mith Samlanh/Friends samples are considered separately due to their significant differences from the rest of the sample (n=1800). The most frequently reported grade completed was grade five. The following graph shows the highest level of completed schooling reported by respondents.



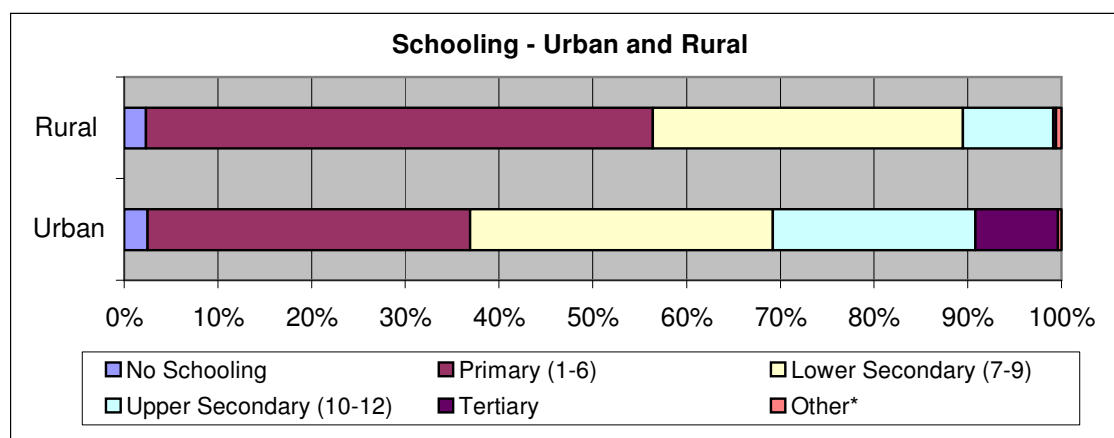
Most of the young people in the sample had completed some primary school. Only a small percentage of respondents had not attended school (2.3%) and very few had completed any tertiary study (1.4%). The few young people in the 'other' category mostly reported some form of vocational training.

The following table shows the highest level of completed schooling for young men and young women in the sample.

Educational Level	Male		Female	
	Freq.	%	Freq.	%
No Schooling	12	1.4%	29	3.1%
Primary (1-6)	413	47.2%	517	55.8%
Lower Secondary (7-9)	307	35.1%	287	30.9%
Upper Secondary (10-12)	120	13.7%	80	8.6%
Tertiary	18	2.1%	7	0.8%
Other	4	0.5%	7	0.8%
Total	874	100.0%	927	100.0%

Almost sixty percent of young women stated that they had completed grade six or lower education compared to almost fifty percent of young men. Fewer young women reported upper secondary or tertiary level education (10.2%) compared to young men (15.8%). Young women were more than twice as likely to report no schooling as young men were.

Urban and rural comparison of completed education shows some differences. The proportions of respondents who reported 'no schooling' and 'other' were about the same. However, significant differences were evident in other categories. More than half of the rural sample had grade six or lower education compared to just over a third of urban youth. Over thirty percent of urban youth stated that they had reached upper secondary or above compared to less than ten percent of rural youth. The following graph shows these differences.



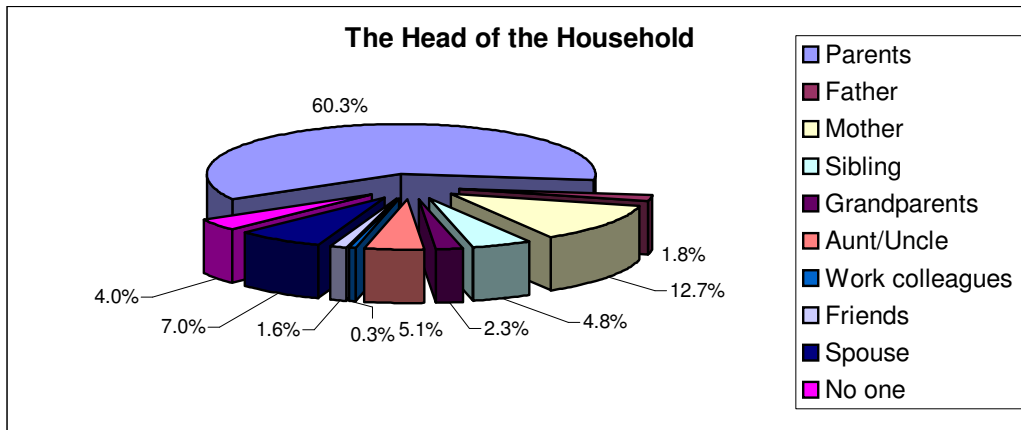
Results for the CARE sample highlight how different this target group was for this sample. All young men targeted for interview were currently at high school or university. More than sixty percent of the CARE sample reported that they were at university. Those that were not in university were in years 10, 11 and 12 at high school (5%, 7% and 27% respectively).

The Mith Samlanh/Friends sample was also quite different with very low levels of education. Thirteen percent of the young people in this sample stated that they had never attended school. Seventy-two percent had completed grade six or lower. Twelve percent had

completed some secondary school. Four participants (3.2%) stated some other education, generally vocational training.

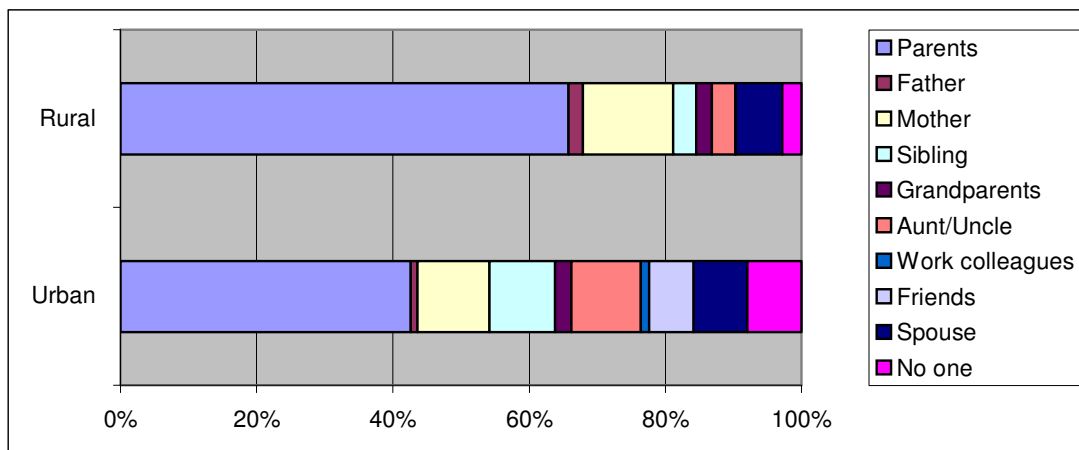
Young People's Households

Respondents were asked to nominate the primary person/people they lived with. Respondents did not provide multiple answers to this question and so potentially, they could have lived with many more people. Results show who the respondents identified first or as the main person they lived with. The following graph shows the people nominated first by all survey participants.



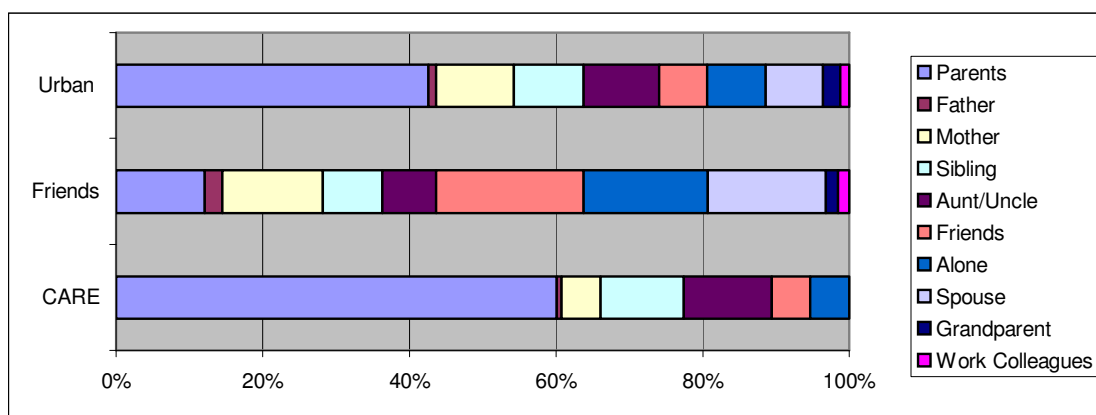
Those identified as the person with whom they lived varied greatly. However, seventy-five percent of respondents initially identified one or both parents as those that they lived with. An additional 13 percent first mentioned another family member. Interestingly, only 7 percent of the sample reported living with their spouse although more than seventeen percent of the sample were married. More than half the married respondents reported that they lived with one or more parents. It is quite common for newly married couples to live with the wife's family until they have been married some time and can afford land of their own. This allows the new couple time to save money and allows the family to provide support in the early stages of marriage. Young women were more likely to first identify their spouse as the main person they lived with (11.7%) than young men (2.1%). This however, correlates with more young women in the sample reporting being married. Young men were slightly more likely to live alone (3.8%) than young women (2.4%) were.

The following graph shows the urban and rural differences.



More than eighty percent of rural youth, (81.2%) reported living with one or both parents compared to only 54.2 percent of urban youth. Overall, urban respondents identified a greater variety of living arrangements. This may be due to the higher mobility and lower schooling results reported previously. Those that came to Phnom Penh recently for work are less likely to live with their parents. Additionally those with higher levels of education are more likely to receive that education in the city and to work in the city area on completion of study. Those in the urban sample were more likely to report living alone. All of those who reported living with friends or work colleagues were from the urban sample. Rural youth were slightly more likely to report living in a single parent headed family. Significantly, more urban young people reported living with an aunt or uncle than rural youth. Similar proportions of young people in the rural and urban samples reported living with a spouse.

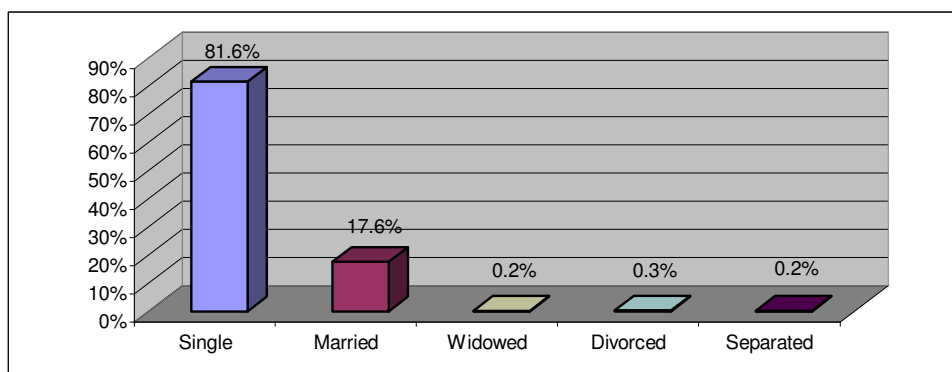
The CARE and Mith Samlanh/Friends samples again were quite different from the general urban sample. The following chart shows the CARE and Mith Samlanh/Friends samples with the general urban sample for comparison.



Educated, middle class, young urban men from the CARE sample were more likely to live with both parents (60.0%) than other urban youth in the sample (42.6%). No young men in the CARE sample reported living with their spouse. The Mith Samlanh/Friends sample shows that only 28.2 percent lived with one or more parents and less than half (45.2%) identified living with any relative. The Mith Samlanh/Friends sample also had the highest proportion of respondents who reported living with their spouse. Around one third of this sample (36.3%) stated that they lived alone or with friends. Given the target population, this is not surprising with young street children being more likely to be separated from family.

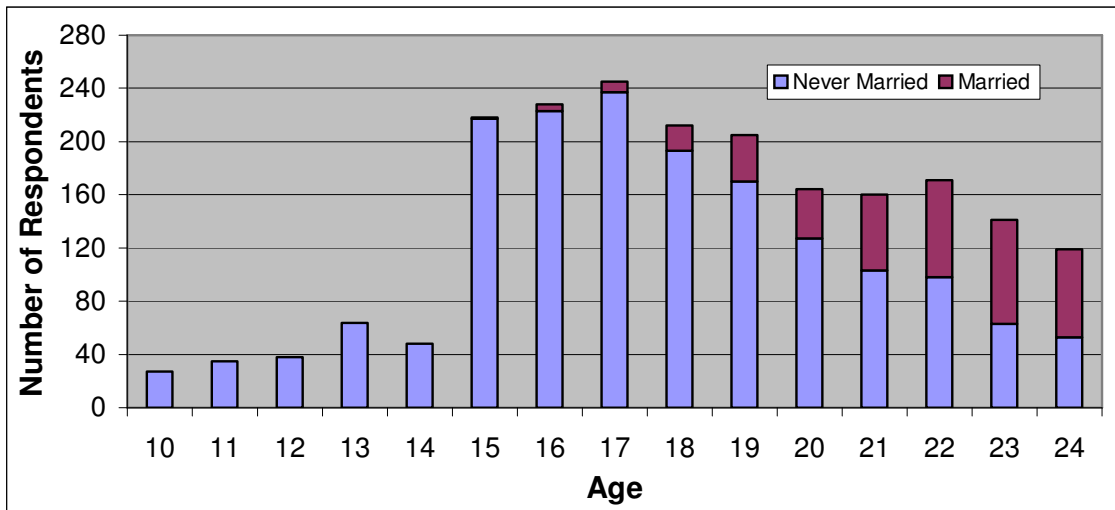
Marital Status

Young people were asked to identify their marital status. Five respondents did not answer this question. The following graph illustrates the marital status of the respondents.

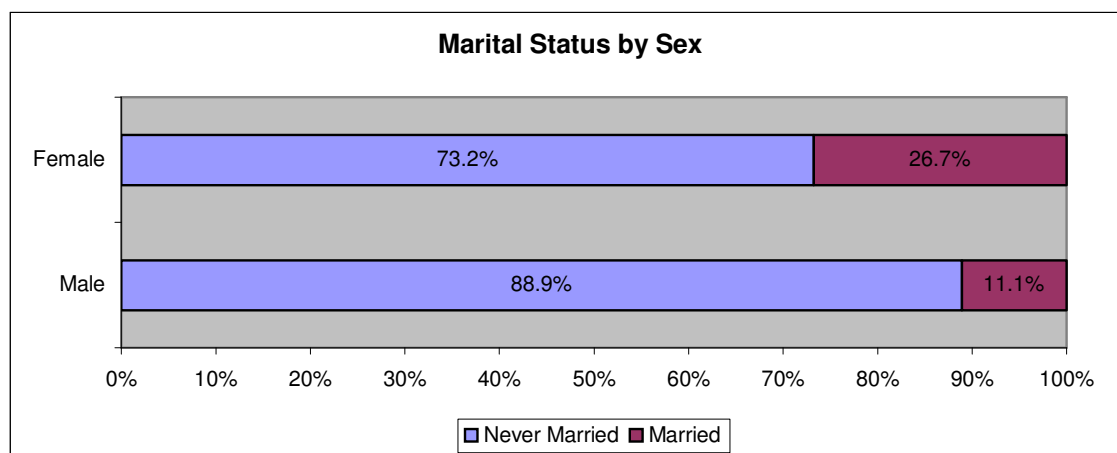


Most respondents interviewed were single (81.6%), 17.6 percent were married at the time of the survey. Four respondents were widowed, seven were divorced and four were separated. Comparison of marital status with age shows expected results. All respondents under the age of fifteen were single. By age twenty-three, most respondents were married.

The following graph shows the number of participants who have and have not ever been married by age. Those who stated that they were widowed, separated or divorced are included as having been married.



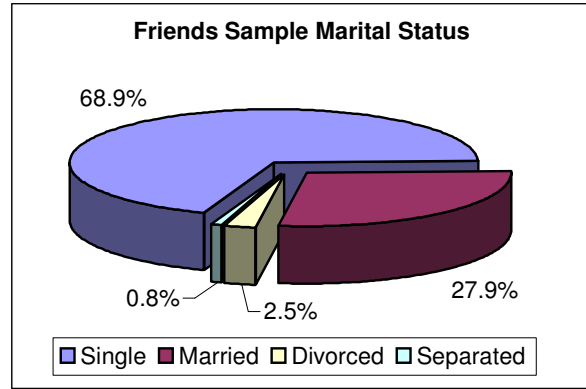
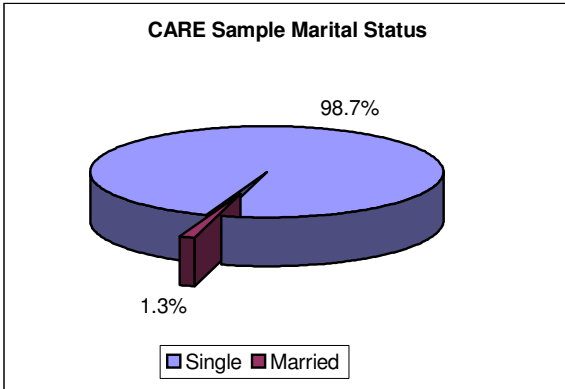
Some differences in marital status by sex can be noticed. Women were far more likely to report being married. Some possible explanations for this are that young men are more likely to keep their marital status confident. Young women were far more likely to report being divorced or separated. Additionally, women are generally more likely to marry an older partner, and therefore men who are outside of the target group for this survey. The following graph shows the marital status of respondents by sex.



There were no major differences in marital status between urban and rural young people.

The CARE and Mith Samlanh/Friends samples, again, were significantly different in terms of marital status. The CARE target group was overwhelmingly single and represents the lowest married proportion in the baseline. More than thirty percent of the Mith Samlanh/Friends

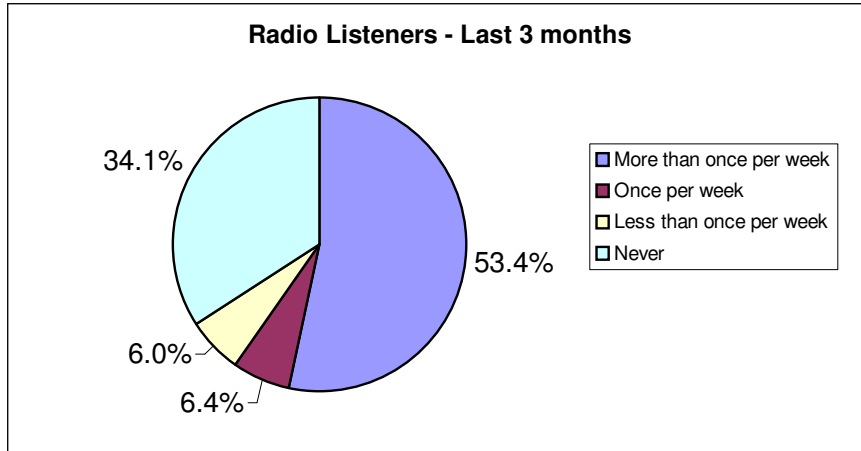
sample reported that they were married or had been married. This represents the highest rate of marriage in the baseline. The Mith Samlanh/Friends sample was mostly male (with only 36 female participants) so, this is quite surprising as overall women reported being married far more frequently than young men did. The following two graphs show the significant differences between the two specific Phnom Penh based samples.



Exposure to Radio

Frequency of Radio Listening

All participants were asked if they listened to the radio as one NGO partner, Health Unlimited (CHEMS and CHED) broadcasts radio programmes targeted at young people. The following table shows the frequency of radio listening in the last three months.



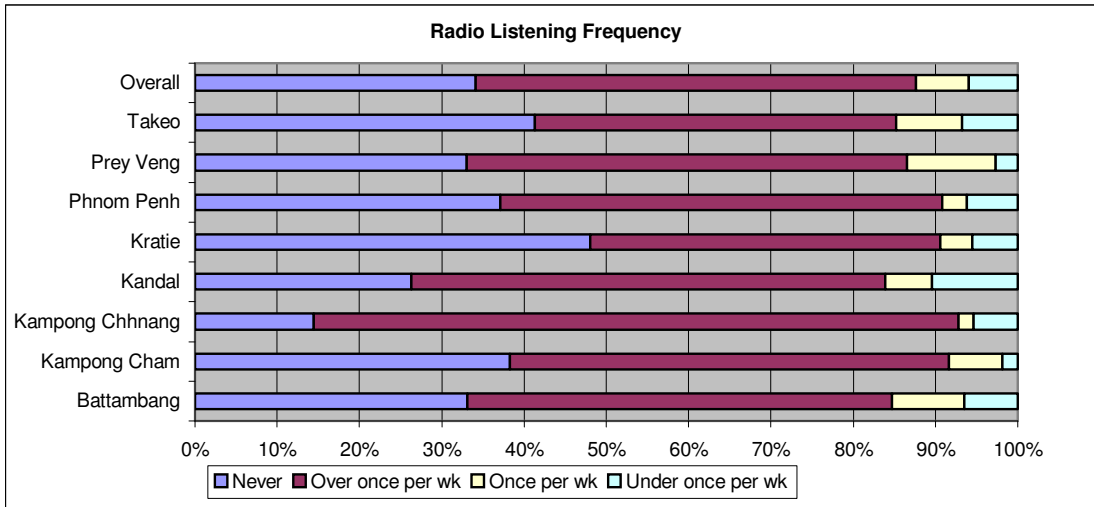
As the graph illustrates, sixty-six percent of respondents stated that they had listened to the radio in the last three months with only thirty-four percent stating that they had not listened to the radio at all in the period. More than half of the respondents listened to the radio regularly, that is, more than once a week.

There is very little difference in the listening patterns of young men and young women. Young women are slightly less likely to be regular listeners and more young women report that they have not listened to the radio in the last three months. The following table shows the small differences in radio listening by sex.

Exposure to radio	Male		Female	
	Freq.	%	Freq.	%
Never	358	32.2%	350	36.3%
Under once per week	78	7.0%	47	4.9%
Once per week	58	5.2%	75	7.8%
More than once per week	618	55.6%	491	51.0%
Total	1112	100.0%	963	100.0%

Urban and rural comparison shows little difference of frequency of listening to the radio. Urban youth were slightly more likely to say they had not listened to the radio in the last three months (37.2%) compared to rural youth (33.1%).

Comparison by province shows some large differences. However, the sample size is quite small for some provinces. The following graph shows radio listeners by province.

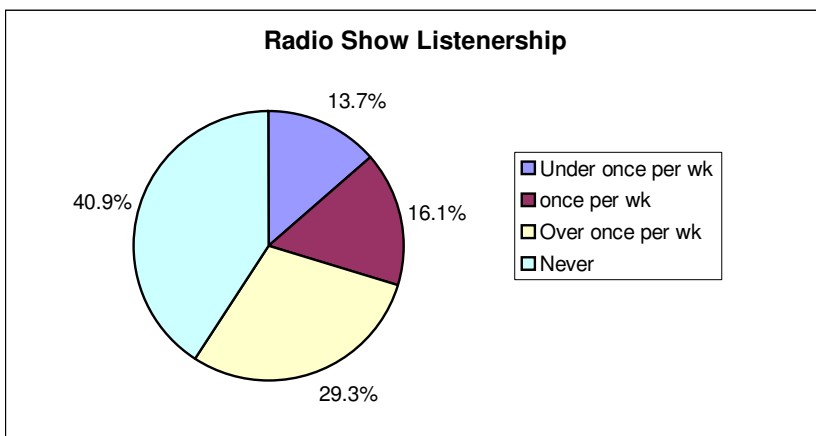


Young people in Kratie, Kampong Cham and Takeo were most likely to report that they never listened to the radio. Those in Kampong Chhnang and Kandal province were least likely to report that they had not listened in the last three months. These two provinces along with Prey Veng also have the highest number of regular radio listeners.

Frequency of Listening to target programmes

Young people who reported that they had listened to the radio in the last three months were asked whether they had listened to youth radio shows and radio soap operas produced by CHEMS and CHED. All radio listeners (n=1367) were asked about the radio shows and soap operas.

The following graph shows how many of the radio listeners have listened to *Especially for you*, *Young People* or *New Life for Youth* and how often they have listened in the last three months.



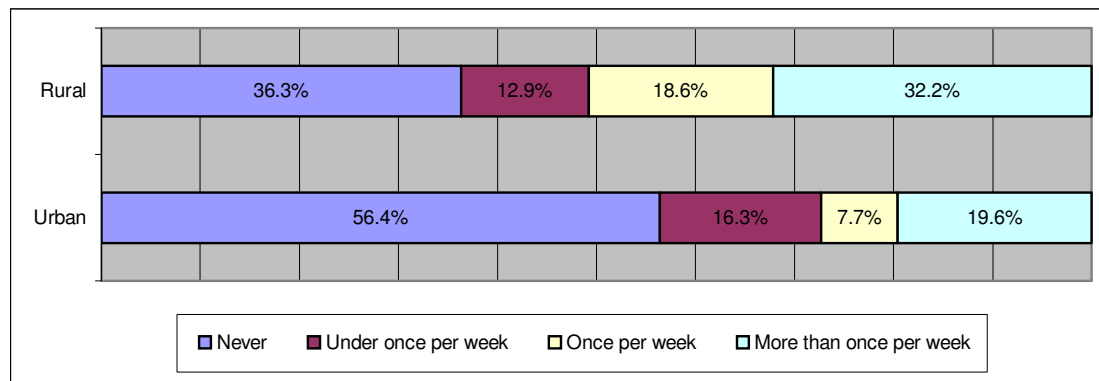
Of those who have listened to the radio in the last three months, fifty-nine percent have listened to the targeted programmes. This is close to 40 percent of the entire sample (38.9%). Forty-five percent of those who listened to the programme did so regularly, tuning in at least once per week. This shows that the radio shows are known and enjoyed across the RHIYA target population.

There are slight differences in the listening patterns of young men and young women as the following table illustrates.

Listener Category	Male		Female	
	Freq.	%	Freq.	%
Never	312	41.4%	246	40.3%
Under once per week	122	16.2%	65	10.6%
Once per week	102	13.5%	118	19.3%
More than once per week	217	28.8%	182	29.8%
Total	753	100.0%	611	100.0%

Overall, 49.1 percent of young women who listen to the radio were regular listeners of the CHEMS/CHED youth programmes compared to 42.3 percent of young male radio listeners.

Urban and rural comparison of those who have listened to the targeted programmes shows large differences. More than half the urban radio listeners (56.4%) had never listened to the CHEMS/CHED youth programmes while half of the rural radio listeners (50.7%) were regular listeners of the youth programmes. The following graph shows the differences.



Provincial breakdowns of those who have listened to the programmes in the last three months are outlined in the following table. The sample sizes for some areas are small but are presented for the purpose of provincial comparison.

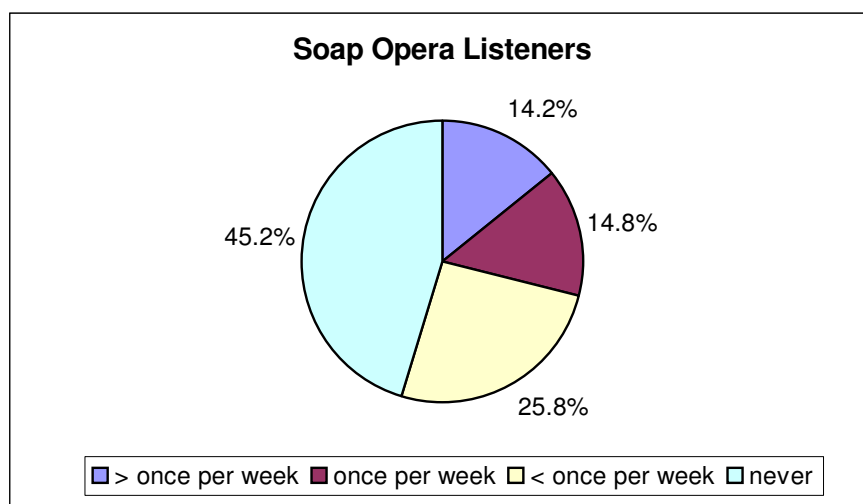
	Never	Less than once per wk	Once per wk	More than once per wk	Sample size
Battambang	24.3%	13.1%	26.7%	35.9%	206
Kampong Cham	36.4%	3.0%	19.7%	40.9%	66
Kampong Chhnang	40.0%	17.9%	9.5%	32.6%	95
Kandal	40.1%	22.4%	9.9%	27.6%	232
Kratie	42.4%	10.6%	22.7%	24.2%	66
Phnom Penh	56.4%	16.3%	7.7%	19.6%	312
Prey Veng	34.7%	5.6%	24.2%	35.5%	248
Takeo	45.3%	12.2%	15.1%	27.3%	139
Overall	40.9%	13.7%	16.1%	29.3%	1364

In Battambang, more than 75 percent of radio listeners had listened to the *New Life for Youth* programme in the last three months and of those more than 62 percent were regular listeners. Those who had listened to the programme represent approximately half of the total sample for the province. Those from Phnom Penh were most likely to say that they had

never listened to the targeted programmes. Regular listeners of the targeted programmes were common in Kampong Cham, Kampong Chhnang, Kratie and Prey Veng.

Frequency of listening to Radio Soap Operas

Young people who reported that they had listened to the radio in the last three months (n=1367) were asked if and how often they listened to the soap operas. The following graph illustrates the responses.



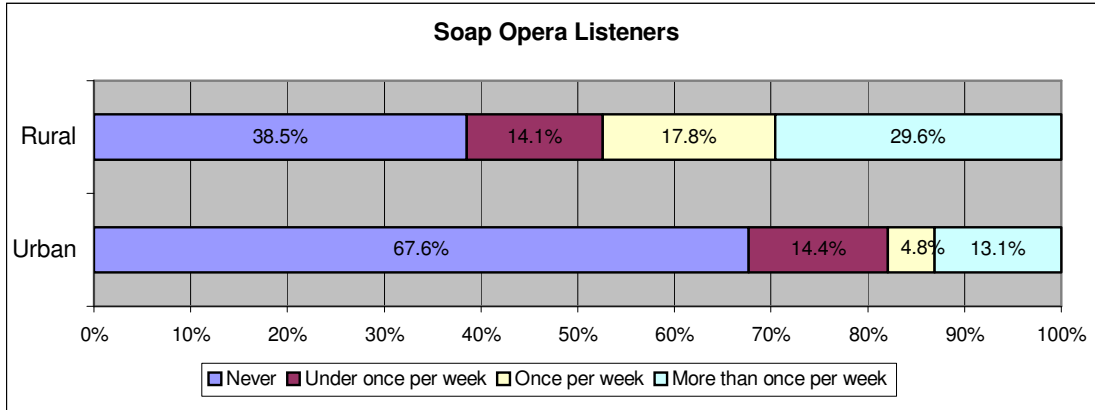
Fifty-five percent of respondents had listened to the soap operas in the last three months. This figure represents 36.1 percent of the entire sample. Forty-one percent of listeners tuned in once a week or more.

Comparison by sex shows some differences. The following table shows the results.

Listener category	Male		Female	
	Freq.	%	Freq.	%
Never	367	48.8%	249	40.8%
Under once per week	122	16.2%	71	11.6%
Once per week	80	10.6%	122	20.0%
More than once per week	183	24.3%	169	27.7%
Total	752	100.0%	611	100.0%

Overall, 47.7 percent of female listeners listened at least once per week compared to 34.9 percent of male listeners. Almost half the male radio listeners had never listened to the soaps whereas 59.2 percent of female radio listeners had tuned in.

When urban and rural comparisons are made for soap opera listeners, there are some differences as the following table and graph shows.



Only 17.9 percent of urban radio listeners listened to the soap operas regularly compared to 47.4 percent of rural radio listeners. Urban young people were more likely to have never listened to the soap operas in the last three months. Young people in Phnom Penh can access more media and entertainment options than rural respondents and this may explain some differences. The following table shows the frequency of listening to the soap operas across provinces.

	Never	> 1 per wk	1 per wk	< 1 per wk	Sample size
Battambang	41.5%	13.2%	17.6%	27.8%	205
Kampong Cham	21.2%	7.6%	25.8%	45.5%	66
Kampong Chhnang	52.6%	15.8%	8.4%	23.2%	95
Kandal	42.7%	20.7%	12.1%	24.6%	232
Kratie	27.3%	18.2%	18.2%	36.4%	66
Phnom Penh	67.6%	14.4%	4.8%	13.1%	312
Prey Veng	32.7%	8.1%	23.4%	35.9%	248
Takeo	41.7%	15.1%	20.1%	23.0%	139
<i>Whole sample</i>	45.2%	14.2%	14.8%	25.8%	1363

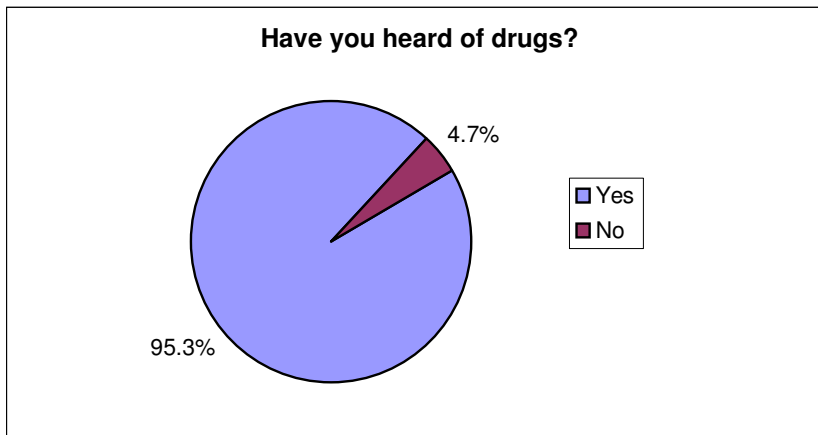
In Phnom Penh almost 63 percent of respondents listened to the radio in the last three months, a high proportion in comparison to some provinces, however only 17.9 percent of Phnom Penh's young respondents stated that they listened to the soap operas. Overall, the radio programmes were slightly more popular than soap operas.

Drugs of Addiction

All young participants were asked about drugs of addiction. It is important to note that these results are from young participant's self-reports. Interviewers made every effort to reassure respondents about confidentiality. However, given the sensitivity of the subject, some respondents may have self censored their answers. All questions relating to drugs and drug use used the phrase '*thnam nyean*' in Khmer. This translates as 'drugs of addiction'.

Awareness of drugs of addiction

All participants were asked if they had heard of drugs of addiction, the following graph shows their awareness.



Awareness of drugs of addiction in the RHIYA target areas was very high, with 95 percent of young respondents stating that they have heard of drugs of addiction. Only ninety-eight young people, or almost five percent, stated that they had not heard of drugs of addiction.

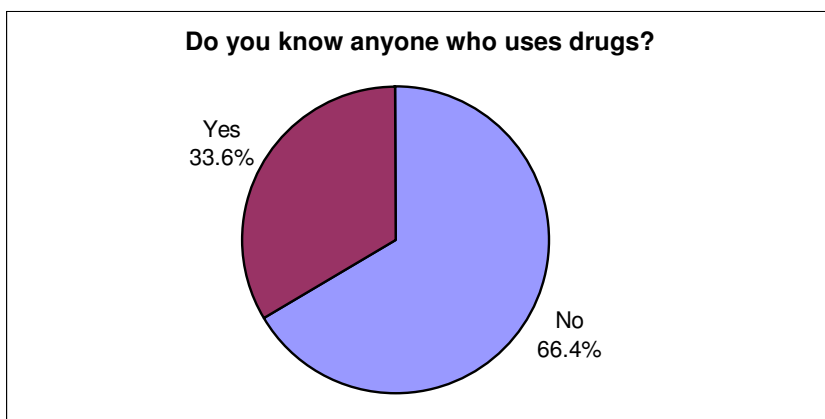
Those who had not heard of drugs were mostly female (73.5%), they were mostly under 18 years of age (71.4%). Ninety-four (95.9%) of the young people who had not heard of drugs were from rural communities. Those who were not aware of addictive drugs were largely from areas further away from Phnom Penh with young people from Kampong Cham, Kratie, Prey Veng and Takeo making up 75.5 percent. Twenty-five of the young people were from Kratie alone. None of those who did not know of drugs were university students.

Young women were nearly three times more likely to not have heard of drugs. Only 2.3 percent of young men surveyed had not heard of drugs whereas 7.5 percent of young women participants had not heard of them.

Urban and rural comparison shows that young people in Phnom Penh had almost all heard of drugs with only 0.8 percent of the urban sample stating that they had not heard of drugs. Those in the rural sample were far more likely to have not heard of drugs (6.0%).

Exposure to Drug Use

This question and the one that follows were used to gain some information about the extent of drug use among the RHIYA target population. It was anticipated that very few young people would tell interviewers that they personally had tried drugs of addiction. However, we hoped to get some indication of the extent of drug use in RHIYA target areas by asking young people about their friends and people they knew before asking them about personal drug use. Firstly, young people were asked if they knew anyone who used drugs of addiction.



Around one third of the participants reported that they knew someone who used drugs of addiction. The following table shows the number of young men and women who knew and did not know someone who uses drugs of addiction.

	Male		Female	
	Freq.	%	Freq.	%
Yes	467	42.0%	231	24.0%
No	645	58.0%	732	76.0%
Total	1112	100.0%	963	100.0%

As the table shows, young men were much more likely to report knowing someone who uses drugs (42.0%) than young women (24.0%). The following table shows the results for young people in urban and rural areas.

	Urban		Rural	
	Freq.	%	Freq.	%
Yes	312	62.4%	386	24.5%
No	188	37.6%	1189	75.5%
Total	500	100.0%	1575	100.0%

Young people interviewed in urban areas were much more likely to know someone who used drugs (62.4%) than young people in rural areas were (24.5%). The following table shows the results across provinces.

	Know drug user	Don't know drug user	Sample size
Battambang	36.4%	63.6%	308
Kampong Cham	8.4%	91.6%	107
Kampong Chhnang	19.8%	80.2%	111
Kandal	23.4%	76.6%	316
Kratie	7.1%	92.9%	127
Phnom Penh	62.5%	37.5%	499
Prey Veng	29.2%	70.8%	370
Takeo	21.9%	78.1%	237
Overall	33.6%	66.4%	2075

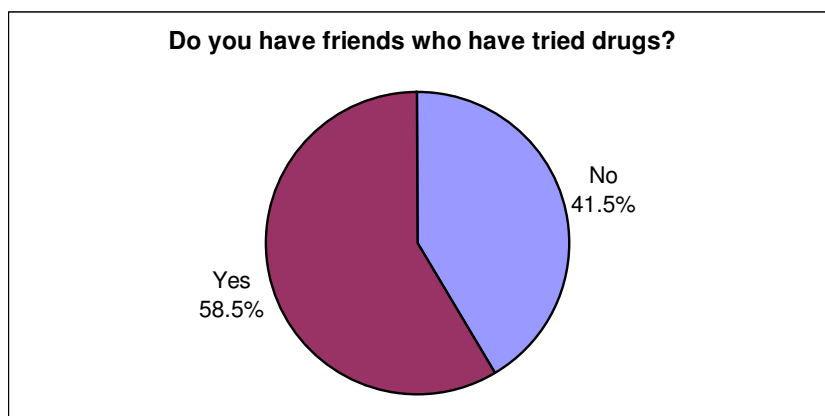
About a third of young people surveyed in Battambang and Prey Veng knew someone who uses drugs. By comparison, less than ten percent of the young people interviewed in Kampong Cham and Kratie knew someone who had used drugs.

As discussed in the methodology section, the baseline survey sampled young people from 145 RHIYA target locations across eight provinces. Most of these locations (109) were villages and thirty-six clusters were urban locations targeted by CARE and Mith Samlanh/Friends around Phnom Penh. Out of these 145 locations, young people in 138 locations (94.9%) reported that they knew someone who used drugs. Across the sample, there were only seven villages where young people reported that they did not know anyone who used drugs. Three of these villages were in Kampong Cham, 3 in Kratie and 1 in Kandal province. If this is a reflection of drug use in communities where these young people live or go to school then drugs of addiction appear to be quite widespread across the RHIYA target areas.

When the CARE and Mith Samlanh/Friends samples are considered separately, we see that the CARE sample closely mirrors that of the overall urban sample with 64.7 percent of the CARE sample stating they knew someone who uses drugs. The Mith Samlanh/Friends sample however is greatly different from the general urban sample with 90.3 percent of the young people interviewed knowing a drug user. Those few young people from the Mith Samlanh/Friends sample who did not know anyone who used drugs were largely those who had lived on the streets for less than a year.

Friends Who Use Drugs

All of the young people who stated that they knew someone who used drugs (n=698) were asked if any of their friends had tried drugs. Four missing records were not included in the analysis. This question was included to assist in assessing drug use across the target population when coupled with self-reported drug use.



Of those who knew someone who used drugs of addiction, more than half said they had a friend or friends who had tried drugs. This is almost 20 percent of the young people surveyed. On average those young people who said they had friends who had tried drugs reported an average of 6.5 friends (median 4) each who had tried drugs.

Young men in the RHIYA target areas were slightly more likely (60.8%) to report having friends that had tried drugs than young women were (53.7%).

Urban and rural comparison shows some large differences. Many more young people in urban areas reported that they had friends who had tried drugs (73.1%) compared to young

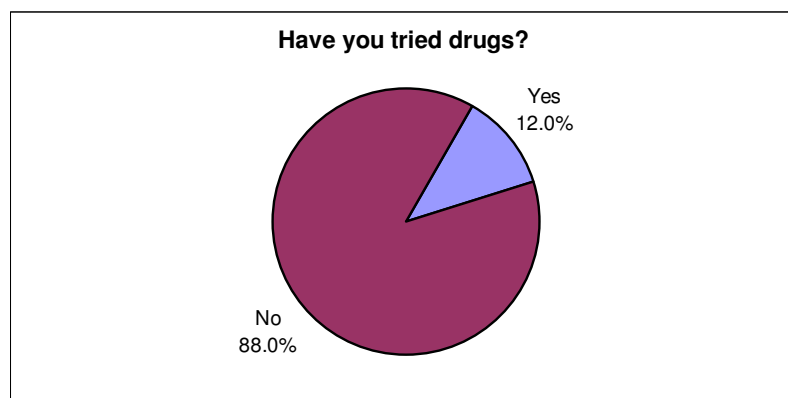
people in rural areas (46.6%). Comparison across provinces shows the following results. Some sample sizes are very small:

	Friends have tried drugs	No Friends who have tried drugs	Sample size
Battambang	51.8%	48.2%	110
Kampong Cham	55.6%	44.4%	9
Kampong Chhnang	54.5%	45.5%	22
Kandal	61.1%	38.9%	72
Kratie	55.6%	44.4%	9
Phnom Penh	73.1%	26.9%	312
Prey Veng	29.6%	70.4%	108
Takeo	44.2%	55.8%	52
Overall	58.5%	41.5%	694

Results were very consistent across provinces with two exceptions. As expected Phnom Penh, youth were much more likely to have friends who had tried drugs. Conversely, young people interviewed in Prey Veng were less likely to have friends who had tried drugs than youth in other provinces.

Personal Drug Use

All the young people who reported that they knew someone who had tried drugs were asked if they had ever tried drugs. The following graph shows their responses.



As expected, only a few young people reported that they had tried drugs. Eighty-four young people or around 4 percent of the total sample reported that they had tried drugs. Most of these young people (74) were male while only ten were young women. Sixty-seven were from urban areas and 17 from rural areas. Fifty-two were from the Mith Samlanh/Friends target group.

Those young people who had tried drugs (n=84) were asked what drugs they had tried. Unfortunately, there were five missing cases for this question. These have been excluded from the analysis. Multiple answers were possible for this question. Seventy-nine respondents provided answers.

Drug type	Number of respondents	Percentage of drug users
<i>Yama</i> ³	65	82.3%
Glue	25	31.6%
Marijuana	13	16.5%
Heroin	11	13.9%
Other	7	8.9%
Ecstasy	2	2.5%
Don't know	1	1.3%

Eighty-two percent of the drug users had tried *yama* making it easily the most popular drug reported by the young people surveyed. This is equivalent to about three percent of the entire sample. Nearly a third of the drug users had tried sniffing glue.

Drug Use Indicator Summary

If we assume that personal drug use is underreported by young people and that young people are heavily influenced by their peers – both safe assumptions, then actual drug use by young people is likely to fall somewhere between reported drug use and whether young people have friends who have experimented with drugs of addiction.

The following table shows the results for friends that have tried drugs and self-reported drug use for each of the RHIYA partners. This may give some indication of the extent of the drug problem in each partners target population.

RHIYA Partner	Friends have tried drugs	Respondent has tried drugs	Sample size
RHAC	12.2%	0.0%	319
WOMEN - Phnom Penh	42.5%	6.7%	120
WOMEN – Prey Veng	8.7%	0.8%	127
CLA	1.5%	1.5%	131
ACCY	8.5%	0.0%	130
LYCSO	3.9%	0.0%	127
OEB	18.5%	2.6%	308
WDA	18.3%	1.0%	104
CCWPD	14.2%	0.0%	106
IDA	9.4%	2.8%	106
CCASVA	17.0%	0.0%	112
CPR	10.8%	1.8%	111
Mith Samlanh/Friends	72.6%	41.9%	124
CARE	43.3%	4.7%	150
<i>RHIYA Total</i>	<i>19.6%</i>	<i>4.0%</i>	<i>2075</i>

RHIYA partners working with urban target groups in the capital appear to be working with many young people who are exposed to drugs of addiction. By comparison, few young people in the target areas of CLA in Mesang district of Prey Veng and LYCSO in Kratie report using drugs or having friends that had tried drugs.

³ *Yama* is a Thai word for a synthetic amphetamine used in Cambodia

Reproduction and Contraception

Discussing Contraception

All young people in the survey were asked who they had spoken to about ways to avoid pregnancy in the last six months. Multiple answers were possible so percentages total more than 100. The following table shows their responses.

Who have you spoken to about contraception in the last 6 months?	Frequency	Percentage
Friend	336	16.2%
Neighbour	108	5.2%
Spouse	156	7.5%
Health Worker	32	1.5%
Peer Educator	11	0.5%
School Teacher	55	2.7%
Parent	72	3.5%
Grandparent	5	0.2%
Other relative	144	6.9%
Monk	0	0.0%
Other	31	1.5%
No one	1411	68.0%

Most young people (68%) reported that they had never discussed contraception with anyone in the past six months. Around a third of young people interviewed had discussed contraception and this was with a variety of people. Of those that had spoken to someone, the most frequently reported person to whom they had spoken was a friend (16.2%). Partner/spouse was the second most popular response at 7.5 percent. Almost seven percent of young people reported speaking to a family member other than their parents. Only 3.5 percent of respondents reported that they had spoken to their parents.

Comparison by sex shows the following results.

Who have you spoken to about Contraception?	Male		Female	
	Freq.	%	Freq.	%
Friend	192	17.3%	144	15.0%
Neighbour	27	2.4%	81	8.4%
Spouse	79	7.1%	77	8.0%
Health Worker	5	0.4%	27	2.8%
Peer Educator	5	0.4%	6	0.6%
School Teacher	35	3.1%	20	2.1%
Parent	15	1.3%	57	5.9%
Grandparent	1	0.1%	4	0.4%
Other relative	39	3.5%	105	10.9%
Monk	0	0.0%	0	0.0%
Other	11	1.0%	20	2.1%
No one	788	70.9%	623	64.7%

Young men were more likely to report that they had not discussed contraception with anyone in the last six months. Young women were more likely to report discussing contraception with family members than young men were.

Urban and rural youth reported similar answers to this question. Although rural youth were slightly more likely to discuss contraception with a parent or relative than urban youth, this is probably related to the earlier finding that fewer urban young people live with their parents.

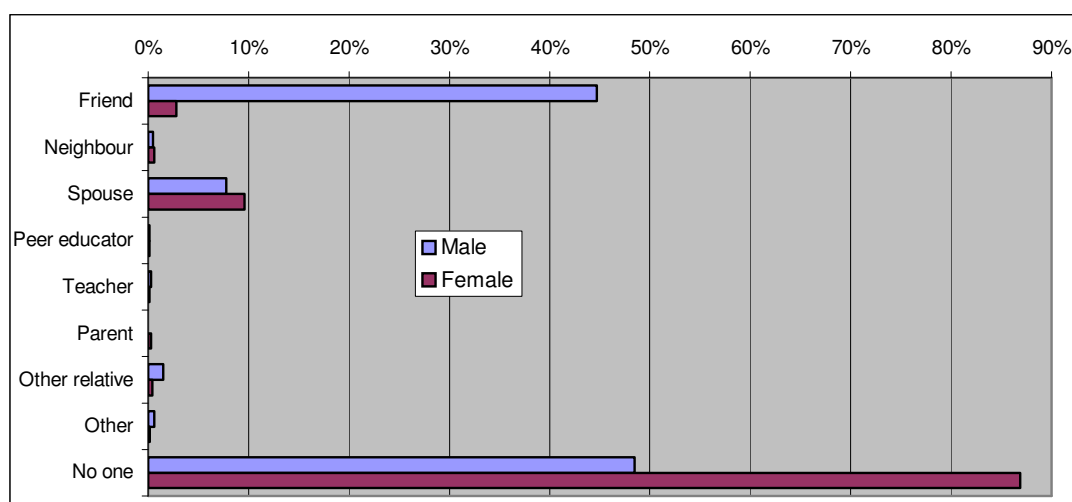
Discussing Sexual Attraction

All participants were asked whom they had ever spoken to about sexual attraction or desire. The following table shows the results.

Who have you ever spoken to about sexual attraction or desire?	Frequency	Percentage
Friend	524	25.3%
Neighbour	12	0.6%
Spouse	179	8.6%
Health Worker	0	0.0%
Peer Educator	2	0.1%
School Teacher	4	0.2%
Parent	3	0.1%
Grandparent	0	0.0%
Other relative	21	1.0%
Monk	0	0.0%
Other	9	0.4%
No one	1376	66.3%

Two thirds of the respondents stated that they had not spoken to anyone about sexual desire or attraction. Around 25 percent of young people reported that they had spoken to their friends. Almost nine percent of youth reported that they had spoken to their spouse. No young people reported speaking to health workers, grandparents or Monks.

Comparison of answers by sex shows the following results.



Young men were much more likely to report having discussed sexual attraction or desire than young women were. Most young men (51.5%) reported that they had discussed sexual attraction or desire, compared to only 13.1 percent of young women. In addition, 44.7 percent of young men had discussed desire with their friends compared to 2.8 percent of young women.

Urban and rural youth reported similar answers to this question. Rural young people were slightly more likely to discuss sexual attraction or desire with a parent or other relative than urban youth. Again, this is probably related to the earlier finding that fewer urban young people live with their parents.

Discussing Menstruation

All young female respondents were asked whom they had ever spoken to about menstruation. There were two missing answers, which have been excluded. The following table shows the answers given.

Whom have you ever spoken to about menstruation?	Frequency	Percentage
Friend	422	43.9%
Neighbour	111	11.6%
Spouse	76	7.9%
Health Worker	22	2.3%
Peer Educator	1	0.1%
School Teacher	3	0.3%
Parent	341	35.5%
Grandparent	24	2.5%
Other relative	300	31.2%
Monk	0	0.0%
Other	34	3.5%
No one	177	18.4%

Most young women interviewed had discussed menstruation with someone (81.6%). Young women reported speaking to friends and parents (43.9% and 35.5%) most frequently. Almost a third (31.2%) stated they had spoken to relatives other than their parents. One hundred and eleven (11.6%) respondents stated they had spoken to neighbours. Only 18.4 percent of young women said they had not spoken to anyone about menstruation.

There were few differences between urban and rural young women on this question. Slightly more rural young women reported never having discussed menstruation with anyone (19.4%) than urban young women (13.2%).

Discussing Wet Dreams

All young male participants were asked whom they had ever spoken to about wet dreams. The following table shows the results.

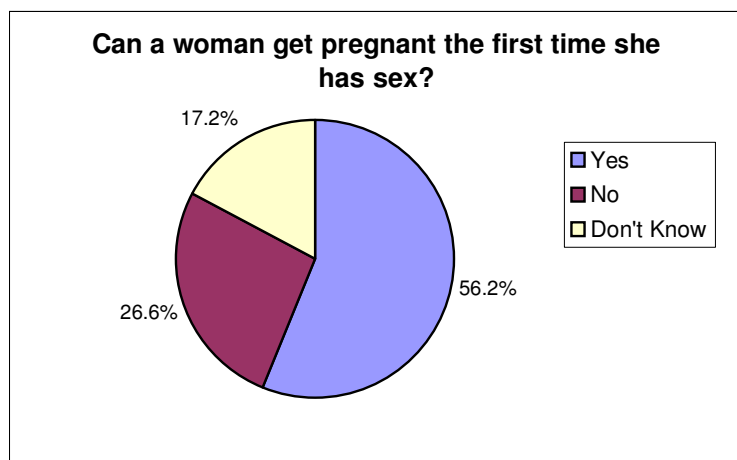
Whom have you ever spoken to about wet dreams?	Frequency	Percentage
Friend	493	44.3%
Neighbour	5	0.4%
Spouse	15	1.3%
Health Worker	0	0.0%
Peer Educator	2	0.2%
School Teacher	5	0.4%
Parent	9	0.8%
Grandparent	0	0.0%
Other relative	22	2.0%
Monk	1	0.1%
Other	3	0.3%
No one	593	53.3%

About half the young men interviewed reported that they had never discussed wet dreams with anyone (53.3%). However, many young men (44.3%) had discussed wet dreams with their friends. Very few young men reported discussing wet dreams with anyone other than friends.

There were some differences between urban and rural young men on this question. Most rural young men reported never having discussed wet dreams with anyone (60.3%) while only 37.9 percent of urban young men had never discussed wet dreams.

Can a young woman become pregnant the first time she has sex?

All participants were asked, if they thought a young woman could become pregnant the first time that she had sex. There was one missing answer, which has been excluded. The following graph shows the results.



More than half of the young people surveyed stated that a woman could become pregnant the first time she had sex. However, many young people (43.8%) answered 'no' or reported that they did not know the answer to the question.

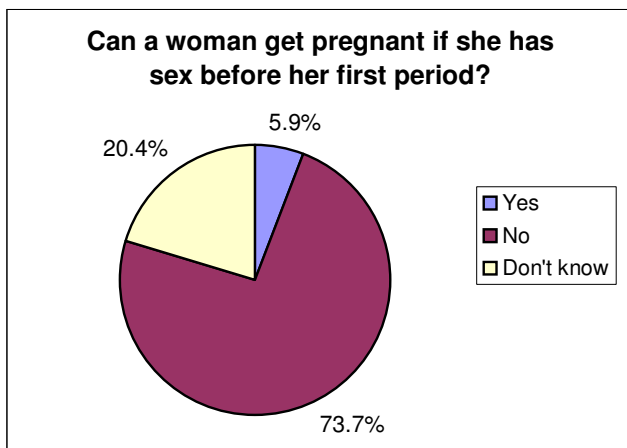
The table below shows the result broken down by sex.

	Male		Female	
	Freq.	%	Freq.	%
Yes	588	52.9%	578	60.0%
No	362	32.6%	189	19.6%
Don't Know	161	14.5%	196	20.4%
Total	1111	100.0%	963	100.0%

Young women were more likely to answer 'yes' or to report that they did not know than young men were. Comparison of results from urban and rural young people shows very little difference.

Can a young woman get pregnant if she has sex before her first period?

All young participants were asked if a young woman could become pregnant if she had sex before she had her first menstrual period. There was one missing case, which has been excluded. The following graph shows the results.



Around three-quarters of participants stated that a woman could not get pregnant before her first period. Twenty-six percent of participants stated that they believed a woman could become pregnant before her first period or that they did not know.

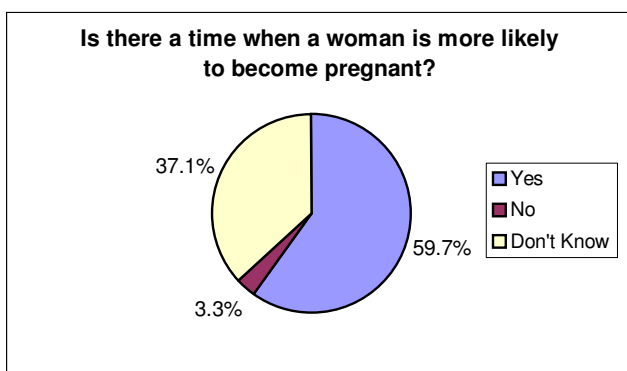
The following table shows the results for young men and women.

	Male		Female	
	Freq.	%	Freq.	%
Yes	92	8.3%	31	3.2%
No	725	65.2%	803	83.4%
Don't Know	294	26.4%	129	13.4%
Total	1111	100.0%	963	100.0%

Young women were more likely to answer 'no' than young men. Overall, 34.8 percent of young men interviewed answered 'yes' or said that they did not know. There were no significant differences between urban and rural youth on this question.

Pregnancy and the menstrual cycle

All participants were asked if there was a time from one period to the next when a woman is more likely to become pregnant. The following graph shows the results.



Most of the young people interviewed (59.7%) answered correctly that there was a time in the menstrual cycle when a woman was more likely to become pregnant. However, around one third reported that they did not know.

All those who stated that there was a time in the menstrual cycle when a woman was more likely to become pregnant were asked when that time was. Young people were asked to choose from five responses. There were four missing answers, which have been excluded. The following table and graph shows the answers given.

When is a woman most likely to fall pregnant?	Frequency	Percentage
Just before her period	147	11.9%
During her period	253	20.5%
Just after her period	393	31.9%
Halfway between periods	295	23.9%
Don't know	143	11.6%

Only 23.9 percent of the young people who were asked the question answered correctly. This represents about 14.2 percent of the entire sample. Knowledge of the fertile period is very low across the RHIYA target population. The following table shows the results of two of the pregnancy and menstruation questions for each of the RHIYA partners.

RHIYA Partner	% Know the fertile period	% Know pregnancy is possible at first sex	Sample size
RHAC	11.3%	55.5%	319
WOMEN - Phnom Penh	15.0%	57.5%	120
WOMEN – Prey Veng	24.4%	52.7%	127
CLA	16.8%	67.9%	131
ACCY	6.2%	55.4%	130
LYCSO	1.6%	57.5%	127
OEB	11.7%	48.4%	308
WDA	13.5%	46.1%	104
CCWPD	10.4%	59.4%	106
IDA	7.5%	50.9%	106
CCASVA	27.7%	63.4%	112
CPR	30.6%	67.6%	111
Mith Samlanh/Friends	7.2%	50.0%	124
CARE	23.3%	64.7%	150
<i>RHIYA Total</i>	<i>14.2%</i>	<i>56.2%</i>	<i>2075</i>

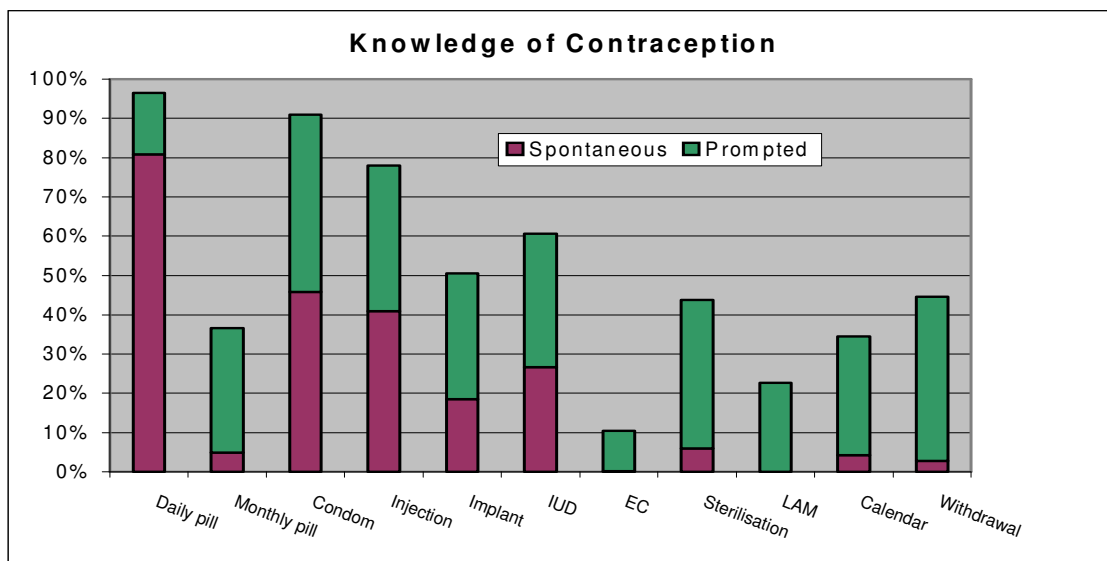
The results varied considerably in different NGO target areas. Knowledge of the fertile period was particularly low for young people in the LYCSO, ACCY, IDA and Mith Samlanh/Friends target areas. For ACCY and LYCSO this may also reflect a younger target group. Less than half the young people interviewed in the target areas of OEB and WDA knew that it was possible to get pregnant at first sex. Young people interviewed in the CPR target villages in Kandal had the highest levels of knowledge of pregnancy and menstruation in the baseline survey.

Knowledge of contraceptive methods

Contraceptive knowledge was assessed in the baseline survey using a method drawn from the DHS surveys. Firstly, respondents are asked to list any method of contraception that they know and these are recorded on the questionnaire as spontaneous recall. Then for each of the contraceptive methods not spontaneously mentioned, the interviewer reads a short description and asks the respondent if they have heard of this method. If the respondent

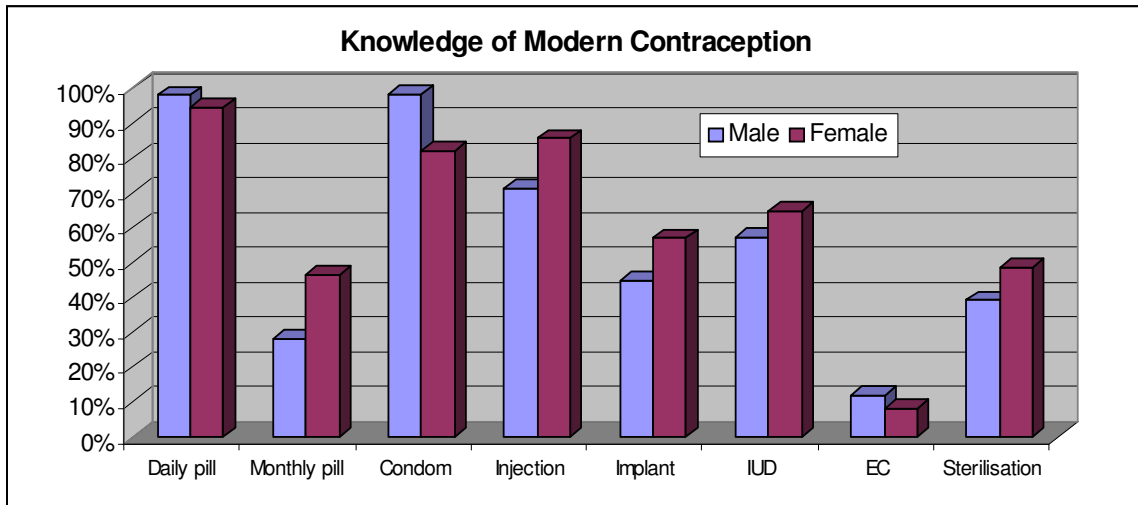
replies that they have heard of the method after listening to the description this is coded as prompted recall. If the respondent still reports that they have not heard of the method it is coded as not known.

This comprehensive method of assessing knowledge of contraceptive methods overcomes the disadvantages of using either method separately. Spontaneous recall of information is generally regarded as an underestimation of true knowledge – respondents may have temporarily forgotten a method they know or be distracted during the interview hampering their efforts to remember. Prompted recall on the other hand may be an overestimate of true knowledge. Respondents may be tempted to say they have heard of methods that they do not know to appear more knowledgeable during the interview. Actual knowledge of contraception methods probably lies somewhere between the spontaneous and prompted answers. The following graph shows the results.



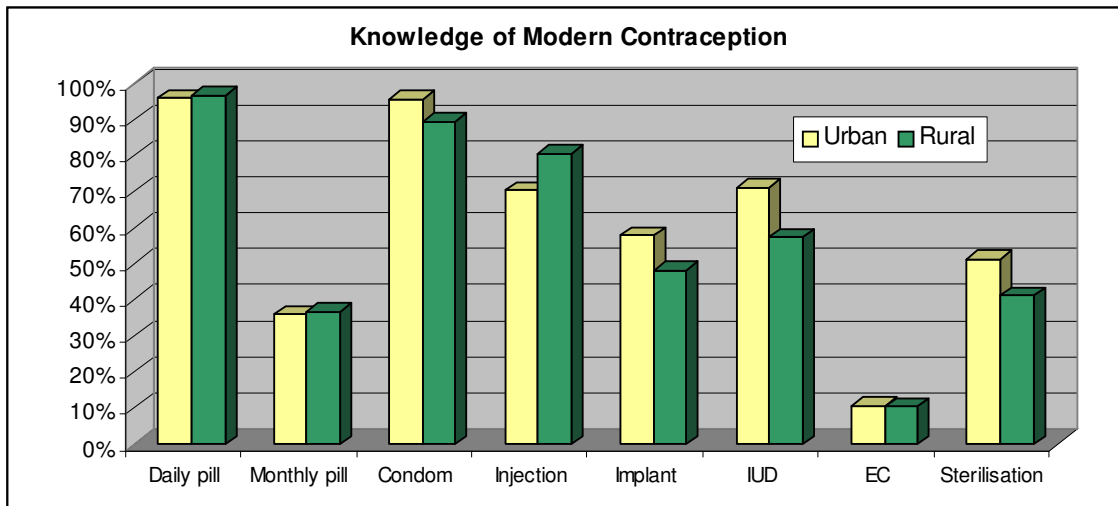
Overall, young people in the RHIYA target areas were quite knowledgeable about contraception. The daily pill was the most widely reported method of contraception in the baseline survey. 80.9 percent of respondents mentioned this method spontaneously. Knowledge of the daily pill and the condom were the highest at 96.5 percent and 90.9 percent of all respondents respectively. Knowledge of the injection was also high at 78.0 percent of the sample. Very few young people reported that they had heard of emergency contraception (EC) or the Lactic Amenorrhoea Method (LAM). On average respondents knew 5.7 contraception methods showing that contraceptive knowledge is high among the RHIYA target population. Separating the modern contraceptive methods from traditional shows that young people in the baseline knew an average of 4.2 modern contraceptive methods.

For the comparison of knowledge by sex and by location, spontaneous and prompted knowledge were combined into one score for knowledge. The following graph shows knowledge of modern contraceptive methods for young men and young women across the sample.



Young men reported slightly higher knowledge of the daily pill, condom and emergency contraception than young women did. However, young women reported higher knowledge of all other modern contraceptive methods. On average young men knew 4.1 modern methods while young women knew a mean of 4.3 methods.

The following graph shows knowledge of modern contraception methods for urban and rural youth compared.



Comparison of rural and urban youth shows quite similar results. Urban youth were more likely to report condoms as a method of contraception than rural youth were. Urban youth were also more likely to know less popular contraception methods like implants, IUD or sterilisation. However, rural youth were more likely to know about injections than urban youth were. The mean number of modern contraception methods known for the urban sample was 4.4 while for the rural sample it was 4.1 methods.

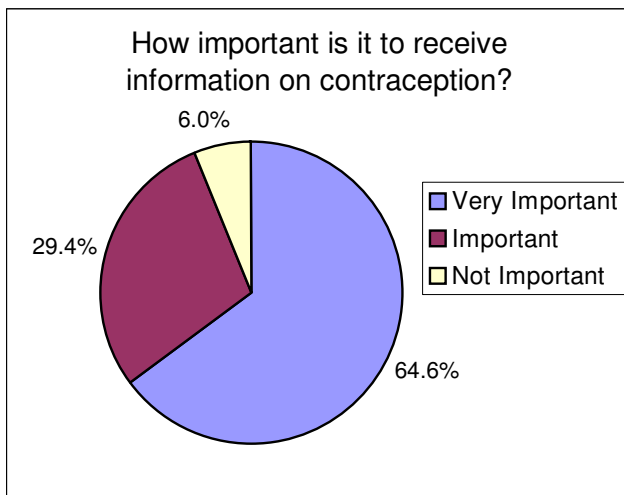
The following shows the percentage of young people who know at least two modern contraceptive methods for each RHIYA partner.

RHIYA Partner	% of young people who know two modern contraception methods	% of young people who don't know two modern methods	Sample size
RHAC	98.1%	1.9%	319
WOMEN - Phnom Penh	97.5%	2.5%	120
WOMEN – Prey Veng	100.0%	0.0%	127
CLA	96.9%	3.1%	131
ACCY	91.5%	8.5%	130
LYCSO	89.8%	10.2%	127
OEB	98.7%	1.3%	308
WDA	99.0%	1.0%	104
CCWPD	99.1%	0.9%	106
IDA	96.2%	3.8%	106
CCASVA	99.1%	0.9%	112
CPR	100.0%	0.0%	111
Mith Samlanh/Friends	96.0%	4.0%	124
CARE	100.0%	0.0%	150
<i>RHIYA Total</i>	97.4%	2.6%	2075

Overall, knowledge of modern contraception was very high among young people in all RHIYA target areas.

Attitude to Birth Spacing Information

All respondents were asked how important it was for a young person to receive information about ways to avoid pregnancy. There was one missing case, which was excluded from the analysis. The following graph shows the results.

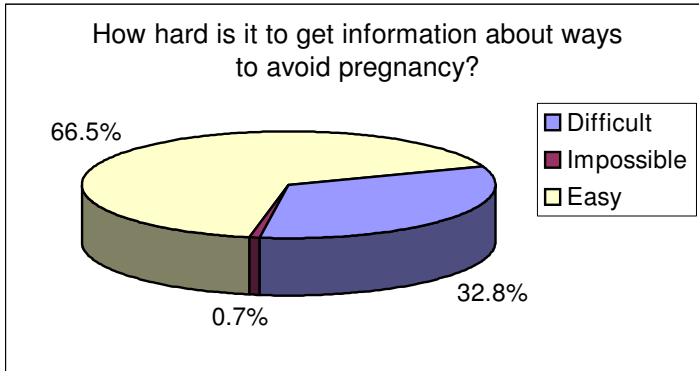


Almost sixty-five percent of young people surveyed said that it was very important to receive information on ways of avoiding pregnancy. Only six percent believed that it was not important.

Comparison by sex shows only small differences. Young men were more likely to say that it was not important to receive information about preventing pregnancy (7.8%) than young women were (3.8%). There were no significant differences between urban and rural youth.

Access to Contraception Information

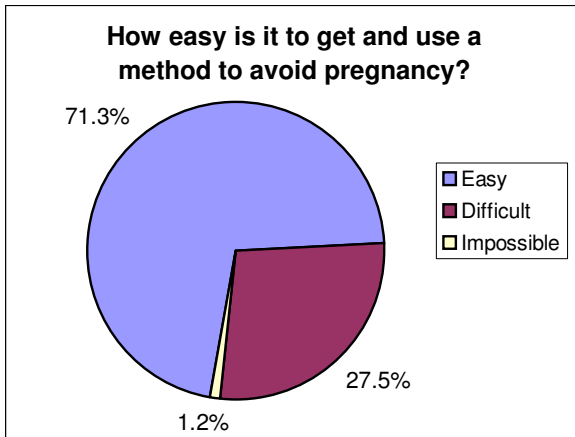
All young people were asked, if they believed it was easy, difficult or impossible to get information about ways to avoid pregnancy. There were seven missing responses, which have been excluded. The graph below shows the results for the whole sample.



Around two thirds of respondents reported that it was easy to get information on ways to avoid pregnancy. However, about one third of respondents reported that it was difficult or impossible to get information on ways to avoid pregnancy. Comparison by sex showed that young men were likely to report that it was difficult or impossible to get information about avoiding pregnancy (37.8%) than young women were (28.5%). Urban and rural comparison showed no significant differences.

Access and Use Contraception

Young people were asked if it was easy, difficult or impossible for young people to get and use a birth spacing method. All young people answered the question. The following graph shows the responses.

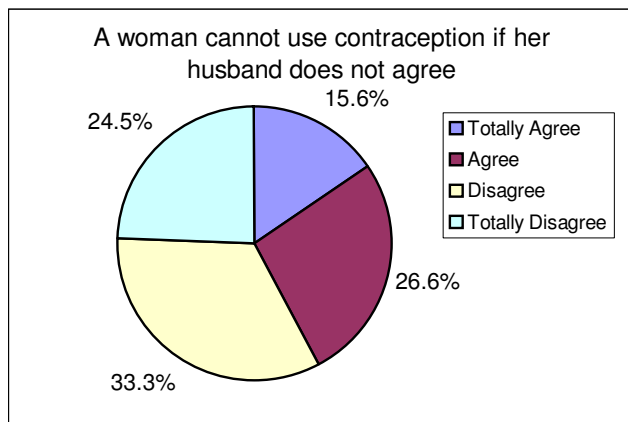


Most young people believed it was easy to get and use a method of contraception. Only 28.7 percent reported that it was difficult or impossible to access and use contraception. It is interesting that slightly more young people reported it was easy to get and use contraception than reported it was easy to get information about contraception. This is possibly related to the large number of outlets that sell contraceptives. Thanks to aggressive social marketing campaigns, condoms and the daily pill are widely available at retail outlets ranging from small village drug sellers to government hospitals around the country. Information about contraception by comparison, is available from relatively few sources.

Comparison by sex showed no differences between young men and young women on this question. Comparison of urban and rural youth showed a slightly higher proportion of urban youth felt it was easy to get and use contraception (74.6%) than rural young people (70.3%).

Attitudes to Gender and Contraception

Young people were asked to state their opinion about the following statement: “A woman cannot use contraception if her husband does not agree.” The following graph shows the results.

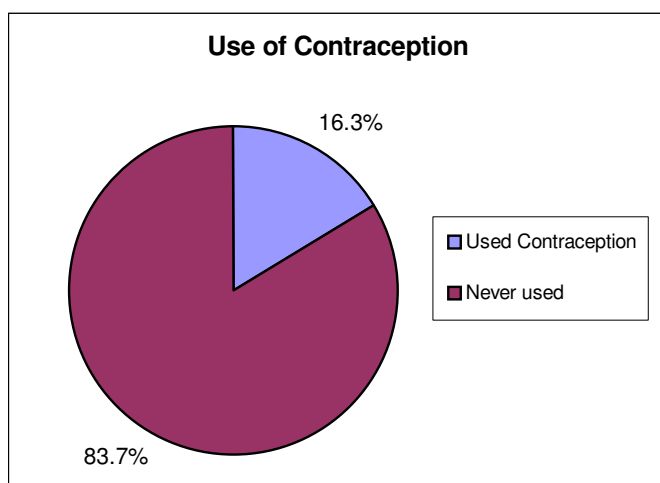


Most young people reported that they disagreed with the statement (57.8%). However, many young people interviewed (42.2%) believed that a woman could not use contraception if her husband did not agree. Comparison of young men and young women on this question showed little difference. Young women were slightly more likely to strongly disagree (29.1%) than young men (20.5%).

Comparison of rural and urban youth was similar to the comparison by sex. Rural youth were slightly more likely to strongly disagree (26.2%) than urban youth (18.8%).

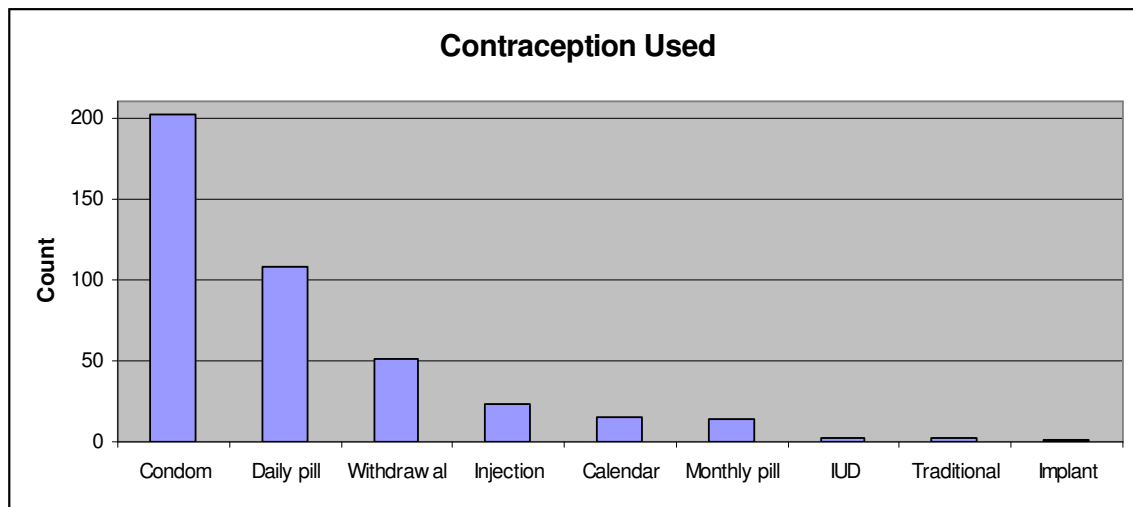
Use of Contraception

Young people were asked if they had ever used any method of contraception. The following graph shows the results for the whole sample.



Only 16.3 percent of young people interviewed said that they had ever used any method of contraception. This was lower than the percentage of young people who had ever been married (18.3%) or the percentage who were sexually active (30.8%). Men were more likely to report having used a method of contraception (21.0%) than young women were (11.0%). Urban youth were also much more likely to report having used contraception (33.2%) than rural youth (11.0%).

Those young people who had used contraception (n=339) were asked what contraception methods they had used. Young men were asked which method they or their partner had used. The following graph shows the results. Multiple answers were possible for this question.



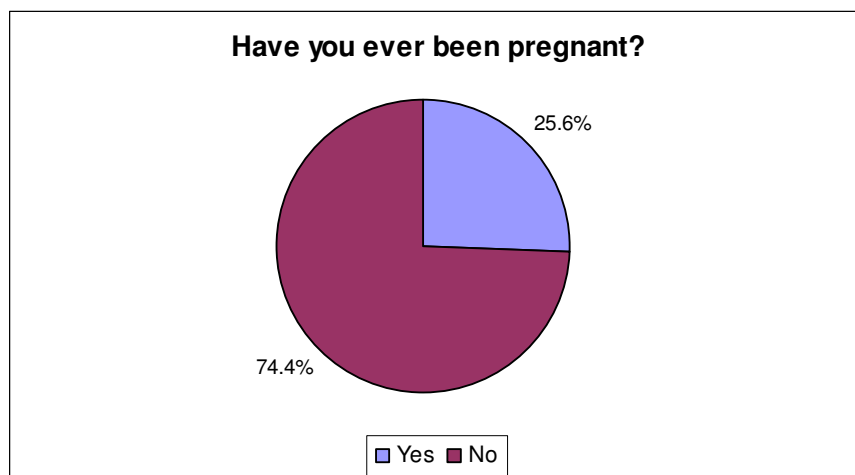
Condoms were the most frequently reported contraceptive, followed by the daily pill and the withdrawal method. A small number of young people reported using the injection, the calendar method or the monthly pill.

Pregnancy

Ever been pregnant

All young female participants aged 15 and over were asked about pregnancy. Some of the questions in this section were particularly sensitive and female interviewers were provided with specific training and instructions for administering this section of the survey. Despite this, there are a few missing cases in this section.

The initial sample size for this section is 854. The young women were first asked if they had ever been pregnant, the following graph shows the results.



Overall, a quarter of the young women aged 15-24 reported that they had been pregnant. The following table shows the percentage of young women who have been pregnant by age group.

Age Group	Number in Sample	Percentage ever pregnant
10-14 years	109	Not asked
15-19 years	510	7.8%
20-24 years	344	52.0%

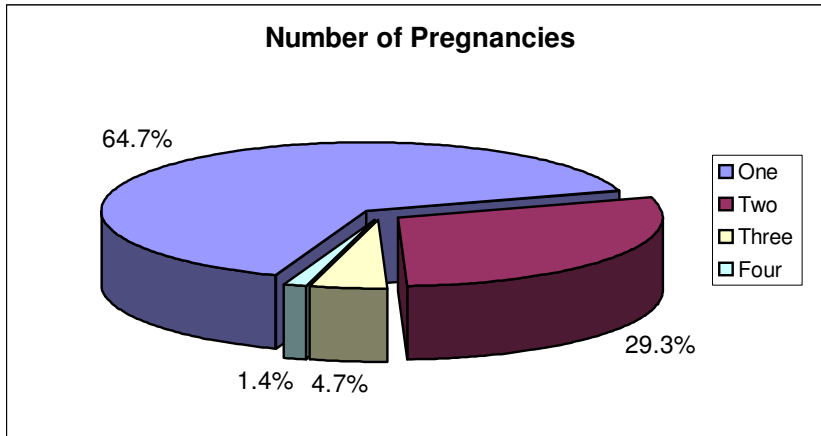
The following table compares those who have ever been pregnant across the urban and rural locations.

	Urban		Rural	
	Freq.	%	Freq.	%
Pregnant	47	30.9%	172	24.5%
Never Pregnant	105	69.1%	530	75.5%
Total	152	100.0%	702	100.0%

While the urban sample of women is relatively small, a slightly higher proportion of urban young women reported pregnancies than rural young women.

Number of Pregnancies

Two hundred and nineteen young women reported that they had been pregnant and were asked the remaining questions in this section. Unfortunately, perhaps due to the sensitive nature of the topic, there are four missing cases. These have been excluded from analysis. The following graph shows the number of pregnancies reported by these young women (n=215).



Most young women had experienced only one pregnancy, although 35.3 percent reported two or more pregnancies. This is equivalent to a mean 1.43 pregnancies for each of the 215 young women.

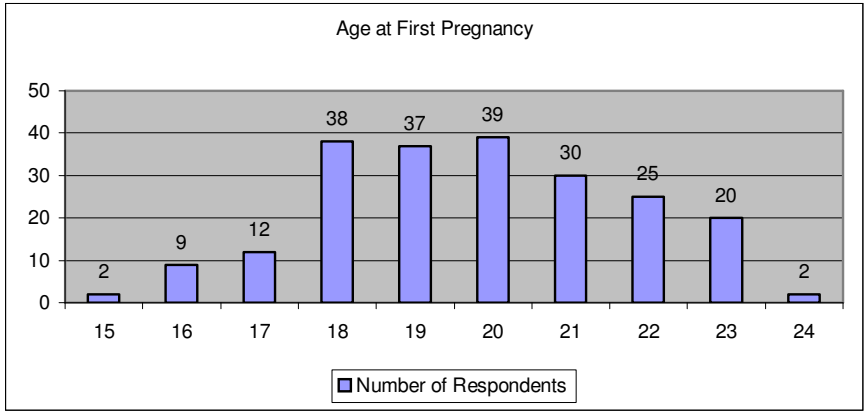
The following table shows the urban and rural breakdowns for number of pregnancies.

Number of pregnancies	Urban		Rural	
	Freq.	%	Freq.	%
One	25	53.2%	114	67.9%
Two	15	31.9%	48	28.6%
Three	5	10.6%	5	3.0%
Four	2	4.3%	1	0.6%
Total	47	100.0%	168	100.0%
Mean # of pregnancies	1.7		1.4	

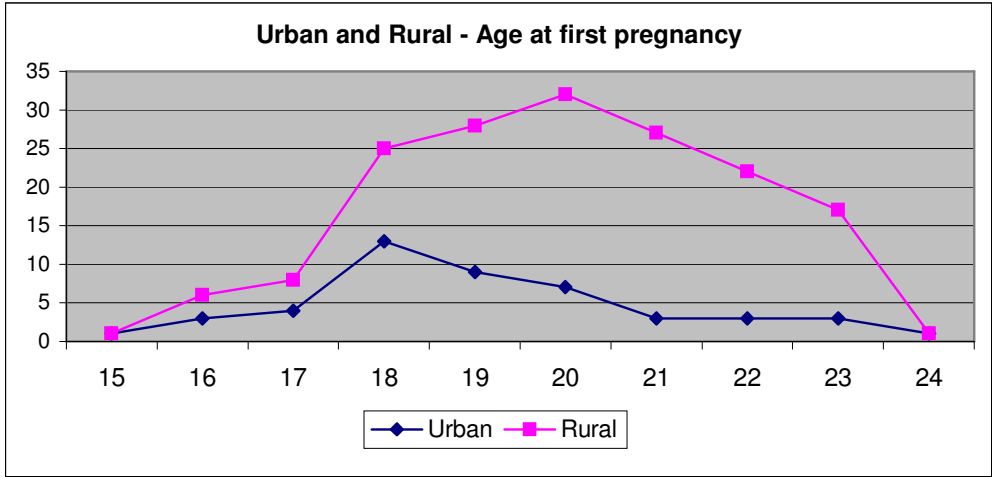
Multiple pregnancies were more common among urban young women (46.8%) than rural young women (32.1%).

Age at first pregnancy

All young women who had ever been pregnant were asked how old they were when they first became pregnant. There are five missing cases, which have been excluded from the analysis (n=214). The following graph illustrates age at first pregnancy. The average age at first pregnancy was 19.8 years.

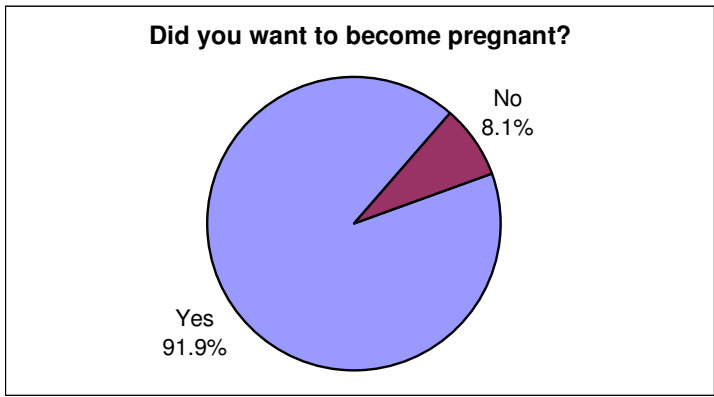


Overall, 45.8 percent of first pregnancies reported in the sample occurred between the ages of 15-19 years. Therefore, 54.2 percent of first pregnancies reported occurred between the ages of 20-24 years. Comparison of the age at first pregnancy between urban and rural young women is shown in the following graph.



The mean age at first pregnancy is almost a year younger for the urban young women (19.10 years) compared to the rural young women (19.97 years).

All those young women who reported that they had been pregnant were asked if they wanted to become pregnant the first time. For this question, there are eight missing cases, which have been excluded (n=211).



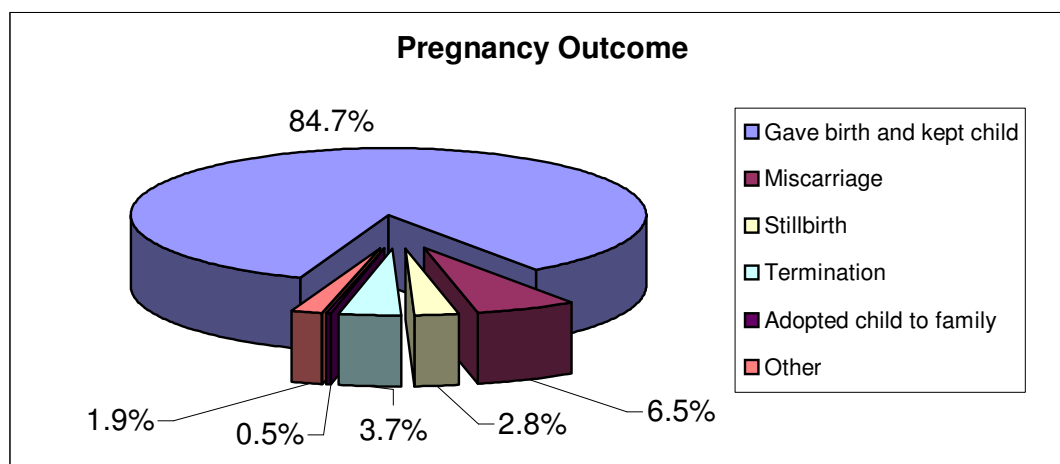
Most young women reported that they wanted their first pregnancy. Young women from rural areas were slightly more likely to report that they wanted to become pregnant the first time. The following table shows the comparison.

	Urban		Rural	
	Freq.	%	Freq.	%
Wanted pregnancy	39	86.7%	155	93.4%
Didn't want pregnancy	6	13.3%	11	6.6%
Total	45	100.0%	166	100.0%

Pregnancy Outcome

To gather information about the results of the first pregnancy, researchers took great care in the phrasing of the question and in the training of the female interviewers. The question in Khmer was designed without using the word pregnancy or the word outcome. Directly translated the question was: How did you feel? It was agreed, after much consultation, that this would be the way that Khmer women would ask each other about pregnancy outcome at this stage in discussing pregnancy. *How did you feel?* was used to lead the young participants into a discussion about the first pregnancy and allow the interviewers to identify the right time and manner to ask more directly about the outcome. The question was field-tested, was successful in obtaining the information and so was used. Female interviewers were trained to slow the interview down at this point and give respondents some time to feel comfortable. This reminder was also printed on the questionnaire. There were four missing responses for this question (n=215).

The following graph shows the outcome of the respondents' first pregnancies.



Overall, 84.7 percent of first pregnancies reported by the young women in our sample resulted in a live birth where the mother kept the child. However, 9.3 percent of first pregnancies reported ended in a miscarriage or stillbirth and 3.7 percent of first pregnancies reported were aborted.

The following table shows the breakdown for urban and rural comparison.

	Urban		Rural	
	Freq.	%	Freq.	%
Gave birth and kept child	33	70.2%	149	88.7%
Miscarriage	6	12.8%	8	4.8%
Stillbirth	0	0.0%	6	3.6%
Termination	7	14.9%	1	0.6%
Adopted to family	0	0.0%	1	0.6%
Other	1	2.1%	3	1.8%
Total	47	100.0%	168	100.0%

While the sample size is quite small, some significant differences in the outcomes of the pregnancies of the young urban and rural women can be noted. The reported miscarriage rate in the urban areas (12.8%) is much greater than that in the rural areas (4.8%). None of the urban young women reported that their first pregnancy ended in stillbirth. However, 14.9 percent reported that they had terminated their first pregnancy.

The following graph and table shows the outcomes of the pregnancies when they are considered for the two age groupings.

Pregnancy Outcome	Age at First Pregnancy			
	15-19 yr.		20-24 yr.	
	Freq.	%	Freq.	%
Gave birth and kept child	27	71.0%	155	87.6%
Miscarriage	4	10.5%	10	5.6%
Stillbirth	1	2.6%	5	2.8%
Termination	3	7.9%	5	2.8%
Adopted to family	0	0.0%	1	0.5%
Other	3	7.9%	1	0.5%
Total	38	100.0%	177	100.0%

Approximately one fifth (21%) of pregnancies reported in the 15 to 19 year age group resulted in miscarriage, stillbirth or termination compared to 11.2 percent of pregnancies for the 20-24 year olds.

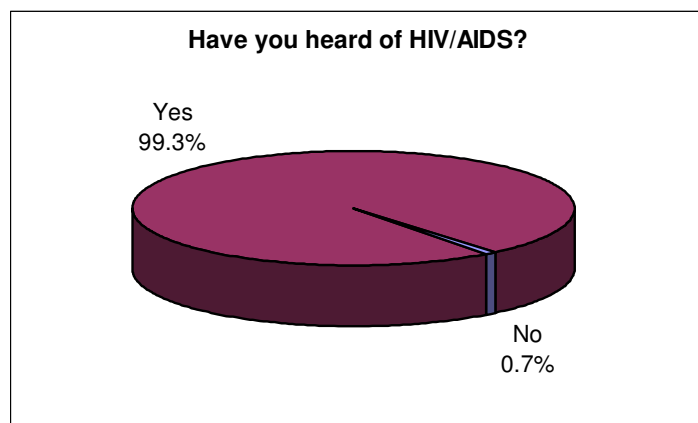
When these results are considered across the overall female sample, we see that 0.6 percent of all 510 young women aged 15-19 interviewed reported an abortion. Across the whole sample 1.5 percent of all 344 young women aged 20-24 interviewed reported an abortion – this is similar to the rates found in the Demographic Health Survey (DHS) for 20-24 year old women, which was 1.6 percent.⁴

⁴ Cambodia Demographic Health Survey, 2001

HIV/AIDS Awareness and Knowledge

Knowledge of HIV/AIDS

All young people were asked if they had heard of HIV/AIDS. There were no missing responses.



As the graph illustrates almost all participants had heard of HIV. Only fifteen respondents reported that they had not heard of HIV. Eleven of the respondents who had not heard of HIV/AIDS were female and four were male. Those who had not heard of HIV/AIDS were not asked the remaining questions in the section.

Knowledge of means of transmission

All the young people who had heard of HIV/AIDS (n=2060) were asked about methods of HIV transmission. There were many possible responses to this question. Respondents gave spontaneous answers and multiple answers were common.

Transmission Method	Number	Percentage
Unprotected sex	1898	92.1%
Kissing	30	1.5%
Sharing food, clothes, living together	50	2.4%
Sharing sharp instruments	1325	64.3%
Contact with infected fluids	933	45.3%
Blood transfusion	583	28.3%
Mother to child	441	21.4%
Mosquito bite, sharing bed	132	6.4%
Speaking to PLWHA	22	1.1%
Don't know	26	1.3%

As the table shows, most respondents identified some common means of HIV transmission including unprotected sex, sharing sharp instruments or contact with infected fluids. Around one fifth (21.4%) of respondent mentioned mother to child transmission. Only twenty-six respondents (1.3%) reported that they did not know how HIV could be transmitted. A small number of respondents reported some incorrect methods of HIV transmission like kissing or speaking to a Person Living With HIV/AIDS (PLWHA). On average each respondent could identify 2.51 correct methods of HIV transmission. This shows that knowledge of HIV transmission methods is quite high among the RHIYA target population.

Comparison by sex shows similar answers for young men and young women. Young men were slightly more likely to be aware of mother to child transmission. Young men were also more likely to say that sharing food, clothes or living together were potential transmission methods. Young women identified mosquito bites or sharing a bed more often than young men did.

The average number of correct HIV transmission methods broken down by sex shows that young men reported an average of 2.63 correct HIV transmission methods and young women could identify 2.38 methods. There is a significant difference between the mean number of correct HIV transmission methods known by male and female respondents ($p < 0.001$).

The following table shows the average number of correct HIV transmission methods known for each of the RHIYA partner NGOs.

RHIYA Partner	Mean number of correct HIV transmission methods known	Sample size
RHAC	2.40	319
WOMEN - Phnom Penh	2.37	120
WOMEN – Prey Veng	2.84	127
CLA	2.25	131
ACCY	2.44	130
LYCSO	1.98	127
OEB	2.62	308
WDA	2.26	104
CCWPD	2.46	106
IDA	2.36	106
CCASVA	2.79	112
CPR	2.74	111
Mith Samlanh/Friends	2.46	124
CARE	3.09	150
<i>RHIYA Total</i>	<i>2.51</i>	<i>2075</i>

There were significant differences in knowledge of HIV transmission between young people in different RHIYA target areas. Young men in the CARE target group could identify more than three correct transmission methods, while young people in the target villages of LYCSO in Kratie identified just under two HIV transmission methods on average.

Knowledge of HIV Prevention

All respondents who were aware of HIV/AIDS (n=2060) were asked to share all the means of preventing transmission which they knew. Respondents were able to give multiple answers and again there was a wide range of responses.

Means of Prevention	Number	Percentage
Abstain from sex	341	16.6%
Be faithful to one partner	290	14.1%
Always use a condom	1773	86.1%
Don't share sharp instruments	564	27.4%
Have blood test before marriage	112	5.4%
Avoid sex with PLWA	16	0.8%
Avoid any contact with PLWA	90	4.4%
Avoid contact with infected fluids	119	5.8%
Prevent MTCT	16	0.8%
Don't share utensils or eat or drink with PLWA	33	1.6%
Don't have sex with sex workers	11	0.5%
Don't know	70	3.4%

86.1 percent of young people identified consistent condom use as a means of preventing HIV transmission. These results probably reflect the many HIV prevention and awareness campaigns in Cambodia. In addition, Cambodia's HIV/AIDS epidemic has been linked with sex work since its beginning and the socially marketed condom, Number One, has been heavily promoted across the country. A small proportion of the young respondents (3.4%) reported that they did not know any method of preventing HIV transmission.

Source of knowledge

All respondents who were aware of HIV/AIDS were asked from where or whom they had learned about HIV/AIDS. Responses were varied and are outlined in the following table.

Source	Number	Percentage
Radio	1489	72.3%
Cassette Player	23	1.1%
Television	1250	60.7%
Newspaper/Magazine/Book	389	18.9%
Poster/Leaflet	159	7.7%
Health Worker	112	5.4%
Monk	4	0.2%
School/School Teacher	572	27.8%
Community Meeting	126	6.1%
Friends	554	26.9%
Parents/Sibling/Partner	315	15.3%
Peer Educator	119	5.8%
Workplace	21	1.0%
Neighbour	838	40.7%
Learn from PLWHA	111	5.4%
NGO/NGO Staff	116	5.6%

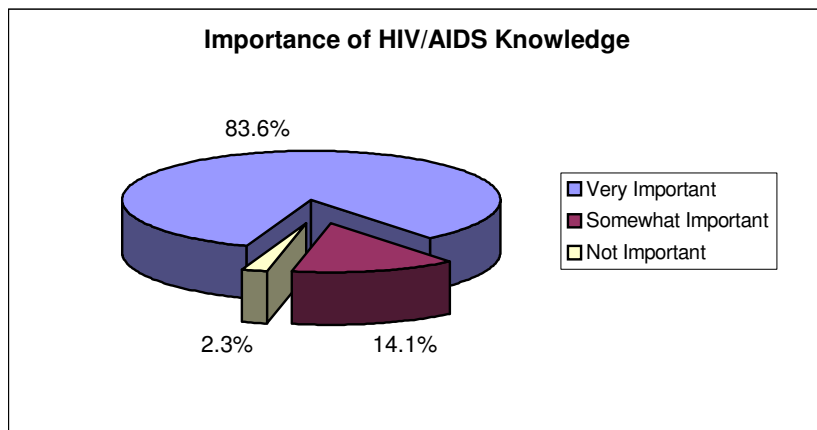
Radio (72.3%) and Television (60.7%) represent the mostly commonly identified sources of information about HIV/AIDS. School and teachers were identified by 27.8 percent of those interviewed. Friends (26.9%), print media (18.9%), spouse or family (15.3%) were also commonly reported. It is interesting to note that a similar number of young people (5.4% to 5.8%) stated they got information from Health Workers, Peer Educators, PLWHA and NGOs.

More young women than men said that they considered family members or their partner as a source of information. Young men were much more likely to state that they learned from

written information. This may reflect the higher levels of literacy and schooling among male respondents. Young men were also more likely to mention health workers or peer educators as a source of information.

Importance of knowledge

All respondents were asked how important it was for a young person to receive information about HIV/AIDS. There was one missing answer, which has been excluded. The following graph shows the results.

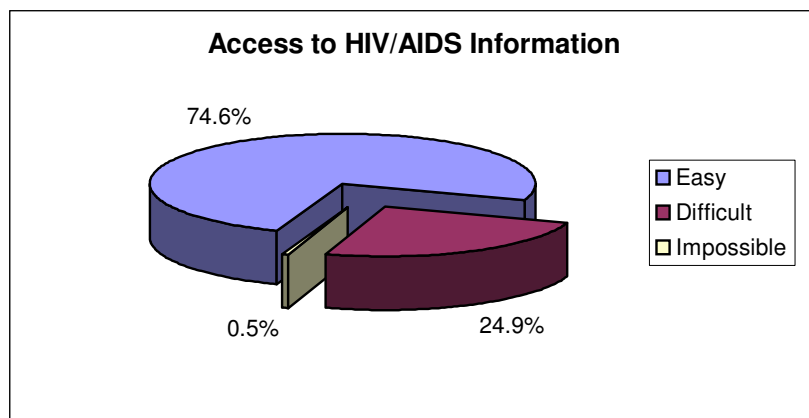


Most respondents (83.6%) reported that HIV/AIDS information was very important to them. Only 2.3 percent stated that HIV/AIDS information was not important. There were no significant differences between young men and young women on this question.

There were slight differences in the responses of young urban and rural participants. Urban youth were slightly more likely to report that HIV/AIDS information was very important than rural youth.

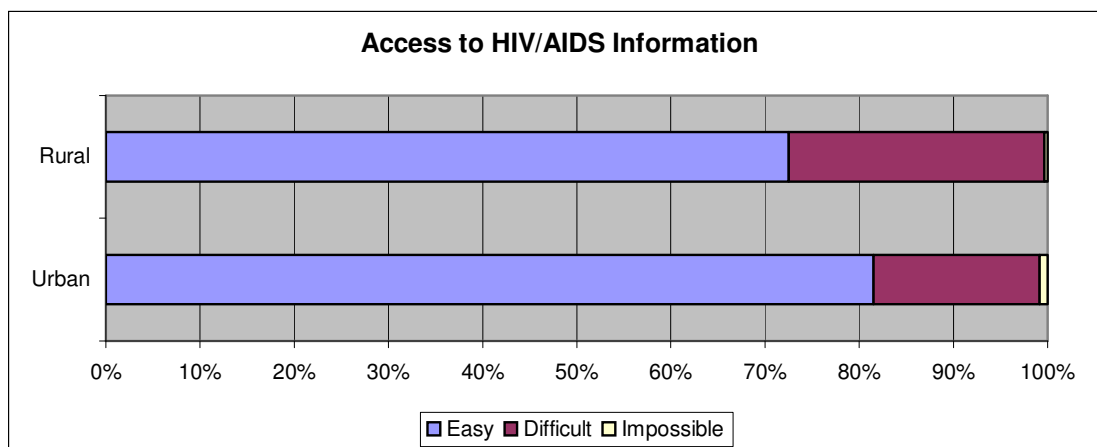
How easy is it to get HIV/AIDS Information?

Young people were asked to rate how easy it was for them to access HIV/AIDS information. Respondents answered easy, difficult or impossible. There was one missing answer, which has been excluded. The following graph shows the responses across the whole sample.



Almost three quarters (74.6%) of the sample stated that it was easy for them to access information; one quarter stated it was difficult and very few said it was impossible to get information about HIV/AIDS. Female participants were slightly more likely to say that it was easy to access HIV/AIDS information.

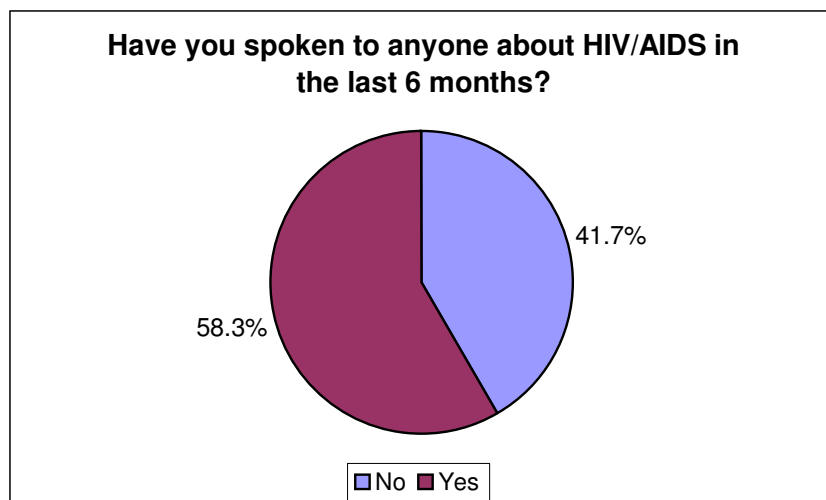
Comparison by location (urban and rural) shows some differences. Those in the urban areas were more likely to report that access to HIV/AIDS information was easy.



Overall, more young people reported that it was easier to get information on HIV/AIDS (74.6%) than on contraception (66.5%). This probably reflects many large-scale HIV/AIDS education campaigns that have been conducted around the country in the last ten years and the resulting high level of public awareness of HIV/AIDS.

Who young people talk to about HIV/AIDS

Young people were asked if they had ever discussed HIV/AIDS with anyone in the last six months and if so, with whom. All respondents answered the question. The following graph shows the results.



Most young people reported that they had discussed HIV/AIDS in the last six months. However, over 40 percent had not. Young men were more likely to report discussing

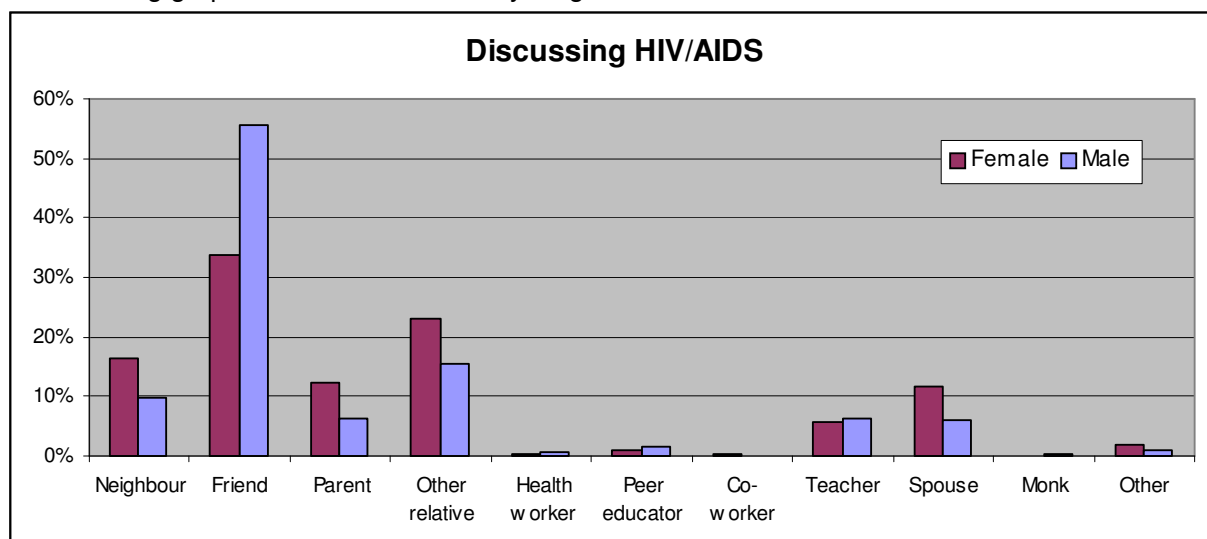
HIV/AIDS in the last six months than young women were. Comparison of urban and rural youth showed no significant differences.

Young people who had discussed HIV/AIDS reported that they discussed HIV with a variety of different people. Multiple responses were possible and all young people answered the question. The following table illustrates the responses.

Who have you discussed HIV/AIDS with?	Frequency	Percentage
Neighbour	264	21.6%
Friend	939	76.8%
Parent	188	15.4%
Other relative	392	32.1%
Health worker	9	0.7%
Peer educator	29	2.4%
Co-worker	3	0.2%
Teacher	123	10.1%
Spouse	175	14.3%
Monk	4	0.3%
Other	28	2.3%

Many young people reported that they had discussed HIV/AIDS with friends. The majority of those who had discussed HIV/AIDS in the last six months had spoken to their friends. However, 47.5 percent of respondents said they had spoken to parents or other family members. Many young people also reported discussing HIV/AIDS with neighbours.

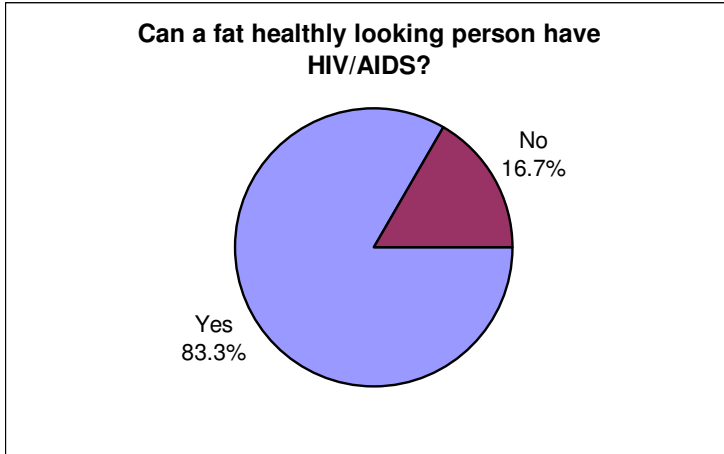
The following graph shows the results for young men and women.



The most popular response from both sexes was friends; however, this graph shows that young men were far more likely to nominate friends as someone they spoke to about HIV/AIDS. Young women were more likely to say they spoke to parents, relatives or their spouse about HIV/AIDS than young men were.

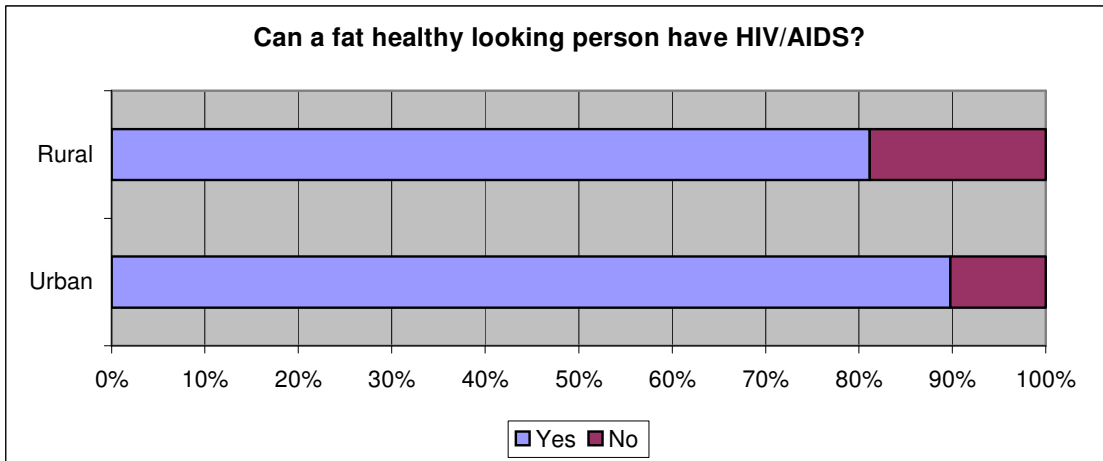
Myths and Misconceptions

To assess the levels of misconceptions about HIV/AIDS by young people a myth known to exist in Cambodia was used. Young people were asked if they believed that a fat and healthy looking person could have HIV/AIDS. Results for the whole sample are presented in the following graph.



Most respondents believed a fat and healthy looking person could have HIV/AIDS. A significant minority however, believed that they could not have HIV/AIDS. Sex comparison showed no significant differences.

When the levels of misconception are considered across the urban and rural population, we see some significant differences. The following graph shows the results.



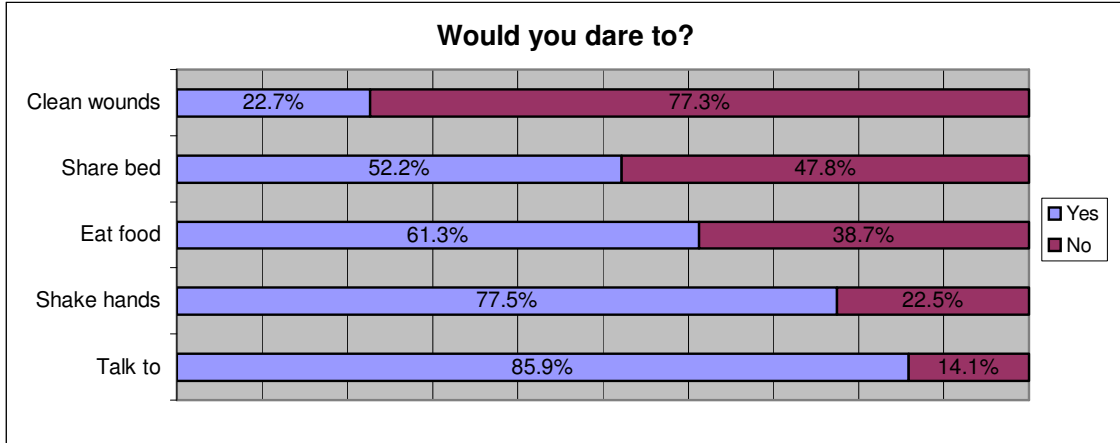
Close to one fifth of rural young people (18.8%) stated that a fat and healthy looking person could not have HIV/AIDS while only 10.2 percent of urban youth believed this to be true.

Fear and Stigma around HIV

Young people were asked a series of questions to measure the levels of fear and stigma around HIV/AIDS. These questions also bring to light some beliefs and ideas about HIV transmission. The word *dare* was included in the questions to assess the levels of fear and therefore their understanding of risk. Participants were asked five questions in order.

1. Would you dare to speak to someone with AIDS?
2. Would you dare to shake hands with someone who has AIDS?
3. Would you dare to eat food made by someone who has AIDS?
4. Would you dare to share a bed with someone who has AIDS?
5. Would you dare to clean the wounds of someone with AIDS?

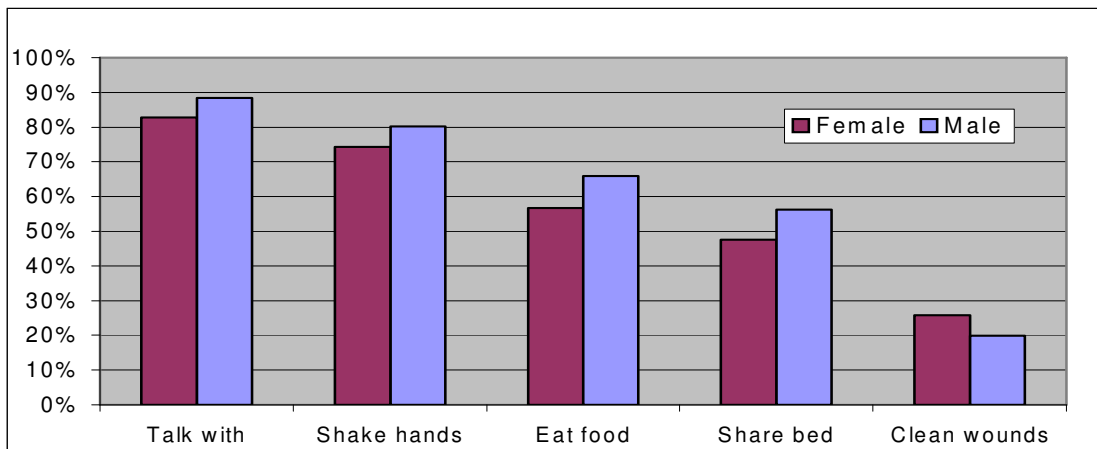
This section of the questionnaire sought to light some interesting information. The following graph and table shows the answers given to these questions across the whole sample.



Respondents who answered no to the activities did so more frequently, as they perceived higher risk. Around 14 percent of the sample stated that they would not dare to speak to a person with AIDS whereas most (77.3%) stated that they would not dare to clean the wounds of a person with HIV. For the activities between these two extremes, respondents progressively responded that they would not dare to undertake the activity.

Significantly, more respondents stated that they would not dare to shake hands with a person with AIDS than those that would not dare to speak to them. An even larger percentage said that they dared not to eat food prepared by someone with AIDS. There was a smaller difference in those that would not eat the food prepared by someone with AIDS and those that would not sleep in the same bed as someone with AIDS. There was a large increase when people were asked about cleaning the wounds of someone with AIDS.

Sex comparison showed some interesting results. The following graph shows the results for young men and young women who answered 'yes' to 'the stigma questions.



Young men were slightly more likely to answer yes to the first four questions than young women were. However, more young women stated that they would clean the wounds of a person with AIDS than young men.

Urban and rural comparisons show some differences, as the following table illustrates.

Would you dare to ...	Urban Yes	Rural Yes
Talk with someone with AIDS?	93.0%	83.6%
Shake hands with someone who has AIDS?	87.4%	74.3%
Eat food cooked by someone with AIDS?	71.3%	58.1%
Sleep in the same bed as someone with AIDS?	61.7%	49.3%
Clean the wounds of someone with AIDS?	27.5%	26.8%

Young people in the urban sample were more likely to answer yes to all of the stigma questions. There is a significant difference between the responses of the urban and rural groups across the first four questions. The final question if the respondent would dare to clean the wounds of someone with AIDS shows a much smaller difference than the previous questions.

Comparison of the results on the stigma questions by NGO partner is shown in the following table.

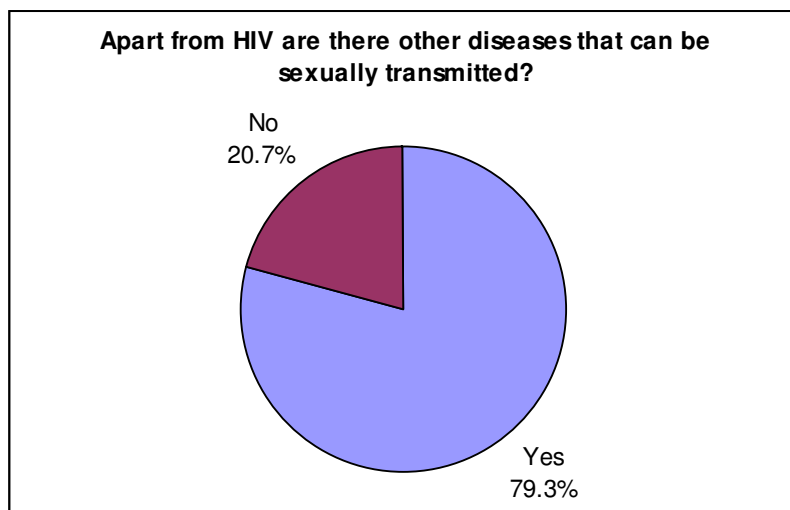
Percentage who answered 'yes' to HIV/AIDS stigma questions					
RHIYA Partner	Talk to	Shake hands	Eat food	Share bed	Clean wounds
RHAC	89.2%	81.0%	60.0%	53.7%	22.2%
WOMEN - PP	96.7%	87.5%	77.5%	58.3%	26.7%
WOMEN – PV	89.8%	80.3%	65.4%	52.8%	18.9%
CLA	67.2%	51.9%	40.5%	30.5%	17.6%
ACCY	80.2%	66.7%	60.3%	43.7%	13.5%
LYCSO	54.9%	50.0%	33.6%	23.8%	10.7%
OEB	90.2%	80.5%	65.1%	52.8%	19.5%
WDA	89.4%	83.7%	62.5%	52.9%	24.0%
CCWPD	89.6%	81.1%	65.1%	63.2%	32.1%
IDA	87.7%	81.1%	61.3%	60.4%	29.2%
CCASVA	91.1%	81.3%	63.4%	64.3%	31.3%
CPR	82.0%	76.6%	63.1%	58.6%	28.8%
Friends	82.9%	75.6%	65.0%	55.3%	24.4%
CARE	99.3%	97.3%	72.0%	62.0%	27.3%
<i>RHIYA Total</i>	<i>85.9%</i>	<i>77.5%</i>	<i>61.3%</i>	<i>52.2%</i>	<i>22.7%</i>

As the table shows, there was considerable variation between different NGO target groups. Young people in the target areas of CCWPD in Kandal, CCASVA in Prey Veng and WOMEN in Phnom Penh, showed comparatively lower fear around HIV/AIDS than other young people in the RHIYA sample. Young people in the target areas of CLA in Prey Veng and LYCSO in Kratie were less likely to answer yes to all the fear and stigma questions than other young people in the sample were. Young men in the CARE sample also answered yes quite frequently. This is probably related to the higher educational level of the CARE sample.

Sexually Transmitted Infections

Awareness of STIs

To assess awareness of sexually transmitted infections (STIs), respondents were asked if they knew of any sexually transmitted infection other than HIV/AIDS. There were no missing responses. The following graph shows the results.



Most respondents were aware of STIs. However, a significant number (20.7%) of respondents said that they did not know any sexually transmitted infections.

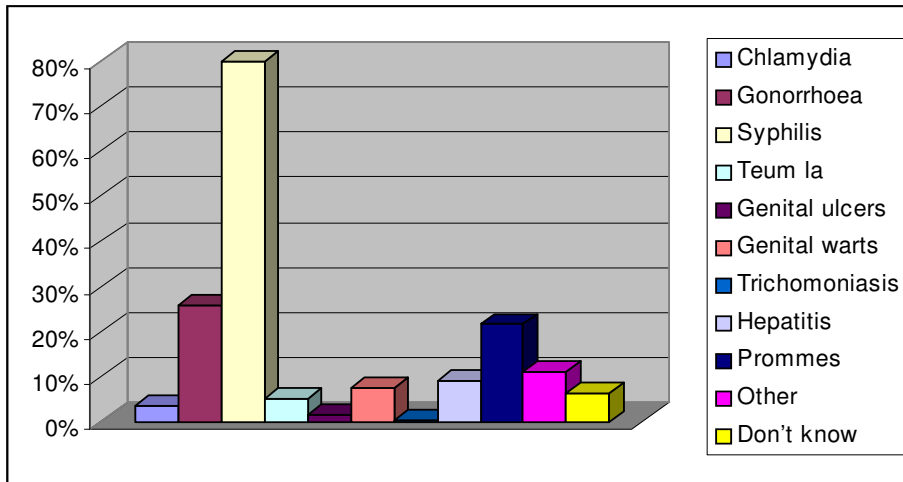
The following table illustrates the differences for young men and young women by location.

Aware of STIs?	Sex			Location		
	Male	Female	Total	Urban	Rural	Total
Yes	86.1%	71.4%	79.3%	84.4%	77.7%	79.3%
No	13.9%	28.6%	20.7%	15.6%	22.3%	20.7%
Total	100%	100%	100%	100%	100%	100%

Young men surveyed were more likely to report being aware of sexually transmitted infections (86%) than young women (71%) were. There is a significant difference between awareness of young men and women ($p < 0.001$).

Stratification of STI awareness by location shows urban young people were more aware about STIs than those in the rural areas were. There is a significant difference between awareness of young people in urban and rural areas ($p < 0.001$).

All 1645 respondents who were aware of STIs were asked to name the STIs that they knew. There were many possible answers, explaining the high proportion of *other* responses. The following graph shows the results.



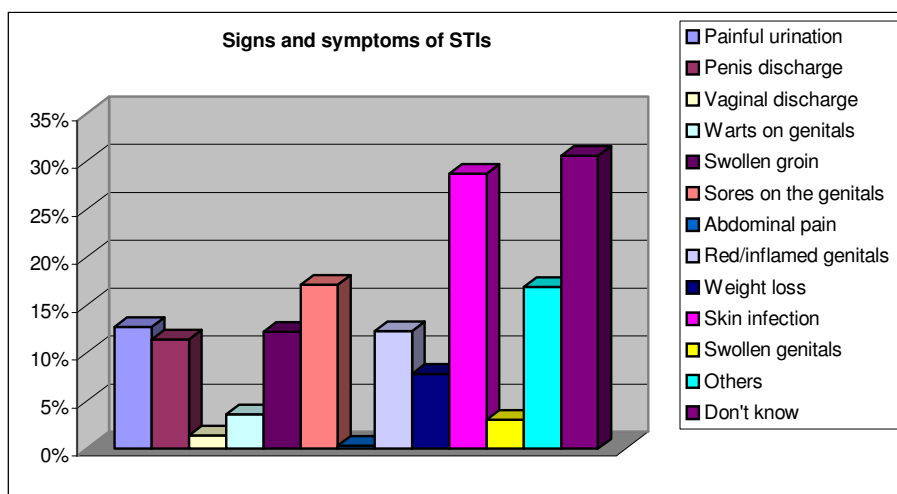
Syphilis was the most commonly reported STI. Gonorrhoea was identified by 25.8 percent of respondents who knew of STIs. Other significant responses include hepatitis (9%), genital warts (7%), *teum la* (5.0%) and chlamydia (3.5%). The knowledge of genital ulcers (1%) and trichomoniasis (0.2%) was the lowest.

Teum la is a Khmer term used to describe two varieties of syphilis. The term *prommes* is a word commonly used in Cambodia to indicate the combination of gonorrhoea and chlamydia. Respondents may not be familiar with the diseases individually, or may not be familiar with the medical terms to describe them. *Prommes* was the third most commonly reported STI identified by the respondents at 21.5 percent.

The answers included in the 'other' category were a variety of illnesses including tuberculosis, genital herb, cancer, typhoid, diabetes, small pox, haemorrhoids, leprosy, asthma and ringworm. These results indicate some confusion among young people between STIs and other common illnesses.

Knowledge of STI Symptoms

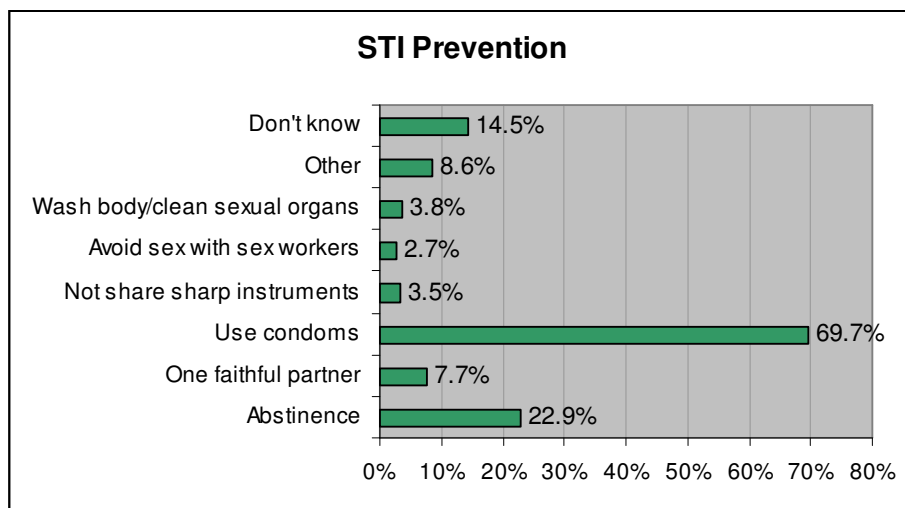
All young people who were aware of STIs were asked about the STI symptoms that they knew. The following graph outlines the responses.



The most common response to this question was 'don't know.' Around a third of the young people who were aware of STIs, could not identify any STI symptoms. This indicates that knowledge of STI symptoms is not high in RHIYA target areas. The most common responses were painful urination, discharge from the penis, swelling of the groin and red and inflamed genitals. Survey participants rarely mentioned some common STI symptoms. These included vaginal discharge, abdominal pain and warts on genitals. Again, there were a variety of other answers including impotence, joint pain/bone pain, boils, cysts, abscesses, fever, cough and blood in urine.

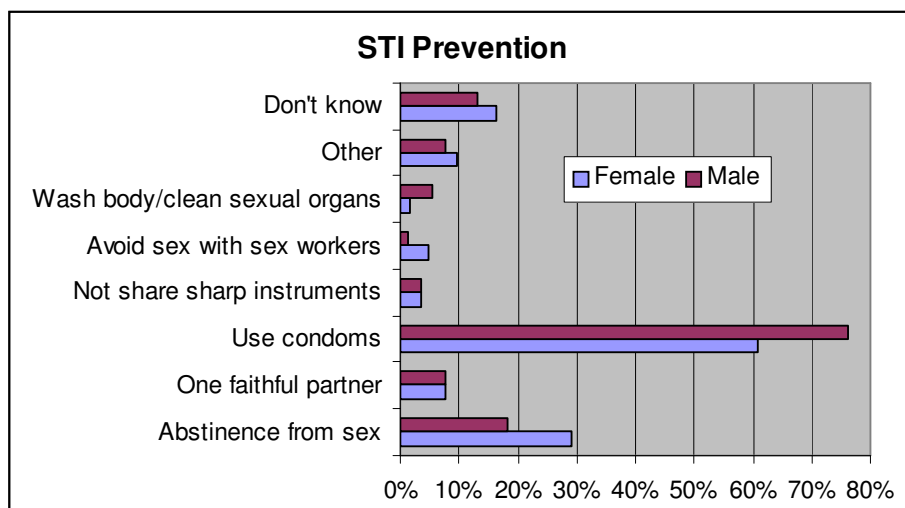
Preventing STIs

Young people were asked how they could prevent STI transmission. The graph below shows the knowledge of young people in this survey.



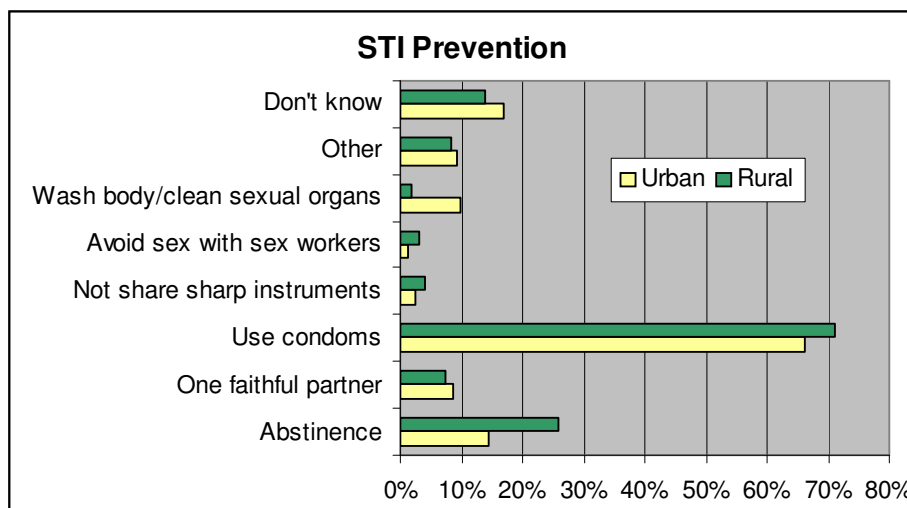
Similar to the HIV questions, young people offered a mixture of correct and incorrect responses. The graph shows that most young people said that condom use was a way to avoid STIs. The second most popular response was abstinence. Overall, young people in the RHIYA target areas gave an average of 1.1 correct methods for avoiding STIs.

The following graph shows the comparison of results by sex.



Young women were more likely to suggest that abstinence or avoiding sex with sex workers than young men were. Young men were more likely to suggest using condoms consistently and washing the body or sexual organs to avoid STIs. Young women were slightly more likely to report not knowing how to prevent STIs (16.4%) than young men were (13.1%). On average, young men reported 1.07 correct methods of STI prevention and young women reported an average of 1.06 correct methods.

The following graph shows the comparison between urban and rural young people.



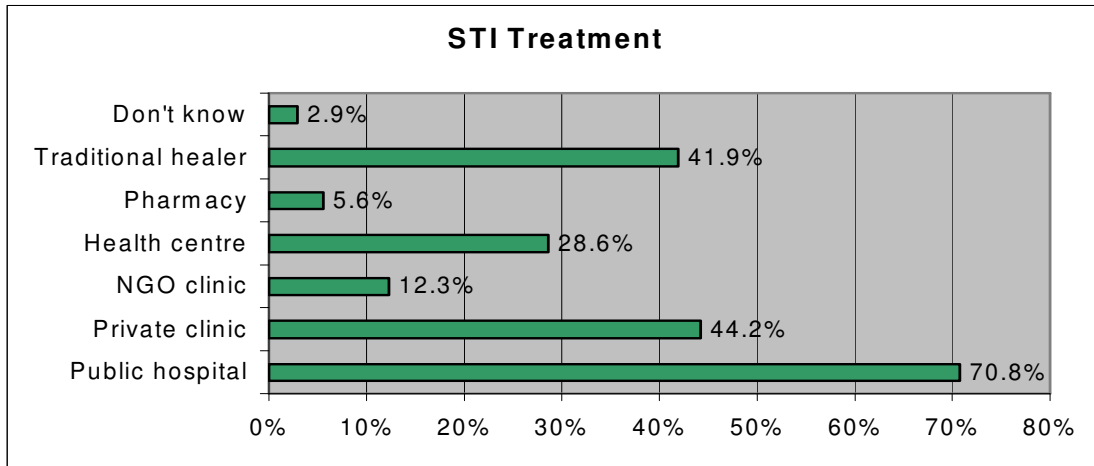
Rural youth were more likely to suggest that using condoms and abstinence could prevent STIs than urban youth were. Young people in urban areas were far more likely to suggest washing the body or cleaning the sexual organs could prevent STI. Surprisingly most of the young people who suggested that washing could prevent STIs (65.9%) were from the CARE sample of educated young men. Urban youth were also slightly more likely to report that they did not know how to prevent STIs.

The following table shows the average number of correct methods for preventing STIs known for each of the RHIYA partner NGOs.

RHIYA Partner	Mean number of correct STI Prevention methods known	Sample size
RHAC	1.12	319
WOMEN - Phnom Penh	0.91	120
WOMEN – Prey Veng	1.39	127
CLA	1.38	131
ACCY	1.08	130
LYCSO	0.74	127
OEB	1.22	308
WDA	0.72	104
CCWPD	0.63	106
IDA	0.68	106
CCASVA	1.44	112
CPR	1.00	111
Mith Samlanh/Friends	0.83	124
CARE	1.03	150
<i>RHIYA Average</i>	<i>1.07</i>	<i>2075</i>

Knowledge of STI Services

All respondents were asked where STIs could be treated. The following graph shows the results for the whole sample. Multiple answers were possible so percentages total more than 100.



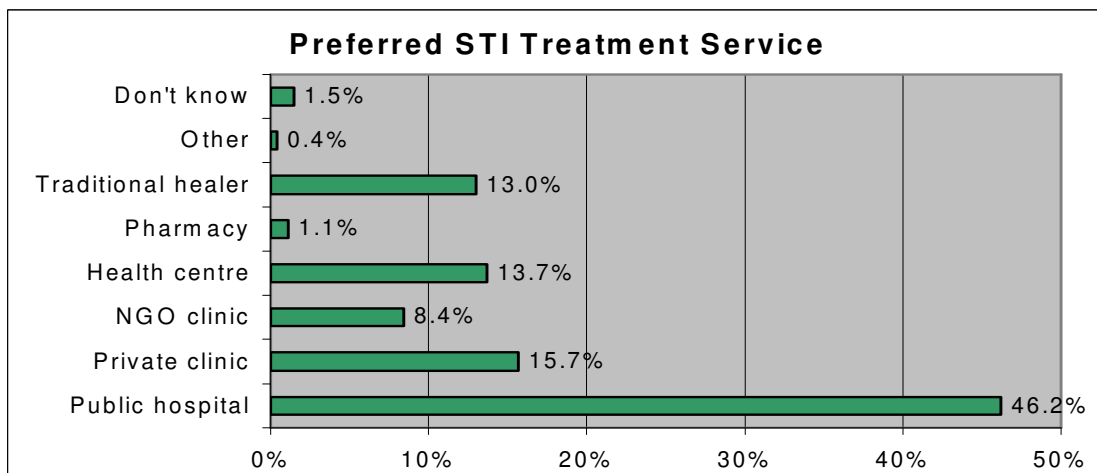
Most young people interviewed suggested that STIs could be treated at government hospitals. A significant number also reported private clinics or traditional healers as sources of treatment for sexually transmitted infections. Very few young people could not identify a source of STI treatment. Overall, knowledge of STI services is high in RHIYA target areas.

Results compared by sex were similar. Young men were more likely to suggest public hospitals for STI treatment than young women were. Young women were more likely to suggest traditional healers than young men.

Urban youth were more likely to suggest private clinics, NGO clinics and pharmacies than rural youth. This probably reflects the greater availability of these services in urban areas. Rural youth were more likely to suggest health centres for STI treatment.

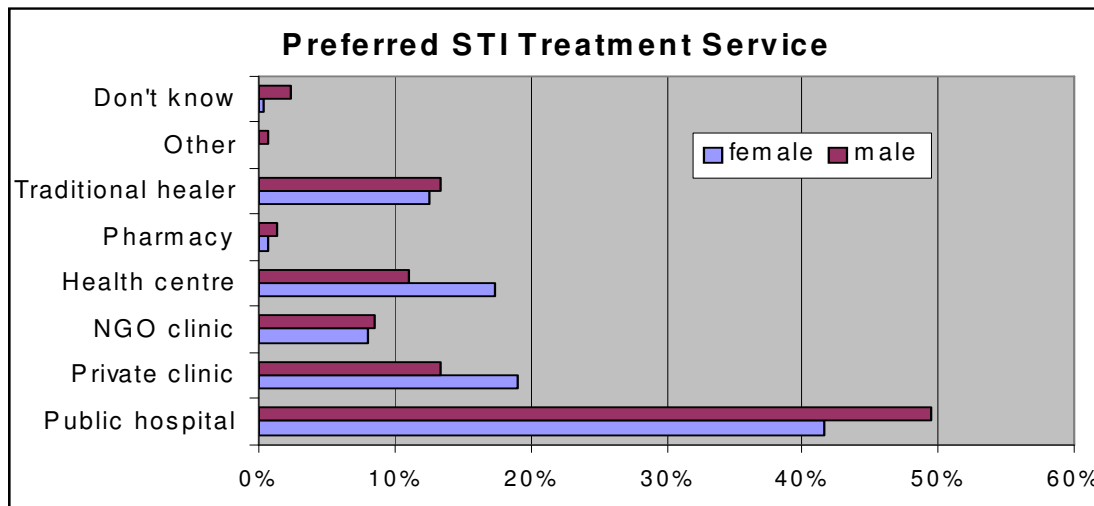
Preference for STI Services

Young people were asked where they would go for STI treatment. The graph below shows the preferred places for STI treatment reported by young people.



Young people reported a variety of places where they would prefer to access STI services. Around half the young people in the sample reported that they would seek STI treatment at a public hospital. A significant proportion of young people also reported that they would go to a private clinic, health centre or traditional healer for STI treatment.

Comparison by sex shows some differences. The following graph shows the results by sex.

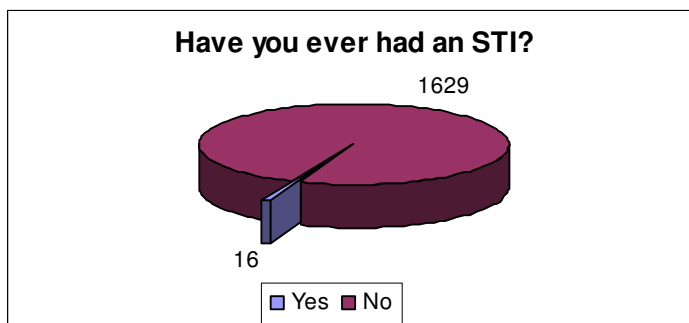


Young women were more likely to nominate private clinics and health centres as their preferred place for STI treatment than young men were. Young men reported public hospitals significantly more often than young women did.

Comparison of urban and rural youth shows small differences and similar patterns to the results for knowledge of STI services. Urban youth were more likely to say they would seek treatment from private clinics, NGO clinics and pharmacies than rural youth. This may reflect the greater availability of these services in urban areas. Rural youth were more likely to say they would seek treatment from health centres and public hospitals.

Personal STI History

Young people were asked if they had ever had an STI. The following graph shows their responses.

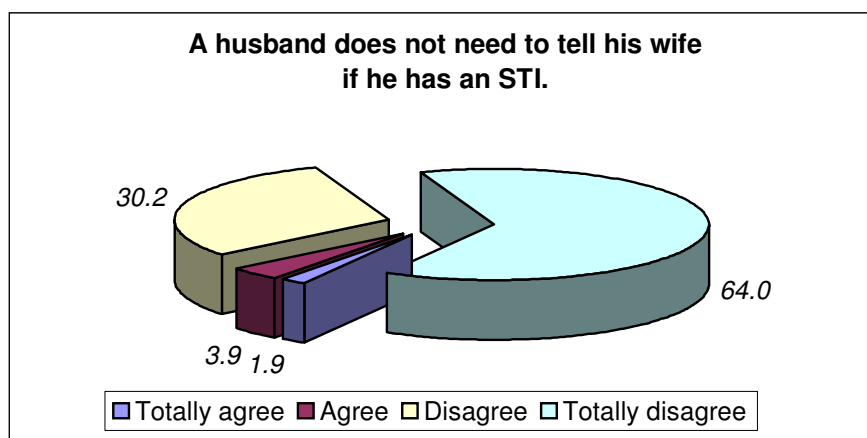


Very few young people surveyed reported having had an STI. Only 16 young people said they had ever had an STI. Fifteen of these young people were male and 11 lived in urban areas.

Young people who reported having an STI were asked where they sought treatment. One respondent chose not to answer (n=15). Most young people who had previously had an STI (10) reported that they had treated the illness themselves using traditional medicine or medicine bought from a drug seller. Three reported that they sought treatment from an NGO clinic and two went to a public hospital for treatment. This is quite different to the results in the previous question about preferred treatment options.

Gender Attitudes and STIs

All respondents were asked their opinion on the following statement: “A husband doesn’t need to tell his wife if he has an STI.” All young people answered the question. The graph below shows the results for the whole sample.



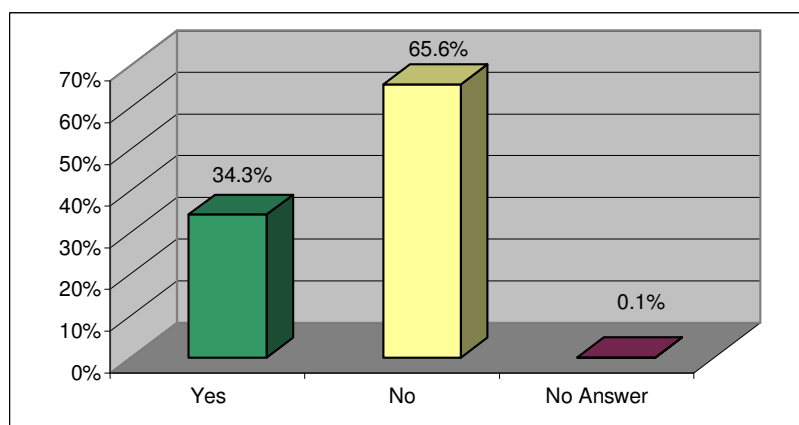
Most of the young people interviewed (94.2%) disagreed with the statement. Only a small number of young people felt that a husband did not need to tell his wife if he had an STI. There were no major differences in the responses of young people by sex or location.

Sexual Behaviour and Condom use

All respondents aged between 15 and 24 years were asked to respond to the sexual behaviour and condom use section of the questionnaire (n=1863). Before beginning with the questions, respondents were asked if they would allow interviewers to ask them about their personal sexual behaviour. Participants were also reminded that they could refuse to answer any question. Ninety-nine percent (1846) of respondents agreed to answer questions related to sexual behaviour, seventeen respondents (0.9%) declined to answer this section.

Respondent's Sexual Experience

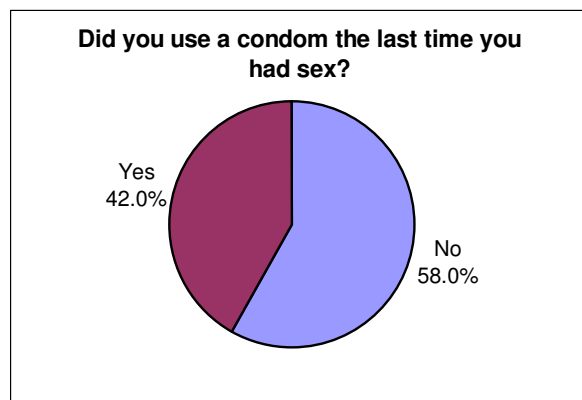
All respondents between 15-24 years were asked if they had ever had sexual intercourse. The following graph shows the results.



Overall around one third of the young people asked, reported that they have had sex. One respondent chose not to answer the question. There were only small differences between young men and young women on this question. Young men were slightly more likely to report having sex (37.2%) than young women (30.3%) were. When the responses are considered across sex and marital status, we see that very few young women state that they have had premarital sex. Only 1.0 percent of unmarried young women (n=6) reported that they have had sex, while 28.5 percent of single men (n=250) reported that they have had sex.

Condom Use

Those who stated that they had previously had sex (n=634) were asked if they used a condom last time they had sex. There was one missing answer. The following graph shows this result.

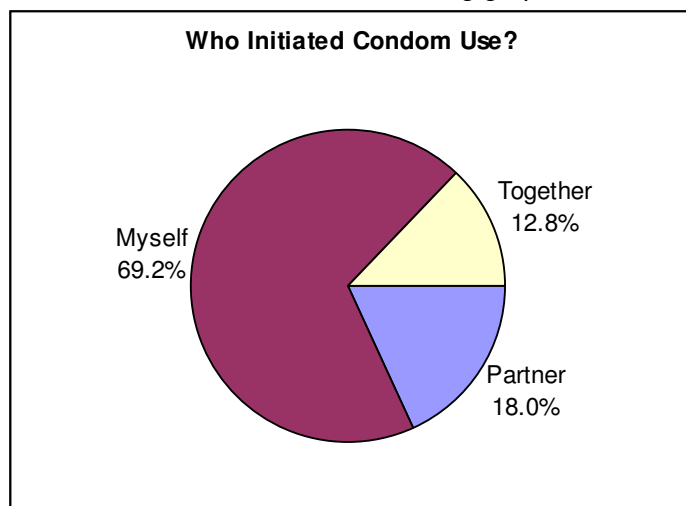


Only forty-two percent of eligible respondents had used a condom last time they had sex. Most respondents (92.1%) who reported using a condom the last time they had sex were male. When we consider condom use across sex and marital status, it can be seen that single men were mostly likely to have used a condom at last sex. There was a significant association between condom use and marital status ($p < 0.001$).

The following table shows condom use by marital status and sex.

Use condom	Female				Male			
	Single	Married	Other	Total	Single	Married	Other	Total
Yes	3 (1.2%)	15 (5.8%)	2 (0.8)	20 (7.7%)	229 (61.4%)	14 (3.8%)	2 (0.5%)	245 (65.7%)
No	3 (1.2%)	227(87.6%)	9 (3.5%)	239 (92.3%)	20 (5.4%)	106 (28.4%)	1 (0.3%)	127 (34%)
Total	6 (2.3%)	242 (93.4%)	11 (4.2%)	259 (100%)	249 (67%)	120 (32.2%)	3 (0.8%)	373 (100%)

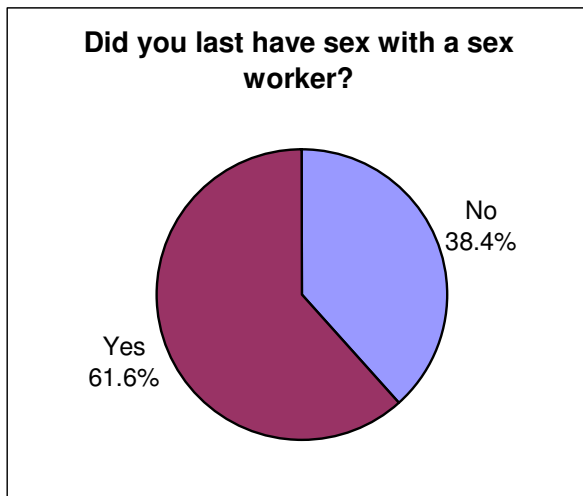
The two hundred and sixty-six respondents who used a condom the last time they had sex were asked who initiated condom use on that occasion. Most respondents stated they initiated condom use themselves. The following graph shows the result.



Young women were more likely to say that their partner had initiated condom use or that the decision had been reached together. Young men were more likely to say that they initiated condom use alone.

Sex with Sex Workers

Young men who used a condom at last sex ($n=245$) were asked if their last sexual partner was a sex worker. There was one missing answer, which has been excluded. The following graph shows the results.

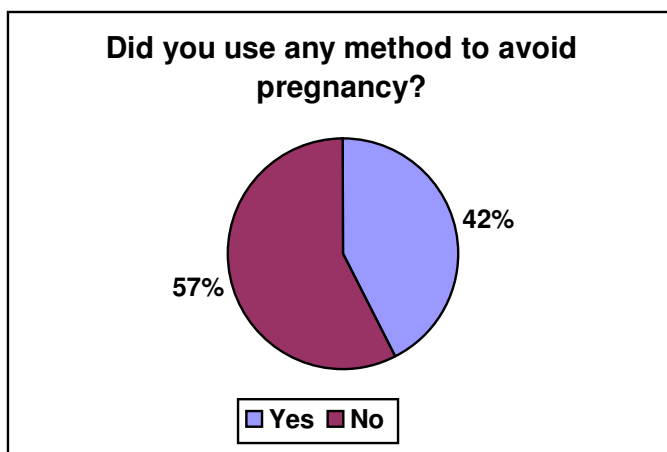


Most young male respondents who used a condom at last sex had their last sex with a sex worker. Most of these young men were single. The following table shows the results.

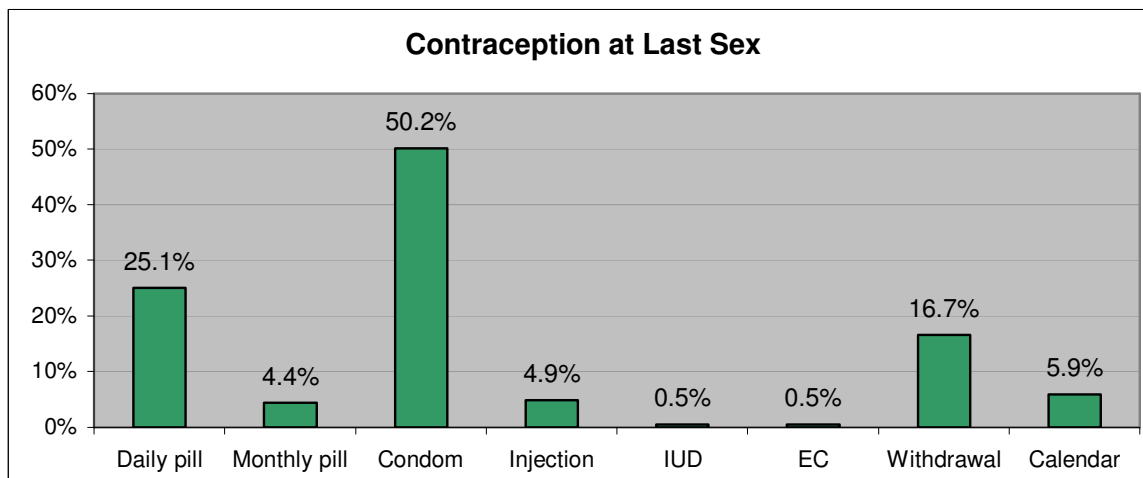
Last sex with sex worker	Single	Married	Other	Total
Yes	147 (60%)	3 (1.2%)	1	151 (61.6%)
No	82 (33.5%)	11 (4.5%)	1	94 (38.4%)
Total	229 (93.5%)	14 (5.7%)	2 (0.8%)	245 (100%)

Contraception at last Sex

All respondents who had ever had sex except where the last partner was a female sex worker were asked if they had used any method to avoid pregnancy (n=483). One hundred and fifty one male respondents stated that their last partner was a female sex worker and were not asked this question. There were six missing answers, which have been excluded. The following graph shows the results.



All respondents who used birth spacing methods the last time they had sex (n=203) were asked to report the methods they used. The results are shown in the following graph.



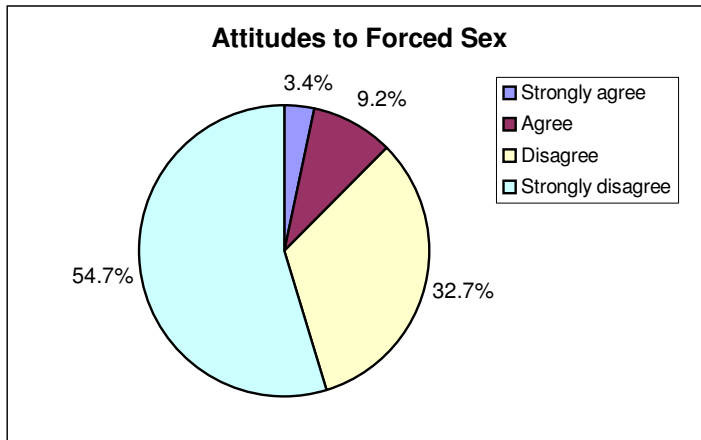
Condoms were the most commonly reported contraception method, followed by the daily pill and withdrawal. A few young people reported other methods. The following table shows the contraception methods used at last intercourse for both sexes.

	Female		Male	
	freq.	%	freq.	%
Daily pill	37	46.8%	14	11.3%
Monthly pill	5	6.3%	4	3.2%
Condom	15	19.0%	87	70.2%
Injection	6	7.6%	4	3.2%
IUD	1	1.3%	0	0.0%
EC	1	1.3%	0	0.0%
Withdrawal	19	24.1%	15	12.1%
Calendar	5	6.3%	7	5.6%

Young women were more likely to report that they used the daily pill, injection or withdrawal method. Young men were far more likely to report using a condom the last time they had sex.

Gender Attitudes

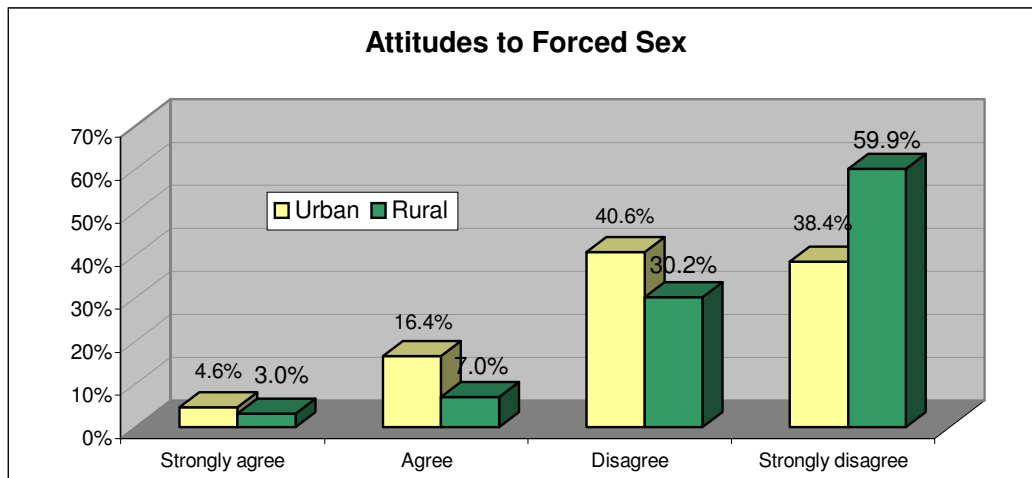
All young people (n=2075) were asked two questions related to gender. The first of these questions asked respondents if they agreed or disagreed with the following statement “Sometimes a man needs to force a woman to have sex if they love each other.” As this question was in the sexual behaviour section of the questionnaire, some respondents did not answer the question. Therefore, there were 12 missing answers to this question, which have been excluded. The following graph shows the responses.



Most young people (87.4%) disagreed with the statement. However, 12.6 percent agreed that sometimes a man needed to force a woman to have sex if they loved each other.

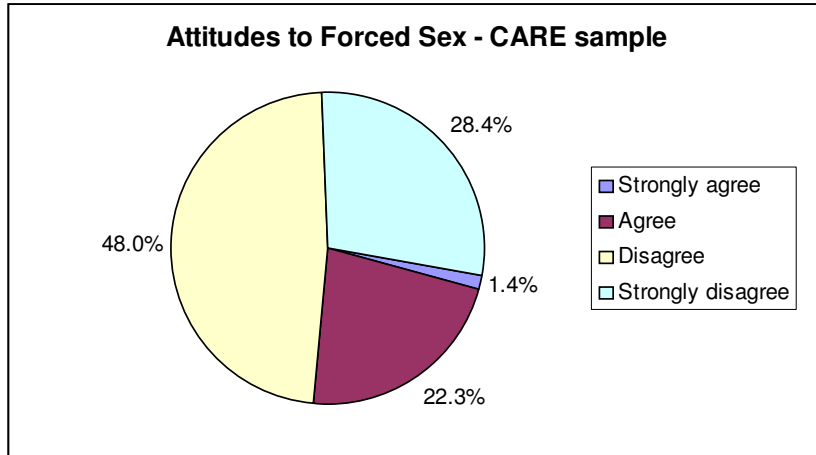
Comparison of young men and women shows that young men were more likely to agree (15.3%) with the statement than young women were (9.5%). Young women were also more likely to strongly disagree with the statement (61.9%) than young men were (48.6%).

There were large differences between rural and urban youth on this question. The following graph shows the results for urban and rural young people.



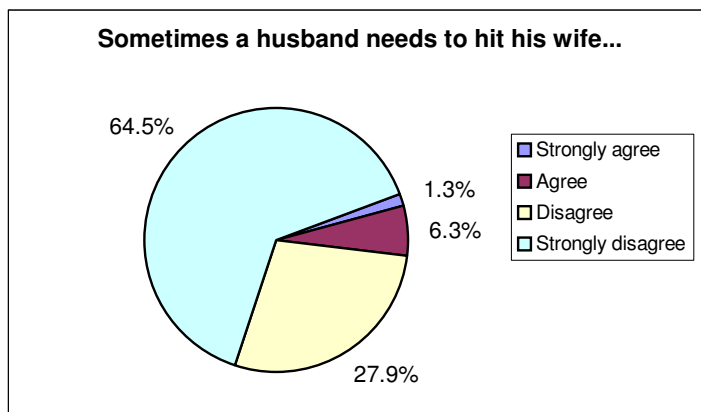
Urban youth in RHIYA target areas were far more likely to agree with the statement (21.0%) than rural youth (10.0%). Rural youth were also more likely to strongly disagree with the statement than urban youth.

The results above for the urban and rural breakdown have been affected by one of the urban samples collected during the baseline. The target population for CARE in Phnom Penh is middle class young men. Based on previous research, young men in this group are believed to hold unusual attitudes towards women and forced sex. Some young men in this target group are also believed to participate in gang rape. The following chart shows the results for the young urban males in the CARE target group.



The results for the CARE sample are similar to the other urban samples. Overall, 23.7 percent of young men in the CARE sample agreed that sometimes a man needs to force a woman to have sex if they love each other. Only 28.4 percent of young men in the CARE sample strongly disagreed with this statement. This was the lowest proportion in the baseline.

All respondents were also asked if they agreed or disagreed with the following statement about domestic violence: “sometimes a husband needs to hit his wife.” The following graph shows the result for the whole sample.



Most respondents strongly disagreed with the statement. Only a few (7.6%) agreed with domestic violence. As expected there were significant differences in responses from young men and young women. Over 11 percent of young men interviewed agreed with domestic violence, however 3 percent of young women also agreed. Comparison of urban and rural young people showed that urban youth were twice as likely to agree with domestic violence (12.4%) as rural youth (6.0%).

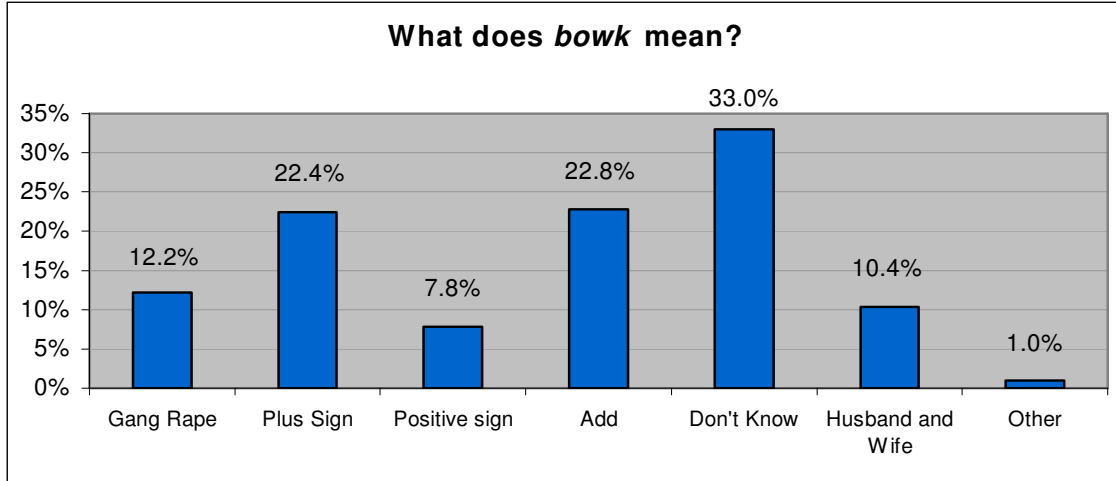
Awareness and Attitudes to Bowk

Awareness of Bowk

Bowk is a Khmer word, which translated directly means to 'add'. However, this word is also used to describe a group of men raping a single woman. One RHIYA partner, CARE is working with urban young men who are believed to participate in gang rape. To assess awareness of this phenomena and possible attitudes to *bowk* three questions were included in the baseline questionnaire.

A variety of different approaches to measuring awareness of *bowk* were considered and some were pre-tested during the design of the baseline questionnaire. Eventually the most neutral method chosen for measuring awareness of *bowk* as gang rape, was to simply ask respondents what they thought the word meant and to allow respondents to give multiple answers.

All young people aged over fifteen (n=1863) were asked what they believed *Bowk* meant. There were three missing answers, which have been excluded. Multiple answers were given so percentages total more than 100. The following graph shows the results.



The most common response to the question was "I don't know". Significant numbers of young people gave answers related to the dictionary meaning of the word - 'add' or 'plus'. 12.2 percent of respondents, said that *bowk* meant gang rape. Interestingly 10.4 percent of young people reported that *bowk* meant husband + wife or boy + girl. A small number of young people gave other answers that included untidy, dirty and others.

Young men were far more likely to report that *bowk* meant gang rape (19.4%) than young women (3.7%). There is a significant association between knowledge of *bowk* as gang rape and sex ($p < 0.001$). Young men were also more likely to report that *bowk* meant husband + wife or boy + girl (12.9%) than young women were (7.5%).

Urban youth in the sample were more likely to say that *bowk* was gang rape (30.0%) than young rural people were (5.7%). There is a significant association between knowledge of *bowk* as gang rape and location ($p < 0.001$).

To gain insight into awareness of *bowk* as gang rape by location, responses were compared for each province sampled in the baseline. The following table shows the percentage of

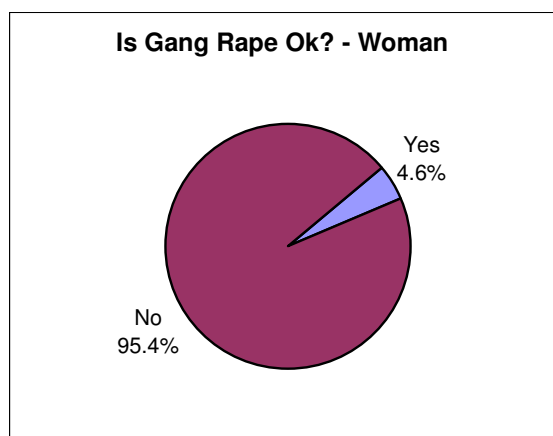
respondents in each province who said that *bowk* meant gang rape. Note that the sample sizes for each province have changed as not all young people were asked the question.

Province	% of sample aware of <i>bowk</i> as gang rape	Sample size
Battambang	4.2%	308
Kampong Cham	0.0%	107
Kampong Chhnang	11.7%	111
Kandal	9.5%	315
Kratie	0.0%	56
Phnom Penh	30.1%	500
Prey Veng	5.1%	295
Takeo	3.6%	168
<i>RHIYA total</i>	<i>12.2%</i>	<i>1863</i>

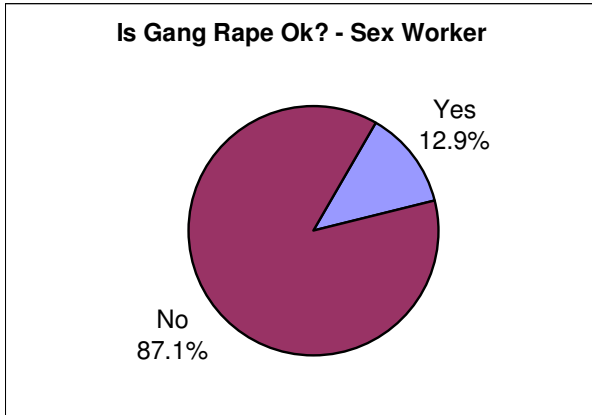
Around a third of the young people interviewed in Phnom Penh recognised, that *bowk* could mean gang rape. This knowledge was also relatively higher in the two provinces closest to the capital - Kandal and Kampong Chhnang. In areas further from Phnom Penh, very few young people recognised *bowk* as gang rape. In the two north-eastern provinces surveyed, no young people interviewed were aware of *bowk*.

Attitudes to Bowk

All the male respondents over the age of fifteen who knew *bowk* as gang rape were asked their opinion on two gang rape scenarios (n=194). Young women were not asked these questions. The first scenario asked young men if they thought it was acceptable or not acceptable for a group of men to have sex with a woman without her consent. The following graph shows the results.



Most young men stated that this was unacceptable. The same young men were then asked if it was acceptable for a group of young men to have sex with a sex worker without her consent. The following graph shows the results.



Again, most young men said that gang rape of a sex worker was not acceptable. However 12.9 percent said it was acceptable. Almost three times as many young men said it was acceptable to gang rape a sex worker as said it was acceptable to gang rape another woman.

It is also interesting to note that there were no significant differences between urban and rural young men on these two questions.

Literacy in RHIYA target areas

Literacy was assessed during the baseline using a series of questions taken from the instrument used in the National Literacy Survey conducted by the Ministry of Education Youth and Sport (MoEYS) in late 1999. This survey was the first national literacy survey based on an objective literacy test in Khmer rather than 'yes' or 'no' responses to questions like "Can you read?" The national survey tested 6,548 randomly selected people from every province and municipality in Cambodia. The test developed for the national survey was designed in three sections to measure first, second and third level literacy. First level literacy measured by the test shows the most basic level of literacy and categorises respondents into three categories, literate, semi-literate and illiterate, depending on their performance on the first section of the test. The second and third level literacy sections were designed to measure functional literacy and included questions on comprehension of written materials, mathematics etc.⁵

For the RHIYA baseline, only the first section of the test was used. Scoring these four questions permitted the categorisation of respondents into one of three categories. The three categories of literacy are defined as follows:

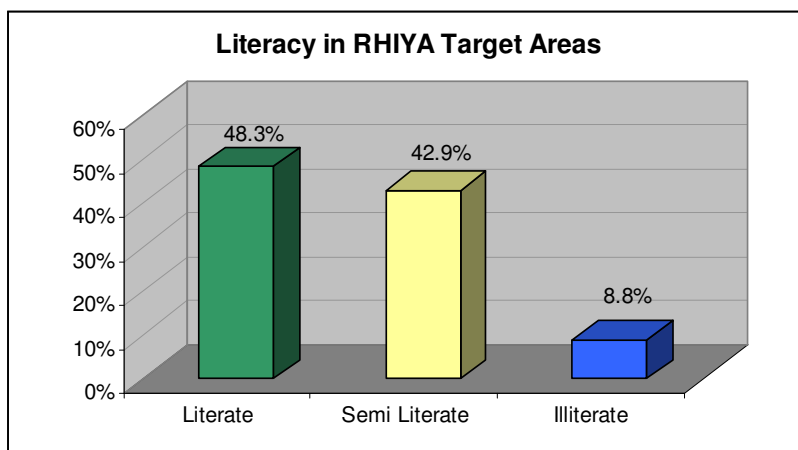
Literate – a person who can, with understanding both read and write a short simple statement about everyday life.

Semi-literate – a stage of literacy where some literacy skills have been acquired but they cannot be used fully in everyday life. Generally, a respondent can read or write words and numbers but cannot read and write sentences.

Illiterate – An illiterate is a person who cannot with understanding both read and write a short simple statement on his or her everyday life.

During data collection, extra care was taken to ensure that literacy was not underestimated. All interviewers were told to ask respondents to attempt to answer some questions even if the respondent reported that they could not read or write at all. In nearly all cases respondents attempted to answer at least the first question of the test. The field editor who passed them onto the supervisor for checking noted questionnaires with no attempted answers. In these cases, supervisors re-visited the respondent to check literacy again.

The literacy levels for all respondents are shown in the following graph.

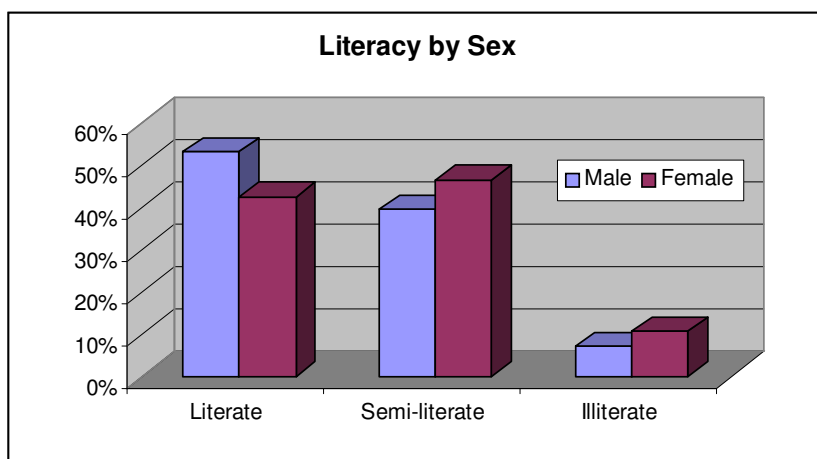


⁵ Assessment of functional literacy levels of the adult population of Cambodia, MoEYS, UNDP 2000

Overall, 48.3 percent of the young people surveyed in RHIYA target areas could read, write and understand a simple sentence in Khmer and were assessed as literate. Only 8.8 percent had no literacy skills at all. A large proportion of the sample (42.9%) had some limited literacy skills. Often these respondents could match a picture to a noun in Khmer – the first and simplest part of the test - but could not write their name or read a sentence.

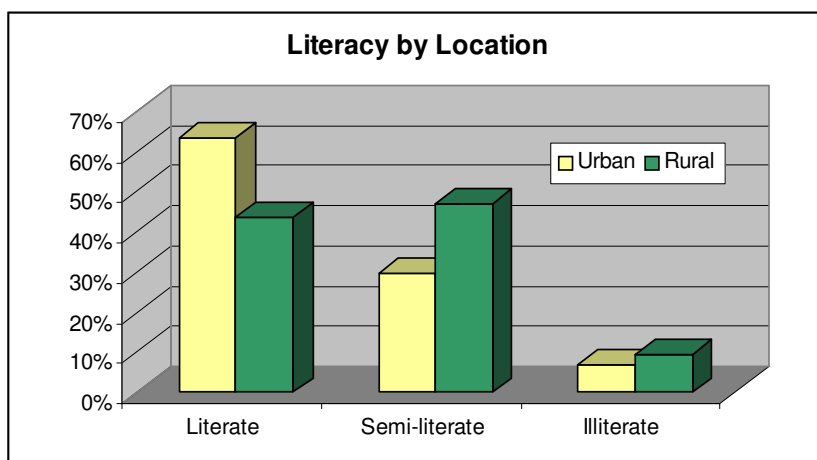
Given that many Information Education and Communication (IEC) materials developed for reproductive health use at least some full sentences in Khmer. It appears that around half the RHIYA target group would not be able to understand these materials. Consequently, pictorial IEC materials designed for illiterate young people may be a more appropriate approach for at least half the RHIYA target group.

Comparison of the literacy results by sex shows:



A higher proportion of young men were literate (53.2%) compared to young women (42.6%)

Comparison of the literacy results by urban or rural shows:



A much higher proportion of urban young people were assessed as literate (63.4%) compared with rural young people (43.5%).

The following table shows the literacy results for each RHIYA partner.

RHIYA Partner	Literate	Semi-literate	Illiterate	Sample
RHAC	50.5%	40.1%	9.4%	319
WOMEN - Phnom Penh	60.8%	31.7%	7.5%	120
WOMEN – Prey Veng	36.2%	49.6%	14.2%	127
CLA	26.0%	57.3%	16.8%	131
ACCY	40.8%	48.5%	10.8%	130
LYCSO	45.7%	50.4%	3.9%	127
OEB	46.1%	46.1%	7.8%	308
WDA	49.0%	40.4%	10.6%	104
CCWPD	50.0%	41.5%	8.5%	106
IDA	39.6%	50.0%	10.4%	106
CCASVA	48.2%	42.9%	8.9%	112
CPR	53.2%	44.1%	2.7%	111
Mith Samlanh/Friends	25.8%	60.5%	13.7%	124
CARE	96.0%	4.0%	0.0%	150
<i>RHIYA Total</i>	<i>48.3%</i>	<i>42.9%</i>	<i>8.8%</i>	<i>2075</i>

Literacy levels varied quite widely across the different NGO target areas. Literacy in the target areas of CLA in Mesang district of Prey Veng is particularly poor, with the highest rate of illiteracy in the baseline. WOMEN in Prey Veng and Mith Samlanh/Friends in Phnom Penh also had many illiterate young people in their target group. As mentioned earlier, the young men interviewed for the CARE sample were selected from upper secondary and tertiary students so high levels of literacy were expected.

Findings - Qualitative Baseline

In addition to the main quantitative survey, some qualitative data was also collected during the baseline. Interviews were conducted with parents of young people to gain some insight into how parent's beliefs and attitudes affected young people's access to sexual and reproductive health (S&RH) services and information. Some group discussions were also held with young people to expand on information collected during the quantitative survey.

Fifty-six people participated in the qualitative part of this baseline. Twelve in-depth interviews were held with parents. Participants were aged between 43 years and 65 years. All participants had been or were married and all had children. The smallest family had three children, the largest eleven.

Four focus group discussions were held with young people in different locations (two rural, two urban). Two groups were with young women and two were with young men. Forty-one young people participated in the discussions (26 young women, 15 young men). Topics for discussion included knowledge of birth spacing, knowledge of sex, relationships, fears and concerns about sexual and reproductive health.

Parents were asked about their own experience of puberty and reproductive health. They were also asked what they believed young people should learn and what they told their children. Interviewers also asked parents who they thought should share sexual and reproductive health messages with children and what were the differences for young people now compared with when parents were young. Finally, parents were asked about the things that worried them about their children.

Results from both the in-depth interviews and focus groups are presented here together under topic-based headings that mirror the discussions. Unfortunately, only limited information was gathered from the groups held with young people. This could have been due to time constraints for the overall survey. The groups were somewhat rushed, which may have made it difficult for facilitators to create a relaxed atmosphere for discussion. The parent interviews however resulted in some very detailed data.

Puberty and reproductive health

Parents were asked about the time in their lives when they were approaching and went through puberty. Some of the mothers interviewed said that they knew something about menstruation; none of them said that they had received information from parents. One woman said that her teacher had spoken directly to her about puberty.

My teacher, she told me that when girl reaches puberty she will have menstruation for about 4 days every month, so I knew from her. My parents never talked about this issue, as they were farmers - rural mother

Three mothers talked about the Khmer custom called *Choul Mlub*, where a young girl, on getting her first period, must stay inside the house or out of the sunlight during her period. One woman, as the following quote illustrates, could not understand this:

I wondered why I must Choul Mlub (stay in the house or under the tree in avoiding the sunshine) if I stay in the shade everyday anyway - rural mother

Both the men and the women interviewed stated that they generally found out about the changes in adolescence as they happened.

We discovered ourselves that there is change from one stage to the next - rural father

Parents were asked about their knowledge of contraception before having their first child. None of the participants knew about contraception before having their first child. Most participants had their first child around one year after marriage. Parents reported that this was “the natural way.”

I think it is natural law. At that time, because our country was under developed, we didn't know any methods to prevent ourselves from becoming pregnant, so it happened by chance – rural father

Only one participant said that his parents had spoken to him about birth spacing and even then, he stated there was nothing that he could do about it at the time.

My parents used to tell me about this (contraception) but I could do nothing because at that time there was no peace in our country – rural father

Many participants expressed regret about their lack of knowledge of contraception and linked this with their daily struggle as the following quotes illustrate:

I feel very sorry that I did not get enough information. If I knew then what I know now, I would not have had so many children. It was very hard to bring them up... It's true sometimes I wanted to die when I had difficulties raising my children. I feel sorry for my children because I could not help them with what they needed – rural mother

I never heard of any method of preventing pregnancy. If I had known, I would not have had so many children – rural mother

There wasn't any information. If there were like there is today, we would not have had 6 or 7 children – rural mother

What should young people learn?

Parents were asked if they believed that young people now should receive information about reproductive health and what information they should receive. All parents said that young people should learn about reproduction health and puberty. However, the following quotes illustrate that parent had different ideas about what their children should learn.

They should learn about reproduction, birth spacing and using condoms to prevent HIV/AIDS. If they have sex, using a condom can also prevent pregnancy - rural mother

Tell the girls about menstruation before they have it to stop them from being scared about their body changing – rural mother

Give information on birth spacing, or information on AIDS prevention like to do a blood test before they get married – rural mother

Youth should pay attention to their overjoyed behaviours, which put them at risk. They must learn the ways to protect themselves – rural father

Tell them to use a condom if they are sexually active – rural father

I suggest that they not get involved in sexual action – rural mother

We would advise them not to have sex with sex workers. If they want to have sex, they must use a condom – rural parents

One couple interviewed expressed concerns about young people being informed about puberty before it occurred. They were asked to explain their reservations.

Father: I think when they recognise that they are going to become mature they will go out at night and come home late at 1 or 2 am. Some will always go out for fun. Some are knifed. Some get in fights and get black eyes or swollen faces. Yes, when they recognise they will mature, they will go out. They will not obey the parents' advice. So, I always persuade my children by saying, "you are not mature". When you are mature, you will get married...

Mother: You will be engaged and married – rural parents

The parent's ideas about why young people should learn about reproductive health, puberty and birth spacing also varied however, most reflected the parents own experience and economic circumstances and many expressed a great fear of their children contracting HIV.

They should know, because now things have changed. After they get married women also need to do business to help the family, unlike before when we got married, only the husband had to work to feed the family. Today all family members have to work to keep the family strong – rural mother

I think young people today should know about reproductive health because now there is a disease we get if we do not strictly protect ourselves. The disease called AIDS, which cannot be cured – rural mother

They should learn to reduce the number of children and their poverty – rural mother

Young people too, in focus group discussions, discussed the importance of learning about reproductive and sexual health. In a focus group with young women, the girls expressed why they thought it was important to learn these things:

It is important because in the future we will have sexual intercourse.

It is important as it can mean our life.

We need to understand about reproduction before we get married.

Young women were then asked how they got information about reproductive health:

We must learn from the educators and participate.

We must study ourselves by reading distributed documents or books.

By participating in education sessions, watching TV and listening to the radio

The young men also said that learning about family planning was important to them for many reasons, as the following extract of their conversation illustrates:

It's important because in the future we will face this matter

We don't want to have many children

We don't want to disturb our working life

Having many children makes it difficult to work and to do business

I want to have more time to visit other places

If a mother has many children, the mother's health is not good. However, when the children grow up; they can help their mother's work.

There is not enough food to feed children if we are poor. Children can become malnourished.

Who should talk to young people?

Parents were asked about who they believed should teach children about sexual and reproductive health issues. Many parents immediately suggested that the RHIYA partner who was to work in the area should do this. However, this may be attributed to the interviewer introducing themselves as someone connected to RHIYA and the NGO. The participants overwhelmingly stated that parents and community members should also be involved in the education process.

We, as mothers should tell them before they get married – rural mother

They should learn from parents. It is better if parents can advise about this. We need to be involved in educating them – rural father

Only the mother must tell the children... The mother is good, because women talk to women easily – rural father

Parents should manage and advise their children – rural mother.

However, during group discussions only one of the young participants said that they discussed reproductive health with their parents. Most young people stated that they were afraid to talk about reproductive health with their parents. Young people said that they learned about reproductive health from their friends, from school, from the media and from NGOs.

Parents also discussed problems that they and other parents had in trying to advise their children. Many parents also welcomed the RHIYA NGO partner coming to help educate young people.

Some children obey their parents' advice but some don't. The children can be good and bad. So, it is more effective if we have an organisation and peer educators in the village – rural mother

When I advise them, they don't believe me. Because they thought I just say things or lie to them. When the organisation comes to explain they will believe – rural father

Mother: Parents are effective too, but they might not understand as clearly as peer educators do.

Father: The parents and peer educators must work together – rural parents

I agree that parents should tell children, but young people today sometimes do not follow what older people say – rural mother.

One father suggested the best method for parents to share reproductive health messages:

In my opinion, the young can be shy if we talk to them directly. So, if we want to educate them we should start talking from outside the topic or issue then we move to the important points with a lower voice. So they will understand and remember what we tell them. If we call them to sit with their leg bent backward, like they are worshipping and then tell them directly, they will not get anything – rural father

Young participants in focus groups overwhelmingly identified school as the place where they got messages about reproductive health. Some participants also identified friends, neighbours and older brothers and sisters as sources of information.

One young woman said:

We want to study this subject more at school, to have more details and be clearer.

Another young woman in the same group went on to say that she hoped reproductive health messages reached all young people in her village:

I want people to disseminate sex education in our village for all the young people in our village.

What do parents tell their children?

Parents were asked what sexual and reproductive health information they had shared with their own children. One parent, who worked at a health centre, said she spoke openly about these issues with her children.

I told them not have sex with women in the city so that they can avoid HIV infection and other sexually transmitted diseases. If they are determined to have sex, I suggest they look for a village woman and get engaged. Also, I advised them not to violate women's rights by watching blue films (from both television and videos). Furthermore, I asked them not to make friends with gangsters, nor commit illegal acts. When talking about having children, I told them not to have many children. In fact, I also told them to have only two children and use medicine to space the births. I tell them that everyone in the village has started doing things that way. I keep telling them that it doesn't mean you can no longer have children, but you should have one child for every six or eight years. I brought condoms to my house for my family. But my son blew it up like a balloon. They will understand condoms if we explain to them pictures – rural mother

This mother was an exception; most parents expressed the desire to share information with their children but also expressed fears about doing so.

I didn't advise them much because I worry... I worry that I tell them too much – rural mother.

The following quote, from a father illustrates a recurring theme from parents. While parents want to share information with their children, they are worried that they do not have the information to share or the right method.

I'll tell you briefly. If you intend to have joy, you should take care of yourself. For example, now you don't have sex it is ok, but if you have sex, you must use all the best ways to protect yourself. They (children) understood the way to protect themselves so we just reminded them, they know. It seems a little bit long...

The interviewer encouraged the participant to continue and he said:

I haven't told them yet. I just thought in my mind. We understand some, but I didn't tell them yet – rural father

Another parent reiterated this theme:

I've talked with them but not in much detail. If they ask, I just tell them the things that I know about, it's not deep. They may learn something from school – rural mother

What is different for young people now?

Parents were asked about the difference between being a young person now and when they were young. All parents talked about young people now being *pleut plern*. Directly translated this Khmer phrase means blinking or flashing lights. It is usually translated in English as *overjoyed*. *Pleut plern* is used to describe the behaviour of people from the country who come to the city for the first time and are dazzled or seduced by the bright lights. The phrase is used to describe how people become seduced by new things and fall into bad behaviours. It is often associated with modern and/or city like activities and events and is used in opposition to traditional/or rural behaviours. *Pleut plern* behaviours were mentioned by all the parents interviewed. Parents reported that their children could be *pleut plern* over drugs, friends and sex.

Parents also believed, that young people who are *pleut plern* over one thing, may become *pleut plern* over other things. For example, a young person who gathers with friends and takes drugs or alcohol is more likely to become *pleut plern* about sex and have unprotected sex.

Parents used the term *pleut plern* to describe impulsive behaviour arising from young people having freedoms and opportunities that they did not have when they were children. The term is linked very strongly with parents' belief that young people are *modern* and have access to modern things, like clothes, drugs and entertainment. Parents use *pleut plern* when talking about the sexual behaviour of young people. Parents often linked drug and alcohol use to overjoyed behaviour and to violence.

Young people today have very much freedom. Today young people are overjoyed. They fall in love and have sex before they get married. Young people today love to have fun dancing and drinking wine. Sometimes they are very brave and fight each other just from a very small problem – rural mother

In the past when young people loved each other, the man would ask his parents and they would go to meet the woman's parents to organise the marriage. The young now are overjoyed. They love each other without respecting traditions or social norms. They go out at night, men and women together – rural mother

Young people also talked about being overjoyed. In a focus group with young women, the participants spoke of both young men and women being overjoyed and having sex before they were married.

Respondent One: Men are overjoyed and have sexual intercourse earlier than women.

Respondent Two: Some women are also overjoyed. Women fall in love with handsome men, have sexual intercourse and get pregnant.

In addition to being overjoyed, parents also said that young people now have more rights, freedoms and opportunities than when parents were young. The following quote from a father illustrates this.

It's different, in the past the older people had a phrase "a cake is never bigger than the basket." Now the phrase should be "the cake is bigger than the basket." It means that when I was young and wanted to go to see a festival, a film, a soap opera or dancing ceremony my parents didn't allow me. I didn't go. But youth, nowadays, if we do not allow them to go dancing or to do anything, they won't listen to us and will think that we don't respect their rights for freedom and choices to make fun. It's different in this way – rural father

Parents also reported that there was a chain of events for young people, particularly young boys. The parents believed that if young men went out with friends, they might make bad friends who would encourage them to go to an entertainment venue and drink alcohol. This in turn would lead to them having unprotected sex, getting into fights and committing crime. One father described the process as follows:

For example when my children are maturing, if they don't listen to my advice and start making friends, then they go out to have food and beer. After they are under influence of alcohol and drugs, they will fight with others using knives – rural father

This father continued this theme later in the interview:

It is like a fire. First, it starts to burn a little. It doesn't immediately burn a house down. It starts small, like forming a group to eat and drink together. Then they start stealing hens or cocks, then stealing cows and then daring to rob a motorbike – rural father

Another father discussed his belief in the link between drinking, drugs, sex and gang behaviour. He described his concerns as follows:

There are drugs, many sex workers and the young aged 13 or 14 learn to drink. Through my observation, when they start drink they start accompanying young adults. Some start having friend and links with gangsters, then they gather for drug using and glue sniffing – rural father

Many parents said that young people now have access to more information, know more and are more independent.

Young people today do not want to follow the advice of their parents. They love to do things that make them feel good. They feel that parents are no bigger than they are. They can make decisions themselves like to get married. Before, in my time, I relied on my parents. I believed that older people had experience to choose better things for children. It's very different from today – rural mother

I think that now and the time when I was an adolescent is very different. The adolescents now know everything even about Number One (condom brand), but the young people in my generation didn't know anything – rural father

One mother highlighted the benefits of young people being “less shy” and “more modern.”

Today I say that it is better. Before for women if they had a uterus problem they were too shy to let a doctor see. Because of shyness, they chose to die. People before were very shy, they kept diseases until they died because they were scared to let other people see their genital organs – rural mother.

Young people were asked if they talked about sex and reproductive health with their peers. In both the young women's groups the participants all said they did not talk about sex. They also believed that young men talked about sex more than they did. In the young men's groups participants confirmed that they often talked about sex. Mostly, they said in a joking manner. Young men believed that young women talked about sex as often as they did.

Young people and risk

When parent were asked to talk about their fears for their children, all parents said that they were afraid of HIV/AIDS. Fears that their children would catch AIDS were the most common fear reported by parents in all areas. Discussions about this fear bought out many of the

parents own risk assessments and beliefs about how people contract HIV. Beliefs about high-risk activities and HIV transmission varied as the following quotes illustrate.

I'm scared of AIDS, if they go to work far from the village they may be at risk of AIDS – rural mother.

If they do not protect themselves, like if they have unprotected sex with a prostitute, they get the disease and die leaving their children orphans. It's miserable – rural mother

I'm scared that my children will have a sexual partner who is infected with AIDS. I am also scared that my child will get infected if they have a hair cut using same blade as someone else – rural mother

I am afraid that they won't listen to my advice and they will leave for Phnom Penh. It doesn't seem to be a problem here. But when they go to Phnom Penh, they might be infected with HIV or other sexually transmitted diseases – rural mother

Young people also shared some ideas about sex and risk:

In this village, women my age have rarely had sexual intercourse. But, men aged 15 and up want to have sex although they don't know how to use a condom. I feel much pity for them but I don't know how to help them.

Young people were asked what they thought the most appropriate age was for young men and young women to have sex. The first respondent to answer in each group suggested the youngest age. As other participants answered the age increased. It is possible that others modelled their answers on their peers. Most young men and women said that young men and women could start having sex between 12 and 18. However, six female participants said that young women have sex first at 16 or 17 years because they matured earlier than boys.

Reproductive health and Khmer culture

Parents were asked, if they thought that talking to young people about reproductive health was contrary to Khmer culture. All parents said that they believed that it was important to speak about these issues regardless of culture. Many parents said that things had changed since they were young and that reproductive health issues are very important for young people.

Some people said that it is not appropriate. But, I believe that it's appropriate to disseminate information on reproductive health. I think every young person should know about reproductive health. We should not follow our tradition to be shy; it's a mistake to be to shy to talk about reproductive health – rural mother

We can't say that the dissemination of reproductive health information is against our culture. It has never been in our culture before because we never gave such information. Now we have the information it should be disseminated – rural mother

It's suitable to Khmer tradition. Because if young people don't understand but they do things wrong, it will spoil our tradition and their health. If so, they break their parents' heart – rural father.

Young people in group discussions brought up issues related to tradition and cultural expectations particularly related to gender roles. In one group of young women, all

participants said it was not appropriate for young people to have sex before marriage. Two young women in this group continued saying:

For young men it is OK because although they had sex before marriage they can still ask a girl to marry. But if a girl has sex before marriage, it means that her future is spoiled.

Men are like gold; it is not a problem for them if they have sex before they get married. It is said that men, like pure gold, can be clean all the time.

In the same group, young female participants were asked about the risks of unprotected sex before marriage. Initially all young women said the risk was that they would be ashamed if anyone found out about it.

In group discussions with young men, the discussion about sex before marriage further illustrates gender expectations:

Q: When young people have sex before marriage, who loses?

R: Girls

Q: Why?

R: Because girls are shyer than boys are

R: Girls will get a bad reputation

Q: How about for boys?

R: No affect to our reputation

Q: Really?

R: Yes

Q: Why?

R: Because we are men

R: Just affect a bit

R: Girls are afraid that nobody will marry her, or afraid that her husband will know that she used to have sex with another before marrying him.

Q: If young people have sex before marriage, does our culture accept?

R: (All participants) No

Q: For girls and boys?

R: (All participants) No, particularly for girls

In another group with young men they were asked what they thought older people thought about young men who had sex before marriage:

R: He is a bad boy

R: A nasty boy

R: They will hate that boy or dislike him

R: The boy has never received any advice or did not follow elder people's advice.

Q: Why?

R: Because this behaviour is against culture

R: Against culture

In one of the male focus groups, young men were asked why young men have sex. Their responses were similar to the parents concerns:

R: Because they are drunk

R: They follow their friends

R: They would like to have experiences

A parent too reiterated this theme, as the following discussion illustrates:

R: Our culture is that the boy should know about sex, girls should not know. So, boys have more experience about sex than girls do. Boys have more opportunity to have sex before marriage than girls do, they only think about enjoying themselves, they never think about prevention. It means that they could not manage themselves. So, I mean that they have sexual experience but they have no skill to prevent themselves from getting diseases. Then they can transmit this disease to girls who are very quiet and have no right to say.

Q: It means girls are receivers?

R: Yes, they can receive only and have no right to say. When a woman or wife negotiates about sex, for example if they require men to use a condom to prevent pregnancy or other diseases, men will think that they may have a sweetheart, be unfaithful or have sexual experience before. So, women just know about housework and children, no need to know about sex. That's why I would like to change this perception. I do not want things to be like before – urban father

Appendix: English Questionnaire

UNFPA Cambodia – RHIYA Baseline Survey 2004

CONFIDENTIAL

--	--	--	--

RESPONDENT'S NAME SHOULD NOT BE WRITTEN ON THE QUESTIONNAIRE

Province: _____	<input type="text"/>
District: _____	<input type="text"/>
Commune : _____	<input type="text"/>
Village/Cluster: _____	<input type="text"/>
NGO : _____	<input type="text"/>
Urban (1) Rural (2)	<input type="text"/>
Female (1) Male (2)	<input type="text"/>

	1 st attempt	Appointment	2 nd attempt	RESULT
Date	/ /04	/ /04	/ /04	
Time				
Location				
Interviewer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Result Codes	
Completed	1
Completed-third party present after Q_____, confidentiality not assured	2
Incomplete-respondent termination	3
Incomplete-third party interruption	4
Respondent refusal	5
Parent/guardian/spouse refusal	6
Respondent absent at 2 nd appointment	7

	Interviewer	Editor	Supervisor	Encoder1	Encoder2	Archived
ID code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Box: <input type="text"/>
Date	/ /04	/ /04	/ /04	/ /04	/ /04	/ /04
Signature						

06	Do you have a family yet? (What is your marital status?)	- Single 01 - Married 02 - Widowed 03 - Divorce 04 - Separated 05
07	In the last three months, how often have you listened to the radio? If you have listened to the radio, how often do you listen each week? (Please read out the answers)	- Under once per week 01 - Once per week 02 - More than once per week 03 - Never (skip to 10) 04
08	In the last three months, how often have you listened to the radio programme called "Special for you, youth" In Battambang please ask: In the last three months how often have you listened to the radio programme called "New life for youth"? (Please read out the answers)	- under once per week 01 - Once per week 02 - More than once per week 03 - Never 04
09	In the last three months how often have you listened to the radio soap opera called "Lotus on a Muddy Lake" In Battambang please ask: In the last three months how often have you listened to the soap opera called "Morning glory flourishing"? (Please read out the answers)	- under once per week 01 - Once per week 02 - More than once per week 03 - Never 04
Section 2: Drug use Now I would like to ask you about drugs. Please don't worry, like I said before, anything that you tell me will be kept quiet.		
10	Have you heard of drugs?	- Yes 01 - No 02
11	Do you know anyone who uses drugs? <i>If the respondent answers yes to this question check the answer is consistent with Q10</i>	- Yes 01 - No (skip to Q15) 02
12	Among your friends how many of them have tried drugs?	- Number <input type="text"/> <input type="text"/> - None 02
13	Have you ever tried drugs?	- Yes 01 - No (skip to Q15) 02
14	If you have tried drugs, which drugs have you tried? (Please circle all responses)	- Glue 01 - Yama 02 - Marijuana 03 - Ecstasy 04 - Heroin 05 - Don't know 06 - Other..... 07

Section 3: Knowledge of Reproduction and contraception

Now I would like to ask you about women becoming pregnant and conception. Please don't be embarrassed, this is normal for all people

15	In the last 6 months, whom have you spoken to about ways to avoid pregnancy?	01 - Friends 02 - Neighbours 03 - Partner/spouse	01 02 03 04 05 06 07 08 09 10 11 12
16	Who have you ever spoken to about sexual attraction or desire?	04 - Health Worker 05 - Peer Educator 06 - School Teacher	01 02 03 04 05 06 07 08 09 10 11 12
17	Only ask Women Who have you ever spoken to about menstruation?	07 - Parents 08 - Grandparents 09 - other relatives	01 02 03 04 05 06 07 08 09 10 11 12
18	Only ask Men (wet dreams) Who have you ever spoken to about 'losing to your dreams'? or dreams that let out the white liquid? Please use appropriate language to allow the young man to understand	10 - Monk 11 - No one 12 - Other (specify)	01 02 03 04 05 06 07 08 09 10 11 12
19	A woman has never had sex before. When she has sex for the first time can she get pregnant?	- Yes - No - Don't know	01 02 99
20	A girl has not yet had her first menstrual period. If she has sex, can she get pregnant? If the respondent doesn't understand the word 'period' code 99 don't know	- Yes - No - Don't know	01 02 99
21	Normally there is about one month between women's menstrual periods. Is there any particular time from one period to the next when a woman can more easily fall pregnant, if she has sex? If the respondent doesn't understand the word 'period' code 99 don't know	- Yes - No (skip to Q23) - Don't know (skip to Q23)	01 02 99
22	If there is a time, when is that time? Please read out the answers	- Just before her period - During her period - Just after her period - Halfway between periods - Other (specify)..... - Don't know	01 02 03 04 05 99

23	<p>What contraceptives have you heard of?</p> <p><i>Please circle 01 for all methods mentioned spontaneously</i></p> <p><i>Please read the name and description for every method not mentioned. Circle 02 for every method that they have heard of and 03 for every method they have never heard of.</i></p>	<p>Spontaneous</p> <p>YES</p>	<p>Prompted</p> <p>Please ask: <i>Have you ever heard of this method?</i></p> <p>YES NO</p>	
A	Pill swallowed every day. Woman can swallow a pill every day to avoid getting pregnant. (Daily pill)	01	02	03
B	Pill swallowed every month. Woman can take a pill every month to avoid getting pregnant. (Monthly pill)	01	02	03
C	Condom. Women can put a rubber sheath in the vagina or men can put a rubber sheath over their penis before sex.	01	02	03
D	Injection. Woman can have an injection that prevents them from becoming pregnant for several months.	01	02	03
E	Implant in the arm. This is a small rod that is placed in a woman's upper arm, which can prevent pregnancy for several months.	01	02	03
F	IUD. This device is placed in a woman's uterus by a doctor or a nurse to prevent pregnancy.	01	02	03
G	Emergency contraception. Pills can be swallowed up to 120 hours after unprotected sex	01	02	03
H	Permanent Sterilisation. The hands of a woman's uterus can be tied or a man's tubes can be knotted.	01	02	03
I	Lactic Amenorrhoea Method: Women who exclusively breastfeed may avoid pregnancy	01	02	03
J	Calendar Method: Women can avoid having sex during fertile periods	01	02	03
K	Removing the penis before the white liquid comes out: (withdrawal)	01	02	03
L	If you have you heard of any other method, please specify.....	01		
24	<p>How important is it for a woman or girl your age to receive information on methods of avoiding pregnancy?</p> <p>Please read out the answers</p>	<p>- Very important</p> <p>- Important</p> <p>- Not important</p>	<p>01</p> <p>02</p> <p>03</p>	
25	<p>Is it easy or not for a woman your age to find out about methods to avoid pregnancy?</p> <p>Please read out the answers</p>	<p>- Easy</p> <p>- Difficult</p> <p>- Impossible</p>	<p>01</p> <p>02</p> <p>03</p>	
26	<p>Is it easy or not for you to get and use a method to avoid pregnancy?</p> <p>Please read out the answers</p>	<p>- Easy</p> <p>- Difficult</p> <p>- Impossible</p>	<p>01</p> <p>02</p> <p>03</p>	
27	<p>Do you agree with someone who says that: A woman cannot use any contraception if her husband does not agree?</p> <p>Please read out the answers</p>	<p>- Totally agree</p> <p>- Agree</p> <p>- Disagree</p> <p>- Totally disagree</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p>	
28	Have you ever used any contraception method?	<p>- Yes</p> <p>- No (Female skip to Q30)</p> <p style="text-align: center;">(Male skip to Q35)</p>	<p>01</p> <p>02</p>	

29	If you have, what method have you used? Multiple answers possible, please circle all answers	- Daily Pill 01 - Monthly Pill 02 - Condom 03 - Injection/Depo Provera 04 - Implant 05 - IUD 06 - Permanent Sterilisation 07 - Emergency Contraception 08 - Withdrawal 09 - Rhythm Method 10 - Traditional Method 11 - Other..... 12
----	--	---

Section 4: Pregnancy - (for young woman only)
Now, I would like to ask you about pregnancy. Please tell me honestly, don't keep it secret because every answer you tell me is very important. Nobody will know what you tell me

30	Have you ever been pregnant?	- Yes 01 - No (skip to Q35) 02
31	How many times have you been pregnant?	- Number of times <input type="text"/> <input type="text"/>
32	How old were you when you first became pregnant?	- Age <input type="text"/> <input type="text"/>
33	When you first became pregnant, did you want it or not?	- Wanted 01 - Didn't want 02
34	How did you feel when you became pregnant? <i>Note: This question is difficult. It can effect the respondent's feelings. You should start discussing this question slowly with soft words to make the respondent feel comfortable.</i> At the end of the discussion, don't forget to circle the answer.	- Gave birth to the child 01 - Miscarried 02 - Stillborn/Child died during birth 03 - Aborted pregnancy 04 - Adopted out child to relative 05 - Adopted outside of the family 06 - Other..... 07

Section 5: Knowledge about HIV/AIDS
Now I want to ask you about HIV/AIDS.

35	Have you ever heard of HIV or AIDS?	- Yes 01 - No (skip to Q48) 02
36	What methods can transmit HIV from one person to another? (Please circle all responses)	- Unprotected sex 01 - Kissing 02 - Sharing food, clothes or living together 03 - Sharing sharp instruments like scissors, razor etc. 04 - Touching blood or body fluids of HIV positive person 05 - Blood transfusion 06 - Mother to child 07 - Other..... 08 - Don't know 99

37	How can we avoid getting HIV? Please circle all responses	- Abstain from sex 01 - Be faithful to one partner 02 - Use a condom at every sex 03 - Not share sharp instruments like scissors, razor... 04 - Other..... 05 - Don't know 99
38	From where or who have you learnt about HIV/AIDS? Please circle all responses	- Radio 01 - Cassette player 02 - Television 03 - Newspaper/Magazine/Novel 04 - Poster/leaflet 05 - Health worker 06 - Monk 07 - School or school teachers 08 - Community meeting 09 - Friends 10 - Parents/sibling/partner 11 - Peer educator 12 - Workplace 13 - Neighbour 14 - Other..... 15
39	How important is it for young people your age to know about HIV/AIDS? Please read out the answers	- Very important 01 - Somewhat important 02 - Not important 03
40	How easy is it for a young person your age to find out about HIV/AIDS? Please read out the answers	- Easy 01 - Difficult 02 - Impossible 03
41	In the last six months, whom have you discussed HIV/AIDS with? Please circle all answers	- Neighbour 01 - Friends 02 - Parents 03 - Grandparent/relative/family 04 - Health Worker 05 - Peer Educator 06 - Co-worker 07 - Teacher 08 - Spouse/partner 09 - Monk 10 - Never discussed 11 - Other..... 12
42	Can a fat healthy looking person have HIV/AIDS?	- Yes 01 - No 02
43	Would you dare to speak to someone with AIDS?	- Yes 01 - No 02
44	Would you dare to shake hands with someone with AIDS?	- Yes 01 - No 02
45	Would you dare to eat pastry prepared by someone with AIDS?	- Yes 01 - No 02
46	Would you dare to share a bed with someone with AIDS?	- Yes 01 - No 02
47	Would you dare to clean the wounds of someone with AIDS?	- Yes 01 - No 02




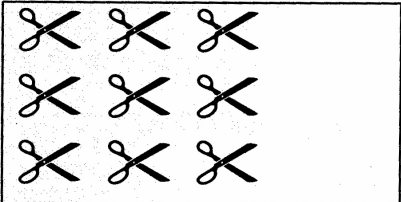
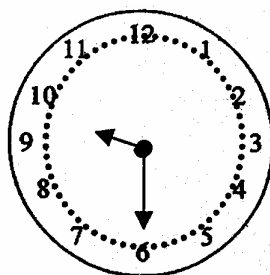
Section 6: Knowledge of STIs

Now I want to ask you some questions about sexually transmitted illnesses

48	Apart from HIV/AIDS, are there other diseases that can be sexually transmitted?	- Yes 01 - No (skip to Q56) 02
49	What diseases can be sexually transmitted? Please circle all answers	- Chlamydia 01 - Gonorrhoea 02 - Syphilis 03 - <i>Teum la</i> 04 - Genital ulcers 05 - Genital warts 06 - Trichomoniasis 07 - Hepatitis 08 - Other..... 09 - Don't know 99
50	What symptoms does a person with an STI show? Please circle all answers	- Painful urination 01 - Blood in urine 02 - Penis discharge 03 - Vaginal discharge 04 - Warts on genitals 05 - Swollen genitals 06 - Sores on the genitals 07 - Abdominal pain 08 - Red/inflamed genitals 09 - Weight loss 10 - Swollen groin 11 - Impotence 12 - Infertility 13 - Skin infection 14 - Other 15 - Don't know 99
51	What should you do to avoid catching an STI? Please circle all answers	- Abstain from sex 01 - Be faithful to one sexual partner 02 - Use condom 03 - Not share sharp instruments 04 - Avoid sex with sex workers 05 - Other..... 06 - Don't know 99
52	Where can STIs be cured? Please circle all answers	- Government doctor 01 - Private doctor 02 - NGO doctor 03 - Health Centre 04 - Pharmacy 05 - Traditional Healer 06 - Other..... 07 - Don't know 99

53	If you caught an STI where would you choose to go for treatment? Circle only one answer!	- Government doctor 01 - Private doctor 02 - NGO doctor 03 - Health Centre 04 - Pharmacy 05 - Traditional Healer 06 - Other..... 07 - Don't know 99
54	Have you ever had an STI?	- Yes 01 - No (skip to Q56) 02
55	What did you do? Please circle all answers	- No treatment/cured itself 01 - Self treatment (trad) 02 - Self treatment (pharm) 03 - Government doctor 04 - Private doctor 05 - NGO doctor 06 - Don't remember 07
56	Do you agree with someone who says that: A husband doesn't need to tell his wife if he has an STI <i>Note: If the respondent doesn't understand STIs give them a brief explanation so they can answer the question</i> Please read out the answers	- Totally agree 01 - Agree 02 - Disagree 03 - Totally disagree 04
<p>Section 7: Sexual Behaviour and Condom Use (don't ask young people under 15 years) I would like to ask you some personal questions. These questions are about sex in your life. I want to remind you that every answer you give will be kept quietly because we don't record your name at all.</p>		
57	If I ask you some questions about personal topics like sex, do you agree to answer?	- Yes 01 - No (skip to Q65) 02
58	Do you agree with someone who says that: Sometimes a man needs to force a woman to have sex if they love each other Please read out the answers	- Totally agree 01 - Agree 02 - Disagree 03 - Totally disagree 04
59	Have you ever had sex or not?	- Yes 01 - No (skip to Q65) 02 - No answer (skip to 65) 03
60	The last time you had sex, did you use a condom?	- Yes 01 - No (male skip to Q62) 02 - No (female skip to 63)
61	Who made the decision to use a condom?	- Partner 01 - Self 02 - Together 03 - Don't remember 04
62	<i>Ask men only:</i> The last time you had sex, was this with a sex worker?	- Yes (skip to Q65) 01 - No 02

63	The last time you had sex, did you use any method to avoid pregnancy?	- Yes 01 - No (skip to Q65) 02
64	If you used a method, what method did you use? Circle all answers given	- Daily Pill 01 - Monthly Pill 02 - Condom 03 - Injection 04 - Implant 05 - IUD 06 - EC 07 - Sterilisation 08 - Other..... 09
65	Do you agree with someone who says that: Sometimes a husband needs to hit his wife Please read out the answers	- Totally agree 01 - Agree 02 - Disagree 03 - Totally disagree 04
66	What does <i>bowk</i> mean? Circle all answers given Note: If the respondent answers 01 ask Q67/68 If the respondent doesn't mention 01 skip to Q69	- Gang rape 01 - Plus sign (math) 02 - Positive sign 03 - Add things together 04 - Don't know 05 - Other..... 06
67	Ask men only: Do you agree with this situation: <i>A group of young men have sex with a women without her consent</i>	- Ok 01 - Not ok 02
68	Ask men only: Do you agree with this situation: <i>A group of young men have sex with a prostitute without her consent</i>	- Ok 01 - Not ok 02
69	Literacy Test - If all answers are correct, code as literate - If some answers are incorrect, code as semi-literate - If all answers are incorrect, code as illiterate	- Literate 01 - Semi-literate 02 - Illiterate 03

1	<p>Please draw a line from each picture to the correct word</p> <div style="display: flex; align-items: center; gap: 20px;"> <div style="border: 1px solid black; padding: 5px; width: 100px; height: 100px; display: flex; flex-direction: column; justify-content: space-around;">    </div> <div style="text-align: center;"> <p>Cow</p> <p>Shirt</p> <p>Corn</p> </div> </div>	
2	<p>Please write the name of the village, commune and district where you live every day.</p> <p>Phnom Penh: Please write the name of the village, suburb and district where you live every day</p> <p>.....</p> <p>.....</p> <p>.....</p>	
3	<p>Please write the correct number and letter using the picture below</p> <div style="display: flex; align-items: center; gap: 20px;"> <div style="border: 1px solid black; padding: 5px; width: 150px; height: 80px; display: flex; flex-wrap: wrap;">  </div> <div style="text-align: center;"> <p>Number</p> <p>Letter</p> </div> </div>	
4	<p>Please tell me what time it is?</p> <div style="display: flex; align-items: center; gap: 20px;">  <div style="text-align: center;"> <p>.....</p> </div> </div>	