



Youth Situation Analysis in Cambodia

December 2020

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Cambodia at the moment has made remarkable progress in its economic growth and development. Cambodia's population is the youngest in Southeast Asia, with up to 26.4 per cent of people between 15 and 30 years of age. Cambodia also has the largest generation of youth transitioning into adulthood. Youth have been central to shaping the workforce and play a critical role in the country's economic development, yet youth too possibly face challenges with exploitation, abuse, and access to services and protection. Therefore, we need to enhance and ensure that youth wellbeing and empowerment is the bedrock as well as a means to deliver for the 2030 Sustainable Development Goals and International Conference on Population and Development.

This Youth Situation Analysis focuses on the situation of adolescents and youth between the ages of 10-24. The key areas explored are education, employment, health, and participation. The analysis reviews existing data and collects primary data that is intended to cover the situation of mainstream youth and groups that may also be considered marginalized. This analysis provides useful and actionable insights on marginalized groups, such as women and girls in rural areas, younger adolescents aged 10-19-years-old, single women, migrants or youth impacted by migration, and other groups.

The Youth Situation Analysis findings can effectively support, inform and guide the implementation of government policies, development intervention programmes and funding, and international and national NGO priorities. Moreover, by ensuring that often-marginalized sub-groups and ethnic groups are included, key development and global goals, such as gender, inclusion, and education, will be duly and thoroughly taken into account and ensure that 'no one is left behind'.

The National Youth Development Council (NYDC) would like to take this opportunity to thank the Secretariat General of NYDC, UNFPA, Havas research team and all the people who have put their commitment in involvement in the process of the study and their dedication and hard works. This has enabled us produced timely data on the development related to adolescents and youth in Cambodia.

NYDC encourage stakeholders to utilize the findings of this study and further build on its recommendations. NYDC would like to express deep gratitude to technical officials, development partners, and all stakeholders for providing technical, financial support, sharing their valuable time and experiences to the development this study report with successfully.



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GLOSSARY OF TERM AND ABBREVIATIONS

ADB	Asian Development Bank
Adolescents	Individuals in the 10-19 years age group
AFD	French Development Agency
AIDS	Acquired Immunodeficiency Syndrome
AFRSH	Adolescents Friendly Reproductive and Sexual Health Services
CAPI	Computer-Aided Personal Interview
CARD	Council for Agriculture and Rural Development
CCWC	Commune Committee for Women and Children
CDB	Commune Database
CDHS	Cambodia Demographic and Health Survey
CDRI	Cambodia Development Resource Institute
CEPA	The Culture and Environment Preservation Association
CLC	Community Learning Centre
CRC	Child Rights Centre
CSD	Carbonated Soft Drinks
CSE	Comprehensive Sexuality Education
CSEC	Cambodia Social-Economic Census
CSES	Cambodia Socio-Economic Survey
D&D	Government's Decentralization and Deconcentration
DGTJET	Directorate General of TVET
DHS	Demographic and Health Survey
DOE	District Office of Education
DTV	A local satellite television provider in Cambodia
Education attainment	The highest level of education completed by the survey respondents
ESP	Education Strategic Plan
EUEC	European Union
FGD	Focus Group Discussion
FP	Family Planning
FSN	Food Security and Nutrition
GDP	Gross Domestic Product
Higher education	Formal higher education level, including college, university, postgraduate
HIV	Human Immunodeficiency Virus
HH	Household Head
HSP	Health Strategic Plan
ICT	Information and Communications Technology
ID Card	Identification Card
IDP	Cambodia's Industrial Policy
ILO	International Labour Organization
INGO	International Non-Governmental Organization
ITC	Institute of Technology of Cambodia
IUD	Intrauterine Device

KAPE	Kampuchea Action to Promote Education
KIIs	Key Informant Interviews
KYA	Khmer Youth Association
KYCC	Khmer Youth Camp for Culture
KYSD	Khmer Youth and Social Development
Loan shark	An informal moneylender, including an individual, group of people, or a business (not registered as a financial institution)
MDD-W	Minimum Dietary Diversity for Women
MEF	Ministry of Economy and Finance
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MLVT	Ministry of Labour and Vocational Training
MoP	Ministry of Planning
MoWA	Ministry of Women Affairs
MRD	Ministry of Rural Development
MSMEs	Micro, Small and Medium-sized Enterprises
NEA	National Employment Agency
NECHR	National Ethics Committee for Health Research of the Ministry of Health
NEET	Not in Education, Employment, or Training
NEP	National Employment Policy
NGO	Non-Governmental Organization
NRHP	National Reproductive Health Programme
NSDP	National Strategy Development Plan
NSFN	National Strategy for Food and Nutrition
NSSF	National Social Security Fund
NTB	National Training Board
NYDC	National Youth Development Council
PED	Primary Education Department
PHD	People Health Development Association
POE	Provincial Office of Education
rCSI	Reduced Coping Strategy Index
RGC	Royal Government of Cambodia
RHAC	Reproductive Health Association of Cambodia
Rural	A city, provincial town, district, or commune where the population density is lower than 200 per km ² and male employment in agriculture is 50% or higher.
SCY	Support Children and Young People
SDG	Sustainable Development Goals
Single	An individual who is unmarried
SE	Sexuality Education
SMEs	Small and Medium-sized Enterprises
SRH	Sexual and Reproductive Health
STEM	Science, Technology, Engineering and Mathematics
TVET	Technical and Vocational Education and Training
TVET-SDP	Vocational Education and Training Sector Development Programme

TVK2	A channel of the state-owned National Television of Kampuchea (TVK), introduced to promote distance learning and e-learning during the COVID-19 pandemic
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	UN Country Team
UNDAF	UN Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
Urban	A city, provincial town, district, or commune where the population density exceeds 200 per km ² and male employment in agriculture is below 50%
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
YCC	Youth Council of Cambodia
YCHD	Youth and Child Hope Development Organization
YFP	Youth for Peace
Youth	Individuals in the 15-24 years age group
Young People	Individuals in the 10-24 years age group
YRDP	Youth Resource Development Programme

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Executive Summary

Background

This study, initiated under UN agencies' joint funding and the National Youth Development Council (NYDC), was designed to provide an update on the situation of adolescents and youth in four priority areas: education, employment, health, and participation. The objectives were to present data on adolescents aged 10-19 and youth aged 15-24 to government and other decision-makers to identify unmet needs in the four focus areas. Specifically, it sought to provide an updated demographic profile, generate quantitative and qualitative data on the current situation, challenges, and issues and gather data on gaps and areas for future interventions.

The study involved a desk review of secondary data, including all relevant documents, reports and publications on adolescents and youth groups, and a review of primary data collected through key informant interviews, a structured survey (sample size: 1,000) and focus group discussions (sample size: 288). Geographical representativeness was sought in sampling locations for data collection by drawing on and adapting the 2009 Adolescents and Youth Situation Analysis in Cambodia. Six provinces were selected from four areas of the country: Phnom Penh; Prey Veng, Battambang, Kampong Thom, Kampot, and Kratie.

The structured survey sample size was decided base on 97 per cent confidence level and 3 per cent margin of error compared with the national population aged 10-24 of the national population census 2008. The survey was conducted via face-to-face interview using Computer-Assisted Personal Interviewing (CAPI) mode of interview and systematic random selection methods. The study decided to have 36 groups of focus group discussion in total with equal split by province, by age group, and by sex. The focus group discussion was also conducted via face-to-face discussion.

Key Findings

Profile of adolescents and youth who participated in the study

The structured survey included 500 male and 500 female respondents. Only seven respondents aged 15-24 reported a gender identity other than cisgender, and no respondents identified themselves as a person with disabilities. Of the structured survey respondents, 39 per cent were aged 10-14, 42 per cent aged 15-19, and 19 per cent aged 20-24. Respondents from urban areas accounted for 34 per cent, and 66 per cent were from rural areas. Almost one-third (32 per cent) of all respondents were out of formal education, and 68 per cent were still in formal education. Of the total respondents, 83 per cent of all young people aged 10-24 were not in a relationship, 9 per cent were married, and 8 per cent were single but in a relationship. Almost one-third (31 per cent) of adolescents and youth had a monthly household income below USD 200, including 20 per cent of all urban and 38 per cent of all rural residents. Another 22 per cent of adolescents and youth had a monthly household income between USD 200-400, including 21 per cent of all urban and 23 per cent of all rural respondents. And the remaining 23 per cent of all survey adolescents and youth had a monthly household income more than USD 400, including 34 per cent of all urban and 17 per cent of all rural residents.

A total of 288 respondents participated in the FGD, 50 per cent male and 50 per cent female. Each age group was equally represented with 96 respondents for each (10-14, 15-19 and 20-24) and 39 per cent were from urban areas, while 61 per cent were from rural areas. Half of all respondents were studying, and half were out of formal education. Of all FGD participants, 91 per cent were single, and 9 per cent were married. Around half (55 per cent) of all respondents who were not in formal education were employed and earning an income. The majority of the employed respondents (68 per cent) earned USD 100-200 per month, 29 per cent earned less than USD 100, and only 3 per cent earned between USD 200-300.

Of all the Adolescents and youth survey respondents, 12 per cent had a bank account, and 42 per cent had saved or set aside money within the past 12 months. Around 36 per cent of the adolescents and youth and their families borrowed money from multiple sources in the past 12 months, and only 23 per cent of those who had borrowed money in the past 12 months reported that their debts were fully repaid.

Adolescents and Youth Education

Key informants in the study observed a number of improvements in education, including an increase in enrolment rate, improved dropout rate, more schools in their local area, and the introduction of youth programmes in their provinces. Challenges relating to adolescents and youth education were noted from the structured survey.

Based on the structured survey results with young people aged 10-24, 29 per cent had dropped out of formal education, including 38 per cent who belonged to a family who qualified as IDPoor. Around 34 per cent of adolescents aged 15-19 and 71 per cent of youth aged 20-24 were not in formal education. Out-of-school adolescents and youth reported that they stopped their education at different levels, with 34 per cent when in primary school, 46 per cent in lower secondary school, and 20 per cent when in upper secondary school.

From the qualitative interviews with key informants and the interviews with young people aged 10-24, the main reasons contributing to leaving school were centred around poverty and vulnerability, discouragement from being seen as a poor-performing student, parents' perception of the importance of children's education, attractiveness of gaining employment particularly from the secondary students' perceptions, and safety and geographical issues.

Participants in the FGDs also reported that the quality of education was an issue, stating that students who graduated did not have the full capacity to meet the corporate world's needs because they had gaps with certain skills.

Cambodian's education system has been significantly impacted by the pandemic, particularly with regards to the national school closures from mid-March 2020. This caused disruption to learning in 13,482 public and private schools, affecting 3,210,285 students (50 per cent females) and 93,225 teachers (53 per cent females). Based on the structured survey results, 5 per cent of young people aged 10-24 years old completely missed their education during the pandemic. Based on their early assessment, students expressed serious challenges in self-learning from e-learning content and, most importantly, many lacked devices to access the various mediums.

Adolescents and Youth Employment

Based on the structured survey with young people aged 15-24, 41 per cent of the employed respondents had left school or finished formal education, and 59 per cent of the total were not in employment, education or training (NEET). Key informants working in education and employment reported that child labour still existed in their areas, mostly in low-income families who worked as daily wage earners, and that local authorities (at the commune level) wouldn't typically report child labour.

While 80 per cent of surveyed respondents believed there were many job opportunities available in the country, results from the FGD noted that underemployment or unemployment caused young workers to migrate internally (from rural to urban areas) and externally (to other countries) driven by potentially higher wages and opportunities. Several respondents also shared that they were either working in dangerous conditions or had not been paid.

According to the structured survey, nearly one-third of respondents were affected by the COVID-19 pandemic. The biggest impact was to those working in factories who were temporarily laid off (14.9 per cent) and permanently laid off (5.5 per cent), and almost all (90.9 per cent) of those who were permanently laid off were unsuccessful in finding a new job. They were doing agriculture work for their family or other daily wage type of jobs nearby their hometowns.

Adolescents and Youth Health

Food Security and Nutrition

The structured survey results showed the majority of young people aged 10-24 had enough food over the last 24-hours. All reported that they had rice, 98 per cent had meat or fish, 71 per cent had green leafy vegetables, and 60 per cent had fruit and eggs. According to the structured survey results, the consumption of soft drinks, particularly CSD and energy drinks, was high among young people aged 10-24, and they perceived them to be healthy and as providing vitamins and nutrition.

The quality diet for women in reproductive age (15-49) was measured in the study based on the standard indicator of the Minimum Dietary Diversity for Women (MDD-W). The results showed 66 per cent of women in reproductive age consumed the minimum dietary diversity of five or more food groups. Females from households headed by women were more likely to have acceptable minimum dietary diversity than females living in households headed by men. Around 77 per cent of females in urban areas consumed at least five food groups, compared to 56 per cent of those in rural areas.

When asked what strategies they had implemented to cope with any food shortages in the last seven days, 52 per cent of respondents reported that they implemented at least one of the food-based coping strategies. The majority of respondent's families had relied on buying less preferred food options or less expensive food and reducing their meals. Livelihood-based strategies were also used among 56 per cent of adolescents and youth families. Out of these, about 26 per cent of them adopted a stress strategy, 28 per cent used a crisis strategy, and only 2 per cent practiced an emergency strategy. A statistical different in term of geographical region is observed, but not by sex of the household head (HH) and geographical areas. The Tonle Sap region had the highest percentage (64 per cent) compared to 59 per cent in the coastal region, 54 per cent in the plateau and mountain region, and about 50 per cent in the plain region.

General Health

Around 21 per cent of surveyed young people aged 10-24 reported that they were aware of waterborne or water-related diseases, and almost half had an awareness of preventative measures against these diseases.

Over one-third (37 per cent) of survey respondents aged 10-24 reported that they visited a private clinic or hospital in the past 12 months, and most respondents reported having experienced typhoid, malaria, dengue, recurring diarrhoea, and serious stomach ache in the past 3-5 years.

Though they considered that making their mind healthy is important, none of the respondents from the FGD were aware of any institution that can help emotionally troubled individuals, and none were aware of medication or clinical treatment for mental health or illness. Eighteen per cent of all survey respondents reported that they had experienced anxiety or depression themselves, and 11 per cent experienced this during the COVID-19 outbreak.

Results from the structured survey showed that young people aged 10-24 believed that they were healthy, including 78 per cent who reported they were happy or stress-free. However, based on the perceptions of key informants from the health sector, there is still limited knowledge about basic nutrition.

Sexual and Reproductive Health

According to the structured survey, parents and schools were the main sources of information for young people aged 15-24 about sexual and reproductive health, however the results further revealed that comprehensive knowledge of young people aged 15-24 on sexual or reproductive health is still limited. Only 50 per cent of the respondents understood the possibility of a woman getting pregnant after the first time she had sexual intercourse, and only 35 per cent had basic knowledge on the menstrual cycle and possibility of pregnancy. Less than 3 per cent of the total respondents aged 15-24 were aware that using a condom can protect against sexually transmitted diseases or infections. Another 22 per cent had heard about contraceptive methods but could not explain any benefits or impact.

The structured survey findings showed that most respondents aged 15-24 (85 per cent) had heard of HIV, and 26 per cent of them reported knowing a person living with HIV. The majority of respondents aged 15-24 had a fairly good basic knowledge of HIV prevention, however HIV related misconceptions were still significant, with 32 per cent of those aged 15-24 believing that people can get HIV by mosquito bites and by sharing food with the person living with HIV. Findings indicated that 14% of adolescents and youth had comprehensive HIV knowledge¹. Almost half of adolescents and youth who ever had sex (including married) had been tested for HIV and a health centre was the common place where the majority went for HIV tests.

Adolescents and Youth Participation and Rights

The study found that adolescents and youth participation in development processes and programme development and implementation were lacking. Only 11 per cent of the respondents aged 10-24 were able to talk about their opinion or exchange ideas with a

¹ Comprehensive HIV knowledge was analyzed based on the same indicators and methodology used in CDHS

group of people or organization and only 6 per cent had led or been involved in an activity or programme in their community.

Forty-four per cent of survey respondents aged 20-24 reported that they voted in the national election in 2018. The main reasons cited for not voting included not being registered voters (30 per cent), not having ID cards (30 per cent), and being under 18 years old at the time (17 per cent). Around four out of ten aged 22-24 reported that they had voted for the last commune council 2016, with similar reasons cited for not voting as for the national election.

Other Related Topics

Of the total structured survey respondents, 39 per cent reported having witnessed physical violence in their community in the past 12 months, and 12 per cent reported having experienced a form of abuse. Parents of adolescents and youth were reported as the main perpetrators of physical violence towards young people aged 10-24, followed by their friends and grandparents. Around 27 per cent of young parents believed that corporal punishment was necessary to raise or educate a child.

FGD participants were mostly unfamiliar with the term 'LGBTQI' and reported they more commonly knew the terms 'gay' and 'lesbian'. No negative reactions or discrimination for LGBTQI people was noted, and almost all female respondents reported having a friend who was gay. When asked if they had seen or heard negative comments about an LGBTQI schoolmate or teacher, 80 per cent reported never having witnessed this towards a teacher, 50 per cent reported never having witnessed this towards a schoolmate, 27 per cent reported sometimes towards a schoolmate, and 3 per cent reported always towards a schoolmate and teacher.

The structured survey findings showed that most adolescents and youth (57 per cent) had access to a mobile phone and regular access to the internet (56 per cent). Almost all respondents who had access to internet reported using the internet for entertainment (98 per cent) and most reported it is also used to stay connected with friends and relatives through social media and messaging apps (90 per cent).

Recommendations

Adolescents and Youth Education and Employment

National level

- Continue targeted programmes for poor-performing students, including early warning identification systems, additional classes, and consistent discussions with parents about their children's performance.
- Continue providing scholarships to IDPoor students and educate their families on the importance of education.
- Ensure all teachers are trained to use adolescents and youth-friendly teaching methodologies and techniques and are adequately compensated.
- Identify and address issues that result in different completion rates for males/females and urban/rural students.
- Continue to improve the quality of secondary and post-secondary education by introducing a long-term strategy to improve teaching and curriculums which adapt to the changing needs of employers.

- Promote and raise awareness of Technical and Vocational Education and Training (TVET) and offer more flexible schedules at TVET institutions.
- Continue and expand skills development, particularly in technical training, entrepreneurship programmes, and soft skills.
- Support and expand opportunities for internships.
- Provide a supportive service through secondary and higher education programmes to teach youth how to utilize digital platforms for job-seeking and introduce career days and job fairs to expose them to different employment options.
- Provide training on safe migration practices and encourage students to increase their skills to get better jobs when they do migrate.
- Address issues relating to child labour, including through education in the community, labour inspections, and consequences for parents and employers who require children to work.

Local level

- Increase engagement and collaboration between local authorities, schools and civil society in the community to:
 - Assess the school's environment and accessibility and address issues to ensure a good environment for students to participate and ultimately reduce dropout rates.
 - To ensure that poverty is not a barrier to education, identify low-income families (in addition to IDPoor) and provide support to ensure that students are provided support to go to school.
 - Implement awareness-raising campaigns to help parents understand the benefits of education, so they support their children going to school

Health

- Improve knowledge related to hygiene, sanitation, diseases, and practices to prevent waterborne illnesses, such as diarrhoea, cholera, and typhoid.
- Create more awareness of nutrition, such as what are healthy and unhealthy foods.
- Include mental health on information and awareness-raising campaigns and include mental health topics in formal education curriculums, including preventing illness and treatment options.
- Provide reading materials in school libraries and utilize social media to communicate health-related information to young people.
- Continue and expand the comprehensive sexuality education (CSE) programme to access both in-school and out of school students and identify ways to reach out of school youth through peer educators.
- Improve public health facilities and youth-friendly sexual and reproductive health services.
- Continue to engage in strategies to educate youth with CSE and other efforts to end child marriage.
- Continue and scale up the implementation of the Positive Parenting Strategy to teach parents non-violent parenting methods.
- Implement the CSE both in school and out of school to provide youth with the skills and knowledge on conflict resolution and other life skills.
- Promote prevention programmes that address violence against women and children in all settings.
- Increase and improve HIV knowledge through formal education streams and through social media or other innovative means.

Participation

- Introduce (media) awareness-raising campaigns aimed at young people which highlight how important for them to exercise their civic rights and active participation can benefit their lives now and in the future.
- Provide testimonials from successful individuals who started at an early age should also be included for inspiration.
- Provide specific opportunities by inviting young people to participate in schools, in commune or district meetings and at the national level to allow them to provide input on the issues that impact them.
- Institutionalize youth representative in local governance by integration youth into Commune Committee for Women and Children (CCWC) and Planning and Budgeting Committee of Commune/Sangkat council to ensure that youth concerns and voices are heard and addressed accordingly.
- Conduct awareness-raising campaigns among parents, communities, key decision makers, and the general public on the significance of youth participation in decision making process on matters that directly affect them.
- Facilitate dialogue between young people and community leaders to strengthens the relationships that enable young people of different ages, genders and backgrounds to express their views and feelings on matters that affect them.

Future Research

- Reduce sample size for KIIs and include more informed participants and focus more on key informants working in specific sectors, such as the provincial office of education (POE), district office of education (DOE), school heads for TVET and from formal schools, provincial and district officers working on labour and TVET, social affairs, and women affairs.
- Increase the sample size for the structured survey to between 2,000 and 3,000 to include a better representation of the country and extend coverage to most provinces across Cambodia.
- Explore options for a more reasonable sample for FGD and consider conducting qualitative studies based on urban and rural balances, rather than covering all selected provinces for the structured survey.
- Conduct future research targeting young people with disabilities using a purposive sample selection.
- Focus on balancing samples of students who had dropped out of school with those in employment when conducting a survey with a larger sample size.
- Conduct a comprehensive study on the use of contraceptive methods and experiences of abortion, focusing on married and sexually active single respondents through a random probability sampling method.
- Conduct a study relating to media consumption, in particular, understanding the use of digital channels, digital literacy and digital risks, before planning digital media campaigns to capture valuable insight for strategies and content or information.

CHAPTER 1 - INTRODUCTION

1.1 Background and Rationale of the Study

Cambodia has made remarkable progress in its economic growth after gaining peace and stability in the late 1990s. Its economy has gradually improved and achieved notable growth rates. The country was able to sustain an average GDP growth rate of 7.6 per cent over the 20 years between 1994-2015 ^[1]. With this growth, the country moved from a lower-middle-income to a higher-middle-income status as defined by the World Bank ^[2]. Despite the global financial crisis in 2008-2009, Cambodia's economy rapidly recovered, and the average growth rate of GDP in 2009-2017 was able to reach 7.0 per cent . This significant economic growth has led the country to gain developmental success in employment creation. The industrial sector remains the main driver for the country's economic growth with an 11.3 per cent growth rate, followed by the service and agricultural sectors at 6.8 per cent and 2.1 per cent, respectively ^[1].

While the industrial sector remains the key driver for the country's economic growth, the majority of the working population still worked in agriculture in 2004. With Cambodia's large youth and adolescents population, youth have become a vital part of the country's labour force. This was reflected in the Cambodia Social Economic Census of 2009. Since then, youth have been considered central to shaping the country's workforce. While they play a critical role in the country's economic development, youth too often face challenges with exploitation, abuse, and access to services and protection. As such, youth are considered as one of the most vulnerable groups in the country.

The 2009 Situation Analysis of Youth in Cambodia found that Cambodia's young labour force clearly impacted youths' well-being, growth and access to better opportunities ^[3]. The potential of young people as the country's future leaders and contributors to positive social change was recognized as an important focus for the government, institutions and development partners to nurture them to reach their full potential while protecting them from any form of harm or abuse.

Since 2008, there has not been a comprehensive analysis of the situation of Cambodian young people, except for the public development statistics reported in the Social-Economic Survey in 2017. In this regard, a more updated set of data, insights and analysis of the youth situation is needed to ensure efforts towards development and growth are channelled efficiently, effectively and inclusively among the target group.

The lack of data and limited analysis of existing data informed the need for this study. This Adolescents and Youth Situation Analysis is valuable and will be impactful to further identify how the youth fit within the current, fast-growing Cambodian society. The data collected through this assessment is intended to cover the situation of mainstream youth and groups that may also be considered marginalized. This analysis will provide useful and actionable insights on marginalized groups, such as women and girls in rural areas, younger

adolescents aged 10-19-years-old, single women, migrants or youth impacted by migration, and other groups. As a result, future planning and programmes will become more relevant and inclusive.

Overall, this Adolescents and Youth Situation Analysis aims to supply data to inform decision-makers and development partners on various important factors impacting Cambodian adolescents and youth (i.e., health, at-risk behaviour, gender-based violence and also media habits and patterns of media consumption). This will allow for more on-point and data-driven policies, strategic planning, and programmes and interventions. Informed by the lessons learnt from the current data gaps, as well as from unmet needs based on previous studies, this Adolescents and Youth Situation Analysis was designed to assess relevant information on key development aspects, such as health, education, employment, youth participation, and broader aspects related to the well-being of youth and adolescents (aged 10-24years-old), such as mental, physical and sexual health. This study also covers the four priorities identified in the National Action Plan on Youth Development: health, education, employment and participation.

To address pre-existing gaps in past studies, this Adolescents and Youth Situation Analysis includes younger adolescents (aged 10-14-years-old) who have previously been excluded in studies but are considered one of the most important age groups to understand. This age group is one of the most exposed to various kinds of risks, both at home, at school and in society. Hence, it is crucial to identify and tackle their vulnerabilities to ensure children can grow into healthy individuals. Furthermore, this age group has grown significantly in numbers over the past years and is particularly at risk regarding access to quality education and issues from the increasing demands of an often unregulated labour market.

Lastly, and more importantly, the comprehensive, nuanced and layered set of factors and topics—spanning from nutrition, health, sexual health and media consumption— captured through this Adolescents and Youth Situation Analysis permit compilation of a thorough and overarching analysis that can effectively support, inform and guide both agency-specific strategies (i.e. for UNFPA and other UN agencies, such as UNICEF, UNAIDS, and WFP), as well as inform 1) multi-sector and multi-agency approaches, 2) government policies, 3) development intervention programmes and funding, and 4) INGO and national NGO priorities. Moreover, by ensuring that often-marginalized sub-groups and ethnic groups are included, key development and global goals, such as gender, inclusion, and education, will be duly and thoroughly taken into account. This will allow guidance to be created which fully embodies the UN's overarching priority of 'leaving no one behind.'

1.2 Objectives of the Study

The study aims to provide clear, current, and relevant data and information on adolescents, aged 10-19, and youth, aged 15-24, to support policymakers, NGOs, development partners, civil society, and young people for the development of inclusive, youth-related programmes and policies. These will focus primarily on addressing the unmet needs and challenges of adolescents and youth in the main areas of health, education, employment, and participation.

More specific objectives of the study are as follows:

1. Provide an update on young people's demographic profile
2. Capture the current situation of adolescents, aged 10-19, and youth, aged 15-24, focusing on the four main areas of health, education, employment and participation, based on qualitative and quantitative data

3. Identify current challenges and issues for adolescents, aged 10-19, and youth, aged 15-24, focusing on the four main areas of health, education, employment and participation, based on qualitative and quantitative data
4. Capture gaps and areas for future interventions related to adolescents, aged 10-19, and youth, aged 15-24, focusing on the four main areas including health, education, employment and participation.

1.3 Study Methodology

The Adolescents and Youth Situation Analysis report is based on a desk review of secondary data and primary data collected through, Key Informant Interviews (KIIs), Focus Group Discussions (FGD), and a Structured Survey among young people aged 10-24-years-old.

Location Selection and Sampling: The study selected six main provinces within four geographical areas of Cambodia. The selection of geographical representativeness was to follow the past Adolescents and Youth Situation Analysis in Cambodia, conducted by the Cambodia Development Resource Institute (CDRI) in 2009. The sites selected were:

- Phnom Penh, as the capital city remains the hub of politics, economics, and technology within the country. Selecting Phnom Penh aims to include those who have migrated from other provinces in search of educational and economic opportunities.
- Prey Veng, as it belongs to the Plains region and offers sufficient rural representation. It is selected to replace Svay Rieng province (from the previous study) to better represent the national 10+ population (7 per cent in Prey Veng versus 4 per cent in Svay Rieng).
- Battambang and Kampong Thom were considered as the representatives of the Tonle Sap region. Battambang, the second-largest city in the country, is also a hub of economic and agricultural activities in Cambodia. Owing to its proximity to Thailand, this province also has a high incidence of migration and the population is widely exposed to Thai brands and products. Kampong Thom, on the other hand, is the best representation of the rural population in the region.
- Kampot is considered representative of the Coastal region. It is now poised as a potential tourism coastal area after Sihanoukville and has improving economic prospects in agriculture and salt production.
- Kratie represents the Plateaus and Mountains region. Kratie shares a higher portion of the national population than other provinces in this region and has a significant ethnic population.

Desk Review: Secondary data was reviewed, including all related documents, reports and publications, including but not limited to, DHS survey of 2014, recent data from studies conducted by UNFPA, the Royal Cambodian Government, and other partners from the Technical Working Group (TWG) on adolescents and youth groups, and relevant administrative information or reports and further surveys and studies. Reviewing the census data and results of large-scale nationwide studies conducted by the National Government, such as the Cambodia Socio-Economic Survey (CSES), Population Census, and Commune Data Base, also provides a clearer picture of the target groups' ever-evolving profiles.

Key Informant Interviews (KIIs): KIIs were conducted with the Provincial Department of Education, the Provincial Department of Health, the Provincial Department of Labour, and the Provincial Department of Women Affairs in all six selected provinces. The study also interviewed district level representatives responsible for education, health, labour and

vocational training or social work, and women's affairs. These districts were selected for the structured survey (a selected sample list provided in the inception report). The study also included representatives from technical and vocational training schools located in nominated provinces. Representatives of all selected communes (for the structured survey) were also interviewed. The recruitment for government officials was conducted through referrals from the provincial level. First, an admission letter was submitted to all six selected provincial governors to refer the study team to officials in the province, district and commune levels whose work is related to education, health, labour and employment, and Technical Vocational, Education and Training (TVET). Then the study team followed up via telephone to formally schedule interviews.

Focus Group Discussions (FGD): The FGD were conducted with a total of 288 participants who were young people aged 10-24-years-old in the target areas. The participants were of different age groups, genders, socioeconomic status, educational attainment, civil status (single and married), economic participation, in-school & out-of-school (almost a 50-50 split), different religious affiliations (Buddhists and Muslims), and ethnic groups.

Since the FGD were considered qualitative insights to inform the quantitative data from the structured survey, they were conducted in the same communes as the structured survey (during the inception report design). Six communes per province were randomly selected for the FGD, with one group discussion per commune. The recruitment in each commune was conducted via the snowball² method since there were quotas by gender, age group, in/out of school respondents, and other criteria. Some challenges in recruiting out-of-school respondents were experienced. Most of the young people aged 10-24-years-old were mostly in school. Furthermore, those who dropped out of school had moved for work or to stay with their parents at their respective workplaces.

The FGD in the provinces were conducted in the commune where the respondents reside. Each group had eight respondents and a total of six groups per target province. Groups were classified into three age segments, 10-14-year-olds, 15-19-year-olds, and 20-24-year-olds. One male and one female group were recruited per age group. Half of the respondents per group were current students, while the other half had dropped out of school or had finished education. The study held two FGD with Muslims in Kampot (one male and one female group) and two FGD with ethnic minority groups in Kratie (one male and one female group).

Structured Survey: The sample size for the structured survey was 1,000. This sample size provided a 97 per cent confidence level and 3 per cent margin of error based on the national population aged 10-24 (of the national population census 2008). The sampling was a single-stage method that considered commune as the primary sampling unit and the ultimate cluster (final sampling unit). There were 100 communes selected, with ten interviews in each. The sampling list was provided in the inception report.

Ten households were selected randomly in each defined ultimate cluster using the right-hand rule. They were chosen using a fixed sampling interval of five households. Randomly selected geo-coordinates were used as the starting points for surveyors to start their random route in each selected ultimate cluster. The selection of respondents within a household was conducted using the Kish grid. The surveyor input the qualified respondents (aged 10-24) in the household into the table, from eldest to youngest, then the selection of qualified respondents was automated by the Kish grid and programmed into the script of the questionnaire. The study was conducted via Computer-Assisted Personal Interviewing

² Snowball sampling is a chain-referral method which is defined as a non-probability sampling technique in which samples have traits that are rare to find and have different sets of criteria. This is a sampling technique, in which existing subjects provide referrals to recruit samples required for a study.

(CAPI). Gender-matching between surveyors and respondents was applied as the study covered sensitive topics related to sexual and reproductive health. It is worth noting that the majority of questions were asked openly, with no prompts or suggestions offered to the respondent. The only exceptions were topics focusing on determining respondents' awareness when a list of statements was offered with true/false options (for example, HIV topic), when the respondents' answers were unclear, or when the question required multiple responses (for example, reasons for not using a bank account).

Data analysis for the structured survey was conducted using the SPSS programme. Some tools were used to generate frequencies, crosstabs, significance tests, etc.

Table 1 – Study areas and summary of sample sizes for primary data collection

Province	Geographic Location/Region	10-24-year-old Population³	Sample Size for KII	Sample Size for FGD	Sample Size for Survey
Phnom Penh	Plain	491,129	30 people	6 groups/36 respondents	280
Prey Veng	Plain	302,113	65 people	6 groups/36 respondents	170
Battambang	Tonle Sap	377,041	75 people	6 groups/36 respondents	210
Kampong Thom	Tonle Sap	212,059	64 people	6 groups/36 respondents	120
Kampot	Coastal	203,241	20 people	6 groups/36 respondents	120
Kratie	Plateaus and Mountains	102,705	29 people	6 groups/36 respondents	100
Total	4 regions	1,688,288	283 people	36 groups /288 respondents	1,000 respondents

1.4 Limitations of the Study

It is important to note that the FGD methodology was difficult for the younger participants aged 10-14-years-old. This was observed to be due to their apprehension to respond to questions and relatively greater challenges in articulating issues of concern, their perceptions, and their knowledge of the topics discussed. For the 15-19-year-olds, it was difficult to have an open discussion about sexual and reproductive health with same-sex peers in the group.

Similarly, it was noted that some participants had limited knowledge or awareness of certain topics. While these findings were included in the study, for example with mental health services and treatment and sexual and reproductive health, findings on the knowledge of menstruation hygiene practices were deliberately excluded. These questions focused on what females considered as good practice for effective menstruation hygiene, and responses were prompted by interviewers. Following the data collection, it was noted that these responses were not aligned with official guidance on hygiene practices. Therefore it was considered that these findings were not an accurate reflection of the respondents' knowledge of this subject and were subsequently removed from the report.

³ National Population Census 2008

Recruitment for the FGD and the random selection for the structured survey could not cover adolescents and youth with disabilities. The percentage of adolescents and youth with disabilities was relatively small to almost none in the locations selected for the FGD. Even after having closed collaboration with local authorities, the researchers could not recruit this group's participation since they were not staying in the areas covered, or they did not fit the age criteria.

There were also some limitations to the KIIs. Firstly, most informants who were concerned about privacy strictly requested anonymity, hence the report has cited their responses in a generic style, rather than specific to their position and name. Secondly, informants struggled to provide a clear time or period of when the intervention programmes took place in their areas and its impacts on adolescents aged 10-19 and youth aged 15-24. They often gave responses of an unclear period or without any timeframe at all.

TVET was considered in the study as part of the main component related to young people's education and employment. However, the study does not cover the broader outcomes of TVET on young people's employment, income, or improvements to their knowledge and skills. Although the study encouraged informants to offer information or data related to this matter, they could not do so.

Lastly, secondary sources were limited since there were few available secondary sources that were relevant for the target age groups.

1.5 Information for Readers

The study defines adolescents, youth, and young people based on the United Nations agencies' definition. Throughout the study, adolescents are those individuals in the 10-19 years age group, youth refers to individuals in the 15-24 years age group, and young people are those in the 10-24 years age group. For some sections and points, the study used the term "respondents" in different age groups as a synonym of adolescents, youth, and young people.

The findings related to the COVID-19 pandemic cover the time period from March 2020 - September 2020, which includes the data collection period of this study.

The sample sizes per section and specific variables were not always the same. The education section is based on two filters, one for those who were still studying and one for those who were not in formal education. The details of sample sizes in both the structured survey and the FGD can be found in the respondent profile section, Section 2.3.1. The employment section is based on those who were not in formal education and are working. There are some specific indicators with specific filters, including harassment at work questions which were asked among those who currently worked for an employer or an organization. Those who were self-employed were excluded. Sexual and reproductive health questions were asked with only the youth aged 15-24 and included different filters for some variables. Therefore, the sample size is shown as "*Base n=xx*" and this is always in a small font as a note under each table and figure for the readers' reference. The details of filters in each question can be found in the survey instruments, including the discussion guide for the FGD and the questionnaire for the structured survey.

Furthermore, having different filters in each covering the variables mentioned above made sample sizes small for some indicators and with selected provinces, so aggregated analysis by province was excluded from the report. As shown in **Table 1**, for some provinces, such as Kampong Thom, Kampot, and Kratie, sample sizes are 10-12 per cent and adding more filters by specific criteria would make this smaller than 10 per cent. Aggregated analysis by

geographical areas, which was planned in the inception report, is also excluded for the same reasons.

As shown in the methodology section, Kampot province, representing the Coastal area, and Kratie province, representing the Plateaus and Mountains, have only 10-12 per cent sample sizes out of the total the structured survey sample. Likewise, by adding other filters for different criteria, these regions' sample sizes become a lot smaller than 10 per cent. Aggregated analyses for other demographic variables, such as household income, education attainment, and occupation, are only highlighted when significant differences are observed. Though the main findings presented in this report exclude this aggregated analysis and these indicators, the detailed data in a separate spreadsheet are provided so readers can refer to this for more details if needed.

Finally, as the results from the structured survey and some secondary data are estimated, the percentages presented in the text are rounded and one decimal percentage is displayed in tables and figures. Most percentages have been rounded to the nearest whole number.

1.6 Ethical Considerations

Due to the nature of the study, it is of utmost importance that ethical clearance was obtained. The Adolescents and Youth Situation Analysis fully followed ethical protocols and considerations. All of the study instruments, including the study protocol, a discussion guide for KIIs, a discussion guide for FGD, and the questionnaire for the structured survey in both English and Khmer languages, were submitted to the National Ethics Committee for Health Study of the Ministry of Health (NECHR) for ethical review and approval before commencing data collection. The submission was made in early June 2020, and the NECHR approved the study materials by the end of the same month.

To avoid any harm to the participants of the study, their names and other identifiable personal information has been kept confidential and only accessible to the research team. All of the respondents and a parent or guardian (for underage respondents) were given an explanation of the study background, including their right to withdraw from the study at any time and their right to remove their personal information from the study's database. Given the sensitive topics (for example, sexual and reproductive health, HIV, and other topics), questions were asked in a careful manner where surveyors remained neutral and declared high confidentiality of the provided information.

There were two sets of consent forms developed based on a sample consent form from UNICEF. One was created to obtain parental consent to allow respondents (aged under 18) to join the structured survey and the FGD. Another consent form was developed and used to gain consent from the respondents themselves (aged 18 years and older), specifically, consent to have video and audio recordings and/or photographs (to be used in the report). The consent forms were in English and translated into Khmer. Each respondent and a parent or guardian (for underage respondents) were asked to sign informed consent at the recruitment stage and the beginning of the interview.

1.7 Consultation with Young People

At the first stage of the study, the initial plan and methodology were presented to and consulted with adolescents and youth groups, including the UN Youth Advisory Panel (UNYAP) and the Adolescents and Youth Reference Group (AYRG), as well as other UN agencies and the representatives from MoEYS. A workshop was conducted after the study plan was approved, and before data collection commenced. Another workshop was then

carried out to present the study findings with adolescents and youth groups and other stakeholders, namely UNYAP, AYRG, other UN agencies, and the representatives from MoEYS. The final workshop for result presentation was conducted towards the end of December 2020. The final draft was consulted as well as revised the report according to the need and suggestions, improved and approved by the relevant line ministries that are members of the National Youth Development Council in mid-2021.

CHAPTER 2 – ADOLESCENTS AND YOUTH DATA AND TRENDS AT A GLANCE

2.1 Global Trends

The world's population continues to grow, albeit at a slower pace than at any time since 1950, owing to reduced levels of fertility. There were an estimated 1.8 billion adolescents and youth population globally in 2010, making up a large percentage of the total population, 90 per cent of whom lived in developing countries. The number of adolescents and youth was at an all-time high, but it may begin to decrease in the coming decades if global fertility continues to decline. The percentage of young people is set to decline from 17.6 per cent in 2010 to 13.5 per cent in 2050 ^[4].

The young generation is experiencing widening social gaps and a myriad of challenges. Even though young people are better educated in some parts of the world than ever before, they face increasing insecurity in the labour market. Those who have the opportunity to go to school are forced to study much longer as job opportunities become scarcer, less well-paid and less secure, delaying the age at which they become financially independent from their parents. Those who do not have the opportunity or who choose to leave the school system at an early age face marginalization from the broader community from which they may never recover, either as a result of long-term unemployment or underpayment to low payment, insecure and even dangerous jobs ^[5].

In 2018, there were 142 million youth of upper secondary age who were out of school, and upper secondary enrolment rates averaged only 14 per cent in low-income countries. Moreover, almost 30 per cent of the poorest 12-14 year olds have never attended school, and many of the future youth are still unable to obtain an acceptable primary education. In many regions, young women face particular challenges in securing and completing education ^[6].

Even though the global economy has started to recover, youth employment has worsened in recent years. At present, there are 71 million young people unemployed, and many millions more are in precarious or informal work ^[7]. The challenges of securing and retaining decent work are even more serious and complex for vulnerable and marginalized youth, including young women, those living in humanitarian settings, youth with disabilities, migrants, and youth identifying as LGBTQI ^[6].

As an estimation, there are 1.1 million adolescents dying each year, leading causes of which are road traffic injuries, suicide and interpersonal violence. Causes of mortality and morbidity differ by sex and age and by geographic region. For 10-14-year-olds, the leading risks for health are related to water, hygiene and sanitation. Risks for 15-19-year-olds are more often associated with behaviours, such as alcohol abuse and unsafe sex. Poor diet and low physical activity are additional challenges that begin in childhood and adolescence. Older adolescents girls are also disproportionately affected by intimate partner violence. Pregnancy complications and unsafe abortions are the leading causes of death among 15-19 year old girls ^[8]. Fertility among women aged 15-24 years fell from 244 births per 1,000 women during 1990-1995 to 178 births from 2015-2020, a decrease of 27 per cent. During this period, the decrease in the number of births among adolescents aged 15-19 years (-34 per cent) exceeded that of young women aged 20-24 years (-25 per cent) and of women aged 15-49 years (-18 per cent) ^[6].

In 2019, new HIV infections declined by 23 per cent globally, and the number of AIDS-related deaths decreased by 39 per cent compared to the 2010 baseline. Results in the quest to realise the vision of the three zeros - zero new HIV infections, zero discrimination and zero AIDS-related deaths - have been mixed and fall short of global aspirations. In 2020, fast-track commitments were missed and, from 2015-2020, there were 3.5 million more new HIV infections and 820,000 more AIDS-related deaths than if the world were on track to achieve the 2020 fast-track targets ^[9]. Reducing new infections is a priority for adolescents and youth.

Worldwide, the prevalence of contraceptive use among single adolescents aged 15-19 years increased from 3.8 per cent in 1990 to 7.4 per cent in 2019. Contraceptive use among married adolescents increased from 15 per cent in 1990 to 31 per cent in 2019. Despite the rise in contraceptive use among adolescents, there has been only a modest reduction in the unmet needs for family planning in this age group ^[9].

Given the global trends of young people's issues and situation, Cambodian young people are likely to face many of the same challenges. Based on the previous study of young people's situation conducted by CDRI in 2009, around 300,000 Cambodian young people left their education early and looked for work. Since there were not enough jobs for adolescents and youth, it resulted in continued pressure on public services and resources in education and health. The rural-to-urban migration of young people for employment and education contributes to their exposure to sexual reproductive health risks, such as increased risk-taking behaviour associated with HIV infection and other health development risks, including drug abuse and gender-based violence. Additionally, access to information and communication technology influences attitudes and introduces new lifestyle possibilities throughout the country ^[3].

2.2 Recent National Profile of Cambodian Young Population

The Cambodian population has grown from 13,395,682 to 15,288,489, a 14 per cent increase between 2008 and 2019. The current male population is estimated to be 7,418,577 (49 per cent) and the female population is 7,869,912 (51 per cent). The average household size has been stable since 2008 at 4-5 persons per household ^[10, 11].

The Cambodian adolescents and youth population, age 10-24-years-old, has declined from 4,658,997 to 4,313,407, a 7 per cent drop between 2008 and 2019. The current male adolescents and youth population is projected to be 2,363,171 (50.2 per cent) and the young female population is 2,147,902 (49.8 per cent) ^[10, 11].

Table 2 – Cambodian adolescents and youth population 2008–2019

Age group	Male		Change (%)	Female		Change (%)
	2008	2019		2008	2019	
10-14	859,412	842,891	-2	811,093	804,986	-1
15-19	834,416	710,237	-15	784,874	699,113	-11
20-24	669,343	611,377	-9	699,859	643,803	-8
Total	2,363,171	2,164,505	-	2,295,826	2,147,902	-

Source: General Population Census 2008 and General Population Census 2019

In 2019, 8 per cent of females aged 15-19 and nearly half (48 per cent) of those aged 20-24 were married, compared with 1.8 per cent and 26.2 per cent, respectively, of males in the same age groups. This reflects the earlier age of female marriage. Early marriage is more common in rural areas.

Based on the General Population Census 2019, 91 per cent of the population aged 6-14 were attended school, nearly 68 per cent of the aged 15-17 attended school, and only 21 per cent of the population aged 18-24 attended school, as shown in **Table 3**. This national data focuses on 4 age groups: ages 6-11, 12-14, 15-17 and 18-24. The three main age groups which are the focus of this study (10-14, 15-19, and 20-24-years-old) are disaggregated in the General Population Census 2019 and the Social Economic Survey 2017. **Table 3** shows that the majority of the younger population aged 6-14 were in school, while the majority of older young people 15-24-years-old were out of school.

Table 3 – Population aged 6-24 years who attended school by specific age group and sex in 2008-2019 – (in %)

Age Group	2008			2019		
	Female	Male	Both Sexes	Female	Male	Both Sexes
6-11	76.8	76.9	76.3	91.1	90.1	90.6
12-14	86.3	87.0	86.7	92.8	90.4	91.6
15-17	58.8	65.6	62.3	69.1	66.2	67.6
18-24	16.5	26.2	21.3	19.3	22.1	20.7

Source: General Population Census 2008 and General Population Census 2019

2.3 Character of Respondents and Households

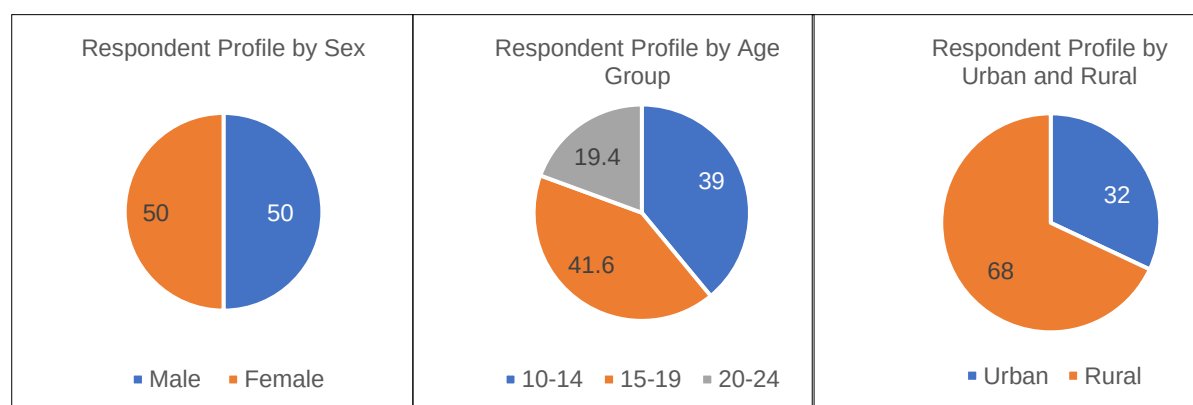
2.3.1 Respondent Profiles

Profile of Respondents who participated in the structured survey

The structured survey included 500 male and 500 female (50/50) respondents (**Figure 1**). Only seven respondents aged 15-24 reported a gender identity other than cisgender. Four females reported to be lesbians, and one other female reported to be bisexual. For males, one male reported to be gay and one other to be bisexual.

By age group, 39 per cent of surveyed respondents were aged 10-14, 42 per cent aged 15-19, and 19 per cent aged 20-24. 34 per cent were from urban areas, and 66 per cent were from rural areas (**Figure 1**). There were no respondents that reported to be a person with disabilities.

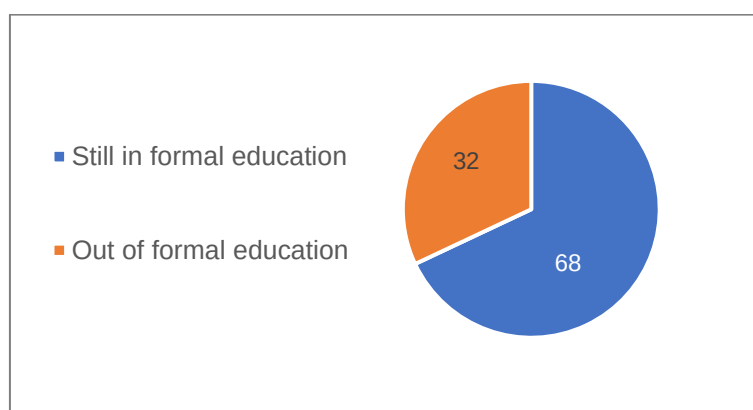
Figure 1 – Respondent profile by sex, age group, and urban/rural – (in %)



Base n= 1,000

For education, 32 per cent of all respondents were out of formal education and 68 per cent were still in formal education (**Figure 2**).

Figure 2 – Education status of respondents who participated in the structured survey – (in %)



Base n= 1,000

Table 4 shows the educational attainment⁴ of respondents who were out of formal education. The majority (78 per cent) had primary school and lower secondary school education. Around 85 per cent of males and 73 per cent of females had participated in primary and lower secondary school. More females had reached higher education (college to post-graduate) compared to males, including 5 per cent of females and 0.7 per cent of males. By geographical areas, 82 per cent of rural and 74 per cent of urban respondents had participated in primary and lower secondary schools.

Table 4 – Educational attainment of adolescents and youth who are out of formal education by sex and urban/rural – (in %)

	Male	Female	Urban	Rural	Total
Never attained formal education	0.7	1.6	1.5	1.0	1.2
Primary school (not completed)	35.2	26.4	28.6	31.4	30.2
Completed primary school	6.4	3.8	4.5	5.2	4.9
Lower secondary school (not completed)	37.3	35.2	33.8	37.7	36.1
Completed lower secondary school	6.4	7.7	6.8	7.3	7.1
Upper secondary school (not completed)	7.0	13.2	14.3	7.9	10.5
Completed upper secondary school	3.5	6.6	6.7	4.2	5.2
Vocational training or skills (not completed)	2.1	-	.8	1.0	0.9
Completed Vocational training or skills	0.7	0.5	-	1.0	0.6
University or college (not completed)	0.7	1.1	1.5	0.5	0.9
Completed university or college	-	2.7	1.5	1.6	1.6
Post graduate degree (not completed)	-	0.6	-	0.6	0.4
Completed post graduate degree	-	0.6	-	0.6	0.4

⁴ Education attainment refers to the highest level of education that respondent has completed. The computation based on the number of the adolescents and youth who confirmed that they were not studying/out of education.

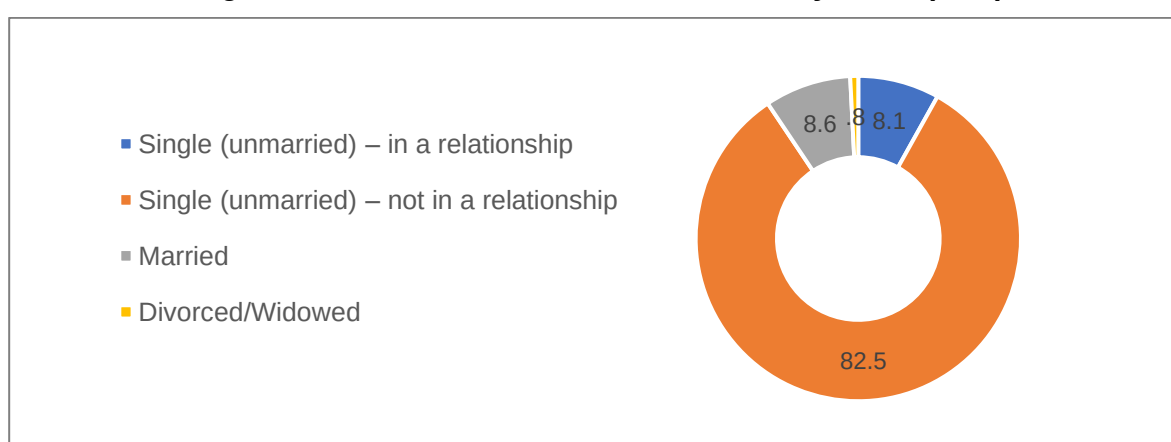
	Male	Female	Urban	Rural	Total
Total	100.0	100.0	100.0	100.0	100.0

Base n= 320 – among respondents who are out of formal education

In terms of marital status 83 per cent of all young people aged 10-24 were single (unmarried) and not in a relationship, 9 per cent were married, and another 8 per cent were single (unmarried) but in a relationship (**Figure 3**). Around 85 per cent of all married respondents were aged 20-24-years-old, while 15 per cent were aged 15-19. Most (83 per cent) of those married were female, and 100 per cent of the youth aged 15-19 that were married were female.

The majority of married respondents had 1-2 children. Around 50-60 per cent of respondents' spouses had some lower secondary school education or below, and the other 20-30 per cent had completed lower or upper secondary school. Less than 10 per cent had a higher education.

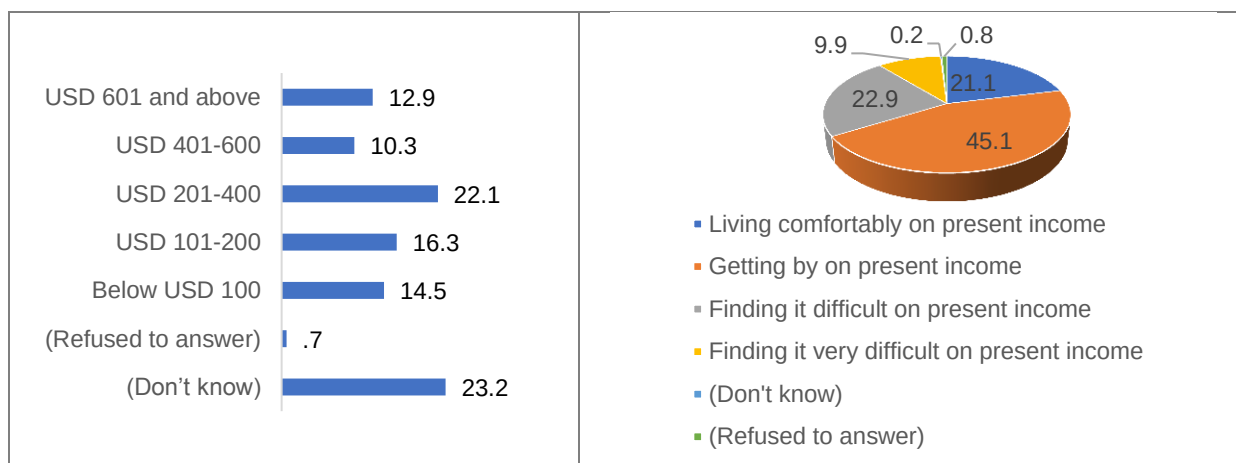
Figure 3 – Marital status of adolescents and youth – (in %)



Base n= 1,000

For household income, 31 per cent of adolescents and youth had a monthly household income below USD 200, 22 per cent had USD 200-400, and 23 per cent had more than USD 400. Around 66 per cent of all respondents felt that they were living well with their current household income, 23 per cent reported they had difficulty, and 10 per cent found it very difficult (**Figure 4**).

Figure 4 – Monthly household income and respondents' perception toward their current monthly household income – (in %)



Base n= 1,000

Profile of Respondents who Participated in the Focus Group Discussions

The FGD included 288 respondents in total, with 50 per cent males and 50 per cent females. However, LGBTQI and persons with disabilities perspectives were not included. Each age group was represented equally, with 96 respondents each for ages 10-14, ages 15-19, and ages 20-24. Half of the total respondents were still studying, and the other half were out of formal education. Around 39 per cent were from urban areas, and the remaining 61 per cent were from rural areas.

Among all respondents who were still in formal education, 27 per cent were studying in primary school, 27 per cent were in lower secondary school, 27 per cent were in higher secondary school, and 19 per cent were in college. Among those who were not currently in formal education, 34 per cent had received primary education, 30 per cent had received lower secondary education, 30 per cent had received upper secondary education, and the other 6 per cent had a bachelor's degree.

Around 91 per cent of all FGD participants were single (unmarried), however being in a relationship was not specified for the single respondents in the recruitment questionnaire. The other 9 per cent were married, with 8 per cent having no children and 1 per cent having 1-2 children. Married respondents were aged 18-24. Around 55 per cent of all respondents who were not in formal education were employed and earning an income, with 10 per cent aged 10-14, 16 per cent aged 15-19, and 29 per cent aged 20-24. The majority of the employed respondents (68 per cent) earned USD 100-200/ month, 29 per cent earned less than USD 100, and only 3 per cent earned between USD 200-300.

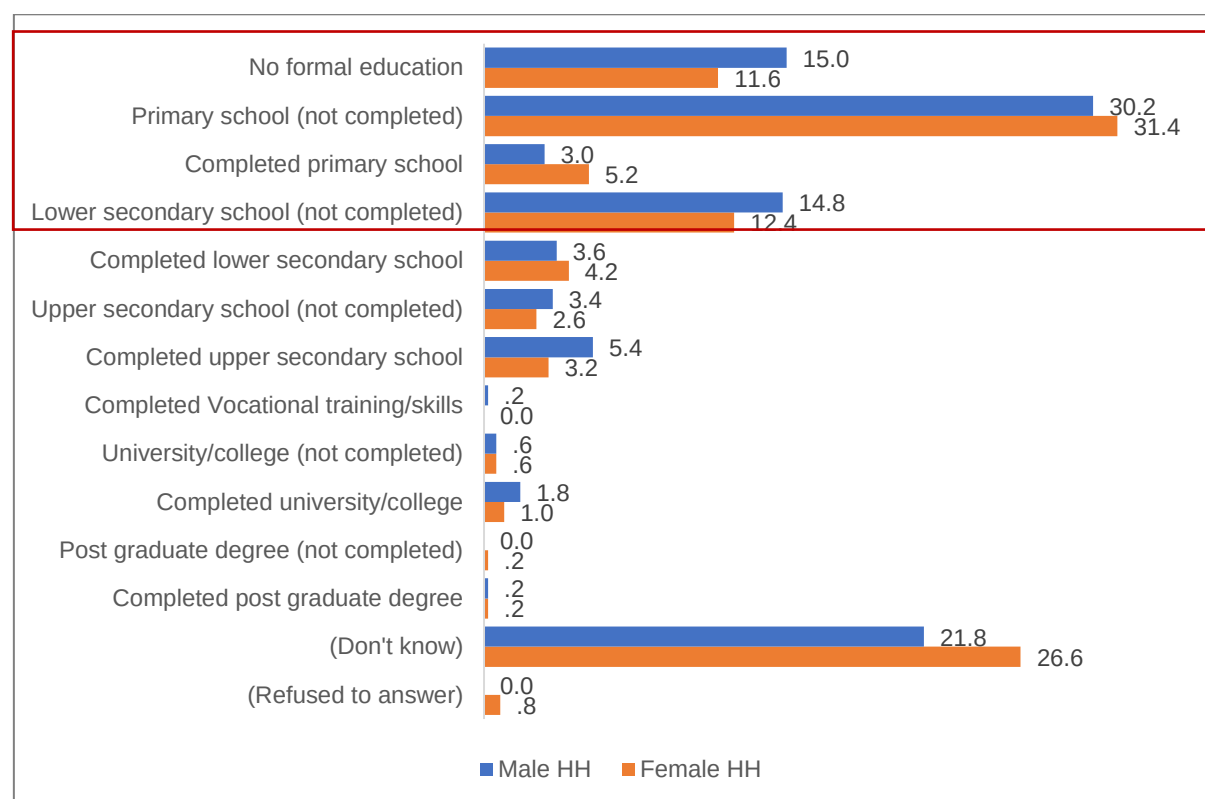
2.3.2 Household Composition

On average, the adolescents and youth lived in a family with an average household size of five people. This included an average of three adults and an average of one child under ten years old. Around 65 per cent of young people aged 10-24 lived with male household heads while the other 35 per cent were living with female household heads. Twelve per cent were living with a young household head (under 35-years-old), 46 per cent were living with an adult household head aged 35-49, and 42 per cent were living with an older household head (aged 50 and above).

The majority of household heads had completed some primary to lower secondary school education, with female household heads generally having lower educational attainment than

their male counterparts. Around 11 per cent of male household heads had received no formal education, while this was true for 15 per cent of female household heads (**Figure 5**).

Figure 5 – Educational attainment of household head (HH) by sex – (in %)

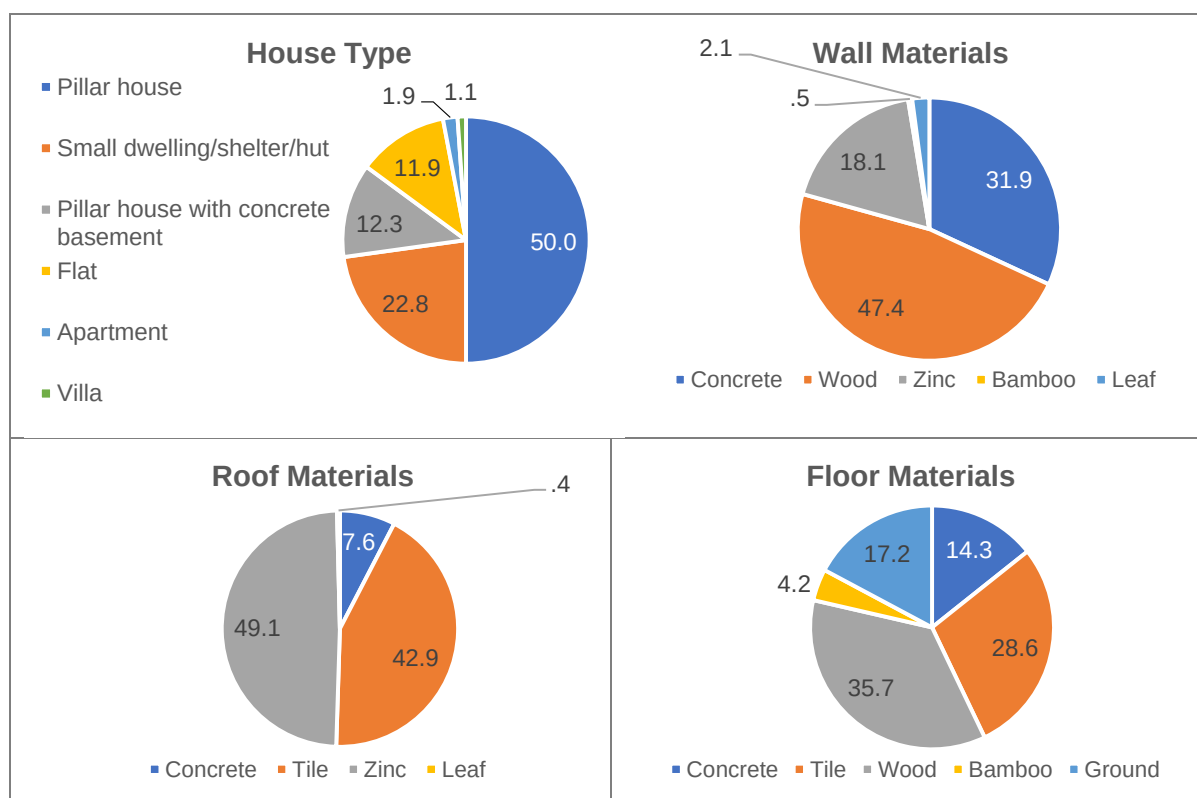


Base n= 1,000

2.3.3 House Structure, Household Ownership, and Ownership of other Goods

Around 60 per cent of respondents lived in a Khmer style pillar house, and 23 per cent lived in small dwellings or shelters. The dwellings and shelters were mostly made of concrete and wood walls, zinc and tile roofs, and wood and tile floors. Around 2 per cent were living in urban slum areas, which included overcrowded housing with deteriorated or incomplete infrastructures.

Figure 6 – House type and building materials – (in %)



Base n= 1,000

Regarding the ownership of residences, 85 per cent of respondents lived in a house owned by them or someone in their family, 10 per cent lived in a rented house, and 5 per cent lived in free accommodation (neither owned nor rented).

In terms of household assets, the majority of respondent households (88 per cent) owned a mobile phone, 85 per cent owned one or more motorbikes, 66 per cent owned a bicycle, and 11 per cent owned a car. Less than 30 per cent owned a television (black and white or LCD television), and only 10 per cent owned a radio. Around 25 per cent owned a cow or buffalo, and 14 per cent owned an agriculture machine. Other home appliances were noted, including a refrigerator (19 per cent), satellite dish (15 per cent), washing machine (9 per cent), cable TV (6 per cent), air conditioner (4 per cent), and DVD/VCD player (3 per cent) (**Table 5**).

Table 5 – Household appliances owned by respondent's family – (in %)

	Urban	Rural	Total
Mobile phone	88.5	87.6	87.9
Motorbike/s	85.6	84.4	84.8
Bicycle	56.5	70.5	65.7
Television – Box type/CRT	26.2	31.7	29.8
Television – LCD type/LED (not smart TV)	35.0	24.4	28.0
Cow/Buffalo	1.8	37.3	25.2
Refrigerator	35.0	11.1	19.2
Satellite Dish (for example DTV)	5.9	19.5	14.9
Agriculture truck	1.5	20.5	14.0

	Urban	Rural	Total
Car/s	15.9	8.9	11.3
Radio set	8.5	12.0	10.8
Washing machine	19.1	3.5	8.8
Cable TV	13.8	2.1	6.1
Home Internet (not 3G/4G on mobile phone)	11.5	0.9	4.5
Air conditioner	10.9	1.1	4.4
DVD/VCD player	3.8	3.0	3.3
Smart TV (which can directly connect to the internet)	4.1	1.7	2.5
Microwave	3.2	0.8	1.6

Base n= 1,000⁵

2.3.4 Financial Literacy

Around 12 per cent of all respondents had a bank account, including 27 per cent among all urban respondents and 7 per cent among all rural respondents. There was no statistical difference observed between males and females. Only 20 per cent of employed respondents had a bank account, however not all of those who had a bank account also owned an ATM card. Only half owned an ATM card connected with their bank account and had their name on it.

Not owning a bank account centred on five main reasons; because they were too young (17 per cent), they had no money to put into a bank account (15 per cent), they did not have the necessary documents to open a bank account (14 per cent), they had no need to use financial services (11 per cent), and the financial institution was too far for them to travel (11 per cent).

Table 6 – Reasons for not having a bank account – (in %)

	Urban	Rural	Total
Because I am too young	17.5	16.6	16.9
Because I don't have enough money to put money in the bank or any other financial institution	16.4	14.6	15.1
Because I don't have the necessary documents to open an account	13.8	13.3	13.5
Because I have no need for financial services at a formal institution	12.5	10.9	11.3
Because financial institutions are far away	8.8	11.4	10.7
Because financial services are too expensive	9	10.3	9.9
Because I don't trust financial institutions	7.8	7.4	7.5
Because someone else in my family already has an account	8.1	4.4	5.4
Because of religious reasons	2	2.9	2.6

⁵ Percentage computed based on total respondents – the total base of each column is not equal to 100%

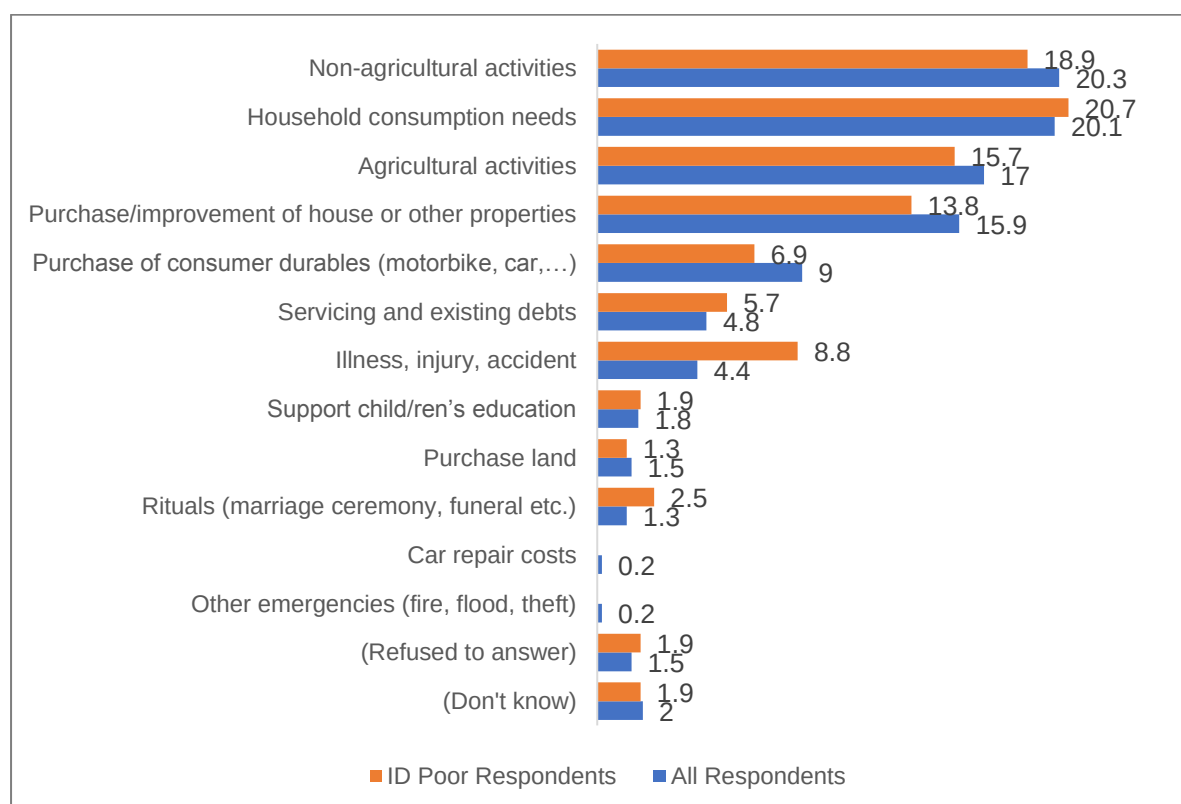
	Urban	Rural	Total
(Refused to answer)	4.1	8.2	7.1
Total	100.0	100.0	100.0

Base n=880 – among respondents who had no bank account

Regarding savings practices, 42 per cent of all respondents saved or had set aside money for a specific reason in the past 12 months, including 36 per cent of males and around 48 per cent of females. Older respondents reported having money saved for a reason, compared with the younger respondents who did not specify a reason. Fourteen per cent saved or had set aside money for future use or their retirement. Around one-third of all respondents who saved money in the past 12 months used an informal savings group or club, such as Tong Tin (rotating money) or a person outside their family. Only 5 per cent saved using an account at a bank, a financial institution or a mobile money account.

Borrowing money in the past 12 months was reported by 36 per cent of the total respondents, with 35 per cent of those belonging to an IDPoor family. Around 74 per cent of respondents had borrowed money from a formal financial institution, almost 60 per cent from their friends, relatives or neighbours, and 30 per cent from a loan shark. Only 23 per cent reported that their debts were fully paid, while 77 per cent hadn't yet paid their debt in full. Respondents and their family borrowed money for a few main purposes, such as for household consumption (20 per cent), non-agriculture business activities (20 per cent), for agriculture activities (17 per cent), and purchase or improvement of a house or other property (16 per cent).

Figure 7 – Purposes of borrowing money in the past 12 months – (in %)



Base: n=335 for all respondents and n=118 for respondents belonging to IDpoor family

CHAPTER 3 – ADOLESCENTS AND YOUTH AND EDUCATION

3.1 National Policies and Plan

Cambodia has reached a new development stage in its education sector's response to global and regional contexts. Its development strategy has a broad and ambitious scope and refers to equitable, quality, inclusive and lifelong learning. This is within a comprehensive framework covering all types and levels of education, in line with the development perspectives of reaching an upper-middle-income status by 2030 and high-income status by 2050. To achieve these economic and development goals, the 6th mandate of the RGC will continue to focus on the same four priority areas. People will remain the top priority, followed by roads, electricity, and water.

3.1.1 Current Strategy, Plan, and Policy Reforms

In early 2019, MoEYS approved the Cambodia's Education 2030 Roadmap in alignment with SDG 4, 'inclusive and equitable quality education and promote lifelong learning opportunities for all'. The roadmap is composed of five policy priorities, including 1) Ensuring equal access to quality early care and education and ensuring free, equitable and quality basic education with relevant and effective learning outcomes, 2) Ensuring a higher percentage of upper secondary school graduates with relevant learning outcomes and a significant number of youth access affordable and quality technical and vocational education, 3) Ensuring equal access for all people to affordable and quality technical, vocational and tertiary education, including university, 4) Increasing lifelong learning opportunities for all youth, adults, and all other learners to achieve literacy and numeracy, and 5) Improving governance and management of education at all levels.

MoEYS will further implement Education Strategic Plan 2019-2023 to 1) Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all and 2) Ensure effective leadership and management of education staff at all levels ^[12].

Gender mainstreaming in the education sector is also a key action to implement the Rectangular Strategy Phase 4 of the Royal Government and Neary Ratanak Strategic Plan, in particular, eliminating gender gaps in the education sector. MoEYS has been executing the Gender Mainstreaming Action Plan in the Education Sector 2016-2020 and mainstreaming some issues into the educational policies of all sub-sectors, including the Education Strategic Plan 2019-2023 and the Teacher Policy Action Plan. Furthermore, MoEYS has continued to encourage each entity to introduce specific measures through planning, educational programmes, educational service delivery and management, with a focus on ensuring that boys and girls have equal and full access to education. The Ministry also aims to guarantee the afore-mentioned four goals among the 12 main goals and visions by aggregating gender mainstream into the education strategic plan 2019-2023 ^[12].

3.1.2 Decentralization and Deconcentration Reform in MoEYS

Implementing decentralization and deconcentration reform in the education sector aims to strengthen sub-national and public institutions' autonomy and accountability through the transfer of functions and resources. This target aims to improve the quality, transparency, equity, and accountability of services to the communities.

MoEYS implements decentralization and deconcentration reform in accordance with the government's specifications and in line with the rule on the administrative management of the capital, provinces, municipalities and districts. This rule defines the option of transferring and delivering functions. In this regard, the MoEYS structure is subdivided into different divisions, including the Department of MoEYS, Provincial Office of Education, Youth and Sports (POE), District Office of Education, Youth and Sports (DOE), and Educational Institutes.

1. The Cabinet of MoEYS

The Cabinet is responsible for setting policies and regulatory frameworks, developing the ESP and curricula, and teachers' training. The cabinet recruits and trains potential teachers and provides in-service training to existing teachers. The institute also carries out a number of other functions to ensure the provision of quality educational services. To implement the decentralization and deconcentration reform, the cabinet of MoEYS is responsible for reviewing and defining the functions and resources transferred to sub-national administration. It also manages the technical decentralization of schools.

2. Provincial Office of Education, Youth and Sport (POE)

POEs are intermediary offices between the ministry, the DOEs, and schools, providing facilitation and support. They report within their respective jurisdictions as back-end organizations supporting educational services. In implementing the decentralization and deconcentration reform, under the Law on Administrative Management of the Capital, Provinces, Municipalities and Districts (Organization Operation Law), POEs act as supervisors to provincial councils and boards and as technical coordination committees at the provincial level.

3. District Office of Education, Youth and Sport (DOE)

DOEs are intermediary offices between MoEYS and schools, providing coordination and support. Like POEs, DOEs report within their respective jurisdictions as back-end organizations, also supporting educational services. They are responsible for implementing the decentralization and deconcentration reform under the Law on Administrative Management of the Capital, Provinces, Municipalities and Districts. They follow the national programmes for sub-national, democratic development and the government's decisions on revising the roles, tasks and structures of the district unified administration. The MoEYS transfer of the full functionality of DOEs is being implemented.

Schools are supervised by DOEs, however they are autonomous in their management and leadership on both technical and administrative fields, under the coordination and support of the district unified administration.

4. Educational Institutions

As the leading provider of educational services, educational institutions are responsible for the sector's services, management and teaching. So far, MoEYS has provided essential resources, such as teachers, facilities, school buildings and school budgets. Bank accounts allow schools to manage their own cash flows to alleviate bureaucracy. Schools are given autonomy to plan their development activities, administrative management, and learning and teaching techniques. Schools will also be more accountable as their autonomy increases. Since the year 2000, MoEYS has directly transferred funding from the National Treasury to schools to ensure efficient service delivery and reduced bureaucracy. Compared to some experiences by other countries, administering budgets at the district level can be bureaucratic and risky ^[11]. In addition, the education sector plays an important role in the nation's future development.

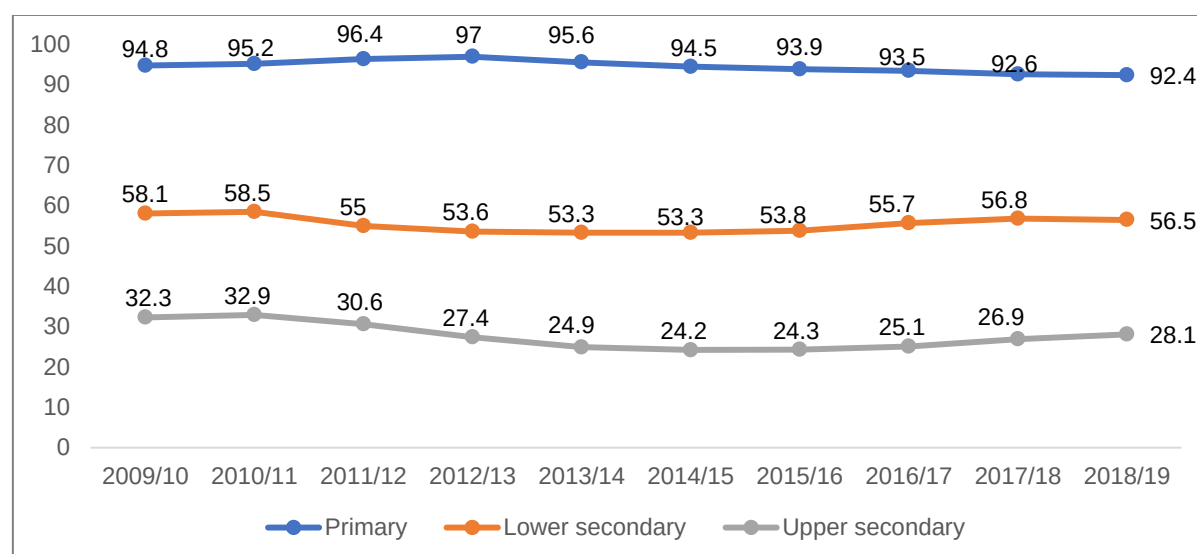
3.2 Current Adolescents and Youth Education Situation

3.2.1 Some Education Indicators from MoEYS

Based on the Public Education Statistics and Indicators of MoEYS, net enrolment for primary school had reached over 90 per cent in the ten years between 2009/10 and 2018/19. Enrolment rates consistently increased from 2009/2010 to 2012/2013, reaching almost 100 per cent during those years. However, the rate decreased by 4-5 per cent in the latest academic year of 2018/2019.

In contrast, the gross enrolment rate for lower secondary school steadily declined by 5 per cent from 2009/2010 to 2014/2015, but it increased again by 4 per cent in the three years leading up to 2018/19. The same trend was observed for upper secondary school, where the enrolment rate consistently declined over the same period by 8 per cent and subsequently bounced back by 4 per cent between 2015/16 and 2018/19. The enrolment rate for 2018/19 was 2-4 per cent lower in relation to the previous ten years (**Figure 8**).

Figure 8 – Gross enrolment rate by level of education from 2009-2019 – (in %)

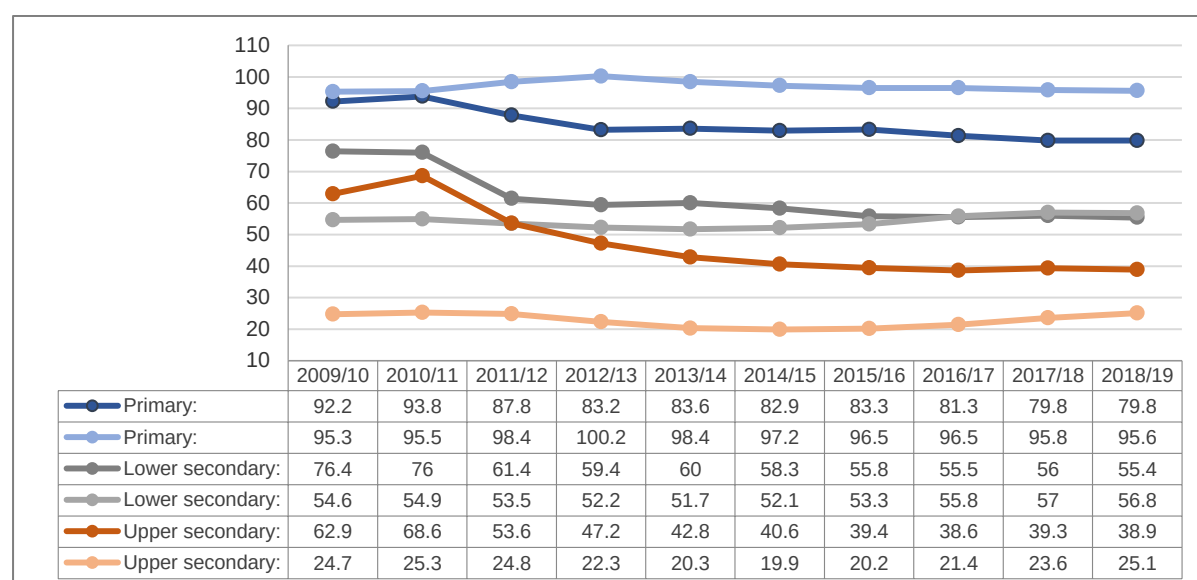


Source: MoEYS, 2009-2010 to 2018-2019

Based on the Public Education Statistics and Indicators of MoEYS, the net primary enrolment rate began showing gaps between urban and rural areas from 2011/12 until the latest academic year 2018/19. The enrolment rate in rural areas was lower than in urban areas by an average of 15 per cent. In both areas, a downward trend was observed over the last seven of the ten year period.

There was also a gap noted in the gross enrolment rate for lower secondary between 2009/10 and 2018/19 but this reduced in the academic year 2018/19. During the academic year 2018/2019, the gross enrolment rate for lower secondary school in rural areas was slightly higher than in urban areas. A large gap is also noted in the gross enrolment rates for upper secondary which was 34 per cent higher in urban areas than in rural areas in the academic year 2009/10. The enrolment rate for upper secondary schools in urban areas consistently dropped over the ten year period, while in rural areas it slowly increased over the last six years. Given this reversed direction, the gap slowly narrowed from 34 per cent in 2009/10 to 14 per cent in 2018/19 (**Figure 9**).

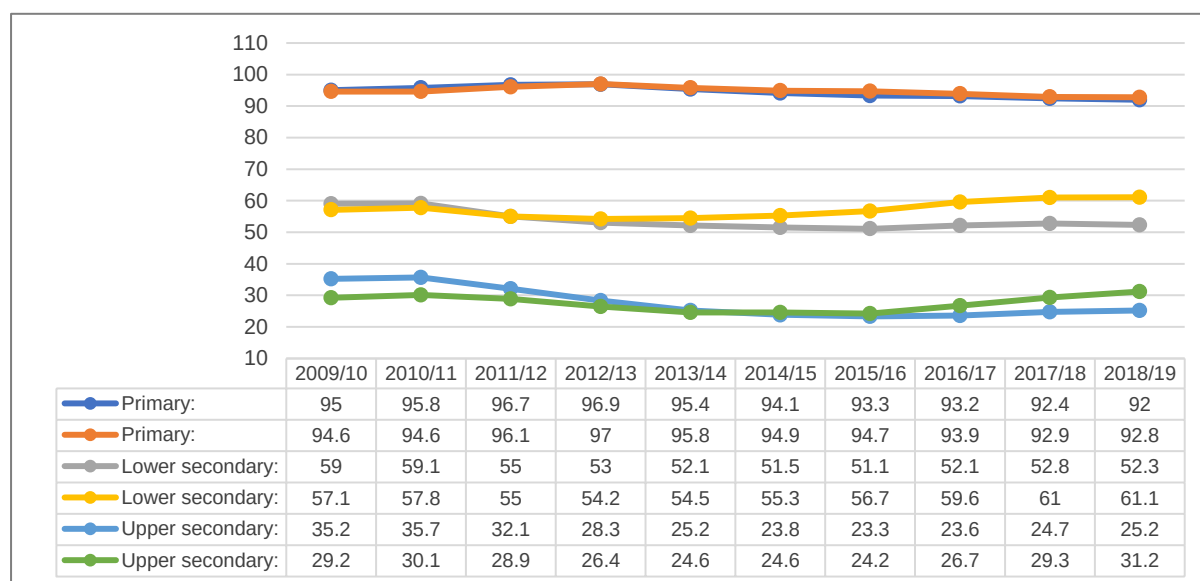
**Figure 9 – Gross enrolment rate by level of education from 2009-2019
by urban/rural – (in %)**



Source: MoEYS, 2009-2010 to 2018-2019

The enrolment rate for males and females at all education levels were similar but demonstrated some notable changes for both sexes between 2013/14 and 2018/19. The enrolment rate for males in lower secondary school dropped by 3 per cent in 2014/15 then slightly increased over the last three years. Meanwhile, the enrolment rate for females in lower secondary school increased by 3 per cent in the same academic year and continuously improved until 2018/19. The enrolment rate for females in lower secondary school was 9 per cent higher than that of males in 2018/19. In upper secondary school, the enrolment rate for females was 6 per cent higher than for males in 2018/19 (**Figure 10**).

Figure 10 – Enrolment rate by level of education from 2009-2019 by sex – (in %)



Source: MoEYS, 2009-2010 to 2018-2019

The enrolment rate of the six provinces are distinct. Net enrolment rate for primary school in Battambang, Kratie, and Prey Veng consistently increased from 2009/2010 to 2018/2019, reaching almost 100 per cent during those years. Slightly decrease demonstrated in net enrolment rate of Kampong Thom and Phnom Penh province within the last five years. Whilst the net enrolment rate for primary school in Kampot consistently dropped from 2009/2010 to 2018/2019, significantly dropped 11 per cent in current study year compare with the last ten year. The gross enrolment rate for lower secondary school of all locations were at peak in between 2010/2011 and 2011/2012 then consistently dropped until the latest study year, however it demonstrated 24 per cent increased in average.

Similar trend showed in upper secondary school, the enrolment rate of all provinces were peak in the last nine to eight year ago and started to drop until the latest study year. However, significant increase still showed in all provinces except Phnom Penh – marking around 10 per cent in average increased. It marked 8 per cent declined in Phnom Penh in the latest study year compare to the last ten year.

Table 7 – Enrollment rate by level of education by provinces from 2009-2019 – (in %)

Level of education	Province	Study year									
		2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Primary	Battambang	94.9	95.4	95.5	97.1	98.5	96.8	94.2	95.4	96	96
	Kampong Thom	94.9	95.1	97.9	96.7	98.1	93.2	91.2	92.2	92.3	91.9
	Kampot	94.1	97.2	97.5	95.5	94.1	91	87.6	87	85.7	83.2
	Kratie	95.8	96.7	97.4	97.9	98.1	97.9	96.6	98.8	94	98.1
	Phnom Penh	87.8	91.8	92.4	98	89.5	89.5	88.3	86.4	84.2	83
	Prey Veng	97.2	95.9	97.8	97.8	97.5	99.1	94.5	97.7	98.2	98.5
Lower Secondary	Battambang	28.3	52.6	48.4	45.9	45.4	45.2	45.1	45.8	47.5	48.4
	Kampong Thom	25.2	52.2	49.6	49.5	47.9	47.4	48.9	53.2	55.8	57.7
	Kampot	36.7	46.1	60.4	59.3	58.8	60.5	61.4	63.4	62.7	58.2

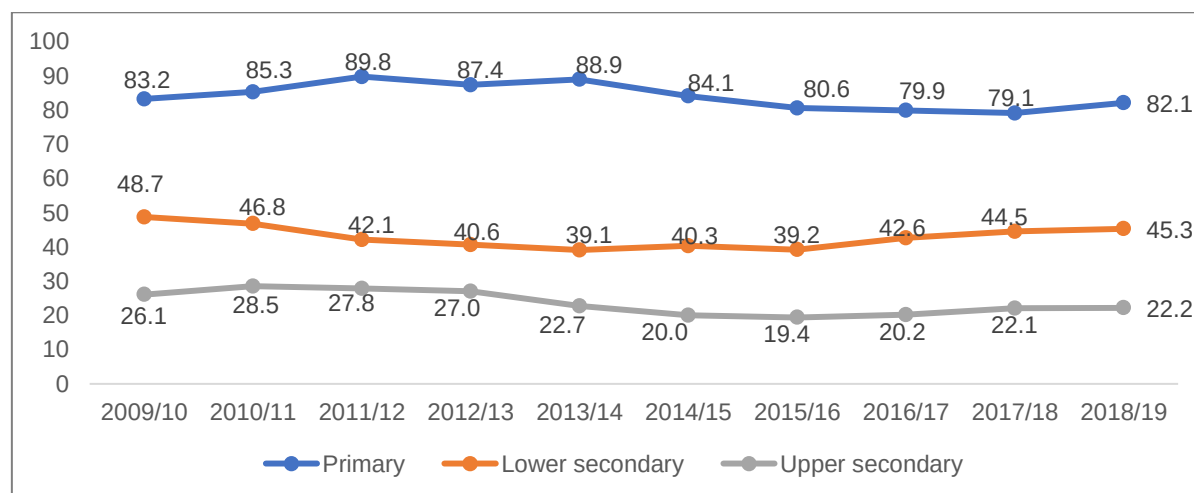
Level of education	Province	Study year									
		2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
	Kratie	26.8	52.7	42.4	40.5	40.2	40.7	42.6	43.8	45.6	44.7
	Phnom Penh	55.1	68.7	71.7	69.3	64.2	61.6	57.1	56.3	56.3	55.5
	Prey Veng	32.5	64.7	58	57.6	58	57.7	60.4	63.8	65	63.7
Upper Secondary	Battambang	14.9	28.2	26.9	23	19.7	17.8	17.8	18	19.7	20.2
	Kampong Thom	17.0	28.8	28	25.2	22.6	22.4	22.5	23.5	25.7	27.9
	Kamptot	23.3	35.6	33.6	30	27.5	26.9	27.6	29.6	31.9	32.4
	Kratie	16.5	24.3	23.3	20.9	19.5	18.8	18	18.9	20.7	21.3
	Phnom Penh	40.1	63.4	51.5	44.8	39	37.2	36	34.3	33.9	32.6
	Prey Veng	16.1	27.1	27.3	25.9	24	23.1	24.2	26.1	28.5	30.8

Source: MoEYS, 2009-2010 to 2018-2019

Completion rates fluctuated within the ten years between 2009/10 and 2018/19 across all education levels. For primary school, completion rates increased to almost 90 per cent between 2011/12 and 2012/13, then consistently declined to 79 per cent until 2017/18. Finally, the rate increased to 82 per cent in the academic year 2018/19.

The completion rate for lower secondary school decreased between 2009/10 and 2013/14, then steadily increased from 2015/16 to 2018/19. A downward trend for upper secondary school was noted between 2009/10 and 2015/16 before an upward trend was established between 2015/16 and 2018/19. The completion rate for upper secondary school was lower than other levels at 26 per cent to 22 per cent within the ten years between 2009/10 and 2018/19 (**Figure 11**).

Figure 11 – Completion rate trend in general education from 2009-2019 – (in %)

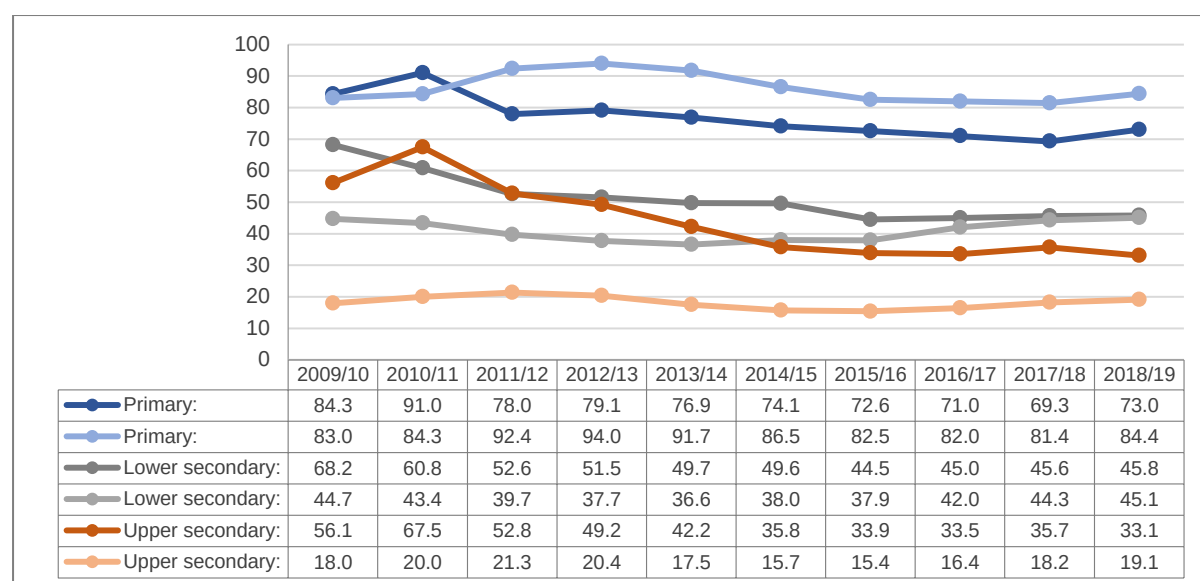


Source: MoEYS, 2009-2010 to 2018-2019

In rural areas, the completion rate for primary school was higher than urban areas in 2011/12, with 92 per cent in rural compared to 78 per cent in urban areas. This was true even though the completion rate for primary school in rural areas decreased from 2012/13, it remained higher than urban areas by an average of 13 per cent. There was also a notable difference between urban and rural areas in the completion rate for lower secondary school until 2016/17, when the gap decreased to less than 1 per cent difference by 2018/19. For upper secondary school, there was a significant gap observed between urban and rural respondents, with a 48 per cent difference noted in 2010/11. Since then, the completion rate

in urban areas has declined and the gap has been reduced from 48 per cent to 14 per cent in 2018/19.

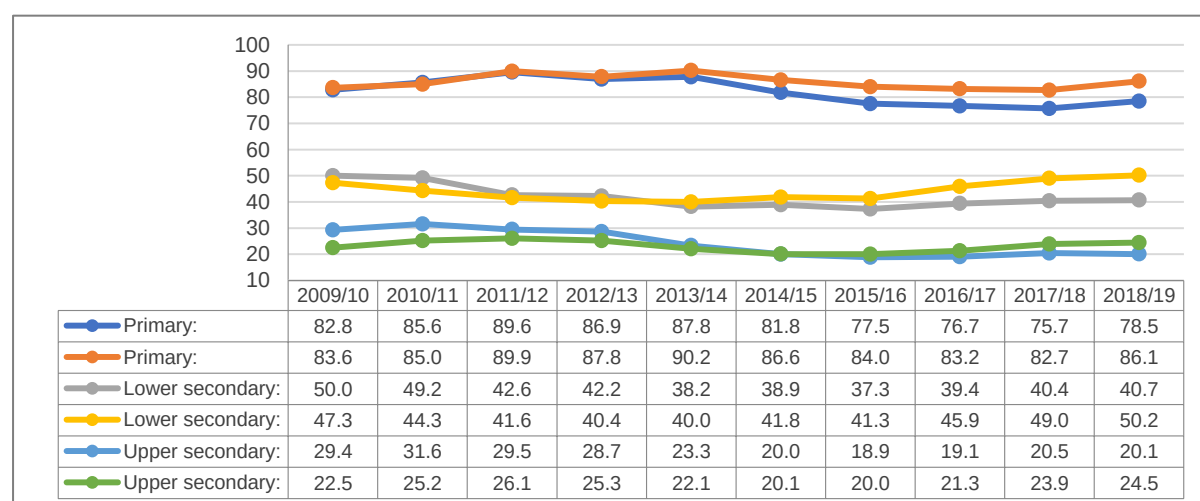
Figure 12 – Completion rate trend in general education from 2009-2019 by urban/rural – (in %)



Source: MoEYS, 2009-2010 to 2018-2019

The completion rate for females was slightly higher than that of males for all education levels between 2014/15 and 2018/19. In primary school, the completion rate for females was higher by an average of 5 per cent compared to an average of 6 per cent for males in lower secondary school, and by an average of 2 per cent in upper secondary school. The completion rate for females in lower secondary school was significantly higher than that of males between 2016/17 and 2018/19 (8-9 per cent on average).

Figure 13 – Completion rate trend in general education from 2009-2019 by sex – (in %)



Source: MoEYS, 2009-2010 to 2018-2019

Similar to the national trend, the completion rate in the six provinces were also fluctuated within the ten years between 2009/10 and 2018/19. The completion rate for primary school of all provinces consistently increased from 2009/2010 to 2012/2013 or 2014-2015 then regularly dropped till 2017/2018. Finally, the rate showed some increase from 2017/2018 to 2018/2019 at all locations. In lower and upper secondary school, the downturn trend showed

from 2009/2010 to 2014/2015 across all five provinces and the slightly upward trend was noted since then till 2018/2019. The completion rate for lower and upper secondary school in Phnom Penh city was quite unique from other locations. Its rate popped up and down within the ten years and finally down to 46 per cent for lower secondary and 28 per cent for upper secondary school – it was almost 50 per cent lower than the rate in 2009/2010.

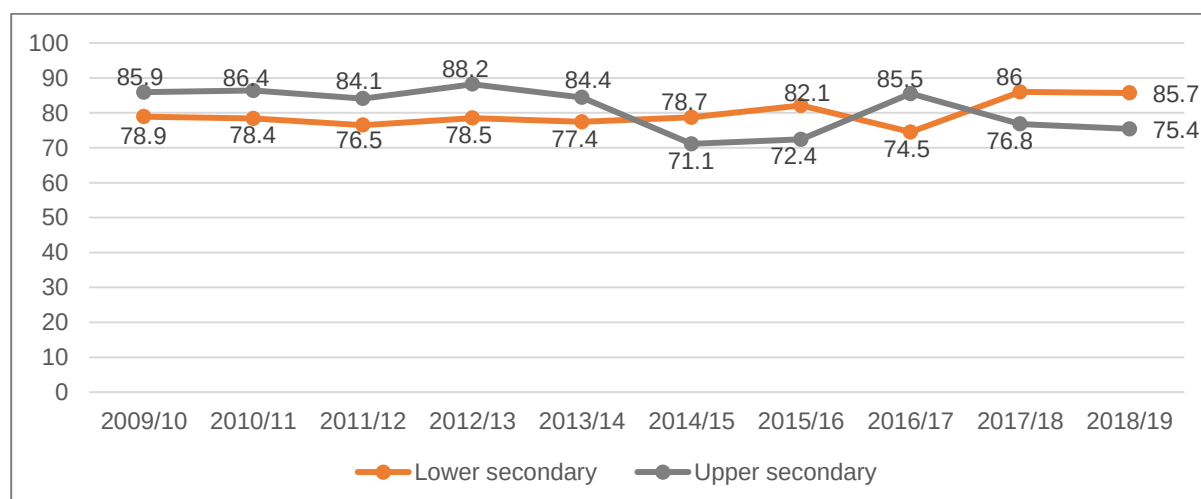
Table 8 – Enrollment rate by level of education by provinces from 2009-2019 – (in %)

Level of education	Province	Study year									
		2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Primary:	Battambang	83.4	75.2	83.0	86.5	83.2	79.7	76.8	75.3	77.4	80.9
	Kampong Thom	77.0	79.6	84.2	86.4	84.2	79.0	76.4	78.6	78.8	80.1
	Kampot	86.4	80.8	92.1	94.2	93.2	91.6	85.9	83.1	74.5	77.4
	Kratie	87.7	85.2	96.0	93.6	94.7	92.2	89.0	88.4	86.5	88.9
	Phnom Penh	82.4	84.3	96.9	84.6	82.9	80.2	78.4	76.8	74.6	79.9
	Prey Veng	72.0	74.2	69.5	72.5	73.3	73.8	73.2	72.5	72.1	75.1
Lower Secondary :	Battambang	45.2	42.2	36.1	32.9	31.5	31.8	30.9	32.3	34.3	36.3
	Kampong Thom	41.8	42.1	37.4	34.9	35.2	35.2	34.2	39.8	42.3	45.4
	Kampot	55.4	50.9	48.3	44.8	43.6	46.7	45.8	50.4	51.6	48.9
	Kratie	48.1	49.1	42.6	40.1	41.2	42.9	44.0	47.8	52.6	53.3
	Phnom Penh	70.6	50.5	60.6	54.9	51.7	54.6	45.5	45.7	45.4	45.7
	Prey Veng	38.6	44.6	33.3	32.5	31.3	29.9	29.9	33.8	34.8	34.3
Upper Secondary:	Battambang	20.8	23.0	24.5	22.1	17.0	13.8	13.9	13.6	15.9	15.3
	Kampong Thom	23.9	24.5	28.5	24.6	21.3	19.5	18.4	19.9	21.3	21.8
	Kampot	28.9	31.3	30.2	28.0	25.4	22.7	21.9	22.9	25.7	27.3
	Kratie	23.1	20.9	23.3	24.0	21.5	19.1	18.8	20.2	23.0	23.9
	Phnom Penh	54.0	64.9	48.1	44.0	38.2	32.0	30.6	29.6	31.6	28.1
	Prey Veng	21.9	21.4	20.2	19.2	18.9	16.5	15.1	16.9	16.6	17.1

Source: MoEYS, 2009-2010 to 2018-2019

The transition rate for upper secondary public schools fluctuated between 2014/15 and 2018/19. It decreased significantly from 86 per cent to 70 per cent in 2014/15, increasing in 2015/16 and again to 86 per cent in 2016/17. However, the rate decreased to 75 per cent again in 2017/18 and 2018/19. For lower secondary school, the transition rate increased gradually over the ten year period, except for in 2016/17, which noted a significant decrease for one year. The transition rate for lower secondary school in 2018/19 was 7 per cent higher compared to the ten years previous (**Figure 14**).

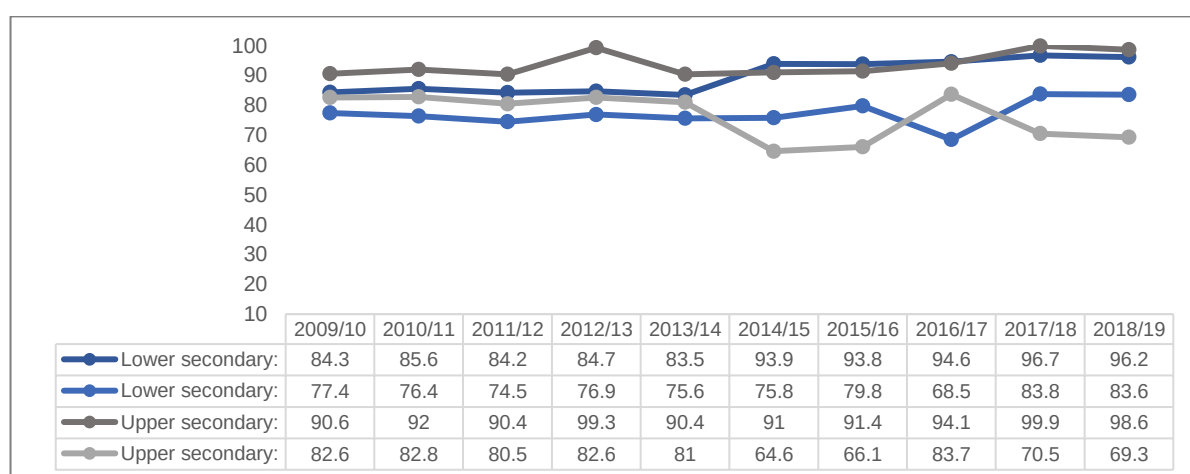
Figure 14 – Transition rate trend in general education from 2009-2019 – (in %)



Source: MoEYS, 2009-2010 to 2018-2019

The transition rate for students in urban areas for secondary school was notably higher than in rural areas between 2014/15 and 2018/19. On average, it was 17 per cent higher for lower secondary school and 22 per cent higher for upper secondary school over the same period. In 2018/19, the transition rate for upper secondary school in urban areas was 29 per cent higher than in rural areas.

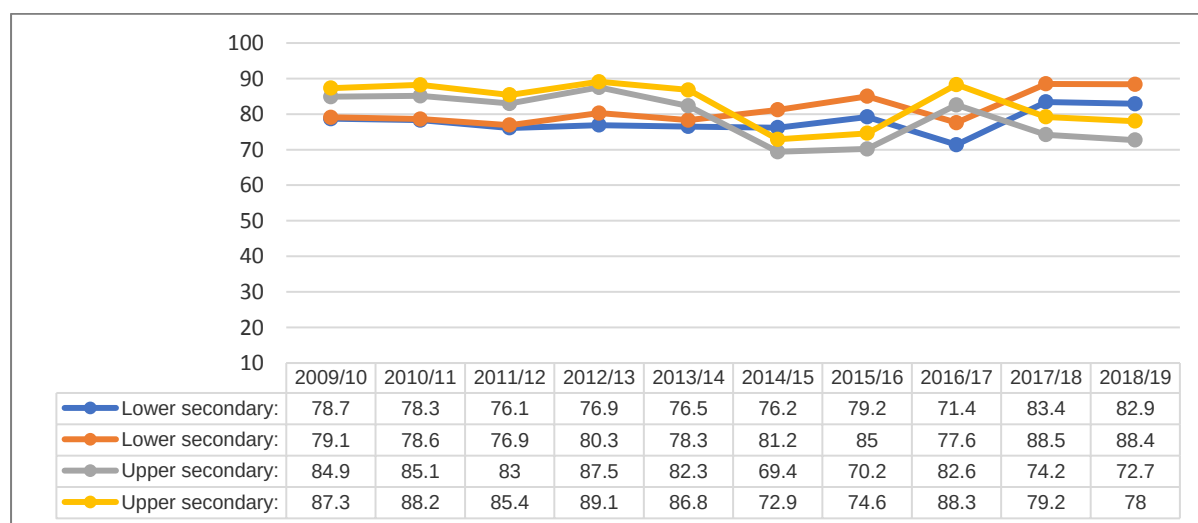
Figure 15 – Transition rate trend in general education from 2009-2019 by urban and rural – (in %)



Source: MoEYS, 2009-2010 to 2018-2019

The transition rate for females from primary to lower secondary school was significantly higher than that of males between 2014/15 and 2018/19, with an average of 5-6 per cent difference. Similarly, the transition rate for females from lower secondary to upper secondary school was consistently higher than for males within the ten year period. A more sizable difference was noted between 2016/17 and 2018/19, where transition rates for females were higher than that of males by an average of 5-6 per cent. In 2018/19, the transition rate for females in upper secondary school was 78 per cent compared to 73 per cent for males (Figure 16).

Figure 16 – Transition rate trend in general education from 2009-2019 by sex – (in %)



Source: MoEYS, 2009-2010 to 2018-2019

The transition rate from primary school to lower secondary school of all locations were flocuated around 76 per cent to 88 per cent in the last ten years (**Table 9**). The rate in Kampong Thom, Phnom Penh, Kampot, and Prey Veng was popped up and down each year for a few per cents, While consistent downturn trend showed in Battambang and Kratie from 2009/2010 to 2015/2016 and then upward trend demonstrated in the last 3 years. Whilst a huge drop in transition rate from lower secondary to upper secondary was observed at all six provinces in between 2013/2014 and 2014/2015. Then the rate of all provinces resumes in 2015/2016 till 2018/2019. However, the last year's rate were considered lower than the last 10 years – Phnom Penh had the highest drop for 13 per cent, follow by Battambang 6 per cent, and Prey Veng 4 per cent.

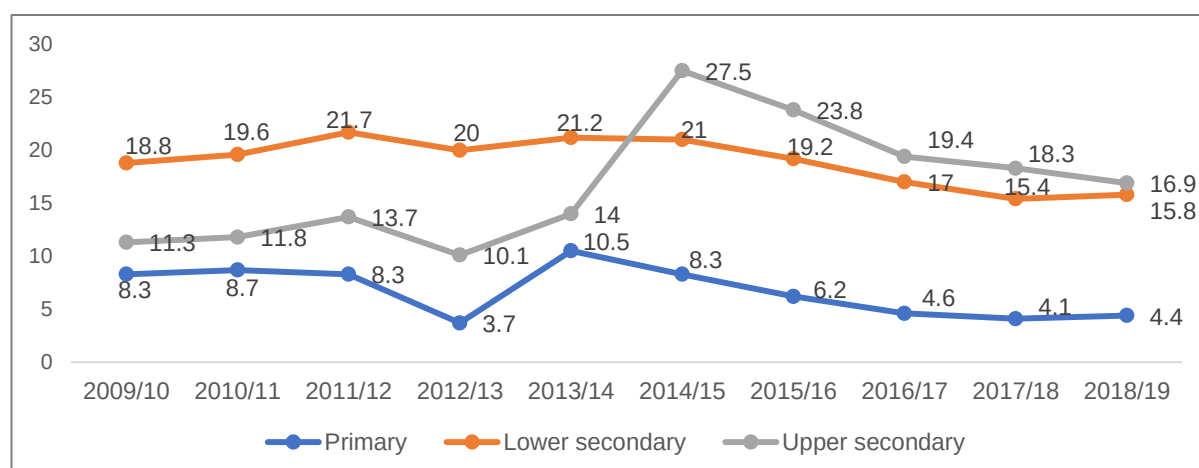
Table 9 – Transition rate trend by level of education by provinces from 2009-2019 – (in %)

Level of education	Province	Study year									
		2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Lower secondary	Battambang	77.1	75.6	73.8	75.4	75.4	73.4	74.1	76.1	80.2	78.8
	Kampong Thom	80.1	77.9	74.5	73.9	73.3	74.8	78.4	80.6	81.5	82.4
	Kampot	80.6	79.2	78.2	79.9	78.5	79.1	80.4	82.6	80.8	80.5
	Kratie	76.5	75.5	73.4	75.2	75.5	75.1	77.8	81.2	82.2	82
	Phnom Penh	83.2	86.6	84.6	82	84	83.5	84.5	84.4	85.4	88
	Prey Veng	75.5	76.2	73.4	79.5	77.2	75.8	78.1	78	80.9	76.9
Upper Secondary	Battambang	84.8	86.4	82.8	75.4	79.8	60.3	70.1	72.9	79.2	79.2
	Kampong Thom	88	86.7	86.6	85.1	81.8	68.8	73.6	79.5	83.1	85
	Kampot	84.3	84.5	83.4	83.6	83.8	68.2	73.2	77.9	81.2	83
	Kratie	86	81.3	83.4	79.3	78.9	65.5	73.4	79	81.9	83.6
	Phnom Penh	92	93.5	93.9	91.9	93.2	75.9	78.9	82.8	80.6	79.5
	Prey Veng	81	83.9	85.1	83.8	87.5	71.8	78.2	82.5	79	76.9

Source: MoEYS, 2009-2010 to 2018-2019

Overall, the school dropout rate for primary schools declined over the ten year period, except for 2013/14 when it increased dramatically, then slowly decreased to 4 per cent in 2018/19. There was also an uneven pattern in school dropout rates for upper secondary schools. The rate increased to 28 per cent between 2012/13 and 2014/2015 then slowly decreased to 17 per cent in 2018/19. The dropout rate for lower secondary schools was overall more stable than the other two levels, showing a slight decline year upon year. In 2018/19 it was 16 per cent compared to 19 per cent in the ten years previous.

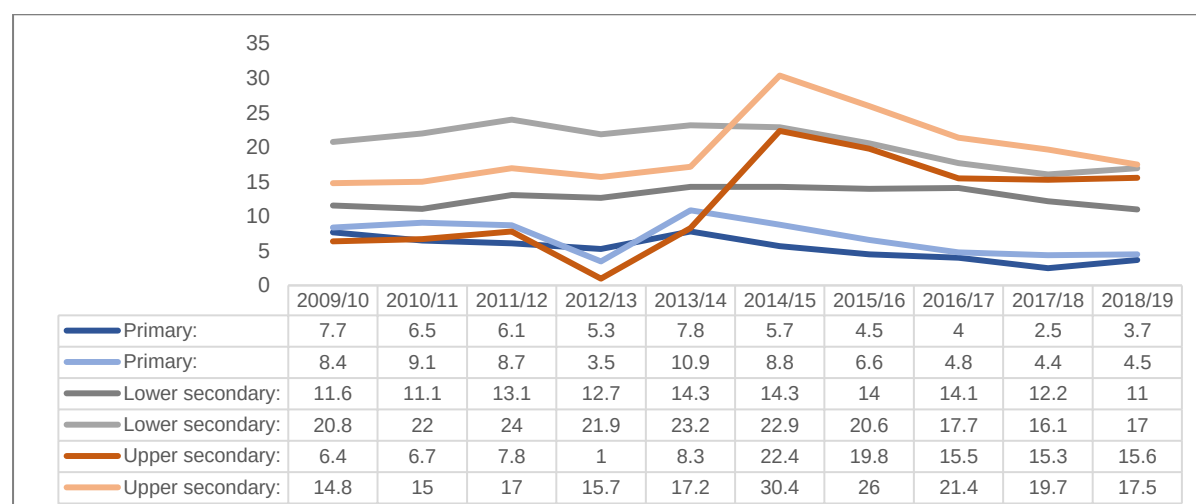
Figure 17 – Dropout rate trend in general education from 2009-2019 – (in %)



Source: MoEYS, 2009-2010 to 2018-2019

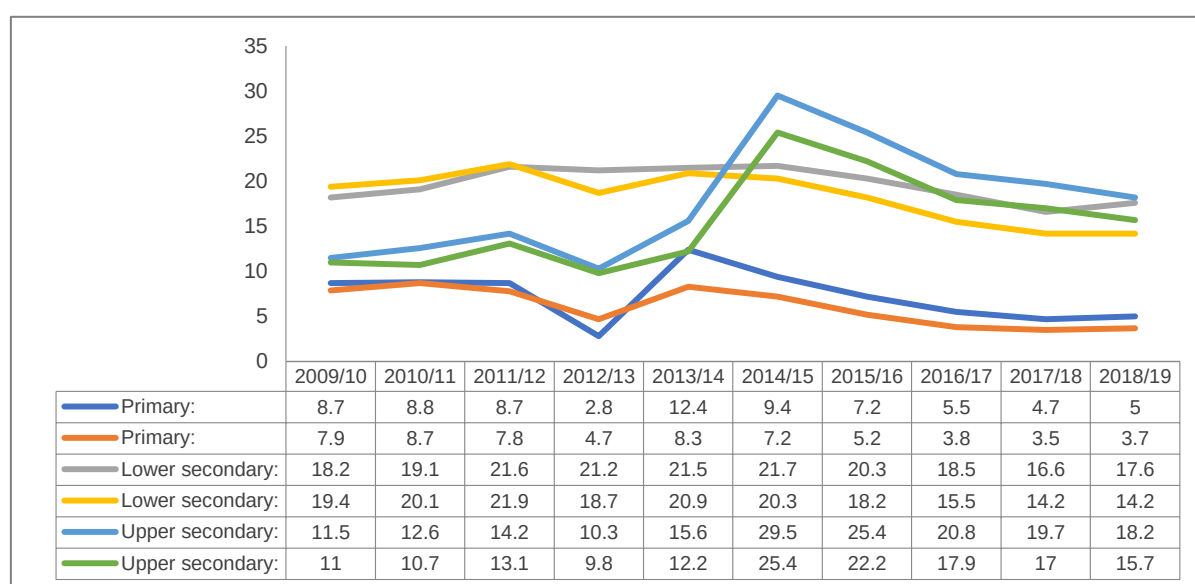
There is no statistical difference in urban versus rural areas in the dropout rate for primary schools over the ten year period. In rural areas, dropout rates for lower secondary schools were significantly higher than in urban areas within the same period. On average, these dropout rates were 8 per cent higher in rural areas than in urban areas between 2009/10 and 2018/19. The same was noted for the dropout rates for upper secondary schools. On average rural areas had a 7 per cent higher dropout rate compared to urban between 2009/10 and 2017/18. However, in 2018/19, the rural dropout rate for upper secondary schools was only 2 per cent higher than in urban areas (**Figure 18**). No statistical difference by sex was observed in the dropout rates for all educational levels over the ten year period (**Figure 19**).

Figure 18 – Dropout rate trend in general education from 2009-2019 by urban/rural – (in %)



Source: MoEYS, 2009-2010 to 2018-2019

Figure 19 – Dropout rate trend in general education from 2009-2019 by sex – (in %)



Source: MoEYS, 2009-2010 to 2018-2019

The **Table 10** showed the dropout rate trend in the six provinces. In overall, the dropout rate for primary school was consistently dropped from 2009/2010 to 2012/2013 then increased immediately in 2013/2014 by 4 per cent at average. Then dropped again in 2014/2015 to 2018/2019. The final rate of last year's at all provinces were lower than it was in last 10 years by 4 per cent. The dropout rate in Phnom Penh was almost zero in 2017/2018 but then resumed to 3 per cent in 2018/2019. In lower secondary school, the dropout rate was fluctuated in all provinces in the last ten years. Phnom Penh, in particularly, had the lowest dropout rate compare to other provinces. The rate in this city was steady increased in 2010/2011 to 2012/2013 but then consistently declined to 9 per cent in 2018/2019. Prey Veng had the highest dropout rate among other provinces and also had the most fluctuated trend. The rate in this province was dropped to 17 per cent in 2017/2018 but then increased to 21 per cent in 2018/2019. The dropout rate for lower secondary school of other provinces were consistently declined from 2014/2015 to 2017/2018 but then slightly increased in 2018/2019. The final dropout rate for lower secondary school of these provines were still slightly lower than the rate in the last 10 years.

In upper secondary school, the trend was consistent among all the six provinces within the last ten years. The upward trend demonstrated from 2009/2010 to 2014/2015 and the downward trend showed from then till 2018/2019. The final rate of 2018/2019 was about 4 per cent higher than the rate in 2009/2010. Phnom Penh city had the highest increased in its dropout rate for upper secondary school – the rate in 2018/2019 marked 14 per cent higher than the rate in 2009/2010.

Table 10 – Dropout rate trend by level of education by provinces from 2009-2019 – (in %)

Level of education	Province	Study year									
		2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Primary	Battambang	10.2	15.3	13.4	8.7	12.7	11.8	8.9	7.1	5.7	5.4
	Kampong Thom	9.9	9.2	9.1	8.7	12.7	10.5	11.3	5.6	4.6	5.3
	Kampot	6.5	7.4	5.5	6.7	8	5.6	5.1	4.2	4.2	3.8

Level of education	Province	Study year									
		2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
	Kratie	7.1	7	5.3	6.5	11.1	6.5	3.9	2.4	2.4	2.3
	Phnom Penh	6	5.2	5	5.5	6.9	3.8	4.1	3.3	0.3	3.2
	Prey Veng	11.6	9.2	9.5	9.9	13.7	11.9	8.3	8.8	8.5	7.8
Lower Secondary	Battambang	20.1	21.9	23.9	22.9	22.9	23.6	23.6	21.3	16.7	18
	Kampong Thom	18.3	20.4	24	24.6	25.2	23.7	19	16.5	15.8	14.9
	Kampot	17.6	19.2	20	18.9	20.2	19.2	17.9	15.4	16.5	17.2
	Kratie	22.4	23.5	26	24.5	24.2	24.5	21.5	17.9	16.9	17.1
	Phnom Penh	10.1	9.1	11.3	14.9	13.7	13.7	12.4	13.1	11.9	9.1
	Prey Veng	22	21.5	25.1	18.8	21.1	22.5	19.8	20.1	17.1	21.1
Upper Secondary	Battambang	13.3	11.1	14.3	21.7	17	33.7	26.4	24.2	18.3	18.6
	Kampong Thom	10.5	11.4	12	13.4	17	29.2	24.2	18.8	15	13.9
	Kampot	13.1	13.6	14.8	15.3	15	28.7	24.2	19.2	16.8	15.8
	Kratie	11.3	15.5	15.1	18.7	19.1	32	23.9	18.7	16.3	14.9
	Phnom Penh	3.7	5.4	4.4	7.1	5.7	18.5	16.6	13.2	16.4	17.3
	Prey Veng	17.4	15.2	13.7	15.9	12.4	26	20.6	15.9	18	21.2

Based on the Public Education and Statistics Indicators of MoEYS, the number of schools for each level of education significantly increased each year between 2009/10 and 2018/19. An additional 563 primary schools, 72 lower secondary schools, and 142 upper secondary schools were also added to the database over the ten year period.

Table 11 – The number of schools from 2009-2019 – (in number)

	Primary	Lower Secondary	Upper Secondary
2009-2010	6,665	1,172	383
2010-2011	6,767	1,189	407
2011-2012	6,849	1,196	426
2012-2013	6,910	1,214	433
2013-2014	6,993	1,244	444
2014-2015	7,051	1,249	455
2015-2016	7,085	1,251	463
2016-2017	7,144	1,245	486
2017-2018	7,189	1,237	510
2018-2019	7,228	1,246	525

Source: MoEYS, 2009-2010 to 2018-2019

3.2.2 Some Improvements Reported by Key Informants

Enrolment Rate Increased:

Despite the national data of MoEYS showing only a slight improvement, key informants in the study observed that the enrolment rates in their areas had significantly increased over the years. These improvements were attributed to two strategies applied in recent years, specifically school year enrolment campaigns and improving school accessibility by increasing the number of schools in their local area.

According to key informants, the primary and secondary school enrolment campaigns consistently encouraged parents and students in the communities to enrol when the new academic year started. This campaign typically takes place for a few weeks or a month before the new semester begins. Schools and local authorities are the core leaders of the campaign under the close supervision of the DOEs. As part of the primary school enrolment campaign, each school administration and the teachers prepare and update a community or household plan, marking where the potential students are located, highlighting those of primary school age. In case a school does not achieve a sufficient enrolment rate for the upcoming academic year, the school, together with local authorities, visit the student's house and discusses the importance of school enrolment with their parents or guardians.

Key informants in Kratie province reported the number of schools (at all levels) in the province has significantly improved in recent years, with at least one primary school per village, at least one lower secondary school per commune, and at least one upper secondary school per district. They reported there were 274 primary schools in total, though there were only 258 total villages in the province. Furthermore, there were 54 lower secondary schools in total, though there were only 47 communes, and 12 upper secondary schools, though there were only six districts.

Key informants in other provinces also reported a significant improvement in the number of schools in their provinces, particularly the number of secondary schools. They consistently said that the province had at least one lower secondary school and one upper secondary school available per commune and district. One DOE in Kampong Thom emphasized that there was only one commune in the floating village area that didn't yet have a lower secondary school. The reason, as noted as the insufficient number of students in that specific area. Not all villages in these provinces had a primary school, however they had tried to set up one primary school in each remote village. Key informants in Prey Veng province reported that although the number of primary schools was not equal to the number of villages, on average, the primary school was located only around 5 kilometres from the commune centre. Similarly, the lower secondary school was around 5-10 kilometres away from the commune centre.

Key informants verified that the building and repair school budget mostly came from MoEYS and support from development partners. A small portion also comes from local community charities. Only Kratie and Prey Veng reported the name of organizations who had contributed to building and repair work on school buildings in their location. Local community contributions were mostly small, such as building a school access road, fences, school toilets, or other minor improvements. Only Kratie, Battambang and Prey Veng mentioned that some schools received contributions from their community.

Key informants from Kratie reported that ChildFund had contributed significantly to building primary schools in their province. This NGO helped construct school buildings and libraries, provided books and other library materials, and provided technical support for librarians. Aside from this, there were a few more organizations reported to have built kindergarten

schools, such as UNICEF, Krou Sa Yeurng (Our Family) organization, Kampuchea Action to Promote Education (KAPE), and Good Neighbor. World Bank and Holland Bridge were reported as contributors towards constructing some buildings in a few locations in Prey Veng province.

Though the contributions from development partners and local communities were small compared to the government's budget, the key informants considered these as one of the key factors for their success and for their current achievements, more so for the contributions from local communities. This showed the ownership and willingness of the communities and the students' parents to provide for their children's education.

School dropout rates decreased:

According to the key informants, dropout rates in their areas have significantly improved, particularly at the primary level. Based on their reports about their areas, they noted dropout rates for primary schools were only 3-9 per cent during the last academic year. POEs in Kratie reported the highest dropout rate at 9 per cent, compared to the other provinces, with Kampong Thom at 6-7 per cent, and Battambang, Prey Veng, and Kampot at only 3-4 per cent.

Though the lower secondary dropout rate remained the highest among all three school levels, key informants reported that this result was better than it was in the previous years. Kratie had the highest dropout rate at lower secondary school level at 24 per cent compared to the other provinces. Kratie was followed by Phnom Penh, Prey Veng, and Kampong Thom at 20-23 per cent each. Kampot and Battambang had estimated their dropout rates at 17-18 per cent each.

All key informants consistently reported that the dropout rate in upper secondary school was less than the lower secondary schools in more recent years. Prey Veng, Kampot, Kratie and Phnom Penh reported to be 15-17 per cent, while Battambang and Kampong Thom reported 10-12 per cent.

Improvements to minimize dropout rates in upper and lower secondary levels were perceived to be a result of two effective efforts implemented in recent years, including introducing scholarships for low-income students and an early warning system for poor-performing students and about-to-dropout students.

Providing scholarships to disadvantaged students, including those from IDPoor families, was considered the main factor for reducing dropout rates in primary school. This motivation scheme encouraged parents living in poverty to prioritize their children's early education. Even if the scholarship programme does not reach all children from low-income families, it has proven to have played an important role in reducing dropout rates.

Key informants also reported that scholarships were automatically renewed when students moved up to lower and upper secondary levels. The scholarship grant is KHR 240,000 (USD 60) annually. Each school has a duty to provide this cash support to eligible students or parents per quarter. Aside from this scholarship, some low-income families also received sponsorship for school materials, such as uniforms, books, bags, bicycles and other essential items. These sponsored school materials can be part of the school's budget, from NGOs, or from the local district offices. The school takes full responsibility for allocating grants and support from NGOs and local district offices to students in eligible families.

With the newly reformed Education Strategic Plan, all key informants mentioned that at least three early warning systems help reduce the dropout rate and prevent poor-performing students from dropping out of school. Schools have used Thursday, a day typically used for

school breaks, to conduct extra classes for low-performing students at the primary level. Teachers are permitted to hold extra classes for three Thursdays per month, and the last Thursday of the month is used for commencement and wrap-up sessions to help further motivate the students. In addition, teachers are compensated for these extra classes. Compensation would normally include payment of KHR 120,000 (USD 30) per hour for these classes. This is considered a remuneration to encourage teachers to allocate their Thursdays for extra learning sessions with their students who do not perform well in class.

Teachers are also required to closely monitor their student's attendance. In cases where a student misses a class for three consecutive days, teachers or other school staff, are expected to contact the student's parents immediately. DOEs and POEs reported that this rule is strictly observed at all levels. School directors request their teachers meet the parents personally or by phone.

For the secondary school level, poor-performing students are typically provided with a special course or class during the school break. Most of the schools introduce this class around August or September of each academic year. This class combines all low-performing students from different classes in the same grades with different subject schedules. Teachers who provide such classes for these students are also compensated.

Most importantly, students who have newly dropped out are given the opportunity to enrol back into school. Schools and local authorities work together to encourage them to participate in the special course in an informal education programme for around 3-6 months, with the view to returning them back to formal education if they pass the test. The students can then take the course at a Community Learning Centre (CLC), which are under the management of local authorities and the local school.

Increased school completion rate:

Key informants noted that female students had higher completion rates compared to their male counterparts across all educational levels. Kampong Thom reported having the highest percentage, with the completion rate of female primary students at 9 per cent higher than male students. Meanwhile, the completion rate of female students at lower secondary levels was 14 per cent higher than males. In other provinces, the completion rate of female students was higher than males at 4-8 per cent for all education levels.

This is believed to have resulted from the strategy to build teachers' capacity to use improved teaching techniques, improvement in teachers' and education staff salaries, strengthening school management capacity, building good relationships with students' parents, and enabling a more productive school environment. Development partners were deemed to have had contributed significantly in reaching this achievement with efforts aligned with the national strategy and national programmes.

Provision of soft skills and life skills to students:

Key informants also reported that the MoEYS, as well as POEs and DOEs, had worked with stakeholders to promote and gather public support for the positive development of youth and to provide them with opportunities to develop their potential in education, their careers and decision making. These would allow them to contribute to their families, communities, the country, and the world more generally

All key informants reported that there was a youth programme initiated in their provinces, known as the Cambodian Youth and Children Council. Kratie POEs noted that Youth Clubs in their province provide life skills and soft skills to the upper secondary level students. They had worked closely with the MoEYS and NGOs to implement this programme. The Youth

Clubs and Youth and Children Council typically provide opportunities for students in secondary school to do volunteer work in their community, district, and province as a way to improve their local community. Some important skills gained by upper secondary level students through these programmes included reading, computer and ICT skills, and entrepreneurial skills.

There was direct support offered from NGOs, which also helped provide positive developments to youth in those communities. UNICEF has been a major supporter to MoEYS in term of system strengthening for implementation local life skills and career counselling education in school system. The Room to Read programme is an NGO who works in youth capacity building in six provinces across Cambodia. Prey Veng and Kampong Thom POEs and DOEs reported that their provinces had received support from this NGO. Their Girl Education programme worked to provide soft skills and build self-confidence for female students in some schools in these provinces. Their support was provided via their social mobilizer, who coordinated directly with local schools. CEPA, on the other hand, provided computers and tablets to some schools in Kratie to help increase ICT skills and knowledge for lower secondary school students.

Some NGOs focus on increasing public awareness of various topics, such as HIV, WASH, traffic laws, gender equality, accountability, and other useful topics for daily activities. They would typically target communities and indirectly improve the youth's knowledge as well. These NGOs include CEPA, Clear Cambodia, Hope Fund, Sovannaphum, Phnom Srey, World Vision, and CARE. Key informants also reported that other ministries provided life skills to youth in the community, such as the Ministry of Rural Development (MRD) and the Ministry of Women's Affairs (MoWA). The MRD provides agricultural skills, and the MoWA through the Women Development Centres provides training in relation to jobs and livelihoods, such as hairdresser and salon-related skills, and tailoring skills.

Key informants reported that Community Learning Centres (CLC) were initiated under the informal education sub-sector programme of MoEYS. These centres, which began operations in recent years, have three primary goals; to provide literacy programmes, soft skills, and life skills to youth who have dropped out from formal education and are unemployed. The MoEYS is fully responsible for providing the budget to the CLC, and its role is to encourage youth to participate in training on technical and soft skills. The CLC committees mainly decide on the skills among themselves and report their activities to the DOEs. Skills they had previously offered included motorbike repair for young males and tailoring and salon-related skills for young females in the community. The CLC selects the venue for training which normally coincides with the current availability of open spaces in the community, such as the school or local pagoda.

Another centre where youth can access additional skills, in addition to what they learn in formal education, is the Technical and Vocational Education and Training school or centre or institutions (TVET). POEs from all provinces noted there was at least one TVET centre in their province which offers a wide range of skills in different specialized areas. A few respondents from the FGD also reported the availability of TVETs in their areas.

3.3 Challenges and Implications of Adolescents and Youth Education

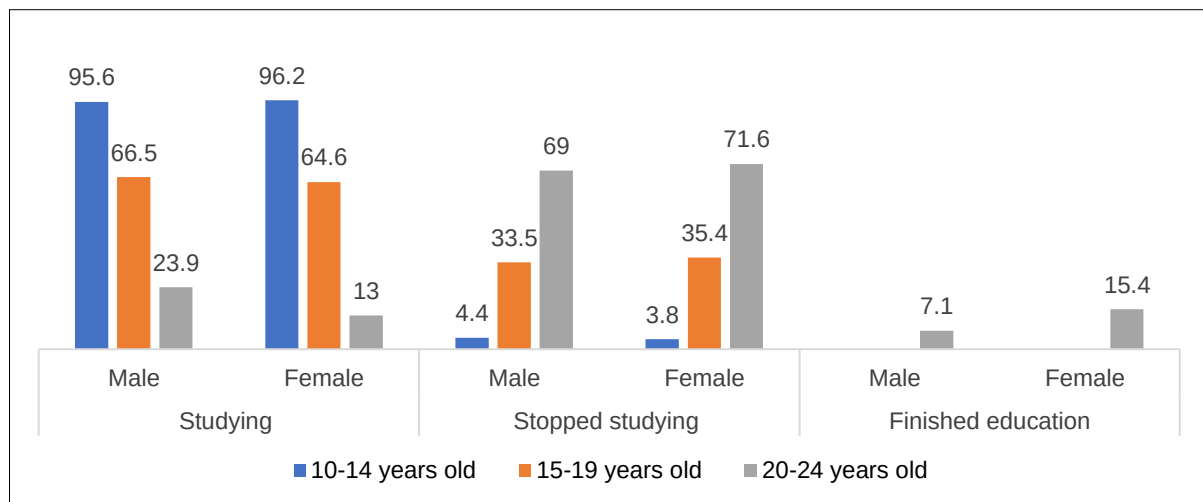
Despite the improvements and good practices implemented in the education sector in recent years, the dropout rate at secondary level remains a challenge. Education quality has significantly improved, and more concerted efforts are needed for improvement as well as to be able to catch up with the regional and international standard of education quality.

3.3.1 Dropout Rates at Secondary Level

Based on the structured survey results with young people aged 10-24, 29 per cent had dropped out of formal education. This was noted as approximately 26 per cent for males and 30 per cent for females. Five out of 7 LGBTQI respondents had also dropped out of formal schooling. Among all adolescents and youth who had dropped out of school, 38 per cent belonged to a family who qualified as IDPoor. There were also more from urban areas compared from rural areas, 34 per cent and 26 per cent respectively.

Figure 20 illustrates the current education situation among adolescents and youth who participated in the structured survey, by sex and age. It shows that the majority (96 per cent) of those aged 10-14 were still in school while the other 4 per cent were not. Around 34 per cent of adolescents aged 15-19 and 71 per cent of youth aged 20-24 were not in formal education.

Figure 20 – Percentage of adolescents and youth who are still in school and out of school by sex and age group – (in %)



Total for aged 10-14= 390, aged 15-19=416, aged 20-24=194

Out-of-school adolescents and youth reported that they stopped their education at different levels, 34 per cent stopped when they were in primary school, 46 per cent when they were in lower secondary school, and 20 per cent when they were in upper secondary school.

Around 36 per cent of all out-of-school adolescents and youth reported that they stopped their education when they were 10-14-years-old, 57 per cent at 15-19-years-old, and only 5 per cent when they were tenyears-old. All the LGBTQI students who dropped out of education reported that they were aged 15-19-years-old at the time. There is no statistical difference observed by sex or geographical areas on the ages of adolescents and youth who dropped out from their education.

From the qualitative interviews with key informants and the interviews with young people aged 10-24, there were several reasons contributing to their leaving school. The main reasons were centred around poverty and vulnerability, discouragement from being seen as a poor-performing student, parents' perception of the importance of children's education, attractiveness of gaining employment, particularly from the secondary students' perceptions, and safety and geographical issues.

Poverty

Findings from the structured survey with adolescents and youth demonstrated that factors related to poverty were the main reason for children and youth dropping out of school. This accounted for 44 per cent of all reasons (**Table 12**). Around 51 per cent of female respondents and 38 per cent of males mentioned their family could not afford to pay for their education, and they needed to earn money to help their family.

Table 12 – Reasons for dropping out of school among adolescents and youth by sex – (in %)

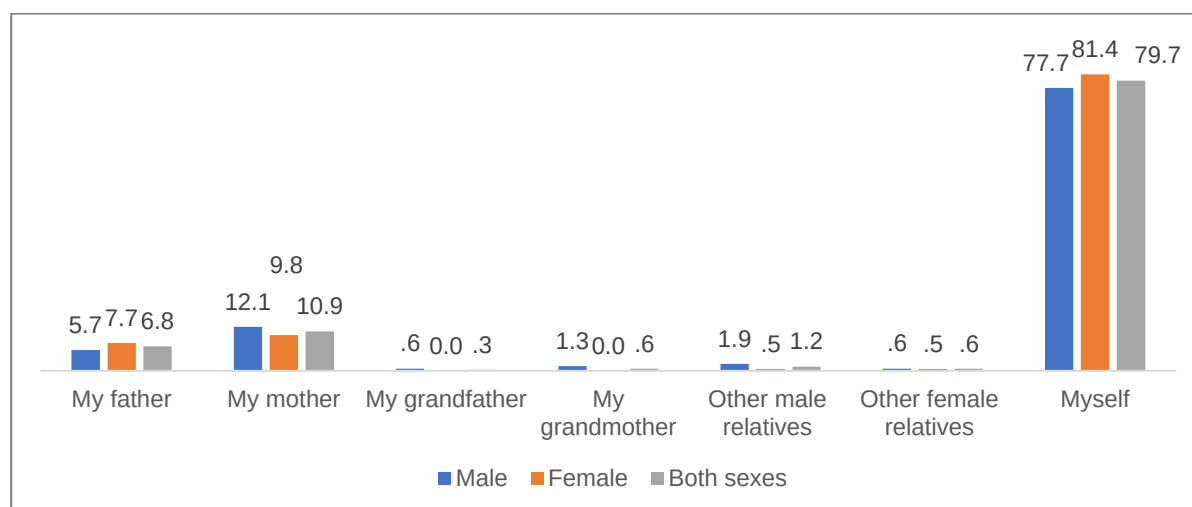
	Male	Female	Both Sexes
Needed to earn money to help with family expenses	20.1	27.7	24.4
Family could not afford the child/ren's education	18.0	23.5	21.1
Hardship and difficulty in coping with lessons or classes	21.2	9.7	14.8
Were too busy helping parent's work or business	6.3	6.7	6.6
Needed to take care of someone in the family and could not make time to attend school	2.1	7.6	5.2
The school was too far, and transportation was problematic	2.6	7.1	5.2
Too busy with household chores	6.3	2.1	4.0
The family could only support sister's education	2.1	3.4	2.8
Were too lazy to study	3.7	1.3	2.3
Suffered an illness and missed the class for a certain period of time	1.6	2.1	1.9
The family could only support brother's education	.5	2.5	1.6
Failed exam/s, so felt ashamed to continue studies	2.6	.4	1.4
Education is not important in the family or for the parents	1.6	.8	1.2
Repeated the same level for years, so felt ashamed to continue studies	2.1	.4	1.2

Base n=288 those who dropped out from formal education

Table excluded other 17 verbatims contributing to less than 6.3% for both sexes, 9.2% for male, and 4.7% for female

Based on the structured survey results, it was observed that adolescents and youth were involved in the decision-making to drop out of education. **Figure 21** shows that 80 per cent reported to having involvement in making the decision or deciding by themselves to stop pursuing their education.

Figure 21 – Decision makers involved in making adolescents and youth drop out from formal education – (in %)



Note: n=288 those who dropped out from formal education

Results from the KIIs and FGD also showed that poverty was the main barrier to accessing and completing education, with most student dropouts at all levels were in families living in poverty. This was consistently reported from all key informants and respondents across all provinces in the study. Informants in the KII reported that students at the secondary school level who lived in poverty mostly withdraw from education and resorted to working to earn extra income to support their livelihood. The decision-making for dropping out of school typically came from either themselves or their parents.

Furthermore, key informants observed that family members who worked for the minimum daily wage, more particularly agriculture workers and construction workers, generally moved out from their village to look for other opportunities, often bringing their families, including their small children, with them. As a result of their choices, they took their children out of primary school in their village and put them into other schools near their workplace. In some cases, parents brought children with them and allowed them to do household chores when both the mother and the father needed to work on-site. There were several cases where migrant parents left their children in the village with their grandparents or siblings. These contributed to the children's failure to attend their classes which contributed to their poor performance in school. Moreover, children did not perceive studying to be important as no one was at home to consistently encourage them to attend school or to tutor them on subjects they found difficult.

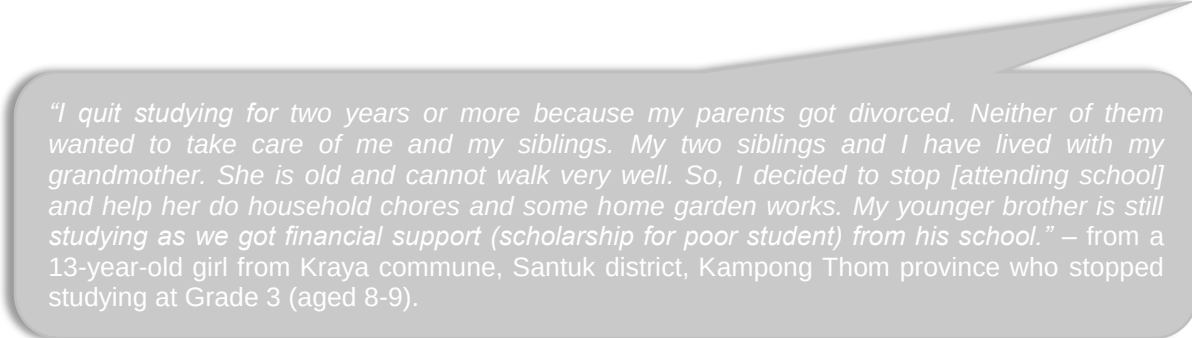
Some respondents aged 10–24 from the FGD who had dropped out of school early reported that they had been taken out of school by their parents as they needed to go with their families to a new location for work.

"I stopped studying several months ago because my family is poor. I always go to the potato farm where my parents worked during the school break. When I was smaller, I was just playing around my parents while they were working. And since I am big now, my parents also let me do work with them." – from a 14-year-old girl living in Bay Damram Commune, Banon District, Battambang province who stopped studying at Grade 7 (aged 12-13).

Results from the FGD also showed that additional costs for teaching and learning materials, at both primary and lower secondary levels, were the key financial barriers to consistent school attendance for males and females from low-income households. While the situation is improving, teachers' low wages continue to lead to the collection of informal fees and promoting private tutoring, which creates further cost barriers to children accessing education. The majority of respondents aged 10-24 reported that they were still paying additional fees for teachers, which were one of the reasons stated for dropping out of school, particularly among children in low-income families.

While females tended to have better educational performance, progression and completion rates than males, they continued to experience challenges in accessing full education opportunities. Females dropped out of school more often to support their family. As per the structured survey results, the number of respondents who were not in formal education and had worked early on to help their parents earn an income was higher for females at 57 per cent then 43 per cent for males. Some of the FGD participants aged 15-19 reported that they had stopped studying and stayed at home to look after other family members, including sick parents, small siblings, or their nieces or nephews. Most of the out-of-school female respondents in Prey Veng reported that they were sent to Phnom Penh to work as a maid, seller or helper at a store or restaurant. Working after leaving formal education was also noted among the male respondents across all locations. Most of them became construction workers, workers in a store or market, or truck drivers.

Moreover, key informants reported that children in families where their parents were divorced, widowed, or had a severe illness was also a factor in their decision to leave school. Results from the FGD showed that this was around one-tenth of all other reasons for school dropouts across the areas in the study.



"I quit studying for two years or more because my parents got divorced. Neither of them wanted to take care of me and my siblings. My two siblings and I have lived with my grandmother. She is old and cannot walk very well. So, I decided to stop [attending school] and help her do household chores and some home garden works. My younger brother is still studying as we got financial support (scholarship for poor student) from his school." – from a 13-year-old girl from Kraya commune, Santuk district, Kampong Thom province who stopped studying at Grade 3 (aged 8-9).

Performance at school

The FGD and the structured survey indicated that poor performance in the class was the second main reason students dropped out of school, particularly among the lower to upper secondary level students. According to the survey results, this contributed to almost 15 per cent of all other reasons for school dropouts.

Some FGD respondents aged 10-24 reported that it was the only reason they had dropped out, while others claimed other reasons. There were 14 (24 per cent) respondents out of the total 58 who stopped studying at primary level. They reported that they were poor-performing students and were discouraged from continuing their education. Around 14 (38 per cent) out of the total 36 respondents who had stopped school during lower secondary school reported the same reason. In addition, 14 (42 per cent) out of the total 33 respondents who had stopped at upper secondary school reported that they either did not do well in classes or had failed their exams.

Some respondents aged 10-24 in the FGD reported that they performed really poorly in the main subjects, such as mathematics and Khmer literacy, while more reported that they were not performing well in almost all subjects. Most of the males who dropped out from secondary education reported that their poor performance was noted at the primary level and had never improved.

"I could not move up to the next grade when I was in grade 10 because I had very poor performance in class. My mother blamed me so bad about it. I was really mad at her too and personally decided to just stop studying. I started working in the past two years up until now."
– from a 24-year-old male respondent living in Chhuk commune, Chhuk district, Kampot province.

Parents' Perception on formal education

According to key informants, some parents did not value education. This was reported mostly from families where parents attained lower education levels and/or lived in poverty. For them, their children completing formal education was seen as a waste of time. For those living in poverty, the children were needed to generate income, regardless of whether they had reached the legal working age.

Key informants also pointed out that some middle classes and wealthy families in the community, especially those who owned businesses or were in trades also tended to let their children drop their formal education once they reached upper secondary school (Grades 10-12). They believed that their children already had a basic education and were ready to help or take over their family businesses. However, based on findings from the FGD, less than one-tenth of all respondents who had dropped out of school reported that they withdrew from education for this reason.

"My parents said that they could not support me until I finish formal education because it is 12 years. They said that they wanted me to learn a specific skill instead and then open a small business based on the skill that I have learned. And if after I have completed the course and they still don't have enough money to open the small business for me, they will just send me to work as an employee instead." – from a 14-year-old girl from Sangkat Chaom Chau, Khan Pur Senchey, Phnom Penh city who stopped studying at Grade 7 (aged 12-13)

Influence of peers

Key informants emphasized that peer influence was also one reason why secondary students dropped out of school. This was reported to be both a perception of the parents and the students. They observed that during the school vacation, around Khmer New Year or Pchum Ben, working people returned home equipped with modern cell phones, jewellery, or the latest motorbike models. Youth perceived that if they left school and went to work, they would be able to have those things immediately, without understanding the longer-term benefits of an education. Dropping out for these reasons was reported to be attractive to poor-performing students in particular.

Some of the FGD respondents aged 10-24 also reported that they had stopped school because they were influenced by their peers. However, it was noted to be less than 10 per cent of the total respondents who had dropped out.

"My cousin who worked as a construction worker used a smartphone and could earn good income, while I felt that I could not earn anything aside from studying. Then I started to work with him during the school break when I was 14 or 15-years-old in Grade 5. I did not tell my father that I went to work with my cousin. Then during the school break when I was in grade 6, I could not come back on time to catch up with the new school year. That's the reason why I decided to stop completely." – from a 22-year-old-male respondent from Sangkat Kampong Krabau, Krong Stueng Sen, Kampong Thom province.

Some safety and geographical Issues

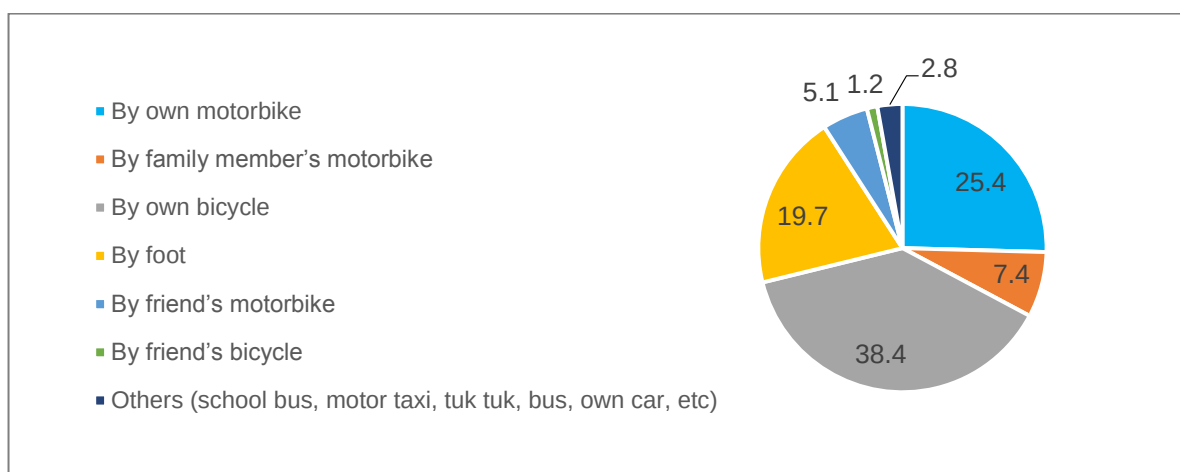
Most of the dislikes about school reported by adolescents and youth in the FGD were related to school safety. The majority had fears of being hit by students from different classes (most of the cases involved fear of older students' actions) and youth from outside the school, often labelled as "gangsters" or youth involved in crimes or misbehaving. There were no reports of injuries from this abuse. Some FGD respondents in Kratie and Battambang, specifically Snoul district and Chhlong district, also mentioned an experience of drug abusers roaming around the school area and attacking students. It was also reported that corporal punishment and other humiliating forms of punishment used by teachers to students were still widely accepted. These two combined created ongoing obstacles for children's educational participation.

The school head in one district in Battambang province reported certain number of drug abusers in the community who often disturbed students while they were at school, on their way back to their homes, and during study breaks. The school was located far from some students' homes and the roads were also reported to be in bad condition. He found that this was a big challenge for his school and had contributed to the dropout of students. Following discussions with teachers, students, and parents, he decided to provide accommodation for students in the school. The accommodation welcomed both male and female students who faced difficulties travelling to and from school. The accommodation was built from wood at the back of the classroom and was equipped with electricity and a water supply.

Though the survey results with adolescents and youth showed no significant negative feedback about school safety, the geographical issues and lack of transportation was evident among adolescents and youth who were still attending school.

Figure 22 shows the three main means of transportation used by respondents, including their own bicycle (38 per cent), motorbike (25 per cent), and walking alone (20 per cent). **Table 13** shows that 53 per cent of young people in lower secondary school relied on a bicycle and walking. Almost 36 per cent of those in upper secondary school travelled to school by bicycle, walking, or on a friend's motorbike. The average distance for those who used bicycles was around 3-5 kilometres and 1-3 kilometres for those who walked to school.

Figure 22 – Means of transportation used by adolescents and youth in going to school – (in %)



Base n=680 those who are still in formal education

Table 13 – Means of transportation used by adolescents and youth in going to school by level of education – (in %)

	Primary	Lower secondary	Upper secondary	Higher education
By own motorbike	4.9	27.2	58.6	77.5
By family member's motorbike	9.2	6.3	5.4	5.0
By own bicycle	52.3	37.9	13.5	5.0
By foot	28.0	15.2	11.7	5.0
By friend's motorbike	1.3	9.8	10.8	-
By friend's bicycle	2.0	1.3	-	-
Others (school bus, motor taxi, tuktuk, etc.)	2.3	2.3	-	7.5
Total	100.0	100.0	100.0	100.0

Base n=680 those who are still in formal education

No means of transportation for travelling to and from school was reported as a reason why some young people aged 10-24 in the FGD dropped out from their formal education. There were five respondents (7 per cent) out of the total 58 who stopped studying at primary level. They reported that their school was too far from their homes to walk and their family could not make time to transport them. Around six (17 per cent) out of the total 36 respondents who had stopped school during lower secondary school reported the same reason. Their school was too far to reach via foot or bicycle and their family could not afford to buy them a motorbike. This was also the case for key informants in Kratie, Battambang and Kampong Thom. Although there were upper secondary schools in all districts, the distance from the students' homes to the schools and the students' long commutes did contribute to students dropping out of school.

3.3.2 Quality of Education

Performance in the class and quality of graduates

When respondents from the structured survey were asked about their overall performance at school, the majority rated themselves from “Fair” to “Fairly Poor”. These two performance scores were given by 63 per cent of primary students, 80 per cent of lower secondary students, 89 per cent of upper secondary students, and 80 per cent of university students (**Table 14**). There were no statistical differences by sex or geographical areas (urban/rural) noted. The majority of respondents from all education levels consistently reported that they could not understand the lessons taught in the class well, and this contributed to their poor performance at school. This reason was reported by 20 to 38 per cent of respondents. This was followed by losing interest in studying and low attendance in classes, at 14 per cent and 11 per cent respectively.

Table 14 – Overall school performance – (in %)

	Primary	Lower secondary	Upper secondary	Higher education
Very good or excellent	3.0	1.3	0.9	-
Good	19.1	10.3	9.0	20.0
Fair	21.1	21.0	27.0	25.0
Fairly poor	42.4	59.8	62.2	55.0
Poor	13.4	7.6	0.9	-
(Don't know)	1.0	-	-	-
Total	100.0	100.0	100.0	100.0

Base n=680 those who are still in formal education

Table 15 – Reasons contributing to poor school performances – (in %)

	Primary	Lower secondary	Upper secondary	Higher education
I could not understand lessons well	24.4	30.2	38.8	34.8
I lost interest in studying or did not pay attention to the teacher's explanation	10.1	9.9	11.3	13
I like hanging out, so I missed classes and did not study at home	11.1	8.6	1.3	8.7
I could not remember the lessons and/or previous lessons	3.7	3.7	6.3	-
My mathematic skills are too poor	3.2	4.9	3.8	4.3
I don't have enough time to study at (busy with household chores)	6.8	9.9	10	13
I get sick often	5.3	0.6	-	4.3
It's very noisy in the class, so I could not focus	5.8	4.3	7.5	8.7
I play too many games at home or at school	2.1	1.2	3.8	-
I did not study in extra-classes	0.0	1.2	3.8	-

	Primary	Lower secondary	Upper secondary	Higher education
Other reasons	10.5	8.8	9.7	4.6
(Don't know)	6.9	6.2	1.3	4.3
(Refused to answer)	10.1	10.5	2.4	4.3
Total	100.0	100.0	100.0	100.0

Base n=680 those who are still in formal education

The majority of adolescents and youth also reported in the structured survey that they learnt skills in school which are not useful for their daily lives. Around 60 per cent of all in-school adolescents and youth thought that only a few to a fair amount of the skills they'd learnt from formal education were, while 16 per cent thought none of the skills were useful. Only 15 per cent of all in-school adolescents and youth thought that most of the skills were useful in their everyday lives. The remaining 9 per cent could not tell whether the skills were useful or not.

Table 16 shows adolescents and youth's perceptions in different education levels of the skills learnt in their schools. It illustrates that those in higher education found more useful skills than those in general education (primary to upper secondary school). Around 30 per cent of higher education students, compared to 14 per cent of general education students, reported that most of the skills they learnt in school were useful. Around 8 per cent of higher education students, compared to 16 per cent of general education students, reported that none of the skills learnt from school were useful.

Table 16 – Adolescents and youth perceptions toward the usefulness of skills learnt from formal education – (in %)

	Primary	Lower secondary	Upper secondary	Higher education
Almost all skills you learnt from school or university can be applied in your daily life	6.6	1.3	1.8	7.5
Most skills you learnt from school or university can be applied in your daily life	6.3	12.1	14.4	22.5
A fair amount of skills you learnt from school or university can be applied in your daily life	27.3	31.3	33.3	27.5
Only a few skills you learnt from school or university can be applied in your daily life	35.2	26.8	29.7	25.0
None of the skills you have learnt from school or university can be applied in your daily life	15.5	17.9	14.4	7.5
(Don't know)	9.1	10.6	6.4	10
Total	100.0	100.0	100.0	100.0

Base n=680 those who are still in formal education

The majority of female students in the FGD and still in formal education reported that they faced difficulties understanding some subjects, such as mathematics, physics, biology, and chemistry. Males who reported that they were not doing well in class noted that they could

not understand almost every subject. Almost all FGD respondents could not give a good example of a useful skill they had learnt from school which could be applied in their daily lives.

According to key informants, limitation in classroom rules and discipline also contributed to students' poor performance in class. They stressed that some teachers still do not pay enough attention to student attendance and do not maintain close contact with the parents. They reported that male students in secondary school tended to skip their classes more often than females, causing them to miss more lessons. Some DOEs observed that students used or played with their phones while in class. This was noted when DOEs conducted spot-checking and monitoring activities on some schools in their areas.

Participants in the FGD reported that the quality of education was also an issue. It was reported that students who graduated have limited capacity to meet the corporate world's needs and those of society more broadly because they had gaps with certain skills. This was also raised by some high school and university students who reported that they needed to take at least two additional courses (outside of their school or university), including English language and computer skills. Some students reported that these courses were offered in their school but with limited quality. Some students reported completely missing these courses, particularly those from Kratie, Battambang, Prey Veng, Kampong Thom, and Kampot. They understood that these skills were important and lacking these skills increased the challenges they would face in succeeding in their future career.

Limited of school facilities and/or equipment

Data from Cambodia's Social Accountability Framework indicated that the provision of study materials was one of the main obstacles limiting children's learning. It was also evident that the government standard was often not met at the school level. The MoEYS assessment also showed that most secondary schools do not have adequate science labs, computer rooms, libraries, teaching aids, or workshops in accordance with the curriculum framework.

Based on the structured survey with young people aged 10-24, a library was available in most of their schools. Between 87-92 per cent of respondents in primary and secondary school and all university students reported this. However, ICT equipment and laboratories were still lacking in primary and secondary schools. Less than 10 per cent of primary students mentioned having access to computers and a laboratory in their school, while 35 per cent of lower secondary school also reported this (**Table 17**).

Table 17 – Availability of school facilities and materials in young people's schools – (in %)

Availability of School Equipment		Primary	Lower secondary	Upper secondary	Higher education
Library available in the school	Yes	86.8	89.7	91.9	100.0
	No	13.2	10.3	8.1	-
Computers available in the school	Yes	5.6	35.3	53.2	82.5
	No	94.4	64.7	46.8	17.5
Laboratory available in the school	Yes	6.6	26.8	54.1	65.0
	No	93.4	73.2	45.9	35.0

Base n=680 those who are still in formal education

Key informants from POEs and DOEs also mentioned the lack of adequate numbers of textbooks for each school. They observed schools reporting this issue in their annual and quarterly reviews. Though there was no clear explanation of why there were not enough textbooks for students, key informants assumed that it was due to school management and damaged textbooks from the previous academic year.

Furthermore, key informants pointed out that a friendly environment had not yet been adopted by the majority of the schools. Some still limited necessary infrastructure, tools, and other study materials, such as a library, garden, separate toilets for girls, boys and students with disabilities, pathways for students with disabilities, computers, books, tablets, a laboratory, classroom decoration, and other resources.

Friendly teaching techniques, such as non-use of violence or inappropriate words, were also considered challenges. Some teachers still used their traditional teaching techniques.

From the FGD, three male adolescents aged 10-14 and living in Phnom Penh mentioned that they sometimes experienced physical punishment in the class, for example a teacher punished them by hitting their palm with a small bamboo stick.

3.3.3 Openness to Return to School after Entering Employment

Among those who had dropped out of school, all of them reported reluctance in returning back to school. All of them believed that it would already be too late for them. The respondents who participated in the FGD stated that they would feel ashamed if they failed to understand the lessons immediately, particularly since they would be studying with students younger than them. The older youth were already satisfied working in blue-collar jobs, while the others reported finding worth and pride by helping their parents provide for their daily needs.

3.3.4 Implications and Challenges of COVID-19 in Adolescents and Youth Education

Across the globe, the impact of the COVID-19 pandemic on adolescents and youth education has centred around school closures, implemented as a necessary measure to control the spread of the virus. The impact of COVID-19 on education globally is so profound that gains made in expanding access to education and improving the quality of education, made in the years prior to the pandemic, risk being seriously compromised. This situation means that children who were already considered vulnerable before the pandemic are now even more so, while children and their families who were not previously classified as disadvantaged are now facing impoverishment ^[23].

Much like other countries around the world, Cambodian's education system has been significantly impacted by the pandemic. Although reported cases in Cambodia were low, the government made a decision to avoid potential community transmission by closing schools across the country. Following the global declaration of the pandemic, MoEYS announced a national school closure in March 2020. Based on assessments conducted by MoEYS, the closures caused disruption to learning in 13,482 public and private schools, affecting 3,210,285 students (50 per cent females) and 93,225 teachers (53 per cent females) ^[24].

During this time, the MoEYS developed COVID-19 response strategies to provide continuous learning programmes for children from early child education (ECE) to secondary education. The core strategy was to develop distance learning services, including online lessons and

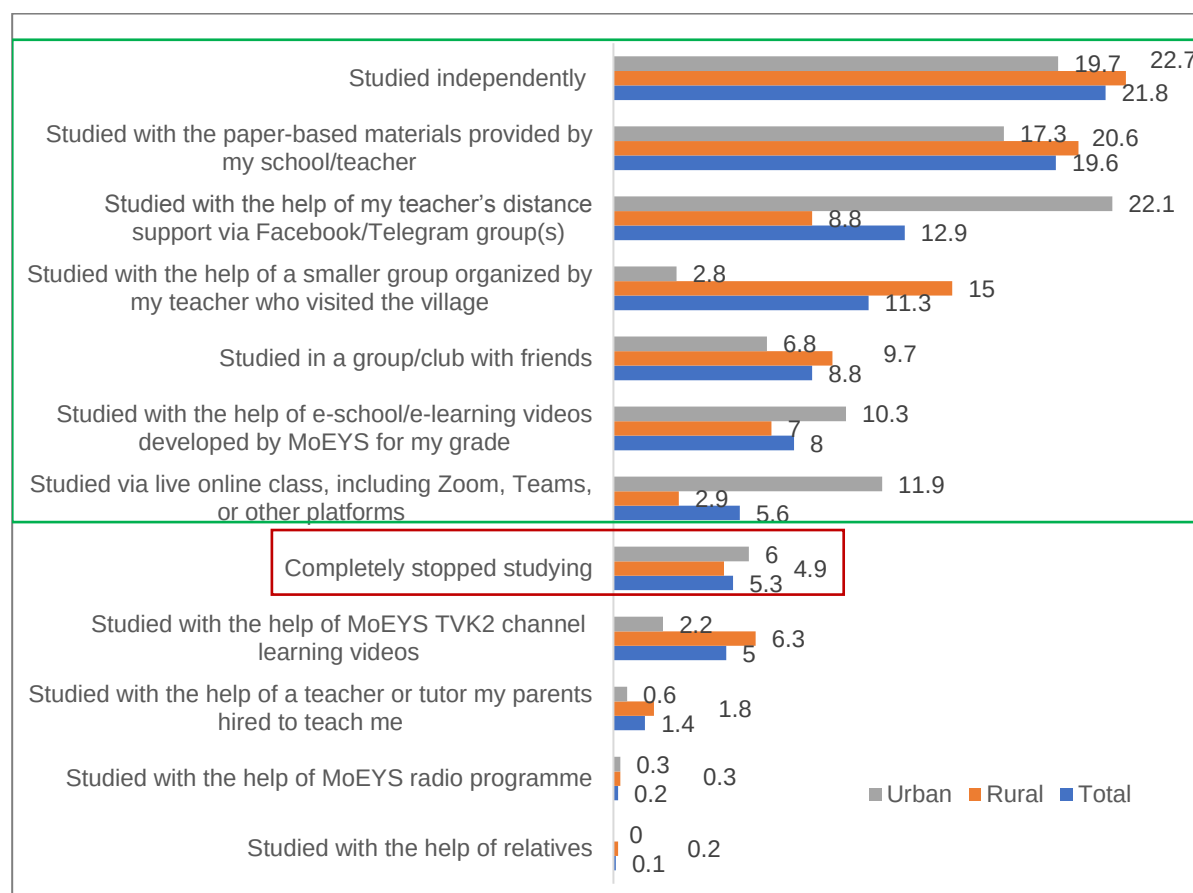
content which could be accessed through Facebook, YouTube, TVK2, and local radio. The online lessons were mainly directed at Grade 9 and Grade 12 students, as they had annual national examinations. MoEYS also attempted to make its distance learning more accessible by developing partnerships with the Cambodian DTV and Network Limited (DTV Cambodia), installing satellite dishes in hard-to-reach areas, and partnering with the Metfone network provider to offer students and teachers free internet access ^[24].

A rapid assessment by the MoEYS Primary Education Department (PED) on access to the distance learning programme in Cambodia showed that 24 per cent (of the total 513,303) primary school students had accessed the e-learning on television and 22 per cent had accessed content on Facebook. Of these, only 17 per cent viewed more than half of the duration of every video. The assessment also revealed that 24 per cent of teachers assigned homework for students, and only 7 per cent of students were engaged with teachers on question-and-answer sessions ^[24].

Based on the structured survey results, only 5 per cent of young people aged 10-24 completely missed their education during the pandemic. This worked out at around 5 per cent of young people in rural areas and 6 per cent in urban areas. Of those who participated in the FGD, 30 per cent of primary students reported they completely missed studying during the pandemic since they did not participate in any distance learning method initiated by their schools. Out of this, 18 per cent reported that they were not aware of these distance learning options. Another 12 per cent reported they had difficulties studying in this way as they had no device or could not make time for studying as they were busy with household chores or farm work.

Figure 23 shows the distance learning methods practised by adolescents and youth during the pandemic based on the structured survey. It indicates that the majority conducted self-learning at home and studied with the paper-based materials provided by teachers during the pandemic. This was consistently mentioned by both urban and rural respondents, with a share of between 40-43 per cent. Distance learning via e-school and other digital methods, such as Zoom, and Teams, were more popular among urban respondents than those from rural areas. Studying with a teacher's distance support via Telegram and Facebook messenger was 22 per cent in urban areas, while only 9 per cent in rural areas. Similarly, 12 per cent of urban students studied with live online classes, while this was true for only 3 per cent of rural students. More traditional means, such as studying in smaller groups in the village was more commonly practised in rural areas than in urban areas. Around 15 per cent of rural and 3 per cent of urban respondents studied with the help of a smaller group organized by teachers who visited the village. There were only 7 per cent of rural and 10 per cent of urban respondents who studied with the help of e-school or e-learning developed by MoEYS on a regular basis. They reported spending 2-4 days per week and 2-3 hours per day watching the videos for three months between July and September in 2020. This is consistent across general education from primary to upper secondary schools. Around 43 per cent of respondents who studied with the help of the e-school got to know the programme through their teachers or schools, while the other 57 per cent were referred by their friends to the programme.

Figure 23 – Distance learning during the COVID-19 pandemic by urban/rural – (in %)



Base n=680 those who are still in formal education

Based on the FDG responses from the young people aged 10-24, the study scheme during the school closures were implemented in several ways, including studying in sub-groups with their teacher in the community, using e-learning content accessed via Facebook and TV programmes, self-learning with minimal guidance from teachers over Facebook and/or Telegram, self-learning with minimal guidance from teachers by distributing hard copies of home assignments, and the online classes.

POEs and DOEs in KIIs also reported the same distance learning styles were implemented in their areas. They reported that learning in sub-groups and distributing hard copies of home assignments were flexible methods initiated by schools where there were challenges to using e-learning content via Facebook and TVK2. Based on their early assessment, students expressed serious challenges in self-learning from e-learning content as they were more familiar with the traditional style of face-to-face teaching. Most importantly, the lack of devices to access various platforms was noted as the main challenge.

Based on the FGD results, the majority of primary students were asked to collect assignments from their teachers at school, typically once or twice per week, and to return the completed assignments the following week. No primary school respondents reported participating in any e-learning programme through Facebook, TVK2, or via the messaging apps. Some reported that they had no access to a phone as only their parents had one, and during the daytime they could not use their parent's device. Learning from TVK2 was reported as less attractive for them since there were no direct interactions, and they could not ask questions or request the guide to slow down when they were struggling to catch up.

Almost all FGD respondents studying in secondary schools reported they learnt from e-learning content on Facebook and studied with a teacher's distance support via Facebook Messenger or Telegram. Only students in Grade 12 reported having used online classes (via Zoom or Teams) as well as Facebook's e-learning content. The availability of e-school information was relayed by teachers to students and through their peers.

Respondents reported difficulties keeping up with studying as the idea of e-learning or online distance learning was new to them. Challenges that affected their interest in studying during the time of e-learning included unawareness of the e-learning class schedules, limited availability of live online classes (a full schedule was not offered as with face-to-face classes), difficulty accessing class modules, availability of working and accessible devices, unavailability of certain subjects taught online, unavailability of certain subjects taught through e-learning videos, and the lack of productive interaction and dynamic interaction of the face-to-face classes. Some respondents also emphasized expenses for the internet. They could not give a clear range of their expenses for internet use as they only re-loaded their pre-paid cards once it was out-of-balance, but they believed they had incurred additional costs when conducting e-learning, compared to the time period before the school closures.

University students were reported to have a better online study solution, with Zoom and Teams being used as their online learning tools. They also reported having a similar study schedule to their normal face-to-face classes. Aside from Zoom and Teams, they also used Telegram to stay connected with teachers and class heads to receive updates on any changes to their class schedules. However, for some skills like engineering, medicine, and ICT, practising practical skills and laboratory use were completely missed out, and the students expressed concern about this.

In the later part of 2020, schools informed the students that face-to-face classes, specifically for primary school, Grade 9 and Grade 12, would reopen. Almost all respondents who were still studying expressed concerns, with most repeatedly emphasizing that their performance in the new academic year may not be good since the learnings were not enough during the school closures. Their concern was also noted that all lessons taught when schools were closed would not be repeated after the school reopened. They felt that they did not completely understand these lessons well enough, and this could translate to having low scores in exams or a disconnect with future lessons.

CHAPTER 4 – ADOLESCENT AND YOUTH AND EMPLOYMENT

4.1 Adolescents and Youth Related Employment Policies

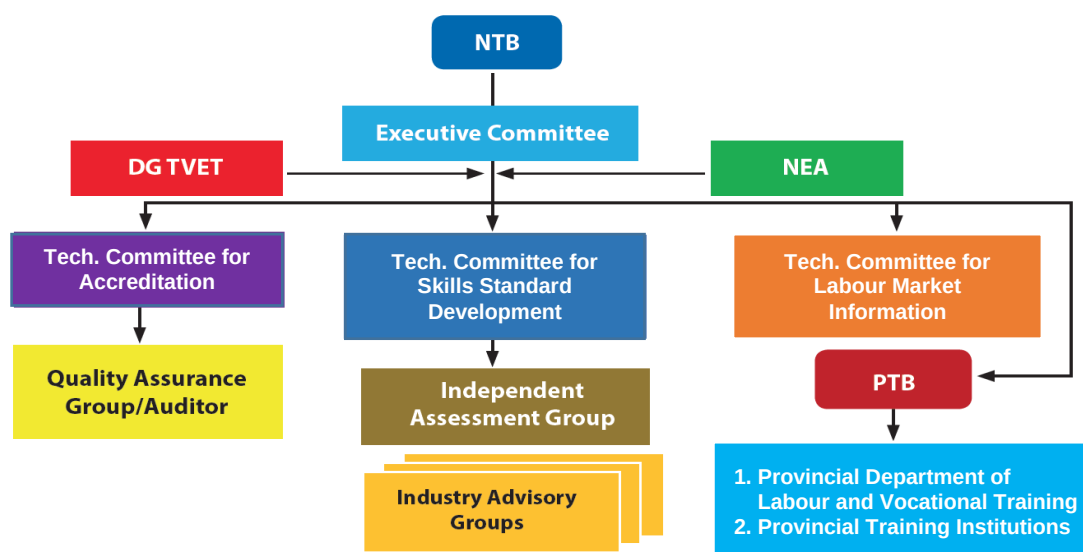
Cambodia has relied on labour-intensive manufacturing and the low skilled service sectors to support its growth. As the country develops toward an emerging market economy, more sophisticated production processes and a higher-skilled labour force are required to sustain its rapid growth, as well as to compete in global markets. As stated in the Rectangular Strategy Phase IV, the Royal Government of Cambodia has emphasized that growth, employment, equity and efficiency are key objectives in Cambodia's economic and social development planning. In addition, Cambodia's Industrial Policy (IDP) 2015-2025, adopted in 2015, highlighted a new growth strategy aiming to transform and modernize the industrial structure from labour-intensive to skills-based, as well as linking Cambodian industries and its economy with the global value chain and integrate into regional production networks ^[1].

The links between education, vocational training, and industrial policies remain weak, therefore compelling the government to launch employment and human development policies to address the growing demand for a highly-skilled workforce. These include the Cambodia Industrial Development Plan (2015-2025), the National Employment Policy (2015-25), and the National Technical Vocational Education and Training Policy (2017-2025). The aim was to enhance skills and human resources development to meet the country's development and market demands. Most importantly, continual understanding of the skills needed by employers is required to ensure the focus is on skills development, and this is matched to market demands ^[1].

The National Technical Vocational Education and Training Policy, the most recent national policy to date, outlines four strategies to achieve the stated goals and objectives, 1) improve the Technical Vocational Education and Training (TVET) quality to meet national and international market demands, 2) increase equitable access to Technical Vocational Education and Training for the employment generation, 3) promote Public-Private Partnerships and aggregate resources from stakeholders to support the sustainable development of TVET, and 4) improve the governance of TVET systems. The Master Plan for Technical Education at Upper Secondary Level (2015-2019) intends to enhance the technical skills of Grade 9 graduates who wish to pursue a technical degree. Development partners are also supportive in providing technical and financial assistance to improve skills development ^[25].

There are two main government bodies responsible for enhancing skills and human resources development in Cambodia. The MoEYS manages general education and higher education, while the Directorate General of TVET (DGTVET) of the Ministry of Labour and Vocational Training (MoLVT) manages the national TVET system ^[26]. DGTVET is the secretariat of the National Training Board (NTB) and is responsible for supporting, growing and guaranteeing the quality of the public and private provision of TVET (**Figure 24**). The NTB has 42 members from 19 ministries, 10 private sector, 2 development partners and 5 training institutions, and is responsible for policy direction and coordination of TVET. The National Employment Agency (NEA) is an agency under NTB. It aims to improve TVET relevance by enhancing the quality of labour market information services and providing this information to job seekers, employees, employers, and TVET providers ^[27].

Figure 24 – Governance structure of the TVET system in Cambodia



Source: NEA 2018

The Vocational Education and Training Sector Development Programme (TVET-SDP) under MLVT was initiated in 2015 to support the TVET sector in Cambodia. The total budget of this programme is USD 42.26 million, financed through a loan from ADB (USD 23 million) with additional funding from AFD (USD 15 million), as well as through RGC (USD 4.26 million). The programme will run from 2015 to 2021^[28].

According to the Ministry of Economy and Finance (2018), MLVT allotted KHR 53,547.6 million (around USD 13 million) for the TVET programme. It has four sub-programmes, 1) developing and implementing national policies and guidelines on TVET, 2) developing and implementing mechanisms for enrolment of trainees and students in TVET, 3) strengthening management mechanisms of TVET, and 4) TVET support services for the department at provincial level and in the capital^[28].

Table 18 – Budget plan of the MLVT for TVET programme 2018

Name of Sub-Programme	Budget (Million KHR)
1. Developing and implementing national policies and guidelines on TVET	1,369.7
2. Enrolment mechanism of trainees and students in TVET section	48,642.1
3. Strengthening management mechanisms of TVET	3,076.2
4. TVET support services for the department at provincial and in the capital	385
Total	53,473

Source: MEF 2018

There is also active engagement between other development partners within the TVET programme. From 2015-2017, nine development partners provided a total of USD 102.3 million to fund the TVET programme. As shown in **Table 19**, the partners who provided the most support to TVET included ADB (USD 53.1 million), Japan (USD 24.8 million) and Switzerland (USD 10.7 million)^[29].

Table 19 – Budget plan from different development agencies in TVET programme

Development Partner	Budget (in Million USD)	2015	2016	2017
ADB	53.12	5.67	1.18	-
EUEC	1.86	0.42	0.31	0.20
France	3.26	-	2.91	-
ILO	1.28	0.28	0.41	0.58
Japan	24.81	3.45	3.84	3.35
Sweden	6.25	1.08	1.05	1.37
Switzerland	10.70	0.66	1.48	2.17
UK	0.06	-	0.01	0.03
USA	1.00	0.40	0.20	0.20
Total Supported Budget	102.34	11.96	11.39	7.90

Source: RGC 2018

4.2 Current Adolescents and Youth Employment Situation

Employment rate

CSES 2017 showed that the working-age population (persons aged 15-64) increased to 1.6 million from 2009 to 2017. This increase has resulted in a slightly decreased dependency ratio. In 2017, the youth labour force (aged 15-24) was 28 per cent of the overall national labour population, working out at 26.7 per cent for females and 29.1 per cent for males. These rates were higher in other rural areas than in urban areas, including Phnom Penh. Around 29.5 per cent of the youth (aged 15-24) in rural areas were in the labour force, compared to 20.7 per cent in Phnom Penh, and 25.2 per cent in other urban areas (**Table 20**). The general population's unemployment rate was very low that same year at only 0.1 per cent - 0.3 per cent in urban areas and 0.1 per cent in rural areas^[30].

Table 20 – Percentage of youth who participated in the labour force in 2017

Age group	By sex			By geographical area			
	Male	Female	Both Sexes	Cambodia	Phnom Penh	Other urban	Other rural
15-19	11.4	10.4	10.9	10.9	4.4	9.4	12.2
20-24	17.7	16.2	17	17	16.3	15.9	17.2
25-34	29.1	29.8	29.5	29.5	36.1	31.1	28.2
35-44	17.1	18.2	18.1	18.1	21.1	17.8	17.7
45-54	15.2	16.7	15.9	15.9	15.3	15.8	16.1
55-64	9.5	8.7	8.6	8.6	6.8	10	8.6
Total (15-64)	100	100.0	100.0	100.0	100.0	100.0	100.0
Of which 15-24	29.1	26.6	27.9	27.9	20.7	25.3	29.4

Source: CSES 2017

According to the structured survey with young people aged 10-24, 41 per cent of the employed respondents had left school or finished formal education, with 52 per cent of these

working respondents being male and 48 per cent being female. Considering the type of occupation held by the respondents, the majority of working males aged 10-24 either worked in the construction, manufacturing, or production industry (28 per cent), in the service industry, including taxi or tuk-tuk drivers or worked as maintenance workers or security guards (21.3 per cent). Females aged 10-24 were mostly employed as vendors, small scale traders, self-employed or street hawkers (42 per cent) (**Table 21**).

**Table 21 – Current occupation of employed adolescents and youth by sex
– (in %)**

	Male	Female
Business owner (big, middle or small business) with hired workers	-	1.5
Clerical or other office worker	6.7	10.1
Construction, manufacturing, production, factory workers	28.0	14.5
Entertainment workers, e.g. massage, karaoke, night club staff	2.7	1.4
Farmworker, fisherman, worker, other agricultural labourers	14.7	2.9
Farmer	10.7	1.5
Informal workers, e.g. maid, waiters, sales staff	9.3	14.5
Professional, e.g. doctor, lawyer, engineer, teacher, nurse	1.3	4.4
Service workers, e.g. taxi driver, rickshaw or tuk-tuk driver, motor dub, maintenance or repair worker, security guard	21.3	7.2
Vendor, small scale trader, self-employed without hired workers, street hawker	5.3	42
Total	100.0	100.0

Base n=144 - those who are currently employed

Figures in the table above also reflect the type of workplaces chosen by young people aged 10-24. A majority of both sexes held jobs in locally-owned businesses (56.3 per cent). Considering the age at which they had their first job, the majority of the males found work at an early age, with most working as early as 16-years-old (20 per cent), while most females had their first job when they were 19-years-old (14.5 per cent).

Based on employment rate trends, there was an increase between 2016-2017 and this growth was expected to continue until 2018-2019. As shown in **Table 22**, the annual employment growth rate between 2017 and 2019 was 36.5 per cent. Ten sectors were predicted to continue experiencing growth throughout 2019, including food and beverage (7.5 per cent), garment, footwear and apparel (1.5 per cent), rubber and plastics (3.1 per cent), construction (1.3 per cent), accommodation (4 per cent), finance and insurance (5.7 per cent), ICT (5.7 per cent), logistics, warehousing and transportation (3.3 per cent), education (2.1 per cent), and health (2.3 per cent) ^[30].

Table 22 – Annual job rate in Cambodia by sectors - from 2016-2019

Sector	2016	2017	2018	2019	Annual Absolute Change	Annual Growth Rate (%)	Contribution to Change (%)
Food and beverage	16,815	17,035	17,788	19,672	1,319	7.5	6.1
Garment, footwear and apparel	742,737	742,944	760,399	765,630	11,343	1.5	52.6
Rubber and plastics	30,760	32,858	34,763	34,911	1,026	3.1	4.8
Construction	7,135	7,542	7,624	7,743	101	1.3	0.5
Accommodation	34,652	36,680	38,534	39,633	1,476	4	6.9
Finance and insurance	73,882	78,611	83,822	87,863	4,626	5.7	21.5
ICT	12,757	14,012	15,429	15,639	814	5.7	3.8
Logistics, warehousing and transportation	9,010	10,233	10,867	10,902	334	3.3	1.6
Education	13,378	14,561	14,757	15,176	308	2.1	1.4
Health	7,724	8,497	8,775	8,896	199	2.3	0.9
Total	948,850	962,973	992,758	1,006,065	21,546	36.5	100.1

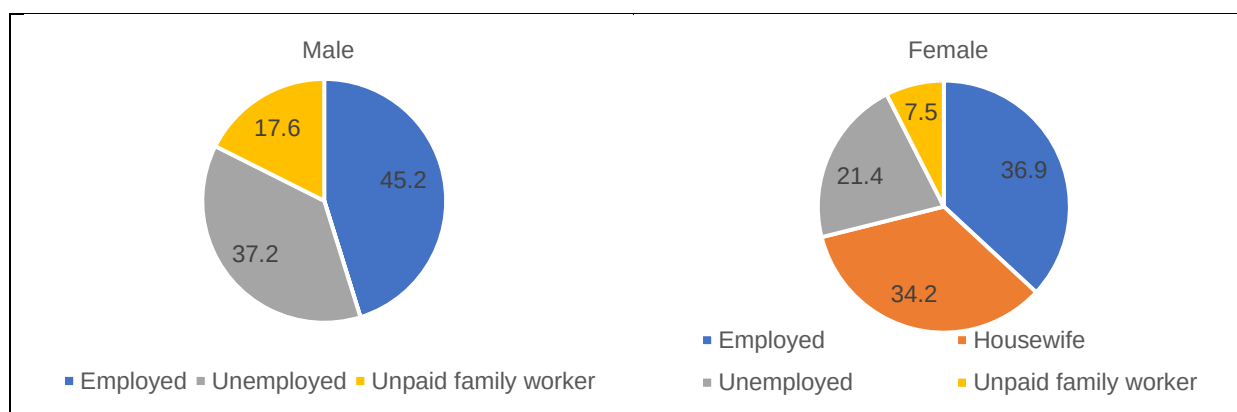
Source: CSES 2017

NEET rate and child labour

The percentage of youth aged 15-24 who were not in employment, education or training (NEET) was 12.7 per cent in 2012, based on the data from the Labour Survey conducted by the International Labour Organization (ILO). Around 10.3 per cent of young males aged 15-24 and 15.2 per cent of young females in the same age group were NEET. Based on the Socio-Economic Survey 2017 cited by ILO, the percentage of NEET among male and female youth aged 15-24 was at 6 per cent, including 3.1 per cent among male youth and 9.3 per cent among female youth ^[31]. For structured survey respondents, the percentage of NEET was 59 per cent, which worked out at 43.5 per cent for males and 56.5 per cent for females.

Of all the youth surveyed, the largest majority were employed (45.2 per cent of males and 36.9 per cent of females), followed by married females considering themselves to be housewives (34.2 per cent), unemployed (37.2 per cent males and 21.4 per cent females) and lastly, unpaid family workers (17.6 per cent males and 7.5 per cent females).

Figure 25 – Percentage of youth not in employment, education or training (NEET) by sex – (in %)



Base n=320 those who are not in formal education

Based on CSES, child labour among ages 5-17 was recorded at 24 per cent in 2012 and declined to 18.5 per cent in 2017. No gender disparity in child labour was recorded from 2012 to 2016. In 2017, 47 per cent of females and 53 per cent of males were reported to be engaged in child labour. Of all the children working in 2017, 37 per cent were also studying, while the other 60 per cent were not⁶. Of the working children, 42 per cent were females who missed school to attend work^[30].

Key informants working in education and employment reported that child labour still existed in their areas. This was mostly occurring in low-income families who worked as daily wage earners. Small children under 15-years-old were used as agriculture workers (for example, in cassava, rubber, and chilli farms), waiters, sellers or dishwashers in restaurants, or as housekeepers. Older working children aged 15 and above became unskilled workers, such as construction workers, truck drivers, sellers in Phnom Penh, casino workers, or migrant workers in Thailand. Local authorities at the commune level wouldn't typically report child labour in their areas.

Based on the FGD, 17 per cent of respondents under 17-years-old were employed, half were aged 10-14-years-old, and the other half were aged 15-17. They were from all locations and were sent to work as bakery workers, housekeepers, sellers, waiters, agriculture workers, construction workers, among other occupations.

Wages for employment

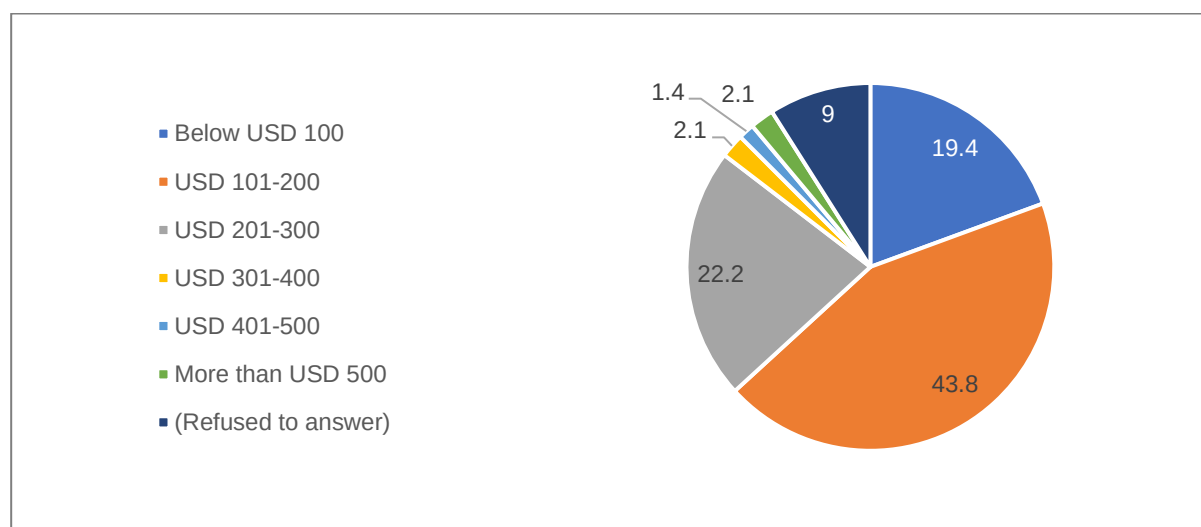
In 2018, the average monthly wage of highly skilled workers in Cambodia was 2,007,200 KHR/month (around USD 500). Low-skilled workers earned 517,300 KHR/month (around USD 130)^[32]. Most highly educated or skilled labour worked in the education and health sectors, while skilled non-manual labour worked in finance and insurance, ICT, and accommodation. Skilled manual workers were employed in the garment, footwear and apparel sectors, while unskilled workers were in the food and beverage and logistics sectors^[30]. An increase in the minimum wage was introduced within the five years between 2015 and 2020. This was significant for workers in the garment and footwear sectors. In 2013, the minimum wage was USD 80/month, increasing to USD 170 in 2018^[33]. It was increased further to USD 182 in 2019, according to Prakas No. 465 MLVT/P on Minimum Wage for Workers in the Textile, Garment and Footwear Industries for 2019^[34].

⁶ Another 3 per cent of child labour aged 5-17-years-old was recorded as "not applicable" in CSES 2017 which means those children were not of primary school age.

Based on the structured survey, working adolescents and youth's average personal income was USD 182/month, with the minimum at USD 50 and the maximum at USD 800. The USD 800 is an outlier since only a few employed respondents who had completed higher education were earning this amount.

Considering the average personal income by range (**Figure 26**), the majority of employed respondents (44 per cent) earned between USD 101-200/month. Around 22 per cent earned around USD 201-300, and 19 per cent earned less than USD 100/month. Only 5 per cent were paid more than USD 300/month.

Figure 26 – Personal income (per month) of adolescents and youth who are currently employed – (in %)



Base n=144 those who are currently employed

Labour demand and supply gap

Despite the employment growth trends, there was a gap noted between the labour supply and the demand for employment by sectors. In 2017, four sectors reported a high percentage of skill-related vacancies, including accommodation (27.7 per cent), finance and insurance (26.3 per cent), garment, footwear and apparel (10.9 per cent), and ICT (10.8 per cent). By occupational classification, 70 per cent of the total hard-to-fill vacancies were related to technical and associated professionals, service and sales workers, and professionals, including doctors, lawyers and teachers (**Table 23**). This suggested that the vacancies that were more difficult to fill in were those that required technical skills. This was also measured by the density of hard-to-fill vacancies, such as technician and associate professionals (70.2 per cent), managers (61.9 per cent), service and sale workers (41.9 per cent), elementary occupations (30.6 per cent), clerical and support workers (27.1 per cent), craft and related trades workers (22.3 per cent), plant and machine operators and assemblers (8.9 per cent), and skilled agricultural workers (0.9 per cent) ^[30].

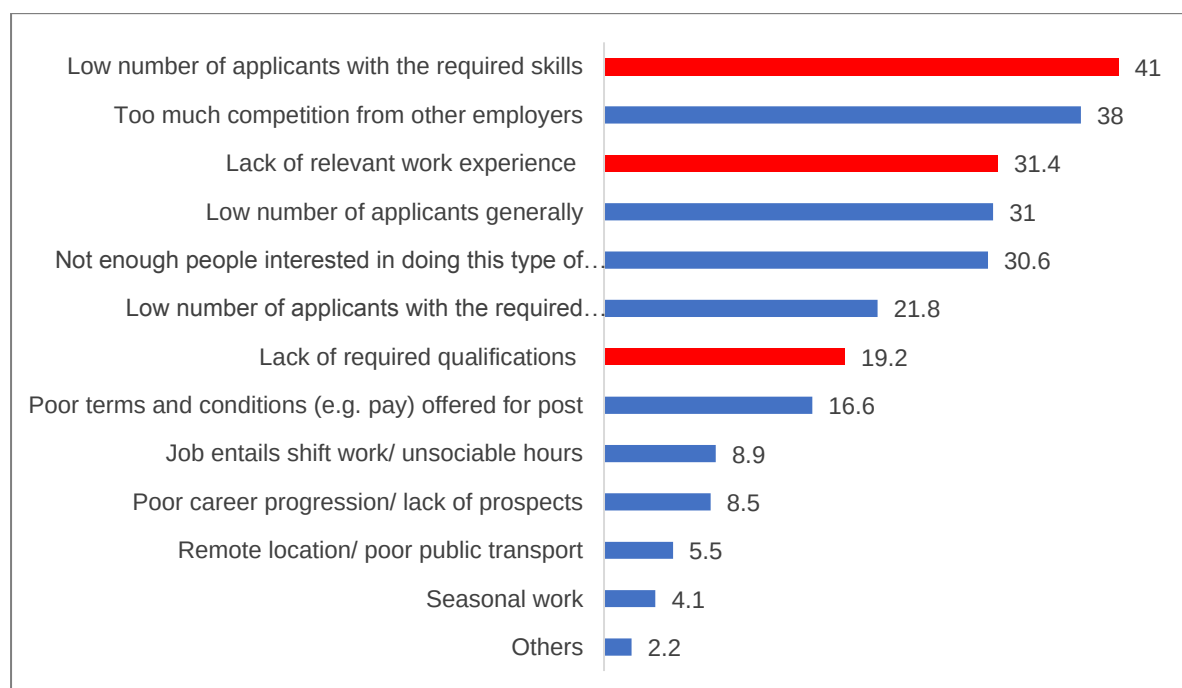
Table 23 – Distribution and density of hard-to-fill vacancies by occupation

ISCO major group	Distribution (%)	ISCO major group	Density (%)
Technical and associated professionals	40.7	Technical and associated professionals	70.2
Service and sales workers	21.1	Managers	61.9
Professionals	11.2	Service and sales workers	41.0
Clerical support workers	9.3	Professionals	39.1
Plant and machine operators, and assemblers	9.0	Elementary occupations	30.6
Elementary occupations	5.8	Clerical support workers	27.1
Craft and related trades workers	2.2	Craft and related trades workers	22.3
Managers	0.6	Plant and machine operators, and assemblers	8.9
Total	100.0	Total	31.8

Source: MLVT 2017

There were several reasons for the hard-to-fill vacancies. The key factor was the low number of applicants with the required skills, which accounted for 41 per cent of all reasons (**Figure 27**). This indicated that the education system had not yet produced enough skilled workers to respond to the demands of employers. The second reason was that there was too much competition from other employers at 38 per cent, followed by the lack of relevant work experience with 31 per cent. Low numbers of applicants in general and there not being enough people interested in doing the job ranked fourth and fifth, both at 31 per cent ^[30].

Figure 27 – Causes of hard-to-fill vacancies (% of establishment reporting hard to fill vacancies)



Source: NEA 2017

Below is the summary of reasons for hard-to-fill vacancies by type of occupation.

- * Managers: low number of applicants with the required skills, low number of applicants generally, and a lack of applicants with the required qualifications.
- * Professionals: low number of applicants with the required skills and lack of relevant work experience.

- * Technical and associated professionals: low worker interest in these fields, low number of applicants with the required skills, and lack of relevant work experience.
- * Clerical support workers: competition between companies for existing workers, low worker interest in this type of job, low number of applicants with the required skills, and low number of applicants generally.
- * Service and sales workers: competition between companies for existing workers, low worker interest in this type of job, and a low number of applicants with the required skills.
- * Craft and related trades workers: too much competition from other employers, low number of applicants with the required skills, and lack of relevant work experience.
- * Plant and machine operators and assemblers: competition from other employers for workers and a low number of applicants generally.
- * Elementary occupations: competition from other employers for workers, not enough people interested in doing this type of job, and a low number of applicants generally.

Current human resource development situation – highlights of the TVET programme

Cambodia's education system is composed of three main educational streams. General education is the first stream and consists of four main basic education levels, including pre-school, primary school, lower secondary school, and upper secondary school. Higher education is the second stream and includes an Associate degree (two years), Bachelor's degree (four years), and Postgraduate degrees (master's and doctoral degrees). The first two streams are the responsibility of MoEYS, and the third stream is known as Technical and Vocational Education and Training (TVET) ^[28].

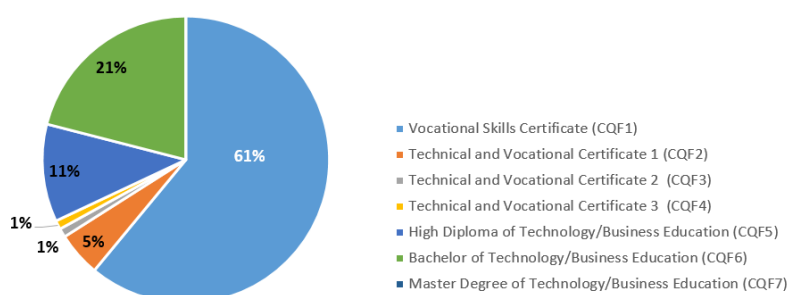
Pre-secondary TVET courses and degrees (C1-C3) are for students who successfully finished Grade 9 but who could not complete high school education (due to failed exit examinations). The Technical and Vocational Certificate 1 (C1) is a one-year course, equivalent to Grade 10 of formal education, the Technical and Vocational Certificate 2 (C2) is a two-year course, equivalent to Grade 11 of formal education, and the Technical and Vocational Certificate 3 (C3) is a three-year course, equivalent to Grade 12 of formal education. Post-secondary (high diploma/Specialisation/Associate Degree) TVET courses and degrees, on the other hand, are for students who successfully completed high school. A bachelor's degree of Technology/Specialisation/Engineering, which requires four or four and half years of studying, is initiated for students who finished upper secondary school or the equivalent to a high school certificate. Regardless of level, there are five learning outcomes emphasized under TVET, 1) professional knowledge, 2) analytical and numerical skills, 3) information technology skills, 4) communication and interpersonal skills, and 5) the ability to adapt and be flexible in how the skills are used.

Technical and vocational education is even more relevant in achieving the targets set out in the Industrial Development Plan (2015-2025). More specifically, the government aims to increase the industrial sector share from 24.1 per cent in 2013 to 30 per cent by 2025, and the manufacturing sector from 15.5 per cent in 2013 to 20 per cent by 2025 ^[28].

There were 38 public TVET institutions in operation nationwide in the academic year 2016-2017. Around 79 per cent of these institutions were located in the provinces, while 21 per cent were in the capital city. Over a period of three years, from 2015 to 2017, student rates in these public TVET institutions increased by 6.2 per cent, an equivalent of 37,058 students.

Females accounted for 29 per cent of the total students. The majority of students achieved a Vocational Skills Certificate (61 per cent), Technical and Vocational Certificate 1, 2 and 3 (7 per cent), Bachelor degree (42 per cent), a Higher Diploma Degree/Associate Degree of Technology/Specialisation (11 per cent), and Certificate of Technology/Specialisation Certificate of Engineering (21 per cent) ^[35].

Figure 28 – Enrolment of students in different levels of TVET in the 20016-2017 academic year – (in %)



Source: TVET MIS Department

In 2016-2017, a significant dropout rate was reported as being 70 per cent in total, with 21 per cent being female students. According to the official statistics from MoEYS (2017), 46,695 students enrolled in TVET institutions in the 2015-2016 academic year. This was the total in all public TVET institutions, private institutes, and associations or NGOs across all levels. Comparing this to the total number of students enrolled in the universities in the same year (219,069), it is noted that there is approximately one TVET student enrolled to every five students in university. This was a notable improvement compared to the 2013-2014 academic year, where one student was enrolled in TVET for every 25 students in university ^[35].

Results from a study conducted by the UNDP in 2019 showed that the average income of a TVET graduate was 22 per cent lower than a general higher education graduate. The average earnings of TVET graduates, regardless of degrees or certificates, was USD 323/month. Their income ranged from USD 240/month for the lowest level of TVET graduate (C1), to USD 402/month for a TVET Bachelor's degree graduate. Those with general higher education earned an average of USD 395/month, an Associate degree graduate earned USD 300/month, and a Bachelor's degree graduate earned USD 426/month ^[36].

From the key informant perspectives, TVET was considered a second chance for students dropping out of other formal education. This was an option to support vulnerable groups, including students living in low-income families, single-parent families, and students with disabilities. The TVET institutions and institutions also welcomed other students who were not considered part of these groups. All TVET-related key informants reported that the institution had helped many disadvantaged people transform themselves from unskilled to skilled workers. This had subsequently increased their chances of getting a better job and contributing to the economy. They added that entering the labour force for TVET graduates was less competitive and less complicated than the general higher education graduates due to the internship programmes offered through TVET. Based on their observation, after graduation, TVET students either went back to the enterprise where they had their internship, or they set up their own businesses in the areas where they lived.

In Kampong Thom, under the Swiss Contact support, there was an after-school monitoring programme initiated by the TVET institution. The school head reported that if the students

choose to run their own business, they could apply for support or investment from the programme through a grant that ranged from USD 100-500, depending on the nature of the proposed business and the student's living conditions. This sponsorship had a positive impact on the students' career and success after finishing TVET. However, similar programmes were not available across all provinces.

The TVET major courses were often planned every academic year by the school, district, and provincial officers, based on community-based studies and assessments. The TVET staff in each province were responsible for collecting information on the demand for skills and their market from the community level, then developing a plan for the MoLVT's approval. However, there were five priority sectors set by MLVT every academic year, including manufacturing construction, electrical, information technology, and mechanical-related courses. The MLVT predicted these majors as the key labour skills required in the industry sector. In addition, TVET planners also investigated the demand for labour skills through other means, such as career fairs and dialogue with development partners and private sector employers.

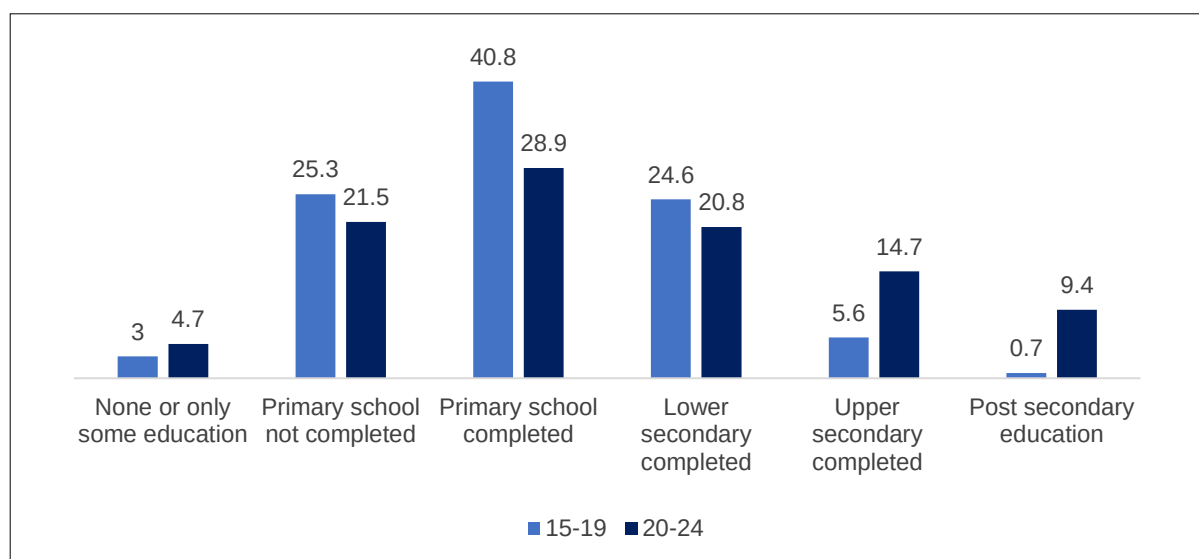
Lastly, soft skills were offered at TVET institutions. Having noted the lack of soft skills and other additional knowledge in Cambodia's labour force, TVET institutions incorporated these into most of their training programmes. Students were typically provided with training on communication, English language, entrepreneurship, and basic computer and administrative-related skills. These were offered as additional courses, packaged with core majors.

4.3 Challenges of Adolescents and Youth Employment

Available job opportunities

According to ADB, the country's rapid demographic shifts can be an additional challenge for securing a productive job unless the country is well-prepared. Though the Cambodian population was increasing by more than 3 per cent per year during the first half of the 1990s, it only grew by 1.83 per cent in 2013, and the rate has decreased ever since. While the young labour force and the extremely low dependency ratio are huge advantages, the demographic opportunities are rapidly narrowing. Many members of the largest five-year age cohort (those aged 20-24) were already in the labour market but have relatively poor educational achievements. The following cohorts to enter the labour market will be better educated but will be continuously lower in overall numbers ^[37]. CSES 2017 shows that the majority of the young labour force in Cambodia had received some or all of their primary education, with 66 per cent of those aged 15-19 and 50 per cent of those aged 20-24 (**Figure 29**).

Figure 29 – Young labour force by age and educational attainment in 2017



Source: CSES 2017

Although other sectors of the economy are import-focused, manufacturing has been the key driver of industrial growth in Cambodia for the last twenty years. Manufacturing focuses heavily on the garment industry and represents approximately 65 per cent of manufacturing value-added in 2011^[37]. Compared to Cambodia's neighbouring countries, the share of manufacturing, although expanding, remains relatively low^[34]. At the same time, the manufacturing sector provides many job opportunities for young employees, however labour productivity continues to be low. Manufacturing productivity is no greater than that of any other industry sectors in the country, however it is lower in comparison^[27].

Based on the structured survey results, the respondents noted that the job opportunities were mostly located in urban areas, including the capital city, rather than in the areas they lived. Around 55 per cent reported that there were a lot of job opportunities in their local area, including 65 per cent of urban respondents but only 33 per cent of those in rural areas. Similarly, 80 per cent believed that there were many job opportunities available for them in the country as a whole.

The key informants also emphasized that job opportunities in their local areas were relatively limited for young workers. This was seen as a challenge for both the skilled and unskilled workers in this age group. The economic and job opportunities were concentrated in the capital city and other areas with economic potential, such as Siem Reap, Sihanoukville and Poipet. This had forced the young labour market to migrate for those job opportunities. Available jobs in the local areas were mostly related to the public, business (SMEs), and agriculture sectors. With less economic activities in the provinces, including Kampong Thom and Kratie, many agriculture workers had to travel to neighbouring provinces, such as Kampong Cham. More specifically, rubber farmworkers were required to travel in the early morning and return home late at night. On occasion, they were required to work late at night and finish very early in the morning before returning home. This limitation pushed highly educated youth to move to urban areas or the capital city to find more suitable work.

The majority of FGD respondents aged 10-24 also expressed concerns about finding employment. Those who had already dropped out from formal education relied on their own network to find a job, via recommendations from immediate family members or other relatives and friends. They did not have the confidence to work in a job that was not endorsed by the people close to them. They reported being worried that they would fail the interview, would be cheated, would be offered a low salary, or would face difficult working

conditions. Those who were still studying had narrow views on their future job prospects, particularly students in general education. The majority of higher education students, who hadn't yet finished their degree, were concerned they would not have the capability to meet job qualifications. They noted that they lacked soft skills and other work-required skills, especially self-confidence, communication skills for job interviews and writing resumes, computer skills, additional languages, among other skills.

Only the youth aged 15-24 in Phnom Penh and Battambang provinces, who participated in FGD, believed that there were jobs available for them in their local areas. These opportunities ranged from the public and civil society to the private sector. Those from other provinces reported that they saw limited jobs available in their respective hometowns. The opportunities available for unskilled workers were also seen as limited in their provinces, and they noted having often witnessed their parents and siblings moving to the capital city, other provinces or to another country to work.

Migration

Another key challenge to youth employment was migration. According to a study conducted by ILO, there were 1.8 million Cambodian migrations in 2012. The study showed different purposes for migration, and moving for work was the second main reason, with a total of 22.71 per cent reporting this. Although no official data on the number of migrant workers has been released in recent years, this could be considered an issue for exploration ^[33].

Based on reports from key informants, the migration of workers presented challenges in their area. Migration had significantly reduced the available labour force in their area and caused some social issues. It had contributed to school dropouts at primary and lower secondary schools as children or their families migrated to other areas to find work. More importantly, migrant workers also faced employment risks as the majority worked as seasonal and short-term employees. It was also recognized that migration, particularly international migration, increased risks of human trafficking, exploitation, dangerous working conditions, illegal recruitment, unpaid or low paid work, and lack of adequate protection or options for recourse.

Key informants working in Community Learning Centres and TVETs added that migration was one of the obstacles they faced in human resources development in their areas. They reported that it was difficult to extend their programme to the appropriate target groups (for example, students who had dropped out of formal education) since their potential students migrated for work once they left school.

Results from the FGD also noted that underemployment or unemployment could cause young workers to migrate internally (from rural to urban areas) and externally (to other countries) driven by potentially higher wages and opportunities. Though external migration was mainly considered as a source of jobs for youth, non-regularized workers may have faced more risks for exploitation and working in unsafe conditions. The majority of employed respondents moved to other locations for work. Less than one-third of respondents from Battambang, Kampong Thom and Prey Veng reported having worked in Thailand. Respondents also reported that they had personally decided (together with their family) to move from their provinces because they were unable to find appropriate jobs, or they wanted to find a higher paying job. Several shared that they were either working in dangerous conditions or had not been paid.

"My father got sick, so my mother asked me to quit studying. After that, I worked in the village as a casual worker for a few months and went to Thailand. In Thailand, I was asked to lift booms every day in my workplace which is near a forest and mountain. It was tiring work since I needed to lift heavy things every day. I earned 4 million riels for these few months. My grandfather is working there, that's why I could also work there without a passport or other legal documents." – from a 17-year-old boy living in Trapeang Srae commune, Me Sang district, and Prey Veng province.

"I decided to stop studying a few years ago. After that, I went to work in Thailand for half of the year with my parents. During that time, my parents borrowed money from a bank. We worked in a fruit processing place for six months, but (none of us) were paid and we did not know what to do since we had no legal documents. We asked our siblings to send money to us so we could come back to Cambodia." – from an 18-year-old girl living in Ta Meun commune, Thma Koul district, Battambang province.

Almost half of the respondents who participated in the FGD expressed negative reactions to migration from the people around them, including their family, relatives, and local villagers. They reported the potential for higher wages that could be earned from migration, particularly from Thailand, Malaysia or the Republic of Korea, but also reported risks of being cheated by employers, caught by police as undocumented migrants, working in dangerous places, among other concerns. Even with these noted risks, almost 20 per cent stated they would migrate internationally if offered the opportunity. They explained that migration through formal channels would be safer and they could also earn a good income. Thailand and the Republic of Korea were the most preferred destinations for potential migration.

Limited sources of information

It was noted earlier that youth aged 20 - 24 mostly relied on their networks for finding a job. All FGD participants reported they had found their jobs (previous and present) via their networks, mostly from family members, relatives, friends and other people close to them in the community. Having this limited source of information may have narrowed their opportunities to find better jobs, especially for the youth who already had a higher education.

When considering the sources of information that the youth aged 15 - 24 depended on for job opportunities, the structured survey results showed that most would rely on other relatives or neighbours (47.9 per cent) followed by their friends (16.8 per cent) and their parents (15.1 per cent). This was true for both males and females (**Table 24**).

Table 24 – Sources of information related to job opportunities – (in %)

	Both Sexes	Male	Female
Other relatives or neighbours	47.9	51.3	41.9
Friends	16.8	15.8	18.6
Parents	15.1	13.3	18.6
Co-workers	5.9	7.9	2.3

	Both Sexes	Male	Female
Social media, such as Facebook	5	2.6	9.3
Other important people in the community, such as village or commune head	3.5	3.9	2.3
Teachers	2.6	1.3	4.7
Labour union	0.8	1.3	-
School or university (employment centre or school or university office)	0.8	-	2.3
Magazine	0.8	1.3	-
(Refused to answer)	0.8	1.3	-
Total	100.0	100.0	100.0

Base n=103 - those who are working for an employer

Some FGD respondents reported that they also used other sources of information to find job vacancies, with more sources mentioned than by the survey respondents. They did not rely on the news since they perceived that it would be difficult for them to find a job this way, or they could be faced with poor working conditions or bad managers or employers. Other sources cited for job information were Facebook, outdoor or on-the-road advertising, and radio. A few 19-24-year-old respondents reported using vacancy websites once in a while, mentioning the Cambodia-centred websites '[Camhr.com](#)' and '[Bongthom.com](#)'. One respondent who used a vacancy website cited that they had applied for a few jobs via the website but had never passed the interviews. Another good source of vacancy information for higher education students was noted as the university staff mentioned by a few private university students in Kratie.

"Before, I used the camhr website most often since I wanted to earn money while studying in college. I used to submit my resume to some organization I spotted on the website and submitted for interviews. I never passed the interviews so I felt that the website does not really reflect the reality of the work. That's why I stopped using it and rely on my network instead to find work." – from a 23-year-old respondent from Kampong Prang commune, Pea Reang district, Prey Veng province, who is a fifth-year college engineering student in Phnom Penh.

Limited social protection for employed youth

Social protection at work is an important factor for improving workers' human development standards and reducing household economic risks as health expenditures continue to be largely financed through out-of-pocket spending ^[38]. Social protection is a set of measures designed to reduce poverty and vulnerability by the Cambodian government. This is achieved through social insurance and social assistance programmes, measures to promote efficient labour markets and enhance people's capacity to manage risks, such as unemployment, exclusion, sickness and old age, among others. This is generally considered for the security of all employees and workers.

In Cambodia, the social security law was successfully passed in 2002 and is known as the Law on the Social Security Schemes for the Persons Defined by the Provision of the Labour Law. The Sub-Decree on the Establishment of the National Social Security Fund (NSSF) was

outlined in 2007. NSSF was founded to manage social security protection in accordance with the National Law on Social Security and the Provisions of Social Security in pursuance of the Sub-Decree. After comprehensive planning, NSSF was implemented in late 2008. Under this, all employers or owners of enterprises or establishments within the scope of the Labour Law on Social Security Schemes were required to register their enterprises or establishments and their workers in the NSSF. The first phase focused on an employment injury scheme. The second and third phase of the NSSF was initiated in early 2016 and focused on adding health insurance, including pregnancy care and support during maternity leave, and pensions. Within these years, there were 6,868 enterprises and establishments registered, however there was no specific data on the type of businesses and locations of registered enterprises and establishments included in the NSSF ^[47].

Based on a study conducted by ILO in 2017, social protection in employment in Cambodia was still in its infancy, with most people having little or no effective coverage. The lack of social health insurance affects the health and well-being of employees ^[33]. Though the law on social security has been enforced, the coverage has not reached the majority of employees. In particular, those working in the informal industry remained the key challenge for labour workers. Micro, small and medium-sized enterprises (MSMEs) accounted for 99.8 per cent of business creation and 73 per cent of employment in 2011, most of which was in the informal sector. Approximately 97 per cent of these MSMEs were unregistered, meaning that their employees often lacked the same legal protection as formal workers. These enterprises did not want to become formal enterprises for the following reasons; difficulty with registration, costly and cumbersome administrative procedures, and avoidance of tax burdens and other legal obligations, such as compliance with labour laws ^{[39], [1]}.

Results from both the structured survey and the FGD noted that the majority of employed participants were not covered by health insurance or employment injury protection. Only 12 per cent of all employed respondents reported that they were covered by the NSSF provided by their employer or workplace. Based on the FGD, all participants who worked in the informal sector reported they were not covered by any social security policy in their workplace. The same was noted for seasonal workers in the agriculture sector and construction workers who rarely had received formal contracts from their employers or supervisors.

Three respondents among the seven white-collar workers reported that they were insured by health and employment injuries paid for by their organization. Two were working for private companies, and another two for public organizations. The remaining three, who worked as sales representatives (for medical companies) and as a private school teacher, noted that they were not registered in any insurance in their workplace. This had put them at risk when they faced health problems or accidents while performing their job.

Four out of six factory workers worked in garment and shoe factories in Phnom Penh and stated that they were covered by the NSSF provided by their workplaces. The other two food factory workers, in Kratie and Kampot, reported that they were not insured by any insurance. Only ten working respondents reported that they were covered by the NSSF, health insurance and life insurance provided by their workplace.

Aside from the NSSF, the identification of low-income households (IDPoor) was another social security scheme initiated in Cambodia as a response to the targets of Millennium Development Goals four and five. These focused on 1) reducing the under-five mortality rate, and 2) reducing the maternal mortality ratio. The IDPoor identification has been implemented all year round, covering one-third of the country every year. The programme aims to support the most disadvantaged to access social assistance interventions in health and other sectors and focuses primarily on women and children. The beneficiaries are identified by a nationwide programme, implemented by the Ministry of Planning (MoP). IDPoor serves as a

social registry for low-income and vulnerable households and as a measure towards a comprehensive social protection system. Though initially designed to identify rural beneficiaries, the identification process was extended to urban areas in 2016 using an adapted procedure from rural areas ^[48].

As mentioned in the Education section, students from families with IDPoor identification were supported by scholarships from primary to upper secondary levels at public schools. This was seen as one of the successful tools to increase enrolment rates and reduce school dropout rates. Those with IDPoor identification could also get support for other basic needs, such as healthcare. In addition, money was provided to IDPoor families during the COVID-19 pandemic and will be discussed in more detail in the latter part of this section.

Harassment at work

The majority of the employed respondents reported that they had the freedom to report any safety issues or abuse to their employer. Around 17 per cent had experienced verbal abuse at their workplace, all of which were female. Half of those who had experienced verbal abuse experienced it more than once. Almost half reported the verbal abuse to their employer or manager, while 70 per cent shared it with their co-workers. More than half mentioned the abuse cases to their parents and relatives, and only 10 per cent reported to the local authorities. No employed respondents reported having had experienced physical or sexual abuse at their workplace.

**Table 25– Harassment at work experienced by adolescents and youth –
(in %)**

	Yes	No	(Don't know)	(Refused to answer)	Total
Have freedom to report safety problem at work	75.2	21.8	2.0	1.0	100.0
Have freedom to report abuse if witnessed at workplace	77.2	17.8	3.0	2.0	100.0
Experienced verbal abuse	16.8	82.2	-	1.0	100.0

Note: base n=101 - those who are working for an employer

Challenges in TVET

According to the structured survey results, there was only one respondent who reported taking a course in a TVET institution in the area where they lived. Based on the FGD, very few young people aged 10-24 were aware of a public TVET institution in their area. Only 27 (14 per cent) out of the total 192 respondents aged 15-24-years-old knew where TVETs were located in their provinces, including four respondents in Battambang, four in Kratie, eight in Prey Veng, and 11 in Kampot. Three had taken short-term courses in the public TVET institutions, and another two were taking long-term courses. None reported being in families with IDPoor identification.

Key informants working in the TVET sector reported that they had advertised directly in the community every year. This was based on their plan to reach the target number of students per classes and majors, but the advertising plan was minimal. This was mostly conducted when they had student recruitment activities, which included going directly to target districts and communes and talking to local authorities. Recruitment was also conducted via radio programmes, TV programmes, and the schools' social media. Only Kampot reported advertising at general education schools, markets, and other places in the local town.

Student recruitment was noted as another challenge, with key informants reporting that migration was the main obstacle to recruiting students. They could not find disadvantaged young people who did not have the skills or students who had dropped out of school in the village as they had already moved to work in other provinces, cities, or outside of the country. Battambang and Kampong Thom still experienced a significant number of migrations to Thailand, while Prey Veng residents mostly went to the capital city.

Key informants believed that STEM subjects were still less attractive for those who had dropped out of formal education. Since they stopped during primary or lower secondary school, their mathematics and science competencies often prevented them from easily participating in the priority majors. The perceived easier courses, such as tailoring, salon, and construction, were noted as more attractive options. More importantly, mechanics and electricians were seen as occupations that project an image referred to as '3D' (dirty, difficult, and dangerous) and were reportedly avoided by young people aged 10-24 who dropped out from lower secondary school.

Another challenge was the dropout rate. Key informants reported that short-term courses were the most attractive for low-income and working people as they spent less time on the course and could quickly gain useful skills for their employment. These courses were considered the most successful compared to long-term courses (C1-C3), diplomas, and Bachelor's degrees as these saw the highest enrolment rates and the courses positively impacted the students' employment and income after course completion. Although low-income families were often sponsored with food and accommodation, they did not see this as adequate compensation for the lost income which could have been earned by their children while taking the course. Students who enrolled on the four prioritized majors in C1-C3 levels were sponsored by the government with USD 60/month, however the dropout rate among this group remained significant.

According to the training modules and programmes, students were required to have training in the centres as well as participate in internships. This internship programme was mostly seen as a good chance to put into practice what they had learnt and to get to know some enterprises. The major challenge with this however, was the conflict between the owner of the enterprise and the student. Since the enterprise was responsible for providing free accommodation and food for student interns, some of the students were asked to undertake jobs or tasks not related to their courses. Students considered this to be a discouragement to completing their training.

Implications and challenges of COVID-19 on youth employment

During the height of the COVID-19 pandemic in the country, people were encouraged to stay at home and businesses, including bars, restaurants, hotels, and casinos, were encouraged to temporarily cease operations to contain the spread of the virus. The youth aged 15-24 who worked in tourism services reported being asked to stop and return home. Production in garment and food factories was also impacted and left some youth unemployed for a long period of time. Those from the agricultural sector however, reported experiencing minimal impacts by the pandemic.

According to the structured survey, nearly one-third of respondents were affected by the COVID-19 pandemic. The biggest impact was to those working in factories who were temporarily laid off (14.9 per cent), most of whom were female (20.7 per cent). Around 5.5 per cent were permanently laid off, and almost all (90.9 per cent) were unsuccessful in finding a new job (**Table 26**).

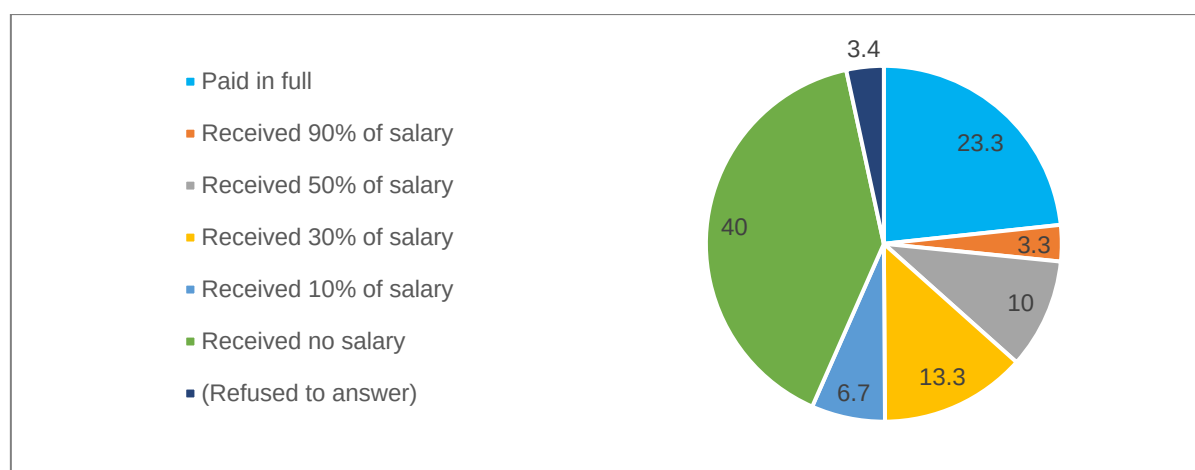
Table 26 – Impact of the COVID-19 pandemic on young people's employment – (in %)

	Male	Female	Both Sexes
Employment not affected	76.5	67.1	72.6
Temporarily laid off from your workplace	10.9	20.7	14.9
Taking leave without payment	7.6	3.7	6.0
Permanently laid off from your workplace	4.2	7.3	5.5
Pay-cut from your workplace	0.8	1.2	1.0
Total	100.0	100.0	100.0

Base n=144 of respondents who are currently working

The majority (60 per cent) of those who were temporarily laid off were asked not to return to work for up to three months. Around 40 per cent did not receive a salary during this time and only 23.3 per cent were paid in full.

Figure 30 – Payment schemes of those who were temporarily laid off from their workplace – (in %)



Base n=30 respondents who were temporarily laid off from their workplace

Based on the results of the FGD, the pandemic directly impacted the respondents' jobs, with 20 out of 99 employed respondents reporting this. Fifteen reported they had lost their job completely, while three received a lesser salary during that time. Those who worked in factories were the most impacted. Six out of 20 participants were factory workers, four of whom had lost their job as the factory closed, and two received only 60-80 per cent of their standard salary. The remaining occupations which were affected by the pandemic were bakery workers (4), waiters (2), construction workers (2), sellers in the market (2), food seller (1), real estate salesman (1), and hotel and guest house attendants (2). Those who worked for employers mentioned that they did not get any compensation when they were laid off (Table 27).

Table 27 – Impact of the COVID-19 pandemic on young people's employment – results from the FGD

Occupations	Lost job completely	Received pay-cut
	(in numbers)	

1. Factory worker	4	2
2. Bakery worker	4	-
3. Waiter	2	-
4. Construction worker	2	-
5. Seller in the market	2	-
6. Food seller	1	-
7. Real estate salesman	-	1
8. Hotel and guest house attendants	2	-

Note: result from FGD, n=20

"My work was on hold for 3-4 months. My father and I are the income earners of the family. But we both were stayed at home to raise animals and do farming for a few months. Now, the factory has just contacted me to go back to work. I am very happy hearing the news." – from a 17-year-old girl who stopped studying at Grade 10 (aged 15-16 years) and works in a factory. She hails from Prey Thnang commune, Tuek Chhou district, Kampong province.

"I worked in a Chinese hotel & restaurant in Phnom Penh. My immediate supervisor and employer are good to me. I lost my job since the outbreak that's why I come back home even if my mother is sick. The hotel already called me to go back to work weeks ago, but I will go back after Pchum Ben. The hotel still operated during COVID-19 outbreak, but lot of staff were laid off without any compensation. I could not find another job to do during this time, I am just helping my father grow crops and raise animals." – from a 21-year-old male respondent living in Khsach Andaet commune, Chhloung district, Kratie province.

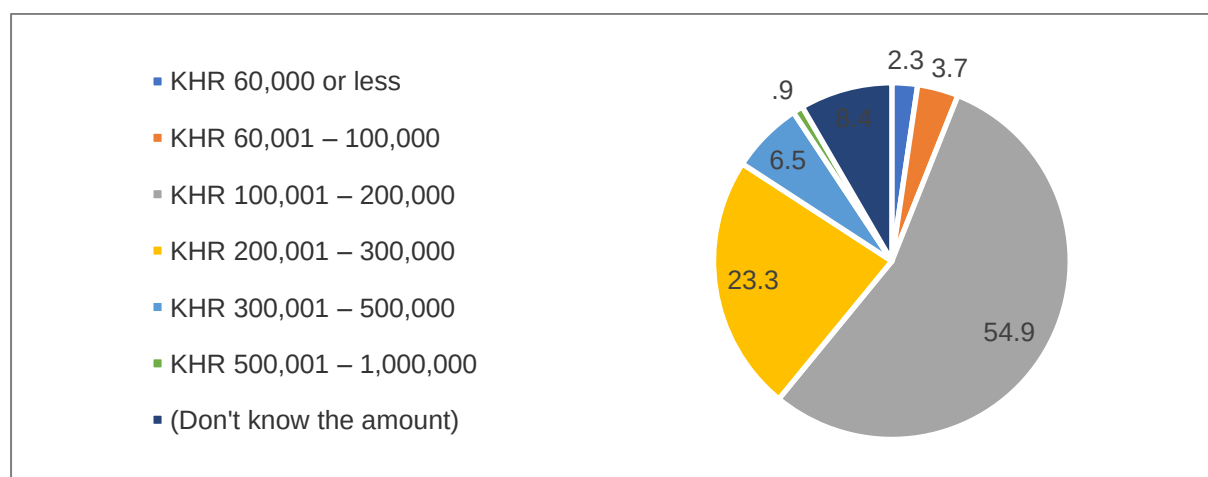
FGD respondents aged 10 - 24 reported that their families were also impacted by the pandemic. They cited that the earners in their immediate family, including parents, husbands, and siblings, suffered during this time. The most vulnerable occupation was still considered to be factory workers (13), followed by work for migrants in Thailand (7). Others affected were truck drivers (4), self-employed food sellers and farmers (4), sellers (3), construction workers (3), miners (2), and casino staff (1). The majority of respondents' immediate family members either left their work permanently or temporarily. Only five reported that their immediate family members experienced a pay-cut of between 30-50 per cent of their standard salary. Only two respondents reported that their immediate family members were fully compensated by the factory where they worked. Their pay was reduced to around USD 70/ month per person until the factory became fully operational again. It is worth noting that during the height of the COVID-19 pandemic in Cambodia, the government offered to pay \$40 and ordered the factories to pay \$30 (totalling the \$70/month mentioned) to each suspended factory worker^[40]. However, according to the results of the FGD, no respondents reported being aware of this government guidance and not all factories complied with this.

In addition, there was one 12-year-old female who reported that she was encouraged to become an income earner by her family as her parents could not find a job during the pandemic. She was sent to a nearby restaurant to work as a dishwasher.

"I am working as a dishwasher in a restaurant in the village. I can earn 10,000 riel per day. I don't want to go back to school as I am happy that I can help earn money for my family. I've known the restaurant from my parents – they were the ones who sent me there. I earn money for my mother. I started work about 6 months ago because my father had no job for months. Before he worked as an agriculture worker in Kampong Cham, but he could not find work during that time. I have 4 siblings. Now only my older brother and I work to earn money to support the family. I have two younger siblings and one of them is still studying." – from a 12-year-old female living in Sou Young commune, Baray district, Kampong Thom province.

One out of 5 (22 per cent) survey respondents reported that their family received financial support during the COVID-19 pandemic, which included 92 per cent of those with IDPoor identification. Around 40 per cent had received support for up to five months already at the time of this research, 50 per cent for the last few months, and 6 per cent in just the last month. All reported that their families would be provided with assistance for five months. More than half reported that they received around KHR 60,000 (USD 15) or less per month and the other 23 per cent received KHR 200,000-300,000 (USD 50-75) per month.

Figure 31 – Financial support during COVID-19 that respondents' family received – (in %)



Base n=220 who got financial support for COVID-19

Twenty one FDG respondents reported that their family received support from the government due to COVID-19. They lived in Kampong Thom, Kratie, Prey Veng, and Kampot. The minimum amount of financial support given to them per month was KHR 90,000 (USD 22.50), and the maximum was KHR 280,000 (USD 70). Most knew from their parents that their family would receive this money for six months, from July-September 2020 (depending on location). They also reported that only people who had the IDPoor identification were eligible to receive this support. IDPoor classification I received KHR 28,000 (USD 7)/month per family member, and IDPoor classification II received KHR 40,000 (USD 10)/month per family member. They all reported withdrawing the money via the electronic payment service, Wing.

It is to be noted that there is missing information from Battambang and Phnom Penh due to the fund release dates and the schedule of the FGD in the two areas. The FGD were conducted at these two locations when the COVID-19 assistance was not yet distributed.

CHAPTER 5 – ADOLESCENTS AND YOUTH AND HEALTH, FOOD SECURITY AND NUTRITION

5.1 Health, Food Security and Nutrition Policies and Programmes Supporting Adolescents and Youth

Health, food security, nutrition policies and programme implementation for adolescents and youth in Cambodia have primarily relied on the national government, development partners, and NGOs. The three main government organizations who prioritise the health issues of adolescents and youth in Cambodia are the Ministry of Health (MoH), the Ministry of Education, Youth and Sport (MoEYS), and the Ministry of Women's Affairs (MoWA). The Council for Agriculture and Rural Development (CARD) also has a role in addressing food security and nutrition challenges.

National Strategy for Food Security and Nutrition

Improving Food Security and Nutrition (FSN) is an important development priority for the Royal Government of Cambodia (RGC), and is one that contributes towards achieving the Cambodian Sustainable Development Goals (CSDGs). The RGC is committed to improving FSN and eradicating food insecurity and hunger. FSN issues were also addressed by the Government's Rectangular Strategy for Growth, Employment, Equity and Efficiency Phase IV 2019-2023, the National Strategic Development Plan 2019-2023, the National Strategic Development Plan 2019-2023, and the National Social Protection Policy Framework 2016-2025. It was further recognized as a basic human right under the Universal Declaration on Human Rights and the International Covenant on Economic, Social and Cultural Rights, both of which were approved by Cambodia.

In 2017, a mid-term review of the National Strategy for Food Security and Nutrition (NSFSN) 2014-2018 was conducted. As a result of its findings, the new five-year country strategic plan, namely the Second National Strategy for Food Security and Nutrition (2nd NSFSN) for 2019-2023 was introduced. The NSFSN aims to address all forms of malnutrition that are caused by food insecurity. The new national strategic plan has eight main objectives, including 1) strengthening the food environment and consumer behaviour towards healthier choices, 2) promoting diversified nutritious food production while maintaining value chain, food safety and food quality, 3) promoting safe drinking water, hygiene and sanitation behaviour and facilities by increasing availability, access, utilization of facilities and behavioural changes to improve nutrient absorption and reduce disease, 4) coordinating and implementing nutrition programmes at the community level, 5) promoting equity in access to sufficient, nutritious and diverse foods and good nutrition for vulnerable and marginalized populations by increasing employment opportunities and income, strengthening markets and providing social protection, 6) protecting food security, nutrition and health from seasonal, chronic and emergency situations and natural disasters, including those associated with climate change, 7) increasing quality and use of a nutrition-related health service and promotion of optimal behaviours, and 8) ensuring effective governance arrangements for FSN at national and sub-national levels.

CARD, as the chair of the Technical Working Group for Social Protection and Food Security and Nutrition (TWG-SP&FSN), facilitates and coordinates all relevant ministries and institutions, development partners, and civil society to implement the joint priorities of the second NSFSN 2019-2023.

UN Agencies, such as the WFP, the Food Agriculture Organization (FAO), UNICEF and WHO work together as part of the TWG-SP&FSN and the Scaling Up Nutrition (SUN) movement in Cambodia to support the government's work with other development partners to implement the strategies.

Sexual and Reproductive Health Policies and Programmes

The second Health Strategic Plan 2008–2015 (HSP II) and the third HSP 2016–2020 (HSP III) of the Ministry of Health recognized and addressed reproductive, maternal, newborn, and child health as the highest national health priorities. Political commitment to maternal health is also reflected in the MoH's Fast Track Initiative Road Map for Reducing Maternal and Neonatal Mortality 2016–2020, which introduced priority interventions over five years to meet Cambodia's HSP III goals and targets.

Adolescents and youth reproductive and sexual health were included as components of the first National Strategy for Reproductive and Sexual Health (NSRSH) 2006-2010. Both the National Guideline and the Training Protocol on Adolescents and Youth Sexual and Reproductive Health Friendly Service were incorporated into the second NSRSH 2013-2016. The NSRSH 2017-2020 also included a priority to "Strengthen Adolescents Friendly Reproductive and Sexual Health (AFRSH) Information and Services". Key priority interventions were designed to innovative approaches and leverage public and private partnerships to address AFRSH, particularly in poor-performing locations and to reach specific target groups. These target groups included entertainment workers, garment factory workers, construction workers, farmworkers, minority groups and people with disabilities. The priority interventions also aimed to advocate on behalf of the public and private health facilities which had the capacity to provide quality AFRSH information and services as contracted under the new Social Protection Scheme, to develop youth-focused interventions and behaviour change communications promoting the delay of pregnancy (with a focus on the northeast of the country), and to conduct further research to understand the drivers behind teenage pregnancy and the barriers adolescents face accessing AFRSH information and services.

Every five years, the MoWA conducts a gender assessment in Cambodia to review gender progress, achievements, and challenges in key areas, including women's economic empowerment education, health, women in decision making and leadership, legal protection and violence against women, and climate change, etc to identify response policy recommendations. At the time of this study, there were two key policy documents which addressed gender equality and empowerment of Cambodian women; the National Action Plan to Prevent Violence Against Women 2019-2023 and Neary Rattanak V (the five-year strategic plan for 2019–2023). The Provincial Action Plan on Ending Child Marriage and Teenage Pregnancy 2017-2021 was also developed by MoWA with the support of UNICEF for the Rattanakiri province. This province was identified as having high rates of both child marriage and teen pregnancy. UNICEF, Plan International, CRC Cambodia, Care International, Terres des Hommes and others have all introduced programmes to address child marriage.

Between 2013 and 2015, the MoEYS, with the support of UNFPA, initiated and implemented a Sexuality Education (SE) curriculum in schools from primary school Grade 5 to Grade 11 (except Grade 9 in seven provinces). The SE curriculum incorporated basic SRH issues as part of overall life skills. In 2015, the national curriculum framework was developed, through which the MoEYS agreed to have the Health Education/SE incorporated as a new mandatory subject. The plan was developed by the School Health Department (SHD) of MoEYS. By 2020, the SE was fully incorporated into the curriculum, and by 2023, SE is expected to be rolled out nationwide^[41]. In addition, an out-of-school curriculum SE was developed and approved and is implemented in part by some international and national NGOs. The

provision and expansion of SE was prioritised in the Education Strategic Plan 2019-2023, the National Strategy for Reproductive and Sexual Health, and the National Action Plan to Prevent Violence against Women 2019-2023.

Given the MoH and MoWA policies reflected the same targets and visions, the National Guidelines for Managing Violence against Women and Children (NGMVAW/C) were introduced in 2015 by MoH under the close support of MoWA, and UNFPA. These national guidelines were supplemented with a clinical handbook for health providers responsible for supporting women and children who were victims and survivors of violence ^[41].

5.2 Current Situation

5.2.1 Food Security and Nutrition

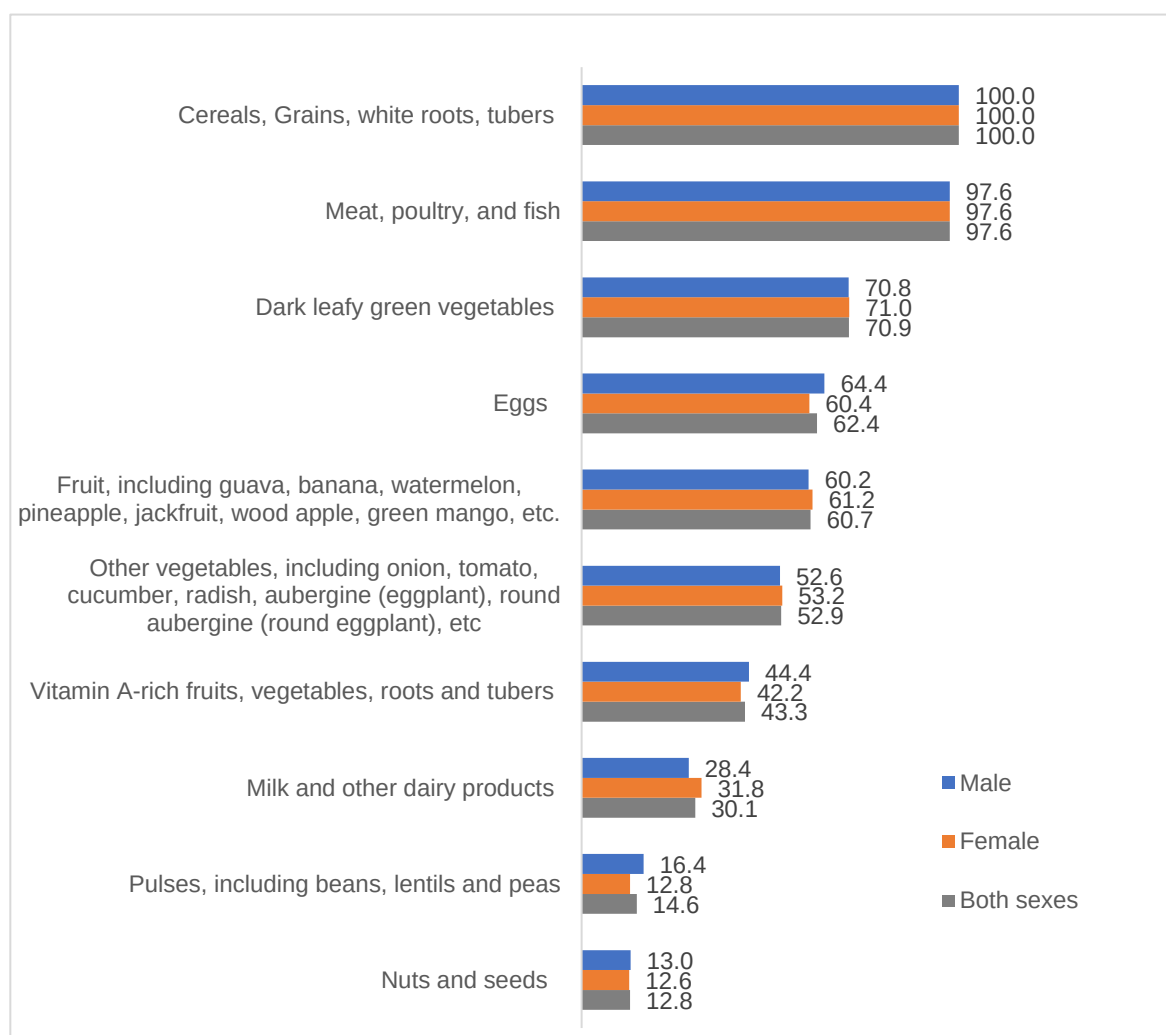
Food Consumption

Results from the FGD showed that adolescents aged 10-19 who were in primary and lower secondary schools had difficulty defining the term 'nutrition'. The term was, however, familiar among youth aged 15 – 24 in upper secondary schools, with "daily diets" as the most common words known to them. From their perspectives, healthy nutrition and daily intakes should include rice, meat (pork, beef, chicken, fish), eggs, vegetables, and clean drinking water. Fruit was mostly reported last in their responses. Some respondents, particularly those aged 10-17, also added carbonated soft drinks (CSD), fruit juice, milk, drinking yoghurt and yoghurt, and energy drinks. They perceived CSD and energy drinks to be healthy as they provided vitamins and nutrition. Besides food diversity, food hygiene and food safety were also considered important factors for becoming healthy. Chemical substances in meat, vegetables, and fruit were a growing concern for urban respondents and some in rural areas. This issue was highlighted in a viral post on social media (Facebook), which resulted in concerns, for both young people and adults, about the food they consume daily.

The majority of FGD respondents also reported that they were providing their bodies with proper nutrients. None reported food insecurity or food shortage in their households, and all reported having three meals per day. Female respondents, across all age groups, reported that they would often have late meals or skip meals but never experienced food shortage. The females explained they would skip a meal because they had enjoyed snacks before their main meals, including fried meatballs, noodles, Khmer cakes, and instant noodles. Males reported having regular and on-time main meals more often than their female counterparts. They also reported having at least one to two dishes per meal with enough meat and vegetables, however fruit was regularly missing from their daily diet. Those who lived in villages far from urban centres and markets reported having access to fruit from their home gardens rather than those sold in the market. Urban respondents did not report any difficulties accessing fruit.

Figure 32 from the structured survey results shows the majority of both male and female young people aged 10-24 had enough food over the last 24-hours. All reported that they had rice, 98 per cent had meat or fish, 71 per cent had green leafy vegetables, and 60 per cent had fruit and eggs. Dairy products, pulses, nuts and seeds were the foods least consumed within the 24-hour period, with between 12-30 per cent reported to have eaten them. There was no statistical difference between urban and rural respondents.

Figure 32 – Dietary consumption by adolescents and youth in the last 24 hours by sex – (in %)⁷



Base n=1,000

Of the young people aged 10-24 who participated in the structured survey, 59 per cent reported that they ate breakfast most of the time within the last 30 days, 30 per cent ate breakfast sometimes, and 11 per cent reported they rarely or never had breakfast. Older respondents skipped their breakfast more than younger respondents. Around 13 per cent of those aged 15-24 reported that they rarely or never ate breakfast, compared to 7 per cent of those aged 10-14. No significant differences were observed between urban and rural areas or by gender.

Those who were living in households with a monthly income of more than USD 600/month ate breakfast more regularly (71 per cent) than those with a monthly income of USD 200/month and below (54 per cent). Around 10 per cent of those with the lowest monthly household income level reported never having breakfast in the last 30 days (**Table 28**).

⁷ Percentage of each verbatim computed based on the total respondents (n=1,000)

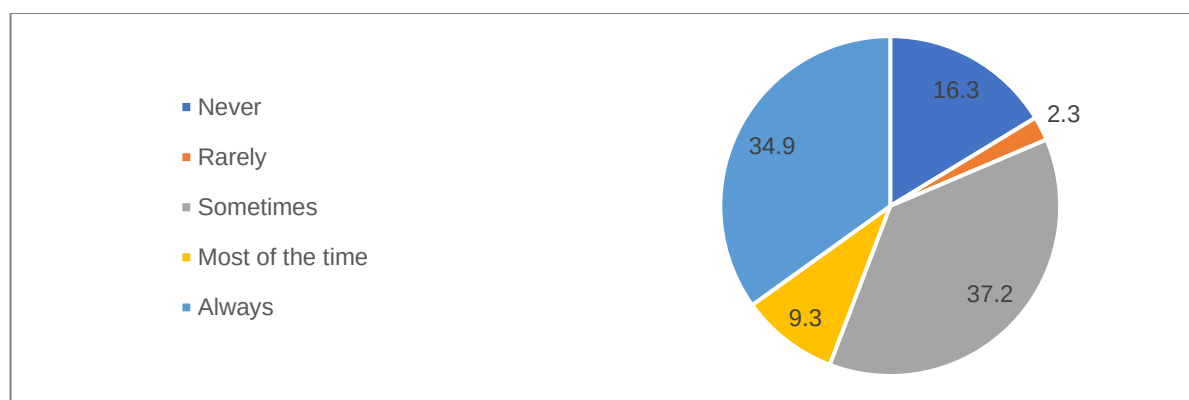
Table 28 – Frequency of having breakfast in the past 30 days by monthly household income – (in %)

Household Income	Less than USD 100	USD 101-200	USD 201-400	USD 401-600	Above USD 600
Never	10.4	3.7	5.9	3.9	2.5
Rarely	5.5	4.9	4.6	7.8	1.6
Sometimes	31.7	35.6	27.1	31.1	25.2
Most of the time	6.9	6.1	10.4	10.7	12.2
Always	45.5	49.7	52	46.5	58.5
Total	100.0	100.0	100.0	100.0	100.0

Base n= 755⁸

Of the respondents whose personal income was impacted by the COVID-19 pandemic, 19 per cent reported that they never or rarely had breakfast in the last 30 days,. 37 per cent reported that they ate breakfast sometimes, and 44 per cent reported they always or most of the time ate breakfast.

Figure 33 – Frequency of having breakfast in the past 30 days among those impacted by the COVID-19 pandemic – (in %)

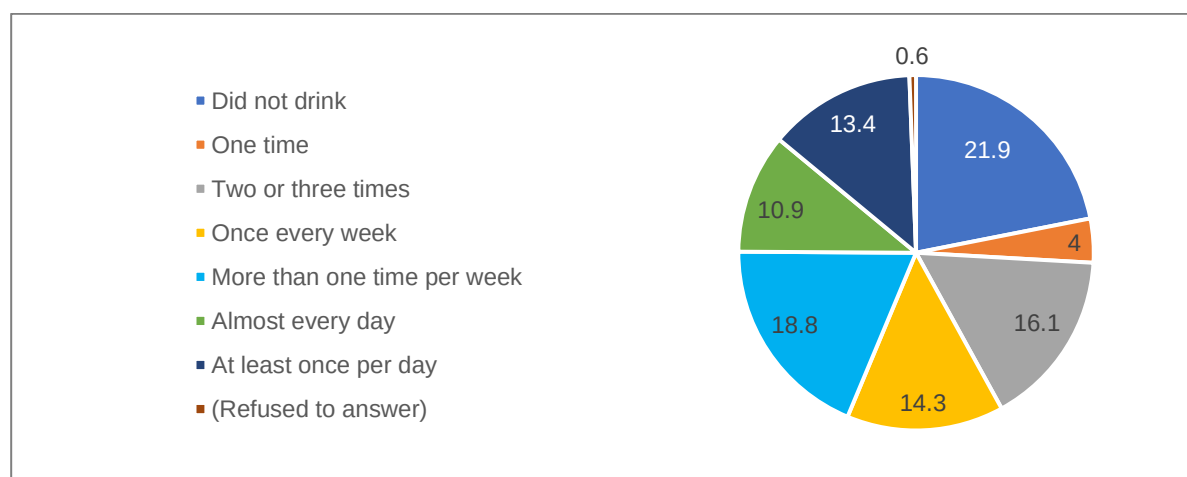


Base n=43 – those who had their employment impacted by COVID-19
- including permanently and temporarily laid off and have received pay cut

According to the results of the structured survey, the consumption of soft drinks, particularly CSD and energy drinks, was high among young people aged 10-24, with 58 per cent reporting they had consumed one or more per week within the past month. From these, 24 per cent reported consuming at least one per day. This habit was consistently seen across urban and rural areas. More males consumed soft drink compared to females, with 62 per cent of males consuming at least one per week compared to 54 per cent of females. In regard to age, older respondents were reported to consume more than younger respondents. Around 50 per cent of those aged 10-14 consumed at least one soft drink per week and 13 per cent (out of the 50 per cent) consumed at least one per day. Of adolescents aged 15-19, 64 per cent reported drinking at least one soft drink per week and 32 per cent (out of the 64 per cent) consumed at least one per day. Among youth aged 20-24, 59 per cent consumed at least one per week and 31 per cent (out of the 59 per cent) reported drinking at least once per day.

⁸ N=755 is the number of respondents who could report their household income; there was 245 of respondents who could not report their household income.

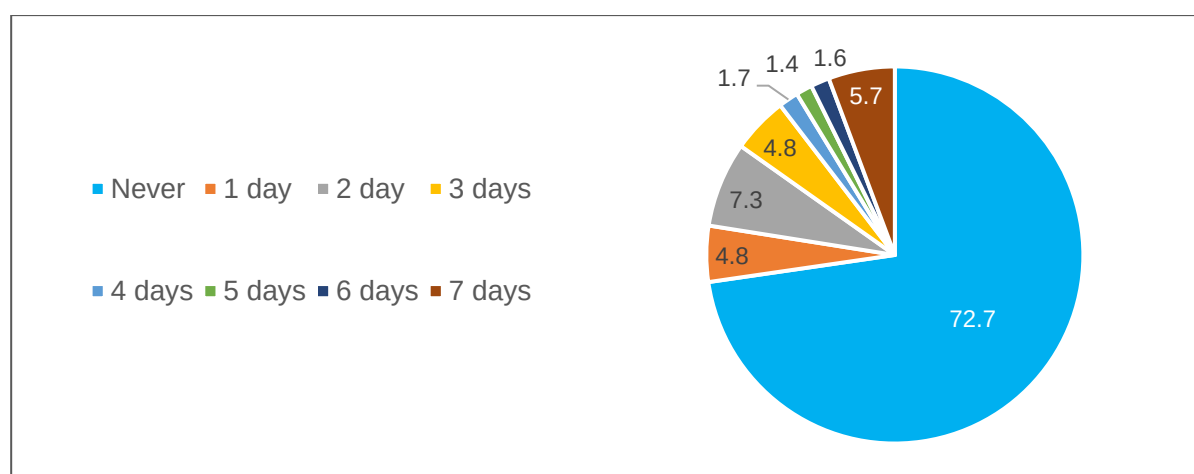
Figure 34 – Soft drink consumption in the past 30 days – (in %)



Base n=1,000

The majority (73 per cent) of adolescents and youth did not eat outside their homes in the last 30 days (**Figure 35**). There were more males who reported dining out than female respondents, at 31 per cent and 24 per cent respectively. Dining out for those living in urban areas was more common than those living in rural areas, with 38 per cent of urban respondents reporting eating outside of their home within the past 30 days, compared to 22 per cent of rural respondents.

Figure 35 – Frequency of adolescents and youth who ate outside their home in the past seven days – (in %)



Base n=1,000

Women's diet

The diet quality of women who were of reproductive age (15-49) was measured by a standard indicator of the Minimum Dietary Diversity for Women (MDD-W). This captured the proportion of women eating the minimum number of food groups, defined as at least five groups out of ten consumed in the last 24-hours. These food groups are noted in **Figure 32**. Out of all adolescents and youth surveyed, 32 per cent were women of reproductive age (15-24-years-old). **Table 29** shows 66 per cent of women of reproductive age consumed the minimum dietary diversity of five or more food groups. Females from households headed by women were more likely to have acceptable minimum dietary diversity than females living in

households headed by men. Around 77 per cent of females in urban areas consumed at least five food groups, compared to 56 per cent of those in rural areas.

Table 29 – The minimum dietary diversity for women of reproductive age (15-49) – (in %)

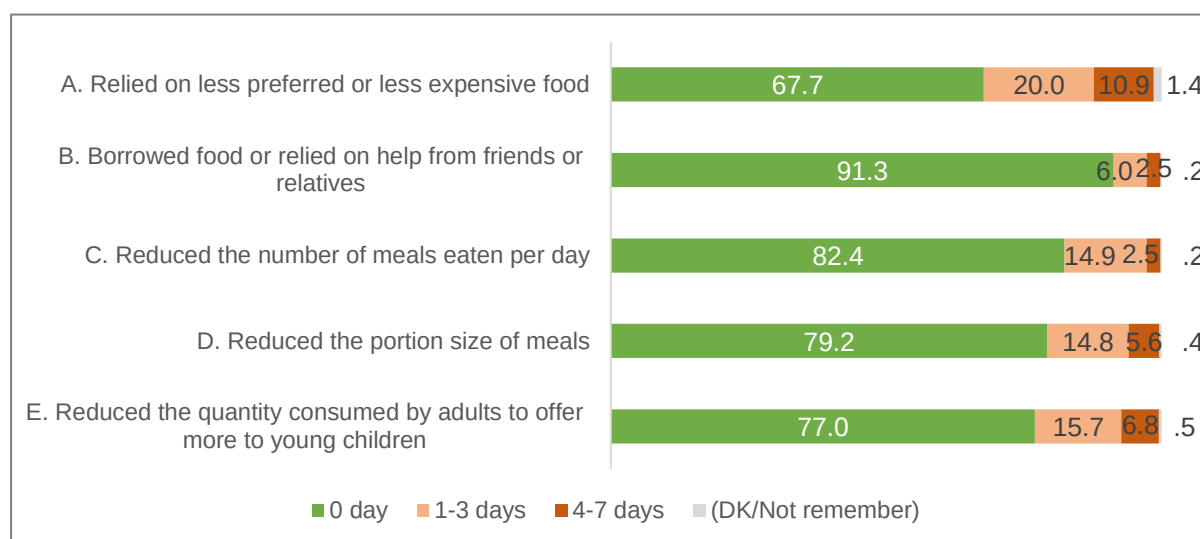
	Total	By sex of HH		By Urban/Rural	
		Among family with Male HH	Among family with Female HH	Urban	Rural
Low diet (had less than 5 food groups)	33.7	36.9	25.6	23.0	43.6
Acceptable diet (had 5 food groups or more)	66.3	63.1	74.4	77.0	56.4
Total	100.0	100.0	100.0	100.0	100.0

Base n=315 – women of reproductive ages (15-24)

Financial Coping Strategies

Respondents aged 10-24 were asked what strategies they had implemented to cope with food shortages or when having no money to buy food in the last seven days. **Figure 36** data shows that the majority did not implement any coping strategies over the seven days. Around 31 per cent reported that they had relied on buying less preferred food options or less expensive food, with 20 per cent reporting this for 1-3 days, 7 per cent for 4-6 days, and 4 per cent for full seven days. Around 8 per cent of all participants reported that their family borrowed food or relied on support from friends or relatives, with 6 per cent reporting this for 1-3 days, 1.5 per cent for 4-6 days, and only 1 per cent for the full seven days. Around 17 per cent of the respondents reported reducing their meals taken over the seven day period, with 15 per cent reporting this for 1-3 days, 1 per cent for 4-6 days, and another 1 per cent for the full seven days. Around 21 per cent reported that they had reduced the portion size of their meals over the seven day period, with 15 per cent over 1-3 days, 4 per cent over 4-6 days, and 2 per cent over the full seven day period. Almost one-quarter (23 per cent) reported that adults had reduced the quantities of their meals in order to offer more to the young children in the family over the seven days, with 16 per cent reporting this occurred over 1-3 days, 4 per cent for 4-6 days, and the remaining 3 per cent for the full seven day period.

Figure 36 – The food-based coping strategies implemented in the family of adolescents and youth in the last seven days – (in %)



Base n=1,000

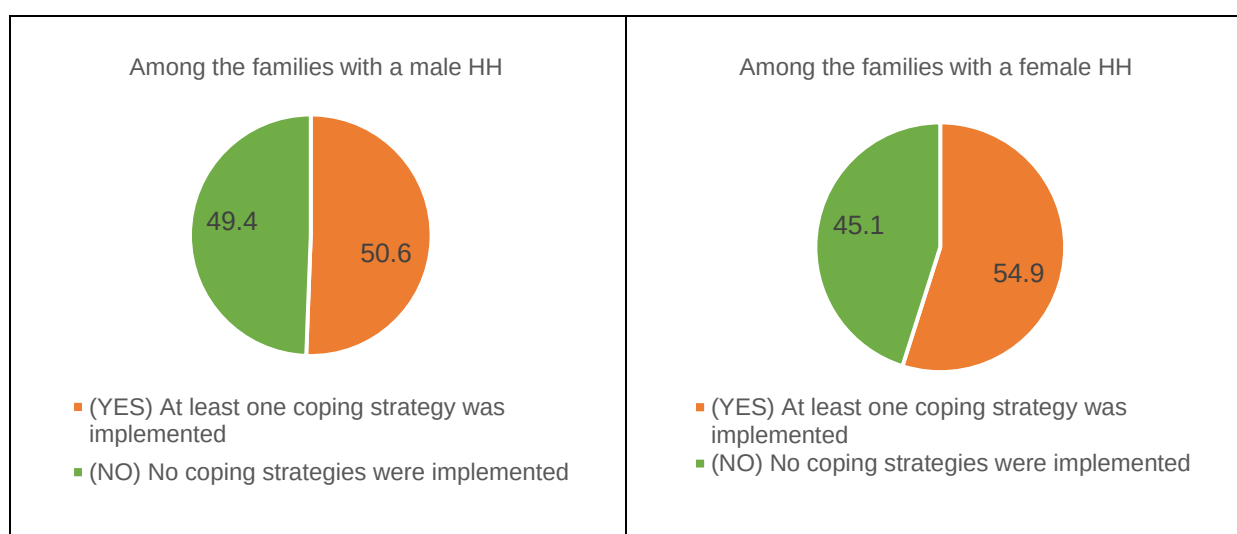
A reduced coping strategy index (rCSI) was constructed by combining the set of food-based coping strategies and their associated severity levels. The rCSI combines the frequency of each strategy (how many times a strategy was adopted) and the severity of each strategy for households reporting challenges with food consumption. Overall, the mean score of the rCSI among the families of the adolescents and youth was 4.8. It was also noted that the average score of the rCSI was slightly higher in families with a female HH compared to families with a male HH. The average score among households with a female HH was 5.8 compared to 4.3 for those with male HH. The average score in rural areas was also slightly higher, at 5.1 and 4.1, respectively. When comparing different geographical regions, the remote plateau and mountain region had the highest rCSI score at 7.1 compared to the other regions, including the coastal region, which scored the lowest at 3.4.

Table 30 – The mean score of reduced Coping Strategy Index by different disaggregation indicators

	Mean rCSI score
By sex of household head	
Male household head	4.3
Female household head	5.8
By urban and rural	
Urban	4.1
Rural	5.1
By geographical regions	
Plain Region	4.0
Tonle Sap Region	5.7
Coastal Region	3.4
Plateau and Mountain Region	7.1

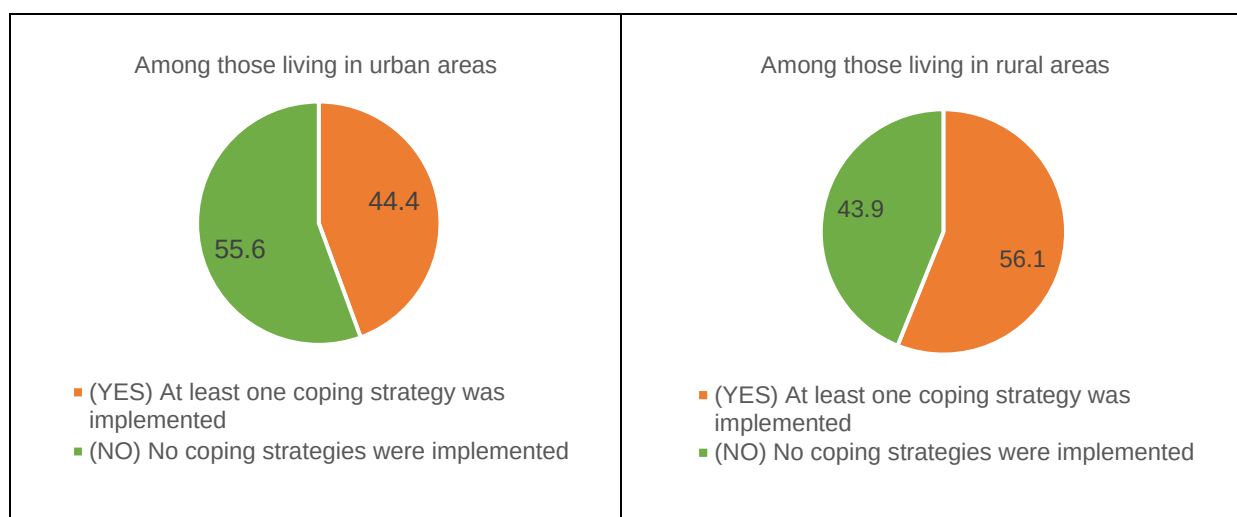
Figure 37, 38 and 39 show the rCSI by different disaggregation indicators. The rCSI presented in percentages displays the number of families with adolescents and youth who adopted at least one rCSI (among the five, A-E, shown in **Figure 36**) within the past seven days. In total, 52 per cent of all families implemented at least one of the strategies. When comparing the sex of their HH, 55 per cent among the families with a female HH implemented at least one of the strategies compared to 51 per cent among those with a male HH. A statistical difference was noted between, the proportion of rural respondents and the proportion of urban respondents who employed the rCSI, with a significantly higher percentage for rural areas (56 per cent) compared to urban areas (44 per cent). This was also noted for geographical regions, with the remote plateau and mountain region reporting the highest percentage at 64 per cent, the Tonle Sap region reporting 57 per cent, the coastal region reporting 52 per cent, and the plain region reporting 46 per cent (**Figure 39**).

Figure 37 – The reduced Coping Strategy Index by sex of household head – (in %)



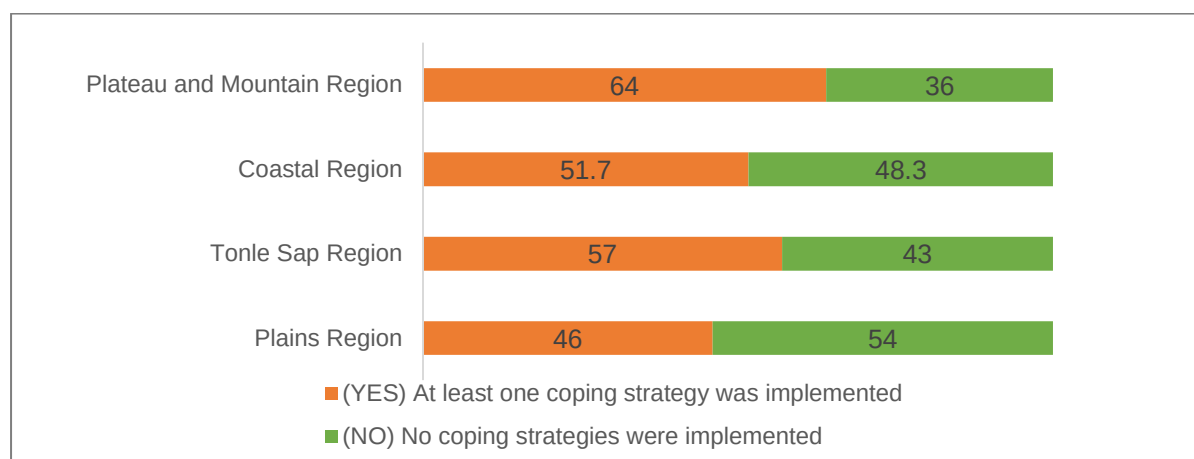
Base n=1,000

Figure 38 – The reduced Coping Strategy Index by urban/rural – (in %)



Base n=1,000

**Figure 39 – The reduced Coping Strategy Index by geographical regions
– (in %)**



Base n=1,000

In addition to food-based coping strategies, adolescents and youth were also asked what livelihood activities their households conducted during the last 30 days to cope with food shortages or when having no money to buy food. The strategies reported offered a better understanding of the households' long-term coping capacities for those who had experienced livelihood stresses and/or asset depletion. **Table 31** presents data from the structured survey of livelihood-based coping strategies implemented by the families of young people aged 10-24 within the past 30 days. Around 31 per cent reported that they had used their household's savings or the savings of the adolescents to solve food shortage issues in their family. Around 25 per cent reported that their family reduced essential non-food expenditures and 12 per cent borrowed money from a formal financial institution to buy food for the family. This was reported by 13 per cent of rural respondents and 9 per cent of urban respondents. Other coping strategies reported at 5-8 per cent included selling household appliances or other small assets, selling belongings or means of transportation, and encouraging an adult household member to work elsewhere. Only two respondents reported that they used an illegal activity within the last 12 months to cope with a food shortage issue, including one male urban respondent and one female rural respondent. Two other respondents reported that they begged for money or goods within the last 12 months, including one urban male respondent and one rural female respondent.

Table 31 – Livelihood-based coping strategies implemented in the families of adolescents and youth in the last 30 days – (in %)

Coping strategies	Response options	Urban	Rural	Total
A. Sold household appliances or items, including radio, furniture, refrigerator, television, jewellery	Within the last 12 months	.6	1.4	1.1
	Within the last 30 days	6.8	8.0	7.6
B. Sold belongings or means of transport, including sewing machine, wheelbarrow, bicycle, ploughing machine	Within the last 12 months	.6	1.4	1.1
	Within the last 30 days	4.4	6.5	5.8
C. Reduced essential non-food expenditures, such as those related to education and health	Within the last 12 months	0.0	1.4	.9
	Within the last 30 days	24.4	25.2	24.9

Coping strategies	Response options	Urban	Rural	Total
D. Used savings	Within the last 12 months	0.0	2.7	1.8
	Within the last 30 days	33.2	30.0	31.1
E. Borrowed money from a formal lender or bank	Within the last 12 months	.9	1.7	1.4
	Within the last 30 days	9.4	13.2	11.9
F. Sold house or land	Within the last 12 months	.6	.6	.6
	Within the last 30 days	.6	1.5	1.2
G. Removed children from school	Within the last 12 months	.6	.3	.4
	Within the last 30 days	1.5	1.4	1.4
H. Illegal income activities, including theft and robbery	Within the last 12 months	.3	.2	.2
	Within the last 30 days	-	-	-
I. Encouraged an adult household member to seek work elsewhere (regardless of the season)	Within the last 12 months	.3	1.1	.8
	Within the last 30 days	6.2	6.8	6.6
J. Begged for money	Within the last 12 months	.3	.2	.2
	Within the last 30 days	-	-	-

Base n=1,000

Note: the table excluded "No, because it was not necessary for me/family to engage in this activity"

Much like the food-based coping mechanisms, the livelihood-based coping strategies are associated with a level of severity and are used to determine indicators which can be categorized into different levels of severity; none, stress, crisis and emergency (**Table 32**). Stress strategies include those which indicate a reduced ability to deal with future shocks due to a current reduction in resources or increased debts. Crisis strategies refer to ways that directly reduce future productivity, such as for human capital formation. Emergency strategies affect future productivity but are more difficult to reverse or more dramatic in nature.

Table 32 – Livelihood-based coping strategy categories

Strategy	Category
1. Sold household goods	Stress
2. Sold productive assets and means of transport	Crisis
3. Reduced essential non-food expenditure	Crisis
4. Spent savings	Stress
5. Borrowed money from a formal lender or bank	Stress
6. Sold house or land	Emergency
7. Removed children from school	Crisis

Strategy	Category
8. Income from illegal activities	Emergency
9. Encouraged an adult household member to seek work elsewhere	Stress
10. Begged for money	Emergency

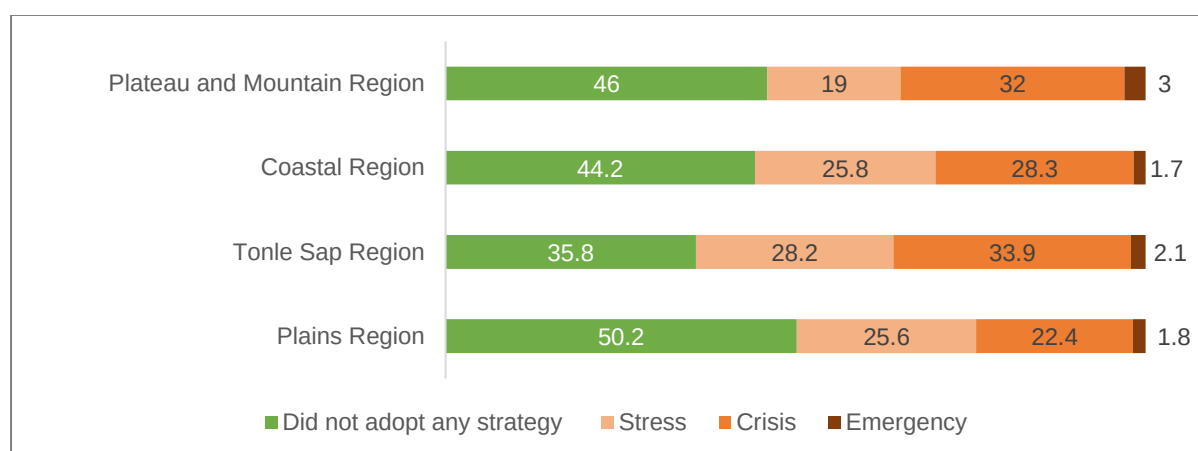
Table 33 shows 56 per cent of families with adolescents and youth adopted at least one of the strategies within the three categories. From these, 26 per cent adopted a stress strategy, 28 per cent adopted a crisis strategy, and 2 per cent adopted an emergency strategy. It was also noted that more families with a male HH adopted a crisis strategy (29 per cent) than those with female HH (26 per cent), and use of the three strategies was also higher in rural areas compared to urban areas. According to the breakdown by geographical areas, the Tonle Sap region reported the highest percentage (64 per cent), compared to the other three regions, which reported 59 per cent in the coastal region, 54 per cent in the plateau and mountain region, and 50 per cent in the plain region (**Figure 40**).

Table 33 – Percentage of households who adopted livelihood-based coping strategy categories by sex of HH and urban/rural – (in %)

Livelihood-based coping strategy categories	Total	By sex of HH		By urban/rural	
		Among families with a male HH	Among families with a female HH	Urban	Rural
Did not adopt any strategy	44.3	44.0	44.9	47.00	42.90
Stress	25.8	25.2	26.6	25.30	26.10
Crisis	27.9	29.3	25.7	26.50	28.60
Emergency	2	1.5	2.9	1.20	2.40
Total	100.0	100.0	100.0	100.0	100.0

Base n=1,000

Figure 40 – Percentage of households who adopted livelihood-based coping strategy categories by geographical regions – (in %)

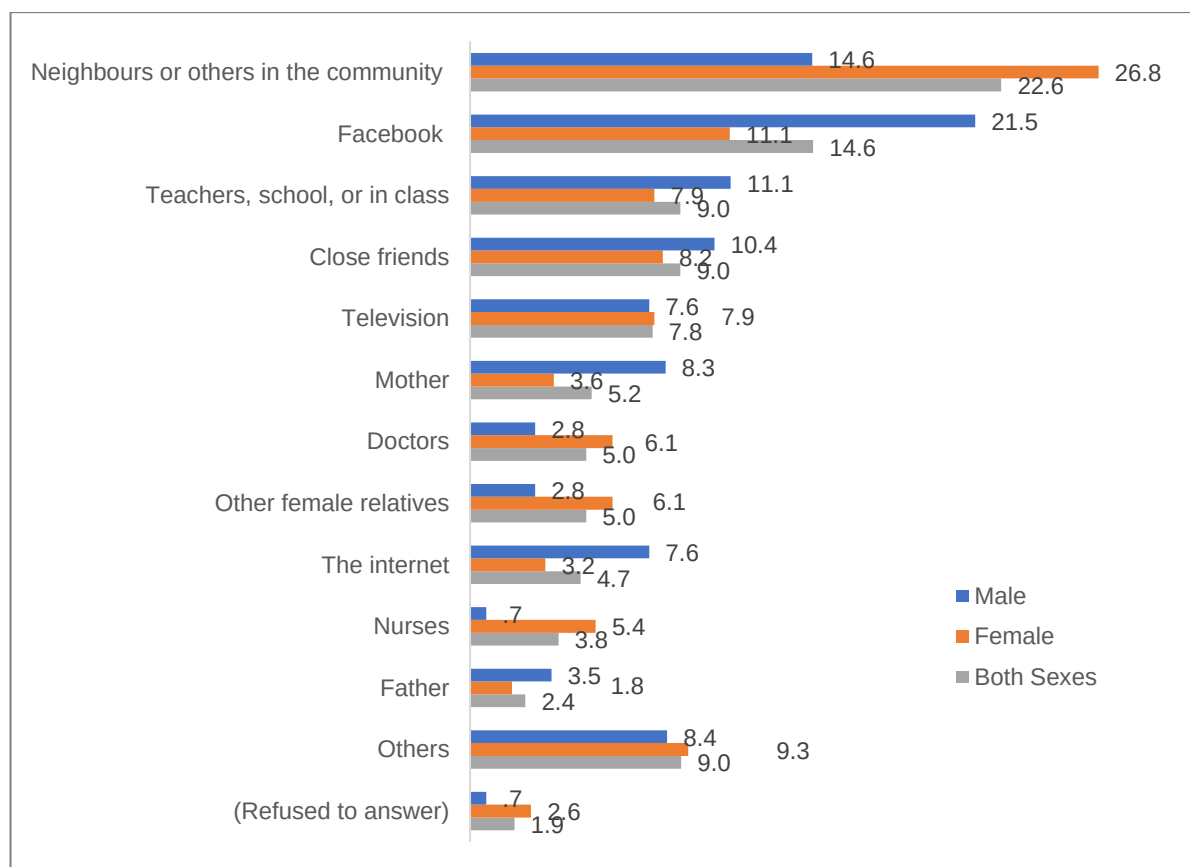


Base n=1,000

Awareness of Anaemia

Almost half of the structured survey respondents reported being aware of anaemia. Around 29 per cent of male respondents and 14 per cent of female respondents reported gaining knowledge through Facebook, 27 per cent of females and 15 per cent of males gained knowledge through neighbours or from those in their community, and 5-10 per cent of respondents gained knowledge through other sources, including their close friends, formal education, television, doctors, nurses and other female relatives.

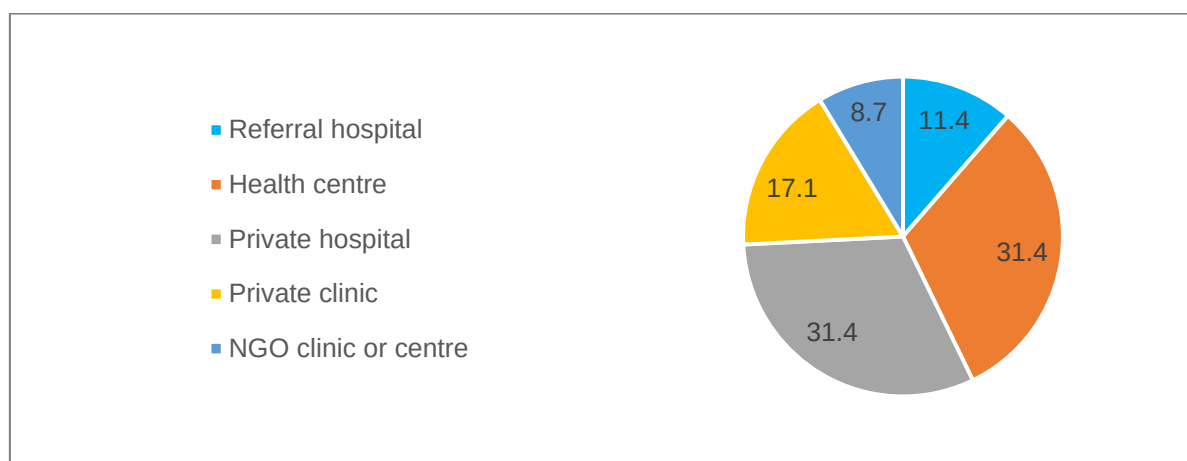
Figure 41 – Sources of information on anaemia by sex – (in %)



Base n=1,000

Only 4 per cent of survey respondents had had anaemia, including 5.4 per cent of males and 2.5 per cent of females. Of all respondents reported to have received testing for anaemia (5.7 per cent), 7.1 per cent were male and 4.4 per cent were female. Two-thirds of those who had been tested for anaemia had received their test within the past year, and the other one-third reported their test to have been more than two years ago. Around 30 per cent received the test at a health centre and 30 per cent at a private hospital (**Figure 42**).

Figure 42 – Healthcare service providers where young people had anaemia checked – (in %)



Base n=57 those who have been tested for anaemia

5.2.2 General Health

Cambodia Demographic and Health Survey (CDHS) 2014 reported that 14 per cent of Cambodian women, aged 15-49 were underweight and 18 per cent were classed as overweight or obese. The percentage of women who were overweight or obese was two times higher among women living in the wealthiest households (23 per cent) than among those from low-income households (11 per cent). Those classed as overweight and obese were dramatically higher among females age 40-49 (31 per cent) than among females aged 15-19 (3 per cent). The percentage of females who were considered thin or slim decreased slightly from 21 per cent in 2000 to 14 per cent in 2014, while those classed as overweight or obese increased from 6 per cent in 2000 to 18 per cent in 2014 ^[41].

In regard to breastfeeding, almost all children (96 per cent) born between 2018 and 2020 were breastfed, and 63 per cent of children were breastfed within the first hour of their lives. This percentage significantly declined by the time the children were three days old, with 28 per cent then receiving something else other than breastmilk.

General perceptions of health

Results from the structured survey showed that young people aged 10-24 believed that they were healthy. Around 78 per cent reported that they were happy or stress-free, including 83 per cent of males and 73 per cent of females, and most (80 per cent) reported that they were healthy and rarely had a severe sickness, including 84 per cent of males and 76 per cent of females. Around 82 per cent of respondents reported that they had enough food for them to be healthy, 88 per cent reported that they always practised good hygiene, and 90 per cent reported that they always drink clean water. Almost all urban respondents (97 per cent) and 87 per cent of rural respondents reported that they always drink clean water, and 69 per cent considered themselves to be living in a clean environment. This was reported by both male and female respondents with no notable differences between the two sexes (**Figure 43**).

Figure 43 – Perceptions of adolescents and youth towards their current health – (in %)

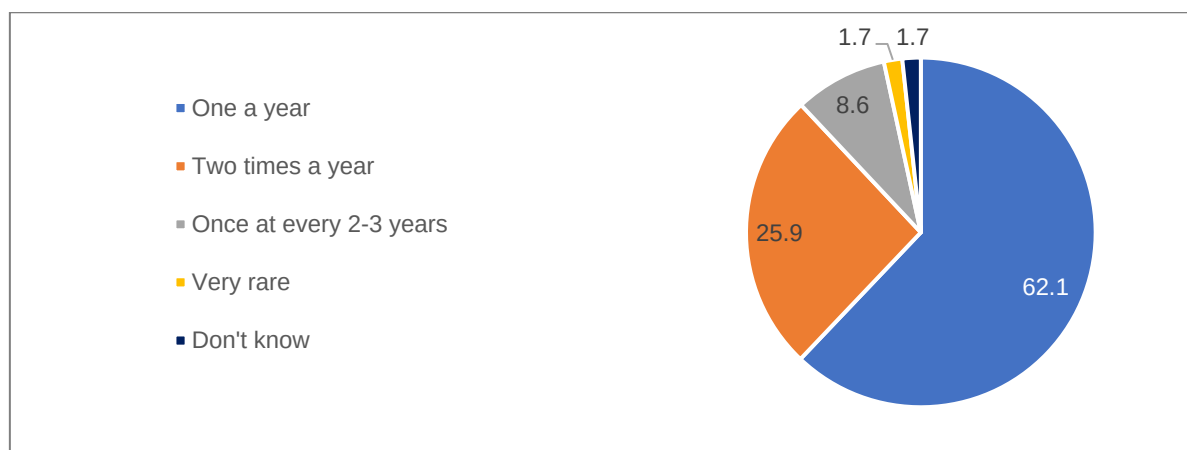


Base n=1,000

According to the results of the structured survey, only 14 per cent of the total respondents reported that they exercise regularly and 6 per cent received a regular health check. There was a statistical difference noted between urban and rural respondents for these questions, with 20 per cent of urban and 10 per cent of rural respondents reporting that they exercised regularly, and 9 per cent of urban and 4 per cent of rural respondents reporting regular health

checks. Around 40 per cent of those who received regular health checks were aged 20-24-years-old, 40 per cent were 15-19-years-old, and 20 per cent were 10-14-years-old. The majority of those who reported that they received regular health checks noted this as once a year (**Figure 44**). Most of these respondents reported having blood tests and a physical examination.

Figure 44 – Frequency of adolescents and youth who do regular health check-ups – (in %)



Base n=58 - those who receive regular health checks

The survey results indicated that almost all young people aged 10-24 (96 per cent) considered illicit drugs as harmful to their health, including 99 per cent of females and 93 per cent of males. Around 97 per cent noted that cigarette and alcohol consumption would also be bad for their health, which included all female respondents and 95 per cent of male respondents. There were no significant differences noted between age groups or between urban and rural residents. Around 94 per cent of the total respondents believed that people in their city or local area would not welcome a person who consumed illicit drugs.

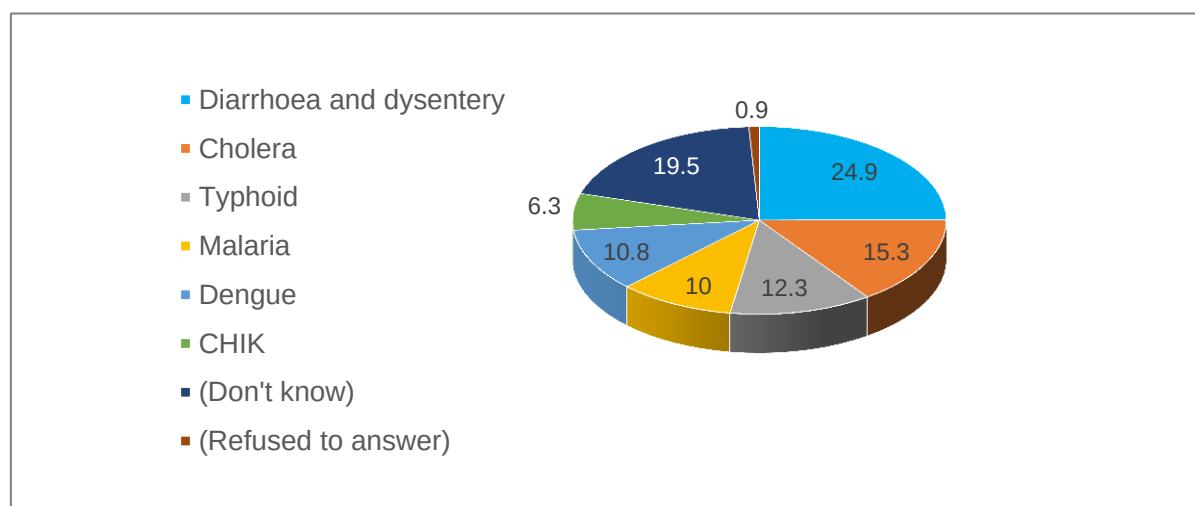
Less than 10% of respondents reported that they had a friend using illicit drugs, and 5 per cent of males aged 20-24, including 2 per cent in urban areas and 3 per cent in rural areas, reported that they had taken a stimulant drug. None reported having tried glue sniffing or injecting drugs. Around 5 per cent of males aged 15-24 smoked cigarettes, half of which were residents in urban areas and the other half from rural areas. Around 22 per cent reported that they consumed alcohol, including 25 per cent of males and 20 per cent of females. Alcohol consumption was more common among youth aged 20-24 compared to adolescents aged 10-19. Of those who reported consuming alcohol, 57 per cent were aged 20-24, 24 per cent were 15-19, and 3 per cent were 10-14. Statistical differences were noted between urban and rural young people aged 10-24 on alcohol consumption, with 28% reported from those in urban areas compared to 19 per cent in rural areas.

Among respondents who participated in FGD, key health-related issues among young people aged 10-24 were noted as maintaining overall wellness, avoiding alcohol abuse and smoking, and refraining from the use of illicit drugs. Being 'healthy' was mostly defined as eating food with proper nutrition and being strong and resistant to common illness. 'Physical strength' was the common term used by respondents to describe a healthy person. Respondents under 13-years-old also reported being well cared for by their mother. Some respondents considered themselves not to be healthy because they often got common illness, such as dizziness, headache, flu, stomach ache, and other diseases. Others mentioned that they often skipped meals or had late meals, and a few believed they were not healthy because they had poor memories or were not as smart as their peers. For youth aged 18 and above, they noted that alcohol consumption would cause harm to their health.

but admitted to still consuming these drinks when socializing with friends, gathering with family and other relatives, or when they are networking.

Around 21 per cent of surveyed young people aged 10-24 reported that they were aware of waterborne or water-related diseases. More could also demonstrate their awareness when probed or led. Awareness of diarrhoea and dysentery were the highest among other water-related diseases (25 per cent), followed by cholera (15 per cent), typhoid (12 per cent), malaria (10 per cent), dengue (11 per cent), and CHIK fever (6.3 per cent). Males and females had similar knowledge of these diseases, and no significant differences were noted between the age groups (**Figure 45**).

Figure 45 – Awareness of waterborne and water-related diseases – (in %)



Base n=1,000

Almost half of survey respondents had a comprehensive awareness of preventive measures against waterborne diseases, such as diarrhoea, cholera, and typhoid. The two main preventive measures which reported most often were avoiding eating unclean food or food that was not thoroughly cooked and drink clean or boiled water. More preventive measures were noted by female respondents compared to males, particularly in relation to the two measures mentioned above (**Table 34**).

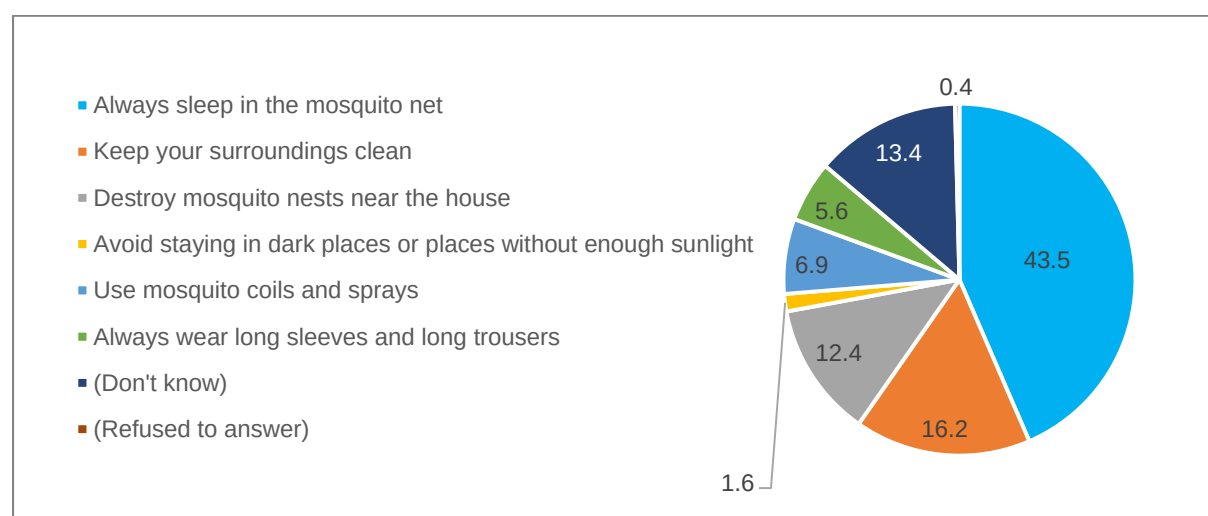
Table 34 – Awareness of prevention measures of diarrhoea, cholera and typhoid by sex – (in %)

	Male	Female	Both sexes
Use toilets and avoid open defecation	1.8	1.4	1.6
Drink clean or boiled water	26.2	27.6	27
Avoid eating unclean or not thoroughly cooked food	25.5	35.1	30.7
Wash hands before eating	5.8	7	6.4
Wash hands frequently	9	8.1	8.5
Keep the environment around the house clean	3.9	8.9	6.6
(Don't know)	26.4	11.9	18.6
(Refused to answer)	1.4	0	0.6
Total	100.0	100.0	100.0

Base n=1,000

More than half of surveyed respondents were aware of prevention measures or water-related diseases, such as malaria, dengue, and CHIK fever. The most commonly reported prevention measure was to always sleep in the mosquito net, with 44 per cent reporting this measure among others. Almost 30 per cent reported other important measures, such as destroying mosquito nests near the house and keeping the surroundings clean. Female respondents were noted to have a better knowledge of good sanitation practices than males, with 33 per cent of females reporting keep surrounding areas clean compared to 12 per cent of males. There was no significant difference noted between the three age groups (**Figure 46**).

Figure 46 – Awareness of prevention measures of malaria, dengue disease, and CHIK fever – (in %)



Base n=1,000

Results from the survey showed that the number of adolescents and youth who had waterborne and water-related diseases within the last three months was small. Around 28 per cent reported that they had diarrhoea and dysentery, and 11 per cent had typhoid within the last three months. Other diseases such as malaria, dengue, CHIK fever, and cholera were also reported to be lower than 3 per cent.

Healthcare-seeking behaviour

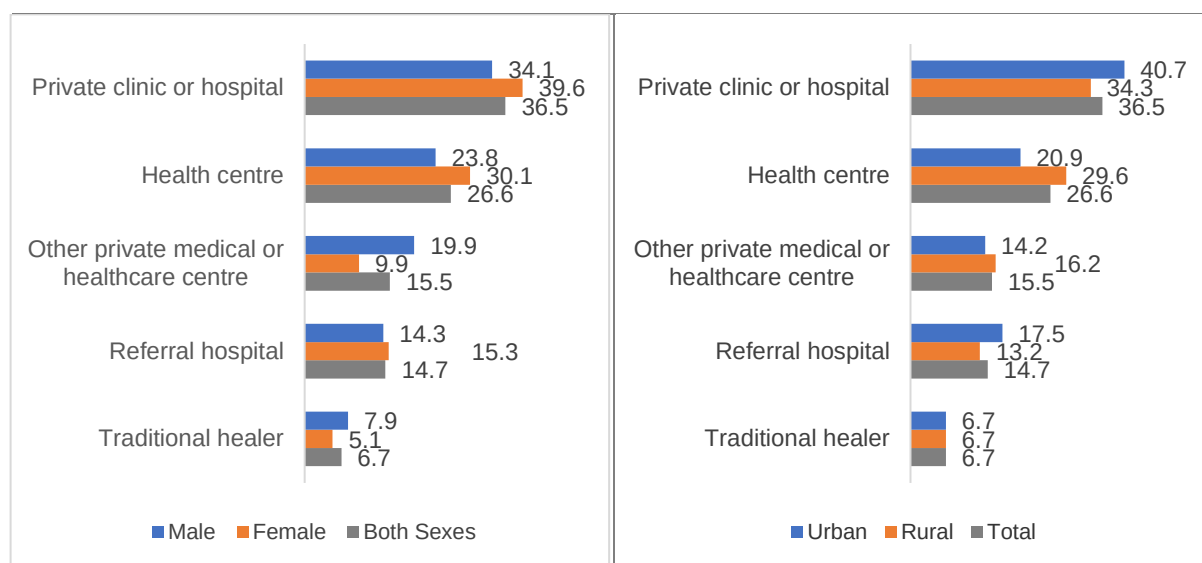
The Cambodian Social Economic Survey 2017 showed that around 15 per cent of the Cambodian population had sought healthcare one or more times in the past 30 days⁹, but this was only true for 5 per cent of those aged 15-29. Private healthcare facilities were reported as the most common place to seek healthcare services for both urban and rural residents, with 75 per cent choosing private services over other providers^[30].

Figure 47 shows 37 per cent of surveyed young people aged 10-24 reported that they visited a private clinic or hospital within the past 12 months, 27 per cent had visited health centres, 15 per cent had visited a referral or provincial hospitals, and 16 per cent used the services of pharmacies and other private healthcare facilities in their local area. There was no statistical difference observed between the sexes in healthcare-seeking behaviour, however a slight difference was noted between urban and rural respondents. Around 41 per cent of urban residents visited a private clinic or hospital compared to 34 per cent of rural residents. Visits

⁹ Past 30 days healthcare visit is the count of all people in the survey who confirmed that they did visit a healthcare facility within the past 30 days (before the enumeration day).

to health centres, however, was higher for rural residents at 30 per cent, compared to 21 per cent for urban residents.

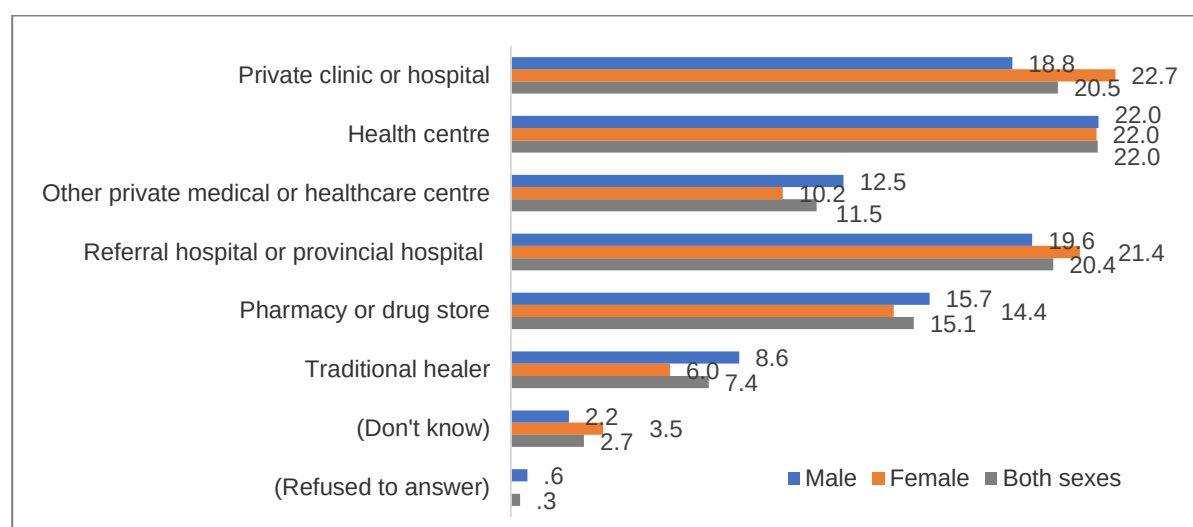
Figure 47 – Healthcare-seeking behaviour of adolescents and youth in the past 12 months by sex and urban/rural – (in %)



Base n=1,000

Surveyed adolescents aged 10-19 and youth aged 15-24 both reported that public and private healthcare providers were similar in quality. Around 22 per cent of the respondents rated health centres as good quality, compared to referral hospitals and private clinics and hospitals at 20 per cent. More males reported health centres and referral hospitals as good quality healthcare facilities compared to females. No significant difference was noted between respondents from urban and rural areas.

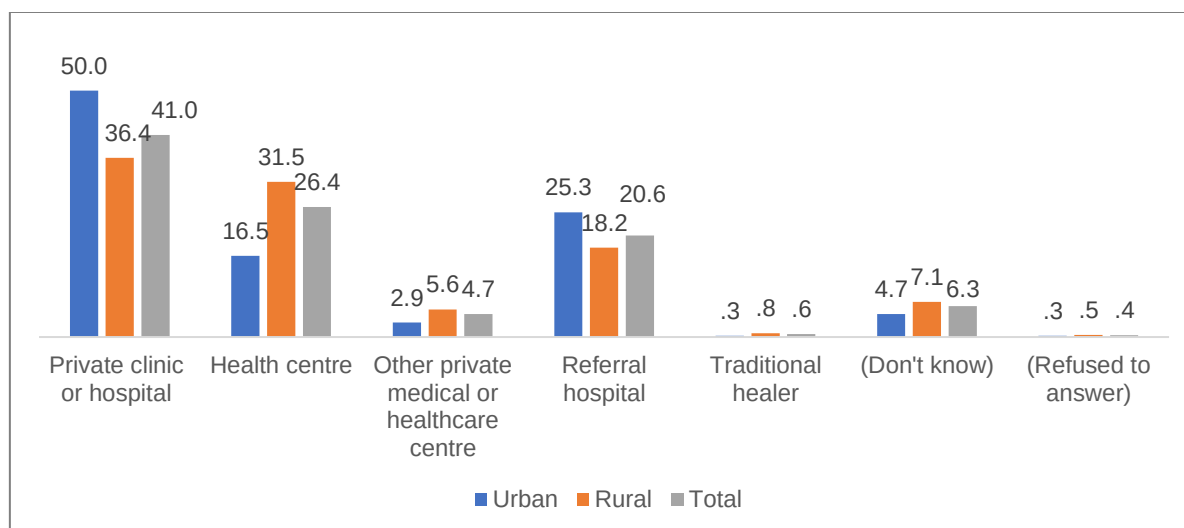
Figure 48 – Adolescents and youth preferences toward different health providers by sex – (in %)



Base n=1000

When asked about their preferred facility for healthcare services, 50 per cent of urban respondents and 36 per cent of rural respondents reported this as the private clinics and hospitals. Around 32 per cent of those living in rural areas preferred going to a health centre, compared to 17 per cent of those living in urban areas. Referral hospitals were the third preferred option, reported by 25 per cent of urban respondents and 18 per cent of rural respondents (**Figure 49**).

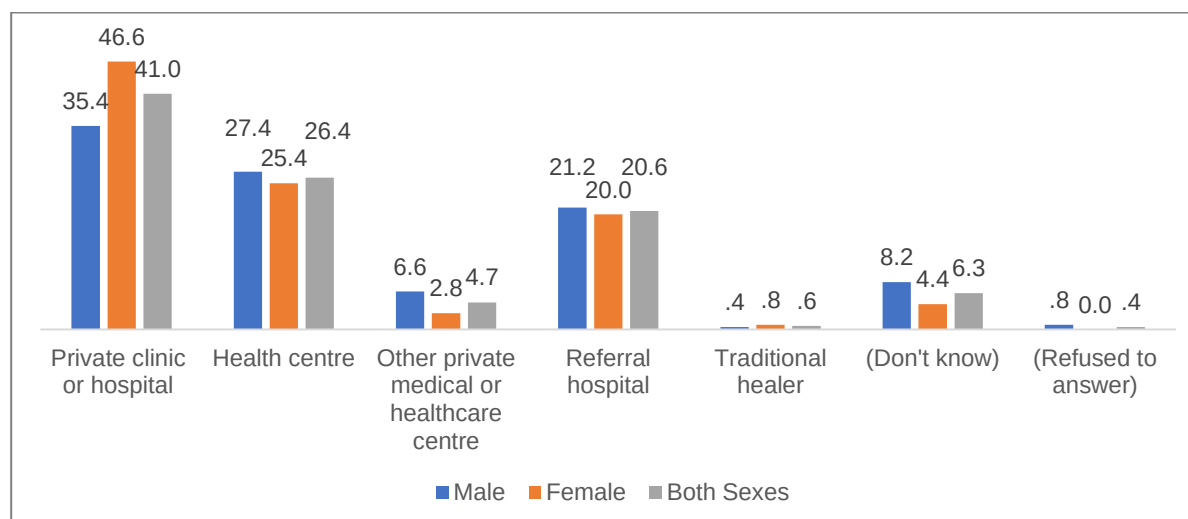
Figure 49 – Most preferred place for healthcare services by urban/rural – (in %)



Base n=1000

Figure 50 shows a significant difference between the sexes regarding their preferred healthcare service providers. Around 47 per cent of females preferred going to private clinics or hospitals, compared to 35 per cent of males.

Figure 50 – Most preferred place for healthcare services by sex – (in %)



Base n=1000

Of those surveyed who had children, 43 per cent received prenatal care at a health centre, 27 per cent at a referral hospital, 27 per cent at a private clinic or hospital, and 3 per cent at other private healthcare service providers in their local area.

Although respondents reported they had experienced some illnesses, they perceived this as normal since they were not ill frequently. The most common ailments reported during the FGD were headaches, coughs, flu, stomach aches, and fevers. They reported treating these illnesses naturally, as much as possible, with vegetables, fruit, and warm water. When respondents believed their condition was worsening, they would request their parents perform “coining”, a traditional treatment involving repetitive scraping of the skin, to promote a faster recovery and prevent their illness from worsening. Some reported going to a nearby village pharmacy to buy medicines, however no respondents reported purchasing medicines in advance, only at the time they fell ill.

The majority of respondents reported that they had not had a serious illness within the past 12 months. Serious illnesses were defined as those requiring an injection, IV injection, or using medication over a longer time period. They considered serious illnesses, such as typhoid, malaria, dengue, recurring diarrhoea, serious stomach aches, and grave injuries. Most of the respondents from all geographical locations reported having experienced typhoid, malaria, dengue, recurring diarrhoea, and serious stomach aches in the past 3-5 years. Almost all respondents in Kratie reported having had dengue and malaria at least once before they were aged ten or 15-years-old. The most common and repeatedly mentioned healing practices for these serious illnesses were IV fluids and oral medication, such as tablets. These respondents reported that their parents would typically invite a nurse or doctor in the village to administer IV fluids at home. In dengue fever cases, where they suffered from a high fever for more than three days, the respondents reported needing to visit the home of a doctor or nurse for blood tests before receiving IV fluids and tablets. These health treatment styles were true for both urban and rural FGD respondents.

Most FGD participants reported that they prefer health centres as their choice for treatment of serious illness due to proximity and low-cost of services, however none reported experience of receiving treatment in a health centre. Health centres and referral hospitals were perceived in a negative way due to observations of long queues and less attention offered to patients by healthcare professionals. A few older male respondents (aged 17-22) who had experienced road accidents reported that they would not go to a health centre or public hospital if they were injured as they believed healthcare professionals performed surgeries without using anaesthesia. They reported that health professionals judged young males as “gangsters” who often got involved in road accidents through wrongful acts, hence a more painful treatment style is inflicted in order to “teach them a lesson” so they would not do the same thing again.

Female FGD respondents regarded health centres as the best choice for prenatal and postnatal care, and this was especially true for IDPoor women. The majority of older respondents aged 17+, reported being told by their parents and those in the villages that women with IDPoor identification would receive financial assistance for prenatal and postnatal care, with zero charges. One 18-year-old pregnant respondent in Kampong Thom province reported that she received financial support for each of the three times she had prenatal care at the health centre to date.

Mental health

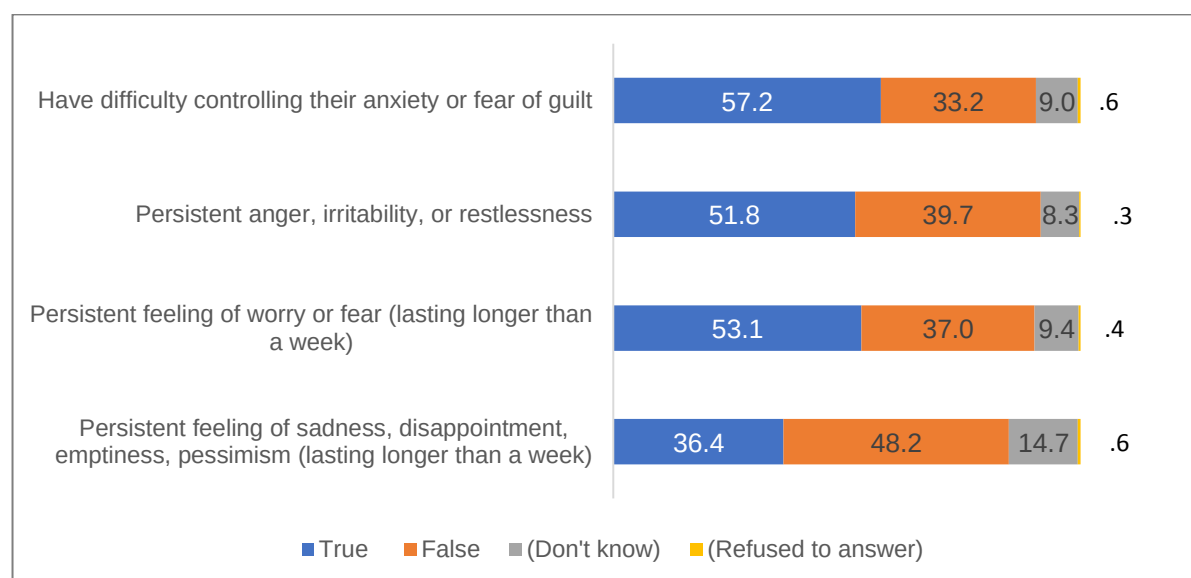
Along with ensuring they maintained good physical health and wellness, FGD respondents aged 10-24 also believed that it was essential to maintain a healthy mindset, particularly during the height of COVID-19 in Cambodia. Young people believed that while the body carried them through the day, the mind mobilized the body, and if the mind was weak and

troubled, so was the body. For this reason, they reported that it was imperative to ensure that the mind was healthy in order to have a healthy body.

Although they noted the importance of mental health, none of the FGD respondents were aware of any institution which had the capacity to help emotionally troubled individuals. All respondents agreed that a person could seek help from a close person within their network, including friends and family members. They reported that constant communication and openness to share issues that bothered them were key to being able to control their emotions and temper. When it wasn't possible to speak with another person, meditation was considered the last resort to calm them down. None of the adolescents and youth respondents aged 10-24 were aware of medication or clinical treatment for mental health or illness. No respondents reported having experience of a mental illness which required medication.

The structured survey results showed that 55 per cent of adolescents and youth between the age 10-24 reported that they had heard of anxiety and depression, with more older respondents (aged 15-24) aware of these illnesses compared with younger ones (aged 10-14). Around 71 per cent of youth aged 20-24 reported that they were aware of these illnesses while 29 per cent were not. For those aged 15-19, 53 per cent reported being aware and 47 per cent were not aware. Only 30 per cent of adolescents aged 10-14 had heard of anxiety or depression. No significant differences were noted between males and females or between urban and rural respondents. From those who were aware of anxiety or depression, at least half of the adolescents and youth understood most of the symptoms, including persistent anger, irritability, restlessness, feelings of worry and fear lasting for a week or longer. However only 36 per cent of adolescents and youth were aware of other symptoms, including persistent feelings of sadness, disappointment, emptiness, and pessimism lasting for a week or longer (**Figure 51**).

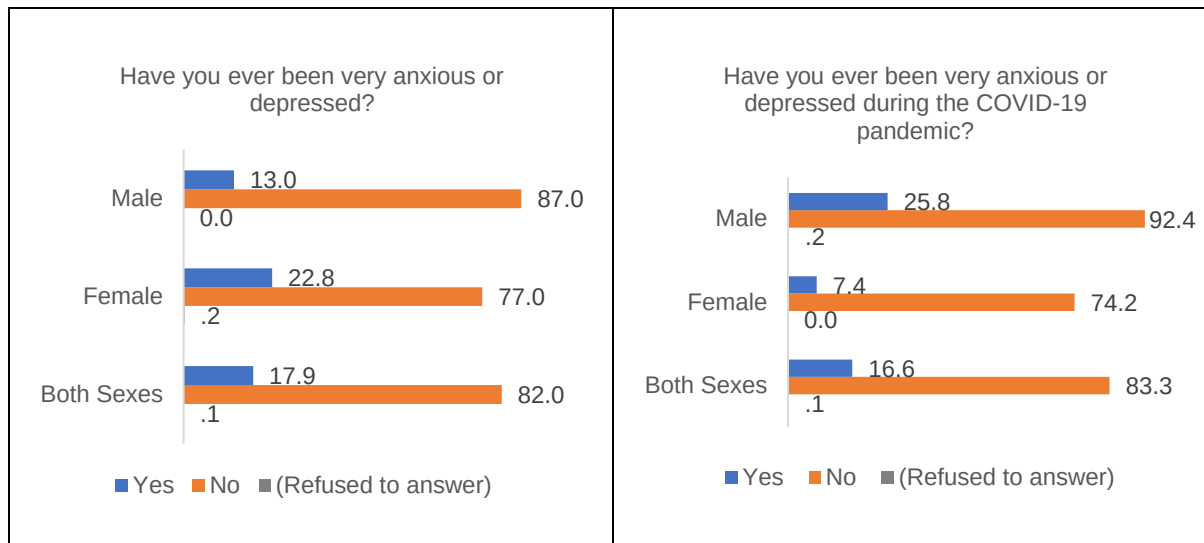
Figure 51 – Knowledge check on symptoms of anxiety and depression – (in %)



Base n=1,000

Around 19 per cent of survey respondents reported having close friends and family members who had been very anxious or depressed. Around 18 per cent reported that they had experienced anxiety or depression themselves, including 23 per cent of females and 13 per cent of males. In regard to COVID-19, 25 per cent of females and 7 per cent of males reported feeling anxious or depressed during the pandemic (**Figure 52**). Of those respondents who had experienced these symptoms, 65 per cent reported they had experienced these more than once.

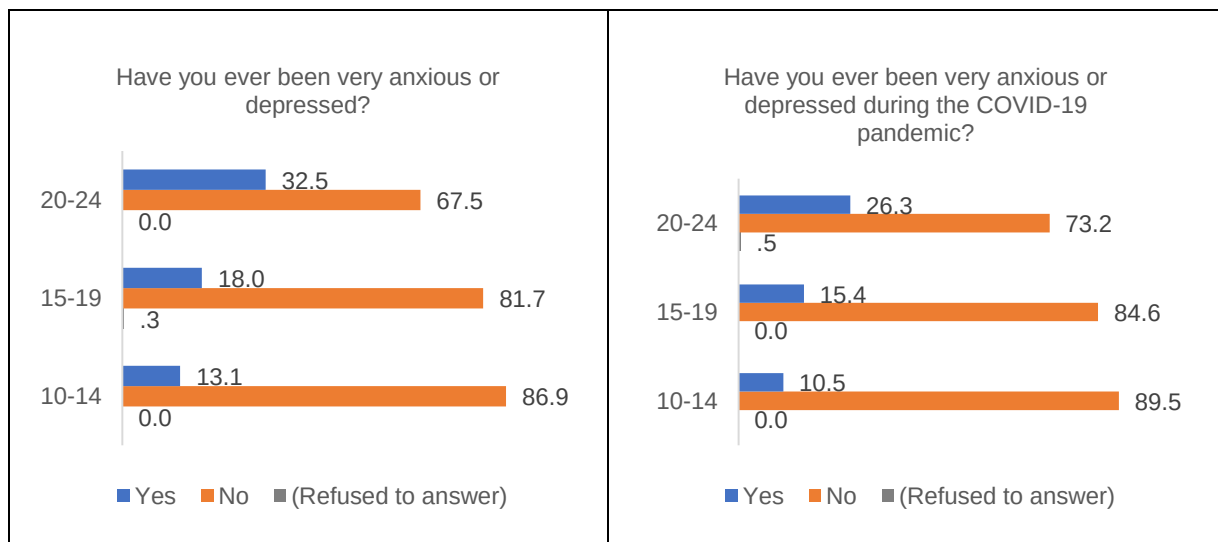
Figure 52 – Percentage of adolescents and youth who have experienced anxiety and depression by sex – (in %)



Base n=1000

A statistical difference was noted between the age groups, with more old respondents reporting having experienced anxiety or depression compared to the younger respondents. Of youth aged 20-24, 33 per cent reported that they had been very anxious or depressed, with 26 per cent reporting these feelings and 27 per cent reporting this to be during the pandemic. For adolescents and youth aged 15-19, 18 per cent reported being anxious or depressed, and 15 per cent reported this to be during the pandemic. For adolescents aged 10-14, this was true for 13 per cent, and 11 per cent during the pandemic (**Figure 53**).

Figure 53 – Percentage of adolescents and youth who have experienced anxiety and depression by age group – (in %)



Base: n=1000

Of all young people aged 10–24 who had their occupation impacted by the COVID-19 pandemic, 33 per cent reported that they had also experienced anxiety or depression during the same time period, however there was no statistical difference noted by household income. Those who experienced extreme anxiousness or depression reported doing some activities to release negative feelings, including consulting with a professional, talking with friends and family, among others (**Table 35**). The main activities undertaken to cope with

anxiety or depression included spending time in nature or the outdoors, talking to their friends and families, and improving their lifestyle behaviours. Less than 10 per cent reported that they had consulted a mental health professional, while 23 per cent reported that they had taken medication prescribed by a healthcare professional.

Table 35 – Activities adolescents and youth become engaged with to release anxiety or depression by sex and age group – (in %)

	By sex		By Age group			Total
	Male	Female	10-14	15-19	20-24	
A. Consult with a mental health professional	2.3	2.3	1.1	3.8	1.3	2.3
B. Engage in religious or spiritual activities or talk to a religious leader	5.2	5.9	8	4.5	5.5	5.7
C. Talk to friends or family	19.2	23.8	19.9	21.7	25.1	22.4
D. Take medication prescribed by a healthcare professional	10.3	8	10.2	7.9	8.5	8.7
E. Improve healthy lifestyle behaviours, such as exercise, sleep, and diet	20.7	20.5	22.7	21.1	18.3	20.5
F. Make a major change in your work situation	12.7	11.1	10.8	10.7	13.2	11.6
G. Make a major change in your personal relationships	2.8	5.9	2.3	7.2	4.3	5
H. Spend time in nature or the outdoors	26.8	22.5	25	23.1	23.8	23.8
Total	100.0	100.0	100.0	100.0	100.0	100.0

Base n=179 - among those who had experienced anxiety or depression

Table 36 shows the four main activities that young people aged 10-24 believed were very helpful in releasing anxiety or depression. Improving healthy lifestyle behaviours was the highest reported with 67 per cent, followed by consulting a mental health professional (63 per cent), talking and sharing with friends and family (62 per cent), and engaging in religious or spiritual activities or talking to a religious leader (60 per cent).

Table 36 – Ratings on the effectiveness of activities for releasing anxiety/depression – (in %)

Province	Very helpful	Somewhat helpful	Not helpful	(Don't know)	Total
A. Consult with a mental health professional	62.5	37.5	-	-	100.0
B. Engage in religious or spiritual activities or talk to a religious leader	60.0	32.5	5.0	2.5	100.0
C. Talk to friends or family	61.8	36.9	1.3	-	100.0
D. Take medication prescribed by a healthcare professional	55.7	39.3	4.9	0.1	100.0
E. Improve healthy lifestyle	67.4	29.9	2.7	-	100.0

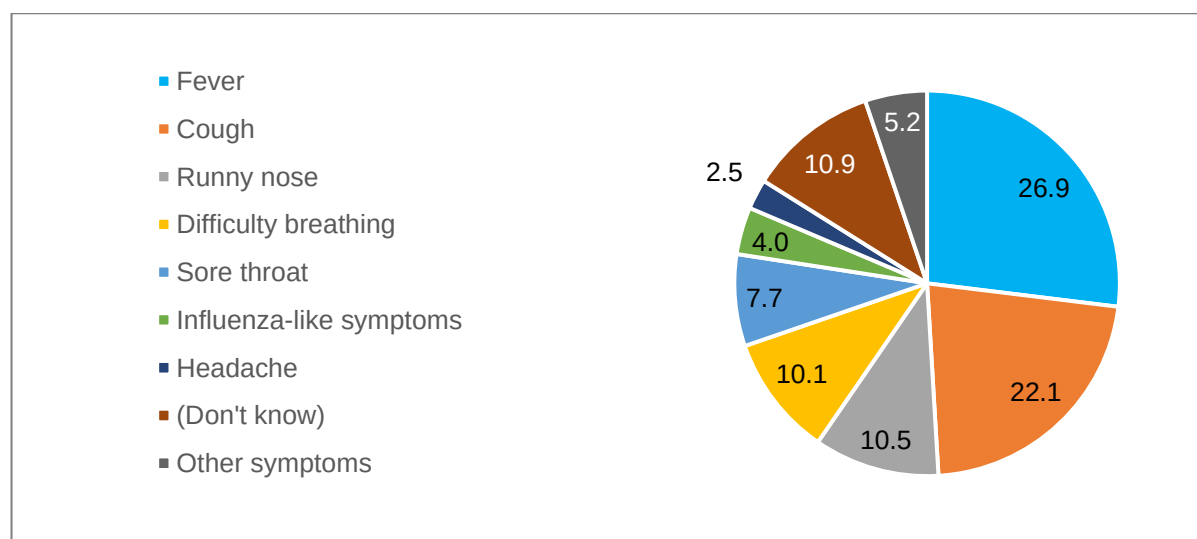
Province	Very helpful	Somewhat helpful	Not helpful	(Don't know)	Total
behaviours, such as exercise, sleep, and diet					
F. Make a major change in your work situation	44.4	48.1	6.2	1.3	100.0
G. Make a major change in your personal relationships	34.3	60.0	5.7	-	100.0
H. Spend time in nature or the outdoors	50.3	44.9	4.8	-	100.0

Base n=179- among those who had experienced anxiety or depression

5.2.3 The COVID-19 Pandemic

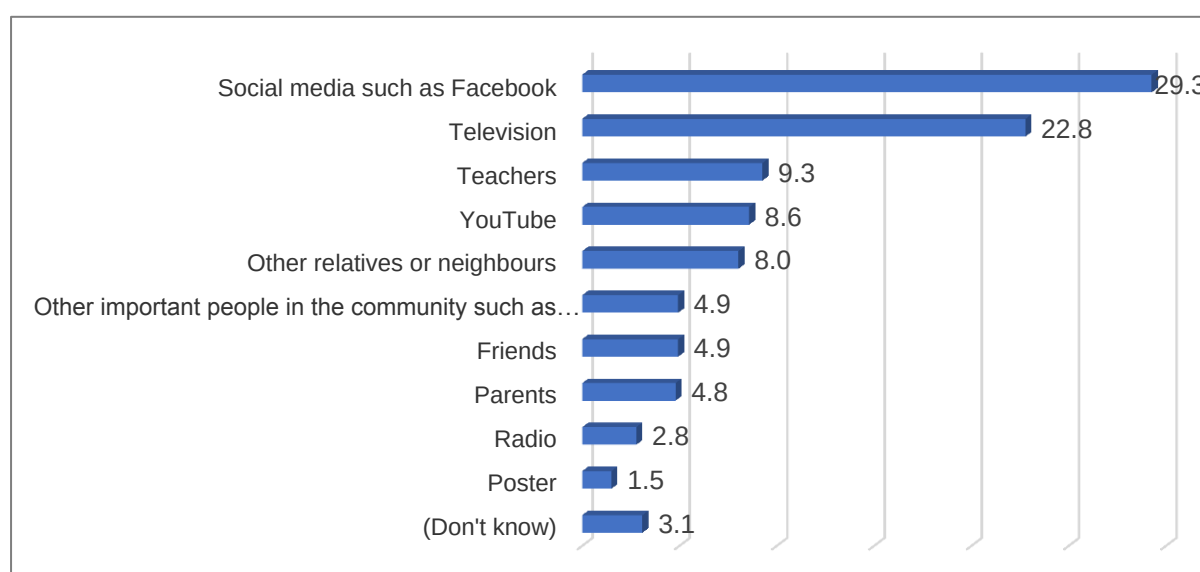
COVID-19 has become one of the most prominent health-related issues in recent years and this was reflected in the study findings. Almost all survey respondents aged 10-24 reported that they were aware of the virus, with 98 per cent reporting awareness compared to 2 per cent who reported no awareness. Almost 85 per cent of respondents also reported knowing the main symptoms, including cough, fever, runny nose, having difficulty of breathing, sore throat, and influenza (**Figure 54**). Around 29 per cent reported that they received information about COVID-19 from social media (for example, Facebook), 23 per cent from television, 9 per cent from their teachers, 9 per cent from YouTube, and 8 per cent from the news or relatives or neighbours (**Figure 55**). It is worth noting that respondents referred mostly to Facebook and other platforms when mentioning social media, while YouTube, although formally classed as a social media platform, was referred to separately in its own right.

Figure 54 – Awareness of COVID-19 symptoms – (in %)



Base n=1,000

Figure 55 – Sources of information on COVID-19 – (in %)



Base n=1,000

When asked about the ways to prevent COVID-19, 90 per cent of surveyed respondents aged 10-24 reported always cooking their food thoroughly before eating. Around 64 per cent reported that they washed their hands with soap or hand sanitiser gel or alcohol frequently, 55 per cent covered their mouth when coughing and sneezing, 42 per cent wore face masks when going out, and 41 per cent sneezed into their elbow or a tissue.

Table 37 – Coping strategies implemented by adolescents and youth to prevent COVID-19 – (in %)

	Never	Sometimes	Frequently	(Refused to answer)	Total
A. Covering mouth when coughing and sneezing	10.9	34.3	54.7	0.1	100.0
B. Sneezing into elbow or a tissue and throw it into a bin quickly	20.1	38.7	41.0	0.2	100.0
C. Avoid touching face and eyes	46.1	35.1	18.4	0.4	100.0
D. Wash hands with soap, hand sanitiser gel, or alcohol	5.9	30.2	63.8	0.1	100.0
E. Wear face mask when going out	29.6	28.3	42.0	0.1	100.0
F. Wear face mask when you feel sick	43.5	27.3	29.2	-	100.0
G. Keep physical distancing at least 1.5 meters	43.9	36.3	19.8	-	100.0
H. Avoid social activities with crowds	39.5	35.3	25.1	0.1	100.0
I. Avoid making direct contact with people with suspected COVID-19 symptoms	47.2	20.0	31.9	0.9	100.0
J. Avoid using public transport	46.7	28.0	24.2	1.1	100.0
K. Study or work from home	21.7	40.0	38.2	0.1	100.0
L. Cook food thoroughly or eat thoroughly cooked food	-	8.2	90.1	1.7	100.0

Base n=1,000

More than half of FGD respondents mentioned COVID-19 before other illnesses when asked about health issues. Given the stable situation and the low number of reported cases in Cambodia, the majority of respondents reported that job losses experienced by their family during the pandemic had the biggest impact, rather than the effects of the virus on their health. They reported that they aimed to use natural prevention methods and resources, such as eating vegetables and fruit, to ensure they remained healthy and would be able to continue to provide for their family's daily needs. Some respondents, in particular those in rural areas, planted vegetables and fruit in their backyards to ensure they had immediate resources.

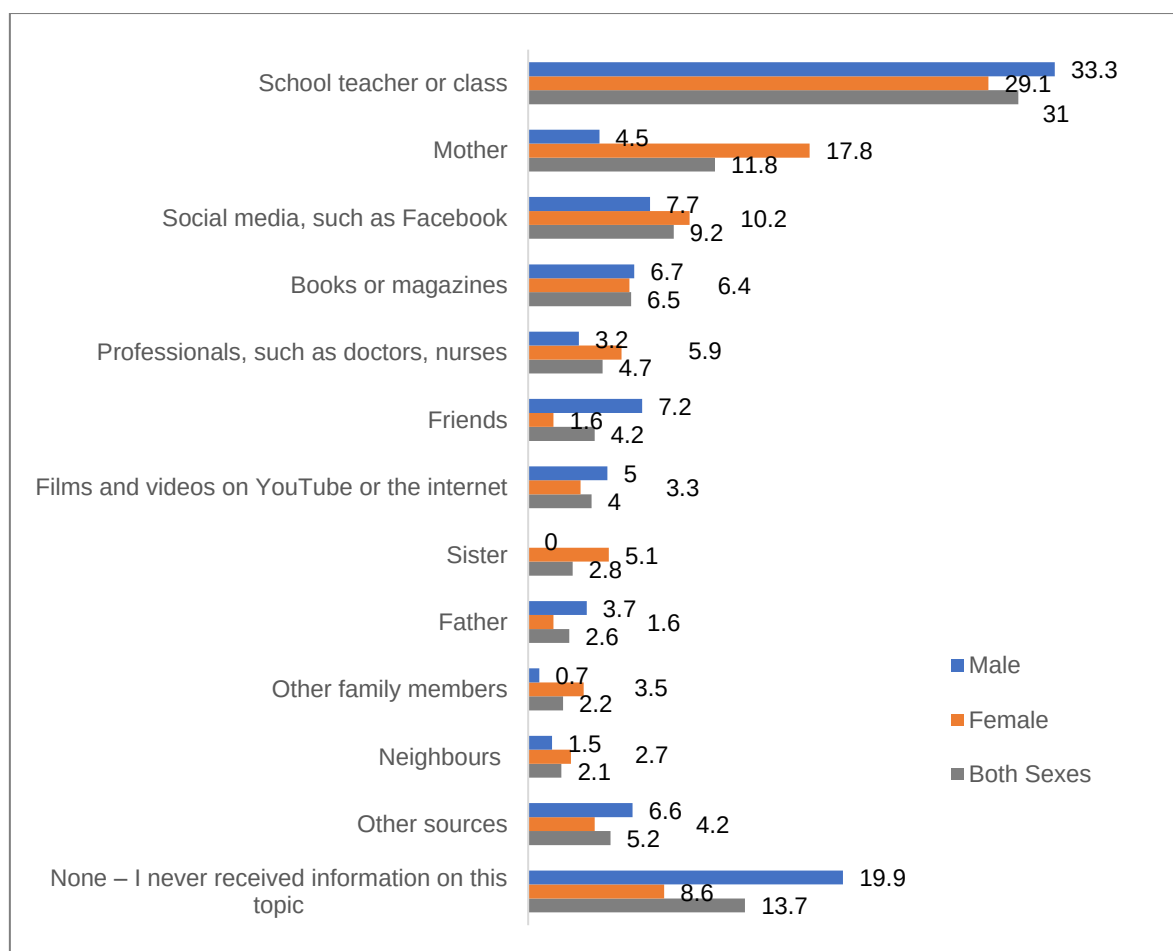
Respondents from all geographical areas reported that they had full knowledge of COVID-19 and its preventions measures. They gathered information from different sources, such as social media, television, outdoor advertising teachers, government staff and local authorities or health centre staff who came to their village, and the mobile microphone set up by their village or commune head. Despite their comprehensive knowledge on prevention measures, their practices were still limited, particularly regarding increasing the frequency of handwashing and wearing facemasks. They reported that alcohol and handwashing gels were not available at home due to the severe price increases during the early stages of the pandemic. This was also the case for facemasks which costed more than they could afford at the time. For this reason, they continued with their habits of washing hands with a bar of soap, with the same frequency as before the pandemic. They did however, report practising social distancing by avoiding going out for snacks and meals in groups.

As cited in the employment section, some respondents and their families were directly and indirectly impacted by the COVID-19 pandemic. Some low-income families reported having received financial support from the government. It is good to note that no respondents had experienced a food shortage, and none had lost their usual daily dietary and diversity of foods during this time.

5.2.4 Sexual and Reproductive Health

According to surveyed respondents, parents and schools were the main sources of information for young people aged 15-24 about sexual and reproductive health. Around 33 per cent of males and 29 per cent of females got information from formal education, while 18 per cent of female respondents and 5 per cent of male respondents learnt from their mothers. Of the males, 4 per cent reported that they got information from their father, while this was true for only 2 per cent of females. The use of social media as a source of information was reported by 9 per cent of the total respondents. Around 20 per cent of males and 9 per cent of females reported never receiving information from any sources.

**Figure 56 – Sources of information on sexual and reproductive health
by sex – (in %)**



Base n=610 (aged 15-24)

Almost 41 per cent of surveyed respondents aged 15-24 believed that they had enough knowledge and reported that they did not want to get more information related to this topic. This was true for 43 per cent of males and 39 per cent of females (**Table 38**). However, a further comprehensive knowledge check revealed that their knowledge on this topic was still lacking (as shown in **Table 39**). Those who wished to get more information preferred to get it from their mothers (8 per cent), teachers (8 per cent), and social media, such as Facebook (7 per cent). More female respondents preferred to get information from their mother over social media, while the reverse was true for males.

Table 38 – Preferred sources of information on sexual and reproductive health in the future by sex – (in %)

	Male	Female	Both sexes
Mother	6.2	10.2	8.3
School teacher or class	7.6	7.4	7.5
Social media, such as Facebook	10.3	4.6	7.4
Professionals, including doctor, nurse, etc.	4.9	9.2	7.1
YouTube or internet	7.0	3.8	5.4
Father	5.7	3.8	4.7
Sister	1.1	4.9	3.0
Other family members	1.4	3.8	2.6

	Male	Female	Both sexes
Friends	1.6	3.6	2.6
Television	1.9	2.6	2.2
Other sources	4.6	3.8	4.3
(Do not want to get more information on this topic)	43.4	39.2	41.2
(Refused to answer)	4.3	3.1	3.7
Total	100.0	100.0	100.0

Base n=610 (aged 15-24)

The survey results also revealed that comprehensive knowledge of young people aged 15-24 on sexual or reproductive health remained limited. Around half of respondents understood the possibility of a woman getting pregnant after the first time she had sexual intercourse, and less than half believed that sexual intercourse had no impact on a woman's physical growth. Around 30 per cent understood that masturbation does not cause serious damage to their health and 35 per cent had only a basic knowledge of the menstrual cycle and possibility of pregnancy.

Table 39 – Knowledge testing on sexual and reproductive health by sex – (in %)

		Male	Female	Both sexes
A woman can get pregnant on the very first time that she has sexual intercourse	True	48.8	52.7	50.8
	False	24.7	22.5	23.6
	(Don't know)	26.5	24.8	25.6
A woman stops growing after she has had sexual intercourse for the first time	True	20.7	24.1	22.5
	False	44.1	40.3	42.1
	(Don't know)	35.2	35.6	35.4
Masturbation causes serious damage to health	True	32.9	37.5	35.2
	False	32.9	25.1	28.9
	(Don't know)	34.2	37.4	35.9
A woman is most likely to get pregnant if she has sexual intercourse halfway between her periods	True	30.2	40.0	35.2
	False	29.2	27.0	28.0
	(Don't know)	40.6	33	36.8

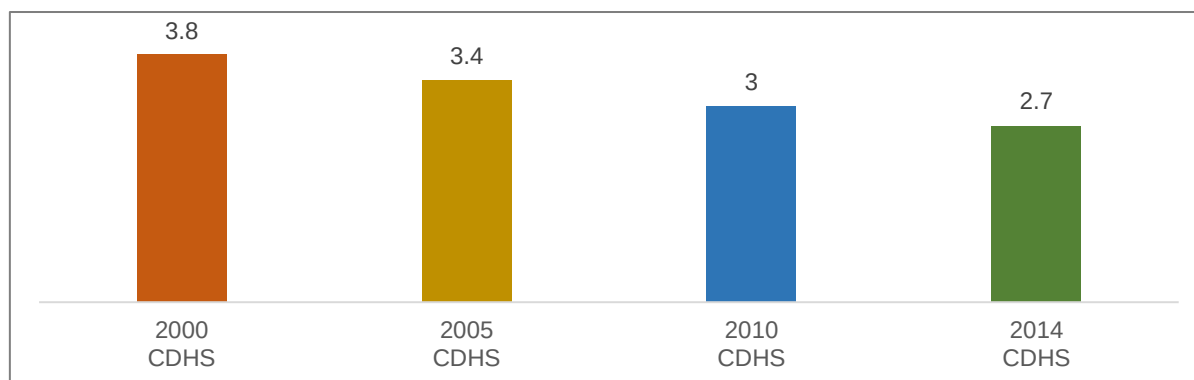
Base n=610 (aged 15-24)

Based on the results from the FGD, knowledge about issues related to sexual and reproductive health was gained through formal education, more specifically from biology classes in school, and the majority were aged 12 or 13 during these classes. Some respondents first learnt about sexual and reproductive health issues from overhearing parents having conversations with their friends or other family members, however they would not talk about these with any of their family members. Older youth, aged 20-24, had gathered further information from university conferences and seminars conducted by NGOs, though they did not remember the names of the organizations. Young people reported not being comfortable or open enough to discuss sexual and reproductive health, which was why they felt they didn't want to know about these topics. It was also noted that they believed the knowledge they had was already valid and accurate.

* Fertility Rate and Early Childbearing

The overall fertility rate in Cambodia declined from 2000 to 2014, however an increase in teenage fertility was noted. In 2014, 12 per cent of females aged 15-19 had begun childbearing, with 7 per cent already being mothers and 5 per cent were pregnant with their first child. This indicated an upwards trend from 8 per cent in 2010.

Figure 57 – Fertility trend among the general population –year 2000 – 2014 (in %)



Source: CDHS 2014

Of the surveyed female respondents, 6.4 per cent were married and had children, compared to 1.2 per cent of males. Of all married females with children, 9 per cent had their first pregnancy aged 16-17, 19 per cent at age 18, and 72 per cent at age 19-24. Around 33 per cent of all married males with children reported that their wife had her first pregnancy at age 18, while 67 per cent reported she was between 19-26.

No FGD participants reported that they had their first child earlier than 18-years-old. They also highlighted that the percentage of teenage childbearing was very low in the areas where they lived. All females and the majority of male respondents from both rural and urban areas expressed negative reactions toward teenage childbearing. The majority reported having learnt about the risks of teenage childbearing from formal education, particularly from the teachers and textbooks, while others had learnt from their parents. Most reported that the impacts of teenage pregnancy included complications during pregnancy as the young mother is not knowledgeable enough about pregnancy care, lack of awareness about childcare, complications during delivery which could lead to the death of both the mother and the baby, and other potential post-delivery complications. Respondents also believed that the young mother would be judged and discriminated against by others in the community. A few respondents added that the young mother would be blamed by the health professionals when she attended a health centre for prenatal care.

"I think 18 years old is the legal age for girls to get married – having a baby at a younger age would cause a lot of issues. More importantly, she will definitely stop studying and would not know how to take care of herself during pregnancy and take care of her baby after delivery." – said by a 22-year-old male from Kampong Thom province.

“Having a baby at 14-16 years old is too early! Her body hasn't completely grown up yet – especially the uterus and the hips. I think she would have difficulty when she delivers the baby that could even cause her death and that of the baby” – from a 17-year-old girl in Snoul district, Kratie province.

When asked about the most suitable age for a woman's first pregnancy, the majority of respondents mentioned this to be aged 18 or older. Around 3 per cent of respondents aged 15-24 suggested the most suitable age was below 18, 20 per cent suggested 18 or older, 40 per cent suggested at least 20-years-old, and 37 per cent suggested between 22 and 30-years-old. Those who suggested the suitable age to be below 18-years-old were male respondents in Battambang, Kratie, and Prey Veng provinces.

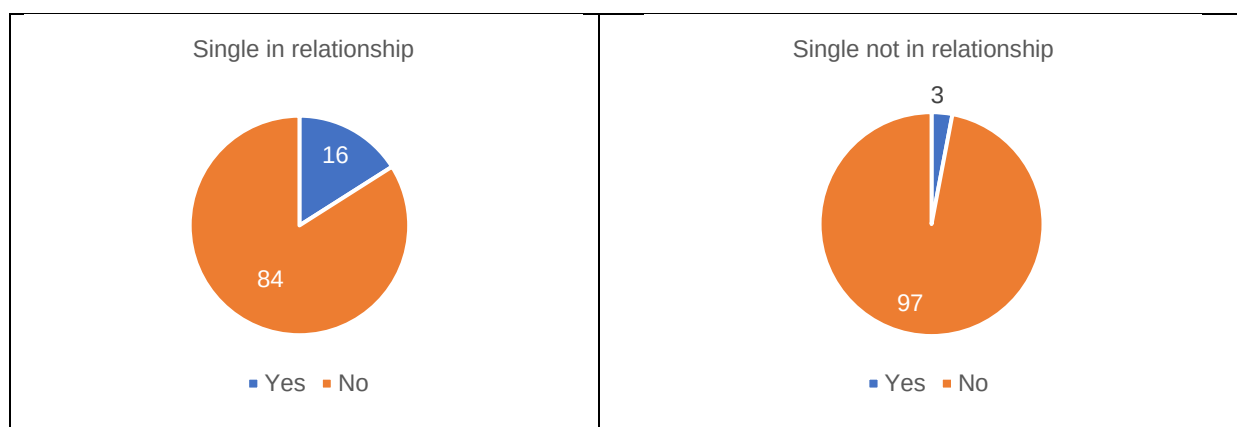
Based on key informants' opinions at the community level, people continued to practice the traditional norms of having their children marry at a young age, particularly those in rural areas and in indigenous and Muslim communities. However, these practices are progressively decreasing. Young people are now observed to be busier with their jobs and living a more modern lifestyle. Societies' norms have been influenced by those migrating between provinces and outside of the country and those exposed to more modern lifestyles in urban areas and other countries. Key informants also observed that youth of this generation were more open to dating than the older generations, which led them to marry later and have a child at an older age. It was reported that they prefer to take their time getting to know and understand each other before getting married.

Percentage of single youth who have had sexual intercourse

CDHS 2014 showed that the percentage of single women who had had sexual intercourse was 0.2 per cent among those aged 15-17, 1.8 per cent for those aged 18-19, and 1.9 per cent among those aged 20-24. The percentage of single men who had had sexual intercourse was higher than women, with 2.3 per cent of those aged 15-17, 8.3 per cent of those aged 18-19, and 23.8 per cent for those aged 20-24. Use of condoms during the respondents' last sexual intercourse was consistently higher among urban men aged 15-24 at 57 per cent, compared to those in rural areas at 10 per cent. The survey reported a significant positive correlation between consistent condom use and a respondent's level of education, noting that the higher the level of their education, the higher the incidence of using a condom.

Of those aged 15-24 who were single in relationship, 16 per cent had already had sex, including 3 per cent of females and 13 per cent of males (**Figure 58**). Only 3 per cent among single not in relationship had already had sex (all males). All single females who reported that they had had sexual intercourse, noted they were between 18 and 20-years-old during their first time, while 33 per cent of single males reported they were younger than 18 years old, 24 per cent were 18-years-old, and 43 per cent were between 19 and 22-years-old.

Figure 58 – Percentage of single youth who have had sexual intercourse – (in %)



Base n=77 (Single and in relationship)

Base n=439 (single not in relationship)

Family Planning and Contraceptive Methods

Awareness

According to the survey results, female respondents understood the terms and benefits of family planning and contraceptive methods better than males. Around 86 per cent of females aged 15-24 reported that they had heard the term 'family planning' before, while this was only true for 46 per cent of males. Avoiding unwanted pregnancy or spacing the time between children was reported as a positive impact of using family planning and contraceptive methods by 40 per cent of respondents. The perceived benefits included having the right number of children, reported by 15 per cent of respondents, and having time to work or run a business, reported by 6 per cent of respondents (**Table 40**). Less than 3 per cent of respondents aged 15-24 were aware that using a condom could protect them against sexually transmitted diseases or infections. Around 22 per cent reported having recently learnt about contraceptive methods but could not explain any benefits or impact of using them.

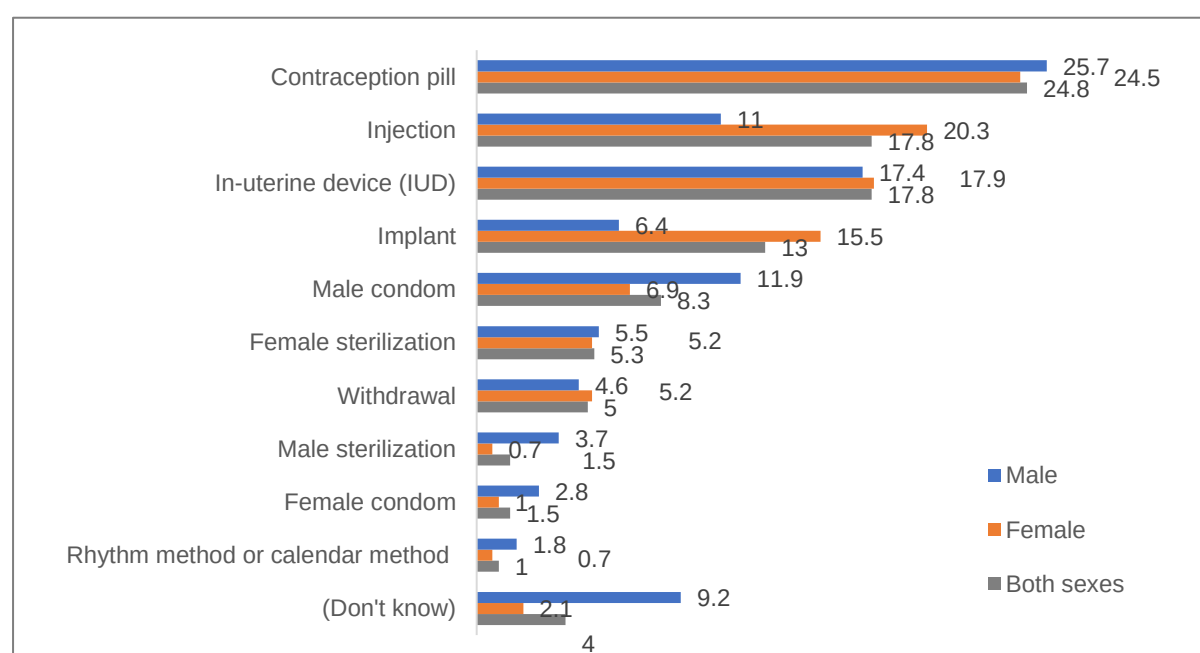
Table 40 – Perceived benefits of family planning and contraceptive methods by sex– (in %)

	Male	Female	Both sexes
Avoid unwanted pregnancy or have control over when to have a baby	31.7	43.1	39.9
Having the wanted number of children	9.8	17.6	15.4
Spacing time between children	12.2	12.7	12.6
Protecting against sexually transmitted diseases or infections	2.4	2.9	2.8
Having peace of mind when having sexual intercourse with different partners	-	1.0	0.7
To have time to earn money or do business	4.9	6.9	6.3
(Don't know)	39.0	14.8	21.6
(Refused to answer)	-	1.0	0.7
Total	100.0	100.0	100.0

Base n=610 (aged 15-24)

Adolescents and youth who were aware of multiple types of contraception methods are shown in **Figure 59**. The majority of survey respondents reported being aware of modern contraceptive methods, including contraceptive pills (25 per cent), IUD (18 per cent), injection (18 per cent), implant (13 per cent), male condom (8 per cent), female sterilization (5 per cent), female condom (2 per cent), and male sterilization (2 per cent). There was no significant difference observed between males and females. Only 6 per cent of the respondents knew the traditional contraceptive methods, such as withdrawal and rhythm methods. It is worth noting that since respondents were asked this question openly, with no suggested options, this reflects the gaps in their knowledge. Moreover, it is noted that some common contraceptive methods were not mentioned by the respondents, for example the diaphragm or cap and patch.

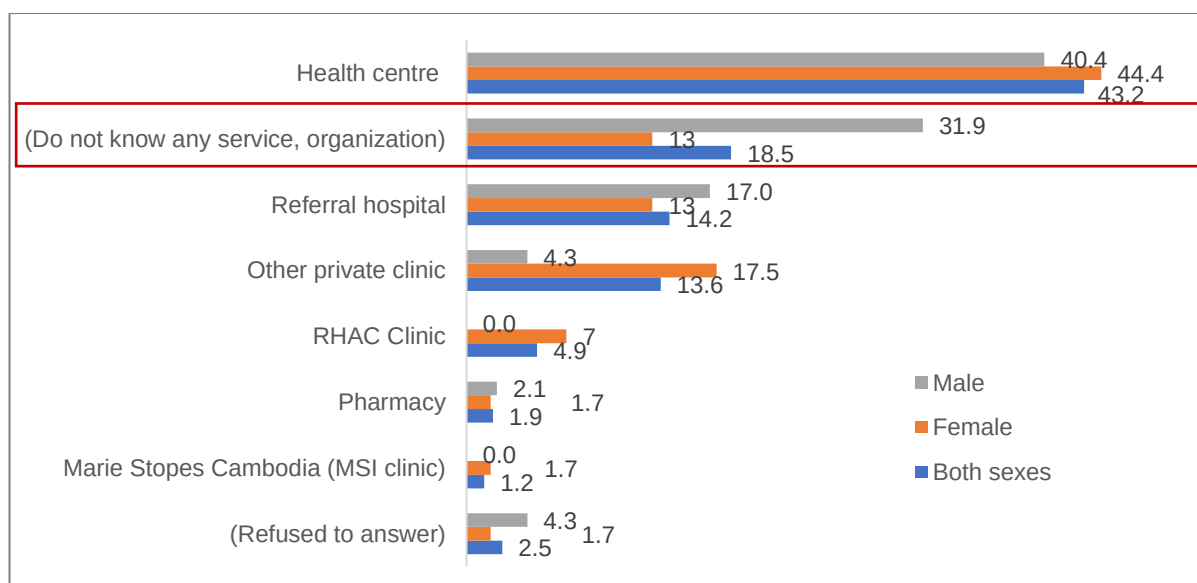
Figure 59 – Awareness of modern and traditional contraceptive methods by sex – (in %)



Base n=610 (aged 15-24)

Around 32 per cent of surveyed males and 13 per cent of surveyed females reported that they did not know where they could find contraceptive products and services. The health centre was reported as the most popular healthcare provider of contraceptive products and service among the respondents, followed by referral hospitals and other private clinics and hospitals. Awareness of organizations working on sexual and reproductive health, such as RHAC and Marie Stopes Cambodia, was low, with less than 3 per cent of respondents reporting awareness of this type of organization (**Figure 60**).

Figure 60 – Places where contraceptive products and services are offered by sex – (in %)



Base n=610 (aged 15-24)

Survey respondents reported that they got information related to contraceptive methods from a variety of sources. These sources included healthcare professionals (34 per cent), mothers (13 per cent), neighbours (9 per cent), social media and the internet (10 per cent), and television (9 per cent). From the list of sources, healthcare professionals were the most trusted source, with 42 per cent of respondents reporting this.

Table 41 – Sources of information on contraceptive products and services – (in %)

	Ever used sources	Trusted source
Healthcare professionals, including doctors, nurses, midwives, and pharmacists	34.1	42.4
Mother	13.3	11.9
Television	9.2	10.2
Neighbours or people in the local community	8.7	4.2
Facebook	8.2	4.2
Other relatives and friends	8.2	5.1
Community workers, including village health support groups and community-based distributors	2.6	1.7
Internet	2.0	-
Teachers or in school or class	2.0	.8
Books	2.0	1.7
Other sources	6.1	7.6
(Don't know)	2.6	7.6
(Refused to answer)	1.0	2.6
Total	100.0	100.0

Base n=610 (aged 15-24)

All FGD participants reported knowing where to get contraceptive products and services. The health centre was the most common facility reported for where young people could find

condoms, contraceptive pills, and injections. Most respondents noted IUD and implants were less commonly available at health centres. Public and private hospitals and clinics were reported to be facilities where all modern contraceptive methods were offered. Contraceptive pills were also believed by most respondents to be available at pharmacies. Condoms were reported to be commonly found in convenience stores, pharmacies, and guesthouses.

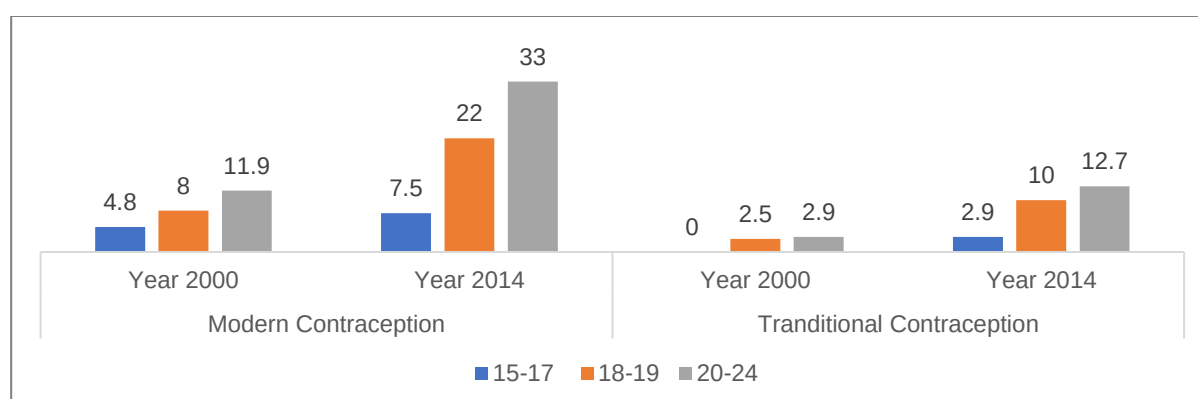
Though there was no data captured on the increased awareness of contraceptive methods among adolescents and youth, key informants who worked in the health sector believed that the popularity of such methods was on the rise. This was noted particularly for urban adolescents and youth who had easier access to technology and digital platforms. Key informants believed that young people gained knowledge about this topic from media channels. Despite this, some key informants still observed unwanted pregnancies among single women and reported noticing highly educated women, including university students, visiting health centres and referral hospitals for abortion services. Key informants concluded that while awareness of contraceptive methods may have increased among adolescents and youth, comprehensive knowledge and usage may still be limited.

Only key informants in Kratie and Battambang reported that there was a programme related to sexual and reproductive health for adolescents and youth carried out in their areas. The programme in Kratie was supported by UNFPA and aims to increase awareness of sexual and contraceptive health for upper secondary schools and health centres in most districts of this province. In Battambang province, a similar programme has been implemented by RHAC.

Use of contraceptive methods

The CDHS survey showed a significant increase in the use of both modern and traditional contraceptive methods among adolescents and youth between 2000-2014. Over the four-year period, use increased from 4.8 per cent to 7.5 per cent among those aged 15-17, from 8 per cent to 22 per cent among those aged 18-19, and from 12 per cent to 33 per cent among those aged 20-24. The use of traditional methods, such as withdrawal and rhythm methods, also increased from 0 per cent to 3 per cent among those aged 15-17, from 2.5 per cent to 10 per cent among those aged 18-19, and from 3 per cent to 12.7 per cent among those aged 20-24 (Figure 61).

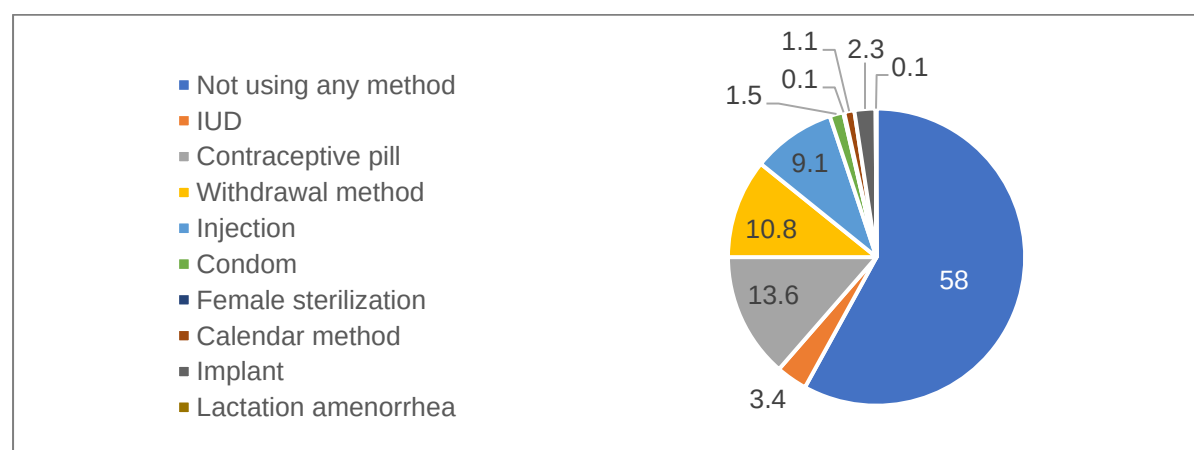
Figure 61 – Trend in the use of contraceptive methods among adolescents and youth from 2000 to 2014 - (in %)



Source: CDHS 2014

The CDHS 2014 reported that 58 per cent of married females aged 15-24 were not using any contraceptive method. The report also showed that the contraceptive pill was the most commonly used among all the methods, accounting for 13.6 per cent. This was then followed by the withdrawal method with 10.8 per cent, injection with 9.1 per cent, and IUD with 3.4 per cent. The remaining 5 per cent used a condom (1.5 per cent), female sterilisation (0.1 per cent), periodic abstinence (1.1 per cent), an implant (2.3 per cent) or reported lactation amenorrhea (0.1 per cent).

Figure 62 – The distribution of contraceptive methods used by young females aged 15-24 – (in %)

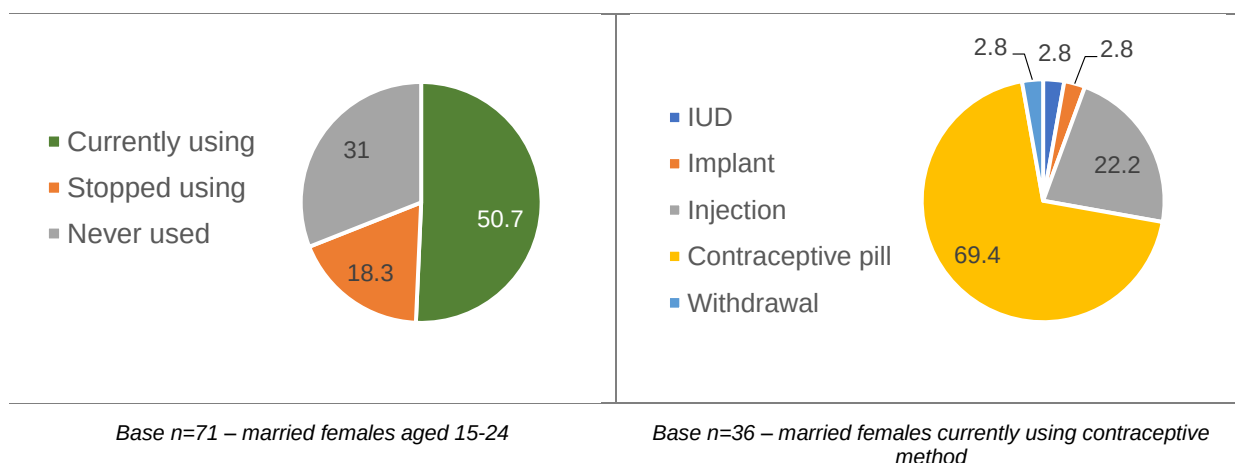


Source: CDHS 2014

Half of family planning services and modern contraceptive methods are provided by the government clinics, while private clinics account for 40 per cent and pharmacies, shops and provisions from friends accounted for the remaining 10 per cent. The CDHS 2014 noted that challenges in family planning service delivery and acceptance in Cambodia remain, with reports that the use of contraceptive methods by married females was only 27 per cent, and 25 per cent had an unmet need for family planning.

Around 51 per cent of the married females surveyed reported that they were currently using a contraceptive method, 18 per cent had used them before but currently not using any, and 31 per cent had never used a contraceptive method. The contraceptive pill was the most commonly used method currently by married females. They reported typically receiving contraceptive services at a health centre (64 per cent), a private clinic in their community (27 per cent), and a Marie Stopes Cambodia clinic (10 per cent). Among married female respondents who had stopped using any contraceptive method, the desire to conceive and become pregnant was one of the main reasons they stopped.

Figure 63 – Usage rate of contraceptive methods among married female respondents – (in %)



For married male survey respondents, 27 per cent reported that they and their spouse/partner were currently using a contraceptive method, 6 per cent reported that they have stopped, and 67 per cent reported that they had never used any method. The total number of married male respondents was 15. Around 50 per cent reported that the couple used contraceptive pills, 25 per cent used the injection, and 25 per cent used the withdrawal method. From those who reported that they had stopped using any contraceptive method, the main reason was that they would like their wife to conceive and become pregnant.

None of the single female survey respondents who had sexual intercourse reported using a contraceptive method. Around one-third of single male respondents who had had sexual intercourse reported that they had only used condoms and never used other contraceptive methods, and around two-thirds reported that they had never used any contraceptive method. There were 24 single respondents who reported that they had had sexual intercourse, including 21 males and three females.

Key informants working in the health sector reported that the use of contraceptive methods were gradually increasing among Cambodian people. They had no clear data for the youth group since the data captured had always been for the whole population. Through the implementation of the new National Strategy on Sexual and Reproductive Health, proper training in these services was provided to health centre staff, with the aim to extend and improve services. However, the coverage was not significantly high for example, in remote areas, such as Samlot district in Battambang and Snoul district in Kratie, training about modern contraceptive services was only introduced in 2018.

There was little primary data captured from FGD and KIIs on the use of contraceptive methods. Only a few respondents who participated were married and were open to sharing this information. All reported that they had never used any contraceptive method as they hoped to have a second or third child. One male respondent in Kampong Thom, who was due to have his first child, refused to talk about his plan after his wife delivers the baby since he had not yet discussed it with her. The other three female respondents, who had one or two children, reported that they did not plan to use any contraceptive methods.

Abortion

Abortions were made legal by the Law on Abortion in 1997 to allow termination for the 12th week of pregnancy or under. Abortion after the 12th week of pregnancy is permitted only in cases where the fetus could not continue to develop in a healthy way, the child would be born with a serious disease, or in cases of rape. The 1997 law makes it clear that abortions can be carried out only in a hospital or health centre or certified private clinic or hospital by

medical doctors, medium medical practitioners, or by midwives authorised by the Cambodian Ministry of Health ^[43].

CDHS 2010-2014 showed a minimal number of abortions among adolescents and youth aged 15-19 and youth 20-24. A very low percentage among single females aged 20-24 who experienced one-time abortion was reported, with 0.1 per cent in 2010 and 0.3 per cent in 2014. This was significantly higher for married females of the same age, with 6.6 per cent reported in 2010 and around 7.4 per cent in 2014. Repeated abortion was reported at an extremely low rate among single and married females, with a small increase from 0 per cent to 0.1 per cent for single females and a decrease from 0.7 per cent to 0.5 per cent for married females between 2010 and 2014 ^[41].

Many barriers to safe abortions were noted, including a practitioners' reluctance to perform abortions, unstructured abortion fees, lack of highly trained providers, and women's fear of ill-treatment by providers. These led to many adolescents girls and women seeking unsafe abortion services elsewhere. A common practice was noted for young single females which saw them purchasing abortion medication from untrained shop keepers at local pharmacies ^[42]. These young females attempted to manage their own pregnancy termination, sometimes with dire results requiring urgent surgical intervention, which causes additional economic cost and increased the risk of mortality ^[46].

Ten out of the 71 (14 per cent) married female survey respondents reported that they had had an abortion. Four reported that they had a medical abortion (taking of pills), one had both a medical and surgical abortion, and another five refused to answer. The one who had experienced surgical abortion reported that they went to the RHAC clinic. Six out of the ten reported that they had experience of only one abortion, whereas four of the ten reported it was more than one.

According to the survey, two of the three single females who reported that they had experienced abortion, one had a surgical abortion and the another refused to answer. The respondent who had the surgical abortion reported that she went to a private clinic and had experience of only one abortion.

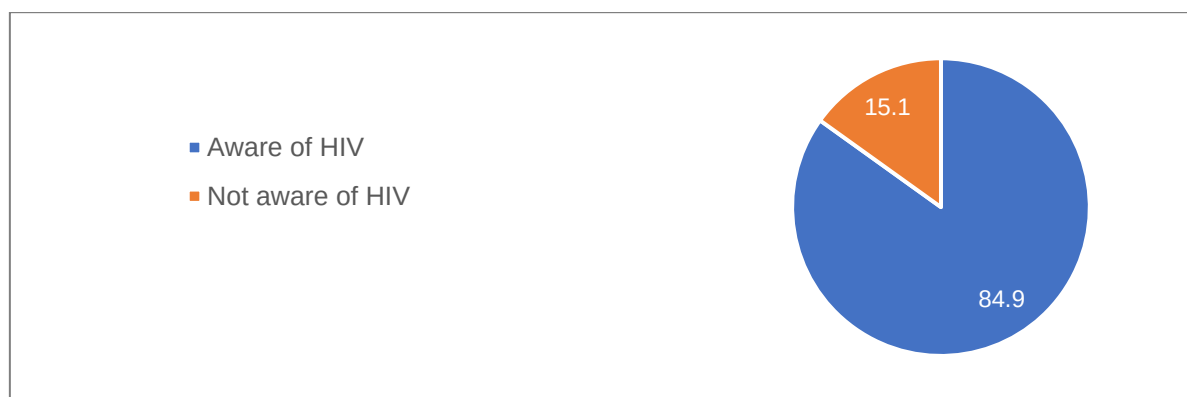
Almost all FGD respondents showed a negative reaction towards abortion. They reported that abortion could have negative health implications both during and after the procedure. Most reported a risk of the women being able to get pregnant again in the future, especially if the woman does not take proper care after the abortion. All noted that abortion was mostly carried out in cases of miscarriage for married couples, unwanted pregnancies for young couples, and in cases of rape. They believed that youth aged 15-24 now have a better knowledge of contraceptive methods and the risks associated with abortion, resulting in fewer abortions reported for this age group. They reported having learnt about the risks of abortion from formal education as well as from their family, peers, and villagers. They were aware of two different methods of abortion, including medication and surgery, and several also referred to injections. Medical abortion was understood to be a pill that can be taken at the early stages of pregnancy while surgery was understood for pregnancies over four weeks. For most, abortions carried out at a health centre, clinic or hospital was safer compared to medical abortions as they believed people buy medication from pharmacies without a proper prescription.

No significant data on abortion could be presented by key informants, and local authorities reported having no clear view of this matter. Key informants from the health sector reported that the only data they had was for the whole population, primarily from those who used abortion services and none specifically for the youth sector.

HIV

Most survey respondents aged 15-24 (85 per cent) reported that they had heard of HIV and 26 per cent reported knowing a person living with HIV.

Figure 64 – Awareness of HIV – (in %)



Note: Base n=610 (aged 15-24)

Table 42 shows the basic knowledge of HIV prevention among the survey respondents. The majority of respondents aged 15-24 had a relatively good basic knowledge of HIV prevention. For both sexes, awareness of the risk of sharing the same injection needle and having contact with the blood of the person living with HIV was 82 per cent and 77 per cent, respectively. HIV related misconceptions were still significant, with 32 per cent of those aged 15-24 still believing that people can get HIV through mosquito bites and by sharing food with an HIV infected person.

Table 42 – Basic knowledge of HIV prevention by sex and age group – (in %)

Statements		Male	Female	Both Sexes	15-19	20-24
People reduce their chance of getting HIV by using a condom every time they have sexual intercourse	True	68.1	68.3	68.2	63.7	77.8
	False	16.3	14.3	15.2	17.1	11.3
	(Don't know)	15.6	17.4	16.6	19.2	10.9
People reduce their chance of getting HIV by having just one uninfected sexual partner who also has no other sexual partners	True	58.6	70.8	64.9	60.1	75.3
	False	21.0	15.9	18.4	19.0	17.0
	(Don't know)	20.4	13.3	16.7	20.9	7.7
People can get HIV by being in contact with the blood of a person living with HIV	True	70.8	83.2	77.2	74.3	83.5
	False	15.3	11.4	13.3	13.9	11.9
	(Don't know)	13.9	5.4	9.5	11.8	4.6
People can get HIV by sharing the same injection needle with a person living with HIV	True	74.2	88.3	81.5	77.4	90.2
	False	13.2	7.6	10.3	12.7	5.2
	(Don't know)	12.6	4.1	8.2	9.9	4.6
People can get HIV from mosquito bites	True	24.7	37.8	31.5	30.0	34.5
	False	58.0	47.6	52.6	54.6	48.5

Statements		Male	Female	Both Sexes	15-19	20-24
	(Don't know)	17.3	14.6	15.9	15.4	17
People can get HIV by sharing food with a person living with HIV	True	29.8	33.7	31.8	34.9	25.3
	False	55.9	57.5	56.7	53.4	63.9
	(Don't know)	14.3	8.8	11.5	11.7	10.8
It is possible for a healthy-looking person to have HIV	True	40.7	47.9	44.4	39.4	55.2
	False	40.0	41.9	41.0	44.0	34.5
	(Don't know)	19.3	10.2	14.6	16.6	10.3
HIV can be transmitted from a mother to her baby during her pregnancy, delivery and breastfeeding	True	58.0	75.6	67.0	64.2	73.2
	False	21.4	14.6	17.9	19.0	15.5
	(Don't know)	20.6	9.8	15.1	16.8	11.3

Base n=610 (aged 15-24)

Table 43 shows comprehensive knowledge on HIV prevention which includes only those who gave correct answers to all of the five statements listed in **Table 42**. The table shows that there were only 86 (14 per cent) out of 610 adolescents and youth aged 15-24 who had comprehensive knowledge on HIV. The same was true for 13 per cent of youth aged 15-19 and 18 per cent of youth aged 20-24.

Table 43 – Comprehensive knowledge about HIV prevention by sex and age group – (in %)¹⁰

Statements		Male	Female	Both Sexes	15-19	20-24
People reduce their chance of getting HIV by using a condom every time they have sexual intercourse	True	14.1	14.1	14.1	12.5	17.5
	False	-	-	-	-	-
People reduce their chance of getting HIV by having just one uninfected sexual partner who also has no other sexual partners	True	14.1	14.1	14.1	12.5	17.5
	False	-	-	-	-	-
People can get HIV from mosquito bites	True	-	-	-	-	-
	False	14.1	14.1	14.1	12.5	17.5
People can get HIV by sharing food with a person living with HIV	True	-	-	-	-	-
	False	14.1	14.1	14.1	12.5	17.5
It is possible for a healthy-looking person to have HIV	True	14.1	14.1	14.1	12.5	17.5
	False	-	-	-	-	-

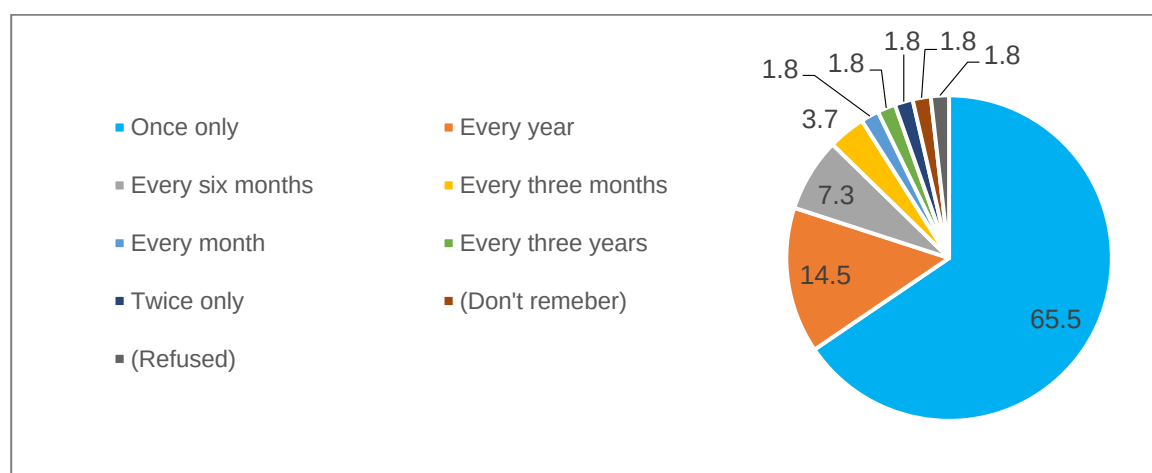
Base n=610 (aged 15-24)

Around 47 per cent of respondents aged 15-24 who had had sexual intercourse reported that they had been tested for HIV, including half of female respondents and 38 per cent of males. From these, 66 per cent had been tested only once, 15 per cent were tested every year, 7 per cent every six months, and the other 6 per cent once every one to three months (**Figure 65**).

¹⁰ Percentage by sex computed based on total respondents aged 15-24 and by sex – not by n=86; Percentage by age groups computed based on total respondents per each age group – not by n=86

Table 44 shows the frequency of HIV testing by sex and age group. More females had been tested only once in their lifetime compared with males, with 68 per cent of females and 57 per cent of males. At 67 per cent, more older respondents aged 20-24 had been tested for HIV only once compared to 56 per cent of younger respondents aged 15-19. Health centres were the most popular place for the respondents to get tested for HIV, with almost half reporting they had visited these facilities for their last test. Private and referral hospitals were also reported but were a less popular option, with 35 per cent of respondents citing this as their chosen facility (**Figure 66**).

Figure 65 – Frequency of HIV testing – (in %)



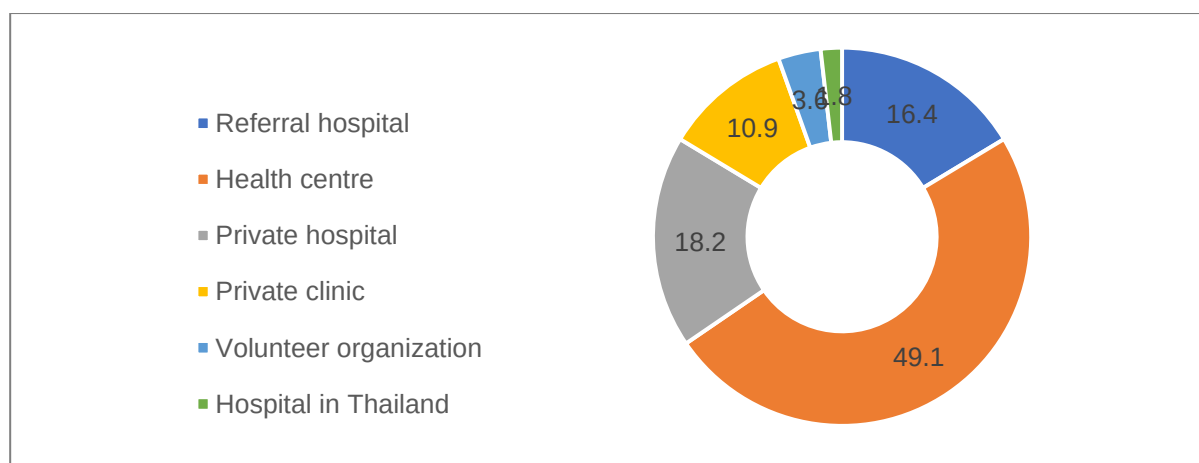
Base: n=55 - those who have been tested for HIV

Table 44 – Frequency of HIV testing by sex and age group – (in %)

	Male	Female	15-19	20-24
Once only	57.1	68.3	55.6	67.4
Twice only	-	2.4	-	2.2
Every three years	-	2.4	-	2.2
Every year	28.7	9.9	11.1	15.2
Every six months	7.1	7.4	11.1	6.4
Every three months	7.1	2.4	11.1	2.2
Every month	-	2.4	11.1	-
(Don't remember)	-	2.4	-	2.2
(Refused to answer)	-	2.4	-	2.2
Total	100.0	100.0	100.0	100.0

Base: n=55 - those who have been tested for HIV

Figure 66 – Places visited for their latest HIV test – (in %)



Base: n=55 - those who have been tested for HIV

Table 45 – Places visited for their latest HIV test by sex and age group – (in %)

	Male	Female	15-19	20-24
Referral hospital	7.1	19.5	11.1	17.4
Health centre	50.0	48.8	77.8	43.5
Private hospital	28.7	14.6	11.1	19.6
Private clinic	7.1	12.2	0.0	13.0
Volunteer organization	0.0	4.9	0.0	4.3
Hospital in Thailand	7.1	0.0	0.0	2.2
Total	100.0	100.0	100.0	100.0

Base: n=55 - those who have been tested for HIV

Results from the FGD highlighted a different trend, with all participants aged 15-24 reporting they had heard of HIV. This was consistent for both urban and rural respondents. They had learnt about HIV from various sources over a number of years. The main source of information was from formal education, including information shared with them at ages 10-13 from primary and lower secondary schools, their teachers, books, and NGOs who had attended their school to raise awareness. Aside from these sources, respondents also heard about HIV from their family, villagers, local authorities, health staff health centres, and NGOs who had visited their communities. They all reported that they had enough knowledge but remained open to get more information if they could.

All respondents who participated in the FGD aged 15-24 were knowledgeable about HIV transmission and its prevention measures. They reported that transmission was via sexual intercourse, getting direct contact with the blood of a person living with HIV, sharing needles with a person living with HIV, breastfeeding, and transmission from an HIV positive mother to the baby in the womb. Around one third were not aware of anti-retroviral treatment for the prevention of mother-to-child transmission. This was especially true for those aged 15-17.

When asked about social stigma against people living with HIV, respondents in FGD aged 15-24 observed a better situation in their community as they believed most people were already aware of the transmission risks and prevention measures. Some reported that there was still discrimination from a small number of people in their village against people living with HIV and their families. These people still believed that physical contact and interactions posed a risk for transmission.

The majority of FGD respondents aged 15-24 were never tested for HIV, however they reported knowing where to find the service if they needed to. The respondents noted that they would attend a service provider, such as health centres, pharmacies in Phnom Penh (only), private clinics, public and private laboratories, and private and public hospitals. A few single males aged 20+ in Battambang, Kratie and Prey Veng, reported that they were tested for HIV years ago, and this was not part of a regular check-up, instead, they were tested when they felt that they needed to. They reported having their test at either a private clinic, RHAC clinic, or Pasteur. A few married female respondents reported that they had had an HIV test once before they were married at a private clinic in their province or a district centre. No single females reported having an HIV test.

Key informants working in health centres and local authorities observed a better situation with regard to HIV in more recent years. They reported that the HIV programmes and interventions had been implemented since the 1990s by all relevant bodies, such as the national government, local government, development partners and civil society. Many community training sessions were conducted, as well as awareness-raising through TV and radio communication channels, and information was also included in the formal education curriculum. As a result of these efforts, they believed that people's awareness of HIV prevention as well as discrimination against family living with HIV had improved significantly.

They also reported that HIV positive cases had significantly dropped over the years, however, no definite figures could be provided. Under the national strategic plans and policy guidelines on HIV, proper training was offered to health centres to extend services to people in the community. HIV testing was also included in the health centres' services. Under the Maternal and Child's Health programme, pregnant women living with HIV had received timely antiretroviral treatment to prevent mother-to-child transmission of HIV. Based on estimations offered by local authorities at the commune level, the prevalence of pregnant women living with HIV remained lower than 1 per cent and pregnant women living with HIV who had received antiretroviral treatment was at 80-90 per cent.

Key informants working in the health sector and local authorities observed that success in the HIV space was a result of two key models. The first focused on creating awareness, particularly at formal education facilities, which had significantly contributed to reducing the number of new cases and changing social perceptions towards people living with HIV. The second focused on ensuring and enabling treatment services for women living with HIV, including pregnant women, which also had reduced the number of deaths related to AIDS and to some extent, reduced new cases and social discrimination as well. These efforts were regarded as good systematic cooperation in this sector.

5.3 Challenges of Adolescents and Youth Health Based on Key Informants' Perceptions

Key informants noted there continued to be gaps in the health sector in regard to adolescents and youth.

On nutrition and healthy habits

There was still limited knowledge about basic nutrition noted by the key informants who observed that those living in poverty and those from rural areas believed they were getting enough nutrients if they ate three main meals with rice and some fermented food. Those living in poverty were also reported to provide condensed milk and porridge water as substitutes for breastfeeding and formula milk for small babies aged six months to one year.

Key informants also reported concerns about WASH practices and stated that many people did not practice good WASH habits at home, particularly with safe drinking water and food sanitation. Young people who experienced water-related illnesses, such as typhoid and diarrhoea, was also significant. Dengue fever was also noted to have increased, however it was reported that many appeared to ignore the appropriate preventive measures.

Sexual and reproductive health

Challenges related to sexual and reproductive health were also noted, including providing quality sexual and reproductive health information and services to those with IDPoor identification and those in ethnic minority groups. Key informants stated that young people, particularly females, were still shy about sharing their sexual and reproductive health issues with health services providers. They reported that although they were working to increase awareness of these topics at schools and in the community, coverage of these interventions had not yet reached all intended audiences. Health centres faced challenges providing a private space or separate room where they could offer counselling and treatment as their space was limited, and they often needed to prioritise services for other patients. The lack of privacy prevented young people from feeling comfortable enough to disclose their issues and drove them to attend more expensive private service providers instead.

Ease of access to digital platforms among adolescents and youth were also raised as another concern by the key informants. Young people could easily access sexual content, and it was perceived that this might motivate them to engage in sexual activity at a very young age. Key informants observed that some had access to Facebook and YouTube as early as ten-years-old.

Key informants reported that although they had no clear reports on sexual abuse occurring in their areas, they believed that the issue still exists as they had witnessed abused young women seeking treatment at health centres and referral hospitals.

Key informants also noted challenges when implementing SRH programmes to students in cooperative schools and in the community. The schools' key contact for the programme did not take actions in recruiting and submitting lists of students to their district health officer. They were often delayed in taking action and moved the schedule for SRH classes. This had resulted in slow progress and low reach among students. At the community level, it was reported to be challenging to recruit the target people as they refused to participate in the awareness campaign and were either not willing or busy with their work. Some expected to always receive an incentive as compensation for their time to participate in the campaign, while others simply refused to join.

CHAPTER 6 – ADOLESCENTS AND YOUTH PARTICIPATION AND RIGHTS

6.1. Policies and Programmes Supporting Adolescents and Youth Participation

Several national frameworks and programmes have established the rights and critical roles of youth in Cambodia's development process. Article 34 of the Constitution gives Cambodian citizens of both sexes over the age of 18 the right to vote, and to stand as candidates for election if they are at least 25-years-old. Article 31 of the Constitution states that the Kingdom of Cambodia shall "recognize and respect human rights as determined in the United Nations Charter, the Universal Declaration of Human Rights and its concomitant covenants and conventions, the CEDAW Convention on Women's Rights and the Convention on the Rights of the Child". The National Strategic Development Plan of 2006-2010 also specifies that with 60 per cent of the population below 25 years of age, "youth shall constitute a critical group in advancing the country's development" ^[49].

The Government's Decentralization and Deconcentration (D&D) framework provides opportunities for the participation of youth and marginalized groups. Aligned with the RGC's Rectangular Strategy, this national programme strengthens local governance for development and poverty reduction. It finds support in the Cambodian Organic Law of 2008, which is designed "to provide a coherent legal foundation for democratic sub-national governance based on the principles of democratic representation, participation, public sector accountability and effectiveness, and poverty reduction". The lowest level of local government is represented by the Commune Council, which is closer to the population and reduces some of the communication and other roadblocks which can undermine youth participation ^[3].

In line with formentioned law and national development strategies, the National Policy on Cambodian Youth Development was developed in 2011 aimed to provide youth with opportunities for enthusiasm, perseverance, and professionalism in their capacity development. The National Policy on Cambodian Youth Development and the National Action Plan for Cambodian Youth Development are a roadmap for providing comprehensive youth services and support at both the national and sub-national levels. To achieve the objectives set out in the National Policy and National Action Plan on Cambodian Youth Development, the Cambodian National Council for Youth Development has developed a system framework for monitoring and evaluating the implementation of the National Action Plan on Cambodian Youth Development, focusing on strengthening the monitoring and evaluation system at the national and sub-national levels, which ensures a clear harmonization of the reporting flow system and develops the capacity of institutions, entities and officers in charge of monitoring and evaluation.

The MoEYS has developed Children's Councils in schools with the objectives of disseminating information on child rights and providing an opportunity for children to learn leadership skills. The Cambodia National Council for Children has developed the National Child Participation Guidelines, which promotes the participation of children and youth by providing input to the implementation of the Convention on the Rights of the Child. Child Clubs have been implemented at the community level by NGOs, such as Plan International, Save the Children, ChildFund, and other local NGOs. Since 2004, over 120 children's councils and 200 Child Clubs have been formulated. Child Clubs were introduced in the community

and school to provide information and training to children on child rights and child protection and to provide opportunities to raise issues to their local commune and district. The programme has also enabled 345 family protection networks – community based mechanisms, linking village to provincial level to prevent, protect and make referral case of violence against children. The Cambodia National Council for Children also offers youth the chance to raise their voices at the national level and participate in their own protection.

In addition to Children's Councils for primary school, MoEYS also established Youth Councils for upper secondary (grade 10 to grade 12). The school Youth Council is a network of the MoEYS National Council for Youth Development, which has been implementing several programmes and activities such as a youth centre and vocational skills programme, a short skills training programme, a youth volunteer programme, a labor market information programme and internship programme that places students in state and private enterprises, an entrepreneurship and leadership programme, and a study tour and camping programme. In 2017-2018 academic year, the number of youth councils throughout the country was 506 schools with 302,923 students. This school-based Youth Council is a nation wide youth network established by the RGC. Interventions through this, Youth Council can be effective and sustainable.

Spaces for youth participation in government programmes were also evident in the widespread efforts of the RGC to encourage and support volunteerism. The MoH, for example, highlights this in its Policy on Community Participation and through its village health volunteers. The MLVT also reports volunteerism in the decentralization programme to be a critical part of the community empowerment to demand transparency and accountability from local leaders. Lastly, the MoWA is working with universities and youth in youth leadership development for gender equality and women's empowerment and organizing a regular national forum on gender equality and broadcast on TV channels and social media.

Alongside these national frameworks and programmes, the UN Country Team (UNCT) initiated discussions in 2006 on the importance of focusing on Cambodian youths and adolescents' issues. It recognized the value of increased levels of dialogue between young people and the UNCT on the implementation of the UN's work, the implementation of the UN Development Assistance Framework (UNDAF) 2006–2010, support for the implementation of the National Strategic Development Plan (NSDP) 2006–2010, and the attainment of the Cambodian Millennium Development Goals ^[49].

UNCT-Cambodia took steps to establish a UN Youth Advisory Panel in 2007 as part of its commitment to young people's empowerment and rights, which includes their right to participate in decisions that affect their lives and to express their views and opinions according to basic human rights principles and the CRC. The Panel set a mechanism for open dialogue and exchange between UNCT-Cambodia and youth groups to advise on strategic opportunities and actions to address adolescents and youth issues across the UN system. More specifically, it aims to (1) increase dialogue and knowledge sharing between the UN system and Cambodian youth, based on best practices and lessons learned from youth policies and programmes, (2) increase young people's understanding of the role of the UN, its comparative advantages and its Cambodian development priorities, and (3) provide means for young people to discuss issues with the UNCT, both to build their understanding of development issues, particularly as they relate to young people, and to influence the thinking of the UNCT in its priority setting, strategy and programme development and implementation ^[35].

Efforts to make the UN Youth Advisory Panel a reality included holding a preliminary discussion with several youth-focused NGOs. These NGOs included the Khmer Youth Association (KYA), the Youth Council of Cambodia (YCC), the Youth Resource Development Programme (YRDP), the Youth for Peace (YFP), the Youth Star Cambodia (YSC), the

Culture and Environment Preservation Association (CEPA), the Khmer Youth and Social Development (KYSD), the People Health Development Association (PHDA), the Youth and Child Hope Development Organization (YCHD), the Khmer Youth Camp for Culture (KYCC), and the Support Children and Young People (SCYP).

6.2. Current Situation of Adolescents and Youth Participation

Youth Empowerment and Opportunities for Participation

More urban locations, including Phnom Penh and Battambang, were deemed more open to providing the freedom for children to decide on the direction they wanted to explore but with some guidance from their parents. Youth were seen as having great potential to impact change in society. This was the main reason why the youth believed their parents wanted them to finish school as a way to build their own dreams and make them a reality. When they are provided the opportunity to voice their concerns on family matters, particularly with decisions about their education, they would still consider their parents' authority for the household's final decision.

Parents from more rural provinces, including Kampong Thom, Kampot, Kratie and Prey Veng, were perceived as more traditional and would practice a patriarchal arrangement in the household where the father dominates most decision-making.

Youth rights

In previous years, the country's stance on marriage was dictated by the parents' decision over their children. It was also common practice for marriage to be arranged with another friend's child. Marriages, especially in rural areas, can be carried out as early as 15-years-old. Though not recognized by the country's laws as a married couple at that age, society in some areas still supports the sanctity of their co-habitation.

Youth in the selected urban and rural areas in this study, however, were more vocal in arranging marriage on their own terms and in their own time. They preferred to have the opportunity to fall in love with the person and explore their compatibility for potential marriage. Parents also honoured and respected their children's decision on when to get married, based on young people's opinion. According to FGD respondents, the preferred age for them to get married would be in their mid to late 20s. This was to ensure that they were physically healthy to carry and care for their babies and to ensure they were financially prepared for the challenges in providing for their children.

Giving birth at an earlier age of 20 years or below was seen as risky among youth aged 15-24 who participated in FGD. They believed it was dangerous to conceive and give birth at a young age as the body is not physically mature enough for a healthy pregnancy and childbirth. Most of the FGD participants who knew someone who was pregnant as a teenager reported that they experienced health problems. They also believed it would be irresponsible if they choose to have a baby without providing the baby with all his/her basic needs. They wanted to ensure that they were financially able to afford everything for their child's well-being.

Participation of youth in social, community, and national elections

Young people aged 10-24 however, reported still having limitations to their social and community participation. Surveyed adolescents and youth aged 10-24 required permission

from someone in their family before going out to any activities in the community. More than 80 per cent of both males and females reported that they needed to ask for permission before joining religious or wedding ceremonies, attending training or workshops and seminars, attending a community meeting, social event, or doing volunteer work. The findings showed this was consistent across all age groups (**Table 46**).

Table 46 – Young people’s participation in community and social activities by sex and age group – (in %)

		Male	Female	Both sexes	10-17	18-24
A. I would need permission from someone in my family before going to a religious or wedding ceremony in my community or province	Yes	89.0	87.6	88.3	89.4	85.8
	No	10.6	11.8	11.2	10.2	13.5
	(Don't know)	0.4	0.6	0.5	0.4	0.7
B. I would need permission from someone in my family before deciding to attend a class, training, workshop or seminar in my community or province	Yes	89.2	88.4	88.8	91.8	81.8
	No	10.0	10.6	10.3	7.9	15.8
	(Don't know)	0.8	1	0.9	0.3	2.4
C. I would need permission from someone in my family before attending a community meeting (relating to community development)	Yes	84.8	80.0	82.4	83.6	79.5
	No	14.2	18.0	16.1	15.1	18.5
	(Don't know)	1	2	1.5	1.3	2
D. I would need permission from someone in my family before attending a social event , for example a campaign, show, or public concert	Yes	85.6	84.2	84.9	86.8	80.5
	No	13.4	14.6	14.0	11.8	19.5
	(Don't know)	1	1.2	1.1	1.4	0
E. I would need permission from someone in my family before deciding to do volunteering for community work	Yes	86.2	83.0	84.6	86.1	81.2
	No	12.4	15.2	13.8	11.9	18.2
	(Don't know)	1.4	1.8	1.6	2	0.6

Base n=1,000

Almost all key informants reported that they observed more active youth participation in youth programmes in their areas.

In the education sector, there were various social, community and environmental activities introduced in their area, and youth and students were actively taking part in the activities or campaigns. However, the activities were typically led by teachers, schools, authorities and other related bodies, and no activity had been reported to be headed by the youth themselves.

In the health sector, youth commonly joined the awareness-raising sessions or the youth club at a health centre but had never led a session. Youth’s active participation was seen as the most linked to providing better assistance to them in regard to sexual and reproductive health topics. Key informants however, had experienced difficulty in finding those who were willing

to commit to long-term participation in the programmes. In some cases, they became inactive when technical training was introduced, or they backed out after a short period of time when the project was implemented. They would explain that they wanted to work in other sectors and earn a more decent income.

None of the FGD participants aged 10-24 had experienced expressing their opinion to an organization regarding any topic. They only reported their participation in awareness programmes conducted in their school or community by some non-profit organizations and government staff. None had experienced showing their interest, concern, or worries to a community leader.

Around 11 per cent of survey respondents aged 10-24 were able to talk about their opinion or exchange ideas with a group of people or organization, including 16 per cent of those aged 18-24 and 10 per cent among those aged 10-17. Around 6 per cent had led or been involved in an activity or programme in their community. A further 0.6 per cent used to co-lead or act as one of the coordinators in a campaign to advocate for a policy or a norm to be amended or implemented. Around 13 per cent had worked as a volunteer for a community and social activity, including 16 per cent among those aged 18-24 and 11 per cent of those aged 10-17 (**Table 47**). Around two-thirds who actively participated in these activities reported that they participated only a few times only, while the other one-third reported that they joined the activities multiple times.

Table 47 – Participation experiences of adolescents and youth in community and social activities in the past 12 months by sex and age group – (in %)

		Male	Female	Both sexes	10-17	18-24
A. Expressed my views and opinions or exchanged ideas with someone, a group of people, or an organization	Yes	6.4	16.4	11.4	9.5	15.8
	No	93.6	83.6	88.6	90.5	84.2
B. Led or was involved in an activity or programme in any sector in the community	Yes	5.4	5.6	5.5	4.7	7.3
	No	94.6	94.4	94.5	95.3	92.7
C. Co-led or co-coordinated a campaign to advocate for a policy or norm to be amended or implemented	Yes	1.6	2	1.8	2.3	0.7
	No	98.4	98	98.2	97.7	99.3
D. Volunteered for community or social work	Yes	12	13.4	12.7	11.2	16.2
	No	88	86.6	87.3	88.8	83.8

Base n=1,000

All respondents who had given an opinion or exchanged ideas with someone, a group of people or an organization reported that they had also shared this with their parents and teachers. Around 10 per cent expressed their views to their neighbours and other people in the community. These views were related to the environment, including proper waste management, health issues and healthy lifestyles, personal hygiene and children's rights. Around 4 per cent had discussions with their parents about going to work or doing volunteer works while they were in college to gain work experience.

More than half of those who reported having led an activity in the past 12 months in their community reported that they had taken the lead in clean-up campaigns. They guided others, including their classmates, to collect waste in public areas and open spaces in their community. Around 20 per cent reported that they had taken the lead in a charity programme, including collecting money to help disadvantaged children in their school and

community (7 per cent), gift distributions for disadvantaged people in their community (5 per cent) being one of the trainers on WASH projects (4 per cent) and COVID-19 related initiatives (4 per cent).

Three of the six respondents reported that they were a co-leader of a campaign related to their Islamic faith religion, one reported that they were a co-trainer of a leadership programme for one NGO, one had been a co-leader in a community clean-up campaign, and one was a coordinator in a training session related to prohibited drug consumption.

Table 48 shows the details of volunteer work undertaken by the 94 respondents. The majority, with 32 per cent of respondents, had been involved in garbage collection in their school or community. Other voluntary work, such as road repair, planting trees, community WASH campaigns, Cambodia Red Cross initiatives, distributing gifts to disadvantaged people, and teaching children in school, were undertaken by around 36 per cent in the past 12 months.

Table 48 – Volunteer work adolescents and youth engaged with in the past 12 months – (in %)

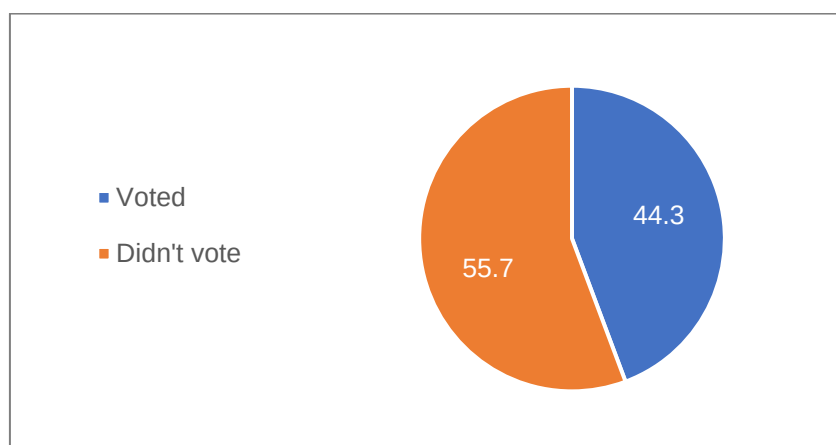
Garbage collection in the school and community	31.7
Community road repairing	9.6
Planting trees in a school	7.1
Participated in a community campaign related to WASH	5.6
Activities with the Cambodia Red Cross	4.6
Help village head distributing supporting gifts to disadvantaged people	4.6
Teach children in school	4.6
Volunteer in Union of Youth Federations of Cambodia	3.5
Help to distribute emergency kits to flood victims	2.3
Help an NGO at school to distribute gift to students (lower-level students)	2.3
(Don't remember)	24.1
Total	100.0

Base n=94

The questions relating to youth involvement in politics only focused on the last national election in 2018 and the last commune council election in 2017. Due to the age restrictions for participation, the questions were targeted at respondents aged 20 and above for the national election and aged 22 and above for the commune council election. There were 194 respondents between 20 and 24-years-old and 98 respondents within the 22-24 age bracket.

Of those aged 20-24, 44 per cent reported that they voted in the national election in 2018 (**Figure 67**). This included 49 per cent of females and 44 per cent of males. Three main points were reported as reasons why youth aged 20-24 didn't vote in the national election, including not being registered voters (30 per cent), not having ID cards (30 per cent), and being under 18-years-old at the time (17 per cent). Other reasons included losing their voting card, losing their identity card, being busy with work or working outside of the country, maternity leave, and staying in other provinces. There was no observed statistical difference in terms of geographical areas.

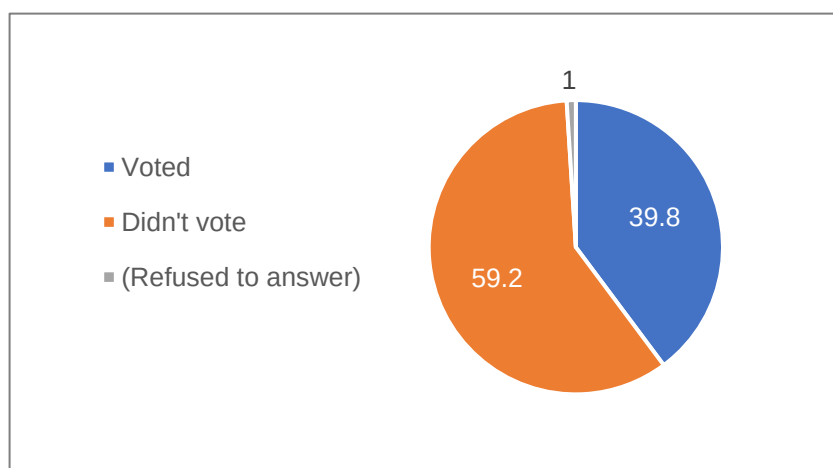
Figure 67 – Number of youths aged 20-24 who voted during the last national election – (in %)



Base: those aged 20-24 n=194

Around 40 per cent of those aged 22-24 reported that they voted in the last commune council election (**Figure 68**). This included 44 per cent of females and 32 per cent of males. Youth missed the commune council election for similar reasons to the national election, including because they were not able to register their name in the voting list (27 per cent), they lost their identity card (24 per cent), or they were under 18 at that time (20 per cent). Other reasons included being busy with work, losing their voting card, or working in another country during the time. No statistical difference between geographical areas was noted.

Figure 68 – Number of youths aged 22-24 who voted during the last commune council election – (in %)



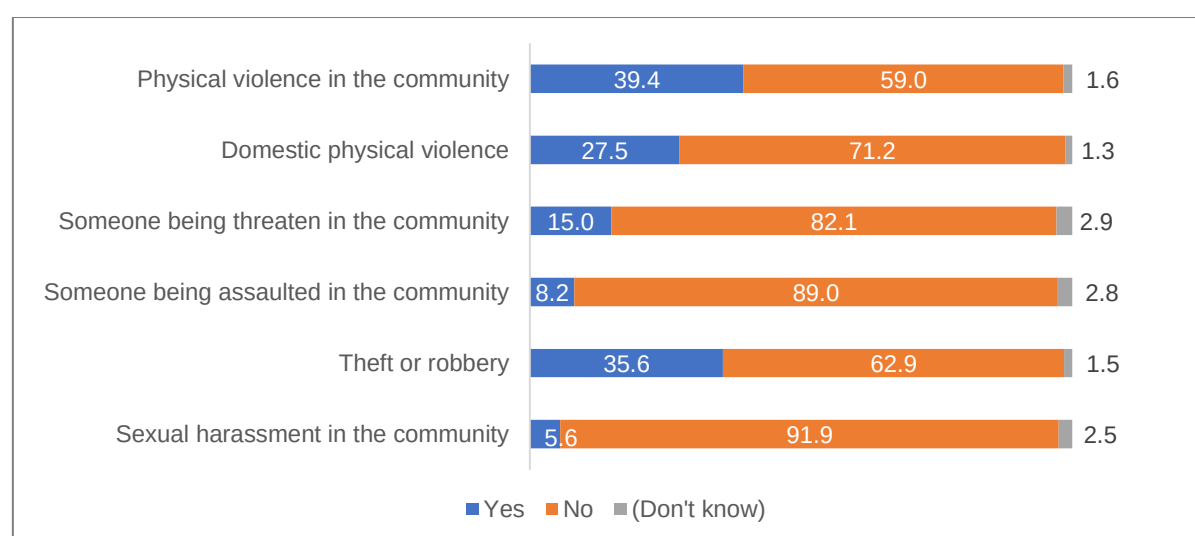
Base: those aged 20-24 n=98

CHAPTER 7 – OTHER RELATED TOPICS

7.1 Gender Equality Status and Social Protection

Around 39 per cent of survey respondents reported having witnessed physical violence in their community in the past 12 months, 35 per cent had witnessed theft or robbery, and 28 per cent had witnessed domestic physical violence within the same period (**Figure 69**).

Figure 69 – Violence and other forms of abuse witnessed by young people in their community – (in %)



Base n=1,000

Table 49 shows the percentage of surveyed adolescents and youth who reported experiencing violence and other forms of abuse in the past 12 months. Around 12 per cent had experienced a form of abuse in the past 12 months, with 14 per cent of males and 10 per cent of females reporting that they had experienced domestic physical abuse. The same was true for 21 per cent of adolescents aged 10-14 and 10 per cent of those aged 15-19. Around 6 per cent had experienced physical violence perpetrated by someone outside their family, including 9 per cent of those aged 10-14 and 4 per cent of those aged 15-19. No respondent reported an experience of sexual abuse, and only 10 per cent reported that they had experienced theft.

Table 49 – Percentage of young people who experienced violence and other abuse in their community and home in the past 12 months by sex and age group – (in %)

		By Sex			By Age Group		
		Male	Female	Both sexes	10-14	15-19	20-24
Physical violence from someone in the community	Yes	9.4	2.0	5.7	9.2	4.3	1.5
	No	90.6	98.0	94.3	90.8	95.7	98.5
	(Refused to answer)	-	-	-	-	-	-
	Total	100.0	100.0	100.0	100.0	100.0	100.0

		By Sex			By Age Group		
		Male	Female	Both sexes	10-14	15-19	20-24
Domestic physical violence	Yes	14.2	10.4	12.3	20.5	9.6	1.5
	No	85.6	89.2	87.4	78.7	90.4	98.5
	(Refused to answer)	0.2	0.4	0.3	0.8	-	-
	Total	100.0	100.0	100.0	100.0	100.0	100.0
Threaten by someone in the community	Yes	4.6	1.0	2.8	4.1	2.2	1.5
	No	95.4	99.0	97.2	95.9	97.8	98.5
	(Refused to answer)	-	-	-	-	-	-
	Total	100.0	100.0	100.0	100.0	100.0	100.0
Been abused by someone in the community	Yes	5.2	.8	3.0	3.3	2.6	3.1
	No	94.8	98.6	96.7	95.9	97.4	96.9
	(Refused to answer)	-	.6	0.3	.8	-	-
	Total	100.0	100.0	100.0	100.0	100.0	100.0
Experienced theft or robbery while in the community	Yes	9.6	9.2	9.4	6.9	11.3	10.3
	No	90.2	90.6	90.4	92.6	88.7	89.7
	(Refused to answer)	0.2	0.2	0.2	0.5	-	-
	Total	100.0	100.0	100.0	100.0	100.0	100.0

Base n=1,000

Parents of the adolescents and youth were reported as the main perpetrators of physical violence on young people aged 10-24 in the past 12 months, followed by their friends and grandparents. The proportion of females who reported that their parents imposed physical violence on them was significantly higher at 65 per cent, compared to males at 44 per cent (Table 50).

Table 50 – People who have committed physical violence on young people by sex and age group – (in %)

People who have committed physical violence on young people	By sex		By Age Groups		
	Male	Female	10-14	15-19	20-24
Parents	43.8	64.6	49.3	53.6	50.0
Friends	15.3	4.6	15.7	3.6	-
Grandparents	6.6	10.8	10.7	1.8	-
Brothers	5.1	9.2	6.4	7.1	-
Sisters	7.3	-	6.4	1.8	-
Neighbour	7.3	3.1	6.4	5.4	-
People living in the community	4.4	-	2.1	5.4	-
Teacher	1.5	-	1.4	-	-
Other male relatives	2.9	3.1	0.8	7.1	16.7
People living outside of the community	2.9	-	0.8	5.4	-
Your spouse or partner	-	3.1	-	1.8	16.7
Other female relatives	0.7	-	-	1.8	-
Girl/friend or boyfriend	-	1.5	-	1.8	-

People who have committed physical violence on young people	By sex		By Age Groups		
	Male	Female	10-14	15-19	20-24
(Refused to answer)	2.2	-	-	3.4	16.6
Total	100.0	100.0	100.0	100.0	100.0

Base n=180

Young adolescents aged 10-14 reported that they were mostly threatened by their parents and friends, while youth aged 15-24 reported this was mostly their friends, other male relatives, and other people in the community. Female respondents reported that they were mostly threatened by their friends and other people living in the community, while male respondents reported this was their friends, parents, other relatives, and neighbours (**Table 51**).

Table 51 – People who threatened young people – (in %)

People who threatened young people	By sex		By age group		
	Male	Female	10-14	15-19	20-24
Friends	21.9	25.0	17.4	28.6	33.3
Parents	18.8	12.5	30.4	0.0	0.0
Other male relatives	15.6	12.5	4.3	28.6	33.3
Neighbours	12.5	12.5	8.7	21.4	0.0
Grandparents	9.4	0.0	13.0	0.0	0.0
People living in the community	9.4	25.0	8.7	14.3	33.3
Sisters	6.3	0.0	8.7	0.0	0.0
Teacher	3.1	0.0	4.4	0.0	0.0
Other female relatives	0.0	12.5	0.0	7.1	0.0
(Refused to answer)	3	-	4.4	-	-
Total	100.0	100.0	100.0	100.0	100.0

Base n=28

Table 52 shows other forms of physical violence committed against adolescents and youth aged 13-17 in the past 12 months. Around 10 per cent were slapped or pushed by someone in their family, including 12 per cent of males and 8 per cent of females. Another 10 per cent of respondents in this age group reported that there was someone in their family who punched, kicked, whipped or beat them with an object, with more males reporting this type of violence than females. Around 3 per cent of males reported that they were threatened by someone with a knife or other weapon.

Table 52 – Proportion of physical violence on adolescents and youth aged 13-17 committed by their family members – (in %)

		Male	Female	Both sexes
Slap or push	Yes	12.2	8.0	10.4
	No	87.8	92.0	89.6
	Total	100.0	100.0	100.0
Punch, kick, whip, or beat with an object	Yes	13.4	6.5	10.4
	No	86.6	93.5	89.6

	Total	100.0	100.0	100.0
Choke, smother, try to drown or burn	Yes	0.8	0.0	0.4
	No	99.2	100.0	99.6
	Total	100.0	100.0	100.0
Threaten with a knife or other weapon	Yes	2.7	0.0	1.5
	No	97.3	100.0	98.5
	Total	100.0	100.0	100.0

Base: those aged 13-17 n=155

Regarding verbal abuse experienced by 13-17-year-olds, 19 per cent were insulted by someone in their family, including 22 per cent of females and 18 per cent of males. Another 16 per cent reported that there was someone in their family who humiliated them in front of others. Around 4 per cent reported that someone in their family threatened to hurt them or hurt someone close to them.

Of young parents, 27 per cent believed that corporal punishment was necessary to raise or educate a child, with this being reported by 20 per cent of young fathers and 28 per cent of young mothers.

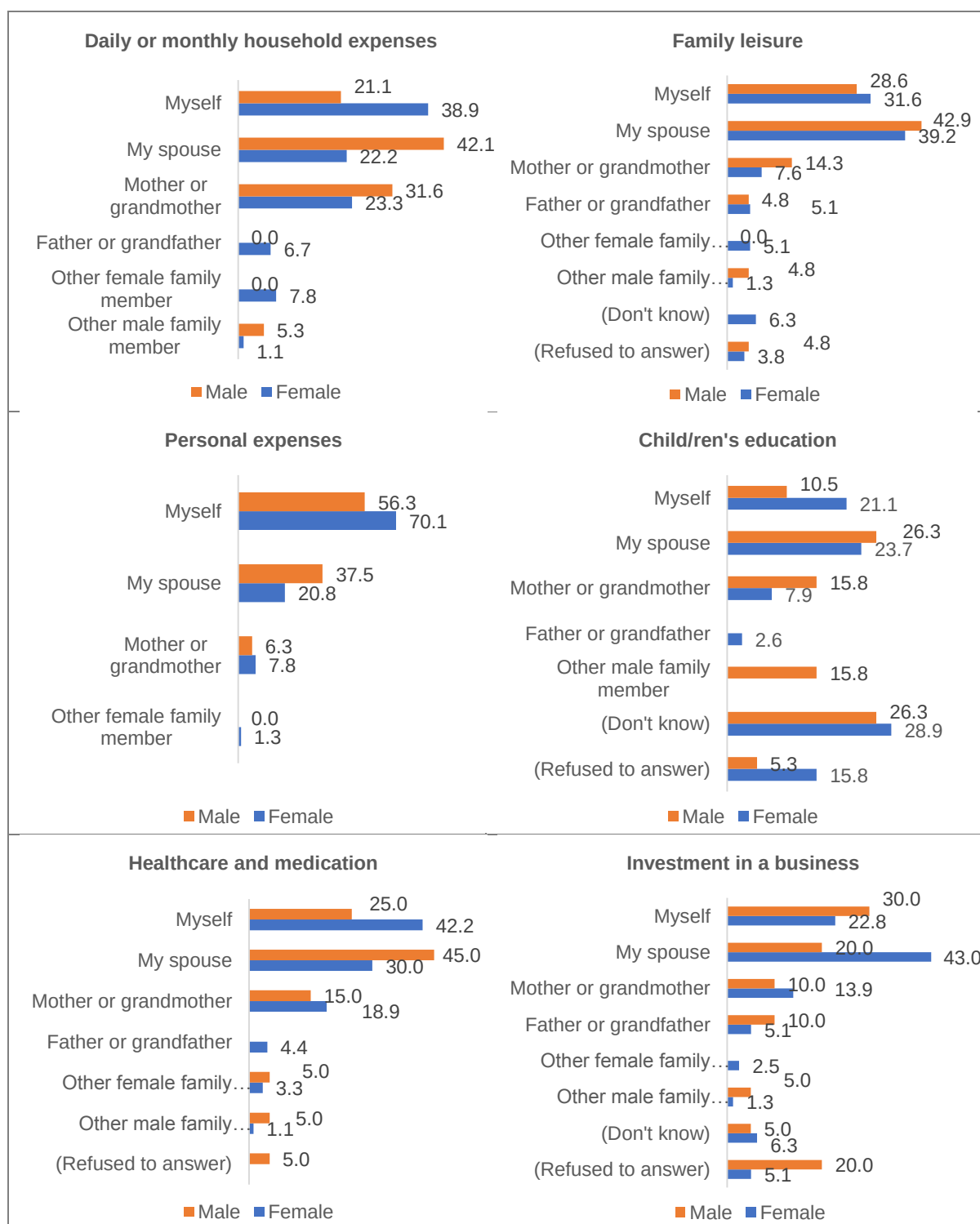
Table 53 – Proportion of verbal abuse on adolescents and youth aged 13-17 committed by their family members – (in %)

		Male	Female	Both sexes
Say or do something to humiliate you in front of others	Yes	16.8	14.0	15.6
	No	83.2	86.0	84.4
	Total	100.0	100.0	100.0
Threaten to hurt or harm you on someone close to you	Yes	4.2	3.5	3.9
	No	95.8	96.5	96.1
	Total	100.0	100.0	100.0
Insult you or make you feel bad about yourself	Yes	17.6	21.5	19.3
	No	82.4	78.5	80.7
	Total	100.0	100.0	100.0

Base those aged 13-17 n=155

Figure 70 shows the difference between genders in decision-making among families of adolescents and youth. Most decisions were made by the respondents themselves or by their spouse, including daily or monthly expenses, such as food, home care products, and other daily expenses. Mothers and grandmothers as the lead decision-makers accounted for 25 per cent for daily or monthly expenses decisions, and joint decisions of the respondents and their spouses was reported at 71 per cent for decisions on other expenses, such as family leisure and healthcare. For personal decisions, more females reported that they made more decisions than their spouse, however when deciding on an investment for a business, females reported that their spouses typically made these decisions. When deciding on education spending for respondents with children (around one-third of all respondents), these expenses were decided upon by both husbands and wives.

Figure 70 – Decision making in the family by sex – (in %)



Base married respondents n=109

Table 54 illustrates the roles and responsibilities undertaken by gender in the families of married youth. Women were mainly responsible for household chores and taking care of the children, with around half of female respondents and 42 per cent of males reporting this. No specific gender was assigned to bringing children to school, and all family members were reported to be involved in the care of other members of the family.

Table 54 – Gender roles in the family – (in %)

		Male	Female
a. Doing household chores, including clean the house, cook and purchase food, wash clothes, and clean dishes	Myself	16.0	52.4
	My spouse	44.0	18.4
	Mother or grandmother	24.0	16.5
	Father or grandfather	-	1.0
	Other female family member	12.0	11.7
	Other male family member	4.0	-
	Total	100.0	100.0
b. Taking care of children and babies	Myself	15.0	45.7
	My spouse	40.0	19.0
	Mother or grandmother	30.0	19.0
	Father or grandfather	-	1.9
	Other female family member	10.0	6.7
	Other male family member	-	1.0
	(Don't know)	-	2.9
	(Refused to answer)	5.0	3.8
	Total	100.0	100.0
c. Taking children to and from school	Myself	11.8	26.3
	My spouse	11.8	14.5
	Mother or grandmother	17.6	1.3
	Father or grandfather	5.9	1.3
	Other female family member	5.9	2.6
	(Not applicable)	29.4	32.9
	(Don't know)	5.9	11.8
	(Refused to answer)	11.7	9.3
	Total	100.0	100.0
d. Paying for utility bills	Myself	21.1	28.7
	My spouse	26.3	31.9
	Mother or grandmother	31.6	21.3
	Father or grandfather	-	9.6
	Other female family member	10.4	5.3
	Other male family member	5.3	2.1
	(Refused to answer)	5.3	1.1
	Total	100.0	100.0
e. Taking care of other family member, including parents and grandparents	Myself	27.3	24.2
	My spouse	22.7	24.2
	Mother or grandmother	18.2	11.6
	Father or grandfather	9.1	4.2
	Other female family member	9.1	12.6

	Other male family member	-	4.2
	Other people (Not family member)	-	3.2
	(Not applicable)	9.1	8.4
	(Don't know)	-	3.2
	(Refused to answer)	4.5	4.2
	Total	100.0	100.0

Base: married respondents n=109

Around 4 per cent of respondents had a national social security fund card, with 12 per cent of those aged 20-24 reporting that their card was provided by their employers or they had bought it themselves. Around 28 per cent reported that they had an IDPoor identification, however only 2-3 per cent reported having health insurance, life insurance, or education insurance. Of those who had insurance, all were from Phnom Penh and Battambang. All respondents who had education insurance reported that their family bought it for them and half of those who had life and health insurance bought it themselves, while the other half was provided with this through an employer or workplace.

Table 55 – Percentage of respondents who are insured by social protection schemes by sex and age group – (in %)

		By Sex			By age group	
		Male	Female	Both sexes	15-19	20-24
NSSF	Yes	3.2	4	3.6	2.4	12.4
	No	96.8	96	96.4	97.6	87.6
Health insurance	Yes	2.6	1.6	2.1	2.4	4.1
	No	97.4	98.4	97.9	97.6	95.9
Life insurance	Yes	3.2	2.4	2.8	3.1	4.1
	No	96.8	97.6	97.2	96.9	95.9
Education insurance	Yes	3.2	1.8	2.5	3.1	0
	No	96.8	98.2	97.5	96.9	100
IDPoor	Yes	28.8	28.2	28.5	25	25.8
	No	71.2	71.8	71.5	75	74.2

Base: married respondents n=1,000

7.2 LGBTQI

No FGD participant reported belonging to the LGBTQI group, and one reported being familiar with the term, instead, they more commonly knew the terms 'gay' and 'lesbian'. No negative reactions or discrimination against LGBTQI people was noted, with respondents reporting that every human has their own rights to do what they like, and nothing is wrong as long as they do not commit any illegal acts. Almost all female respondents reported that they had a friend or close friend who was gay. None reported witnessing any discrimination against LGBTQI people in their community.

Seven survey respondents aged 15-24 reported that they were other than cisgender, including four females who reported to be lesbian, one female to be bisexual, one male to be gay, and one male to be bisexual. All LGBTQI respondents reported having had sex and first had sexual intercourse at around 18-19-years-old. Four were aware of a few modern contraceptive methods, such as IUD and contraceptive pills, however only one mentioned male condom as a contraceptive method when awareness was checked. None of the respondents were familiar with traditional methods, such as withdrawal and rhythm. None of

the respondents reported using any contraceptive methods before, however four believed that using condoms every time could reduce the chance of getting infected with HIV. One male respondent reported that he had been tested once for HIV in the past month at a private hospital.

Five LGBTQI respondents had never received any negative reactions when they behaved either what they perceived to be too feminine or too masculine. For those identifying as lesbians, they reported that they had sometimes received negative reactions from others due to their masculine behaviour.

When asked if the topic was discussed with others, most respondents said that they never talked about LGBTQI issues openly with their friends in schools, 21 per cent sometimes talked about it with their school friends, while only 1.3 per cent reported that they always discussed it openly with their friends. Around 80 per cent had never heard or seen negative comments about an LGBTQI teacher and 50 per cent reported the same for schoolmates who were assumed to be LGBTQI. Around 27 per cent reported that they sometimes saw or heard negative reactions about an LGBTQI schoolmate, while less than 3 per cent reported almost always observing negative reactions about an LGBTQI schoolmate and teacher.

Table 56 – Openness on LGBTQI observed by adolescents and youth in their schools – (in %)

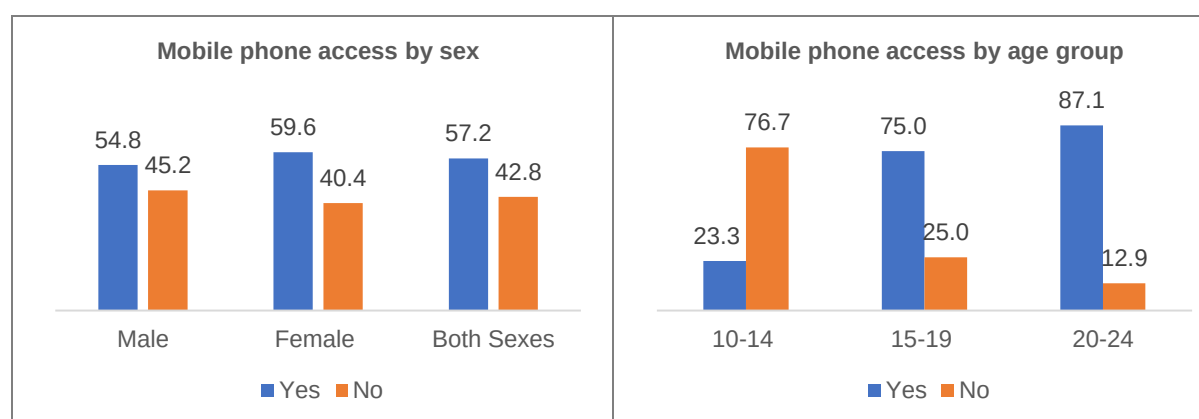
a. Openly talked about LGBTQI	Never	62.5
	Seldom	8.3
	Sometimes	21.0
	Often	6.4
	Almost always	1.3
	(Don't know)	0.5
b. Hear or see negative comments or conduct because a schoolmate was perceived to be LGBTQI	Never	52.6
	Seldom	7.8
	Sometimes	26.3
	Often	10.7
	Almost always	2.1
	(Don't know)	0.5
c. Hear or see negative comments or conduct because a teacher was perceived to be LGBTQI	Never	79.2
	Seldom	5.0
	Sometimes	11.4
	Often	2.8
	Almost always	0.7
	(Don't know)	0.9

Base: those aged 15-24 n=610

7.3 ICT Accessibility and Internet Consumption

Around 57 per cent of surveyed participants owned a mobile phone, including 60 per cent of females and 55 per cent of males. By age category, 87 per cent of those aged 20-24 had a mobile phone, 75 per cent of those aged 15-19, and 23 per cent of those aged 10-14 (**Figure 71**). Almost all reported that the mobile phone they had was a smartphone.

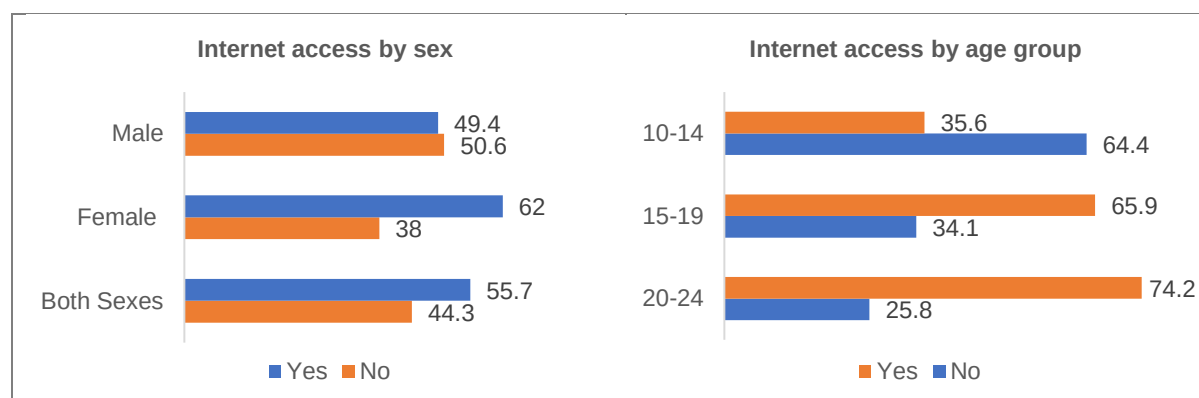
Figure 71 – Mobile phone accessibility and usage among adolescents and youth – (%)



Base n=1,000

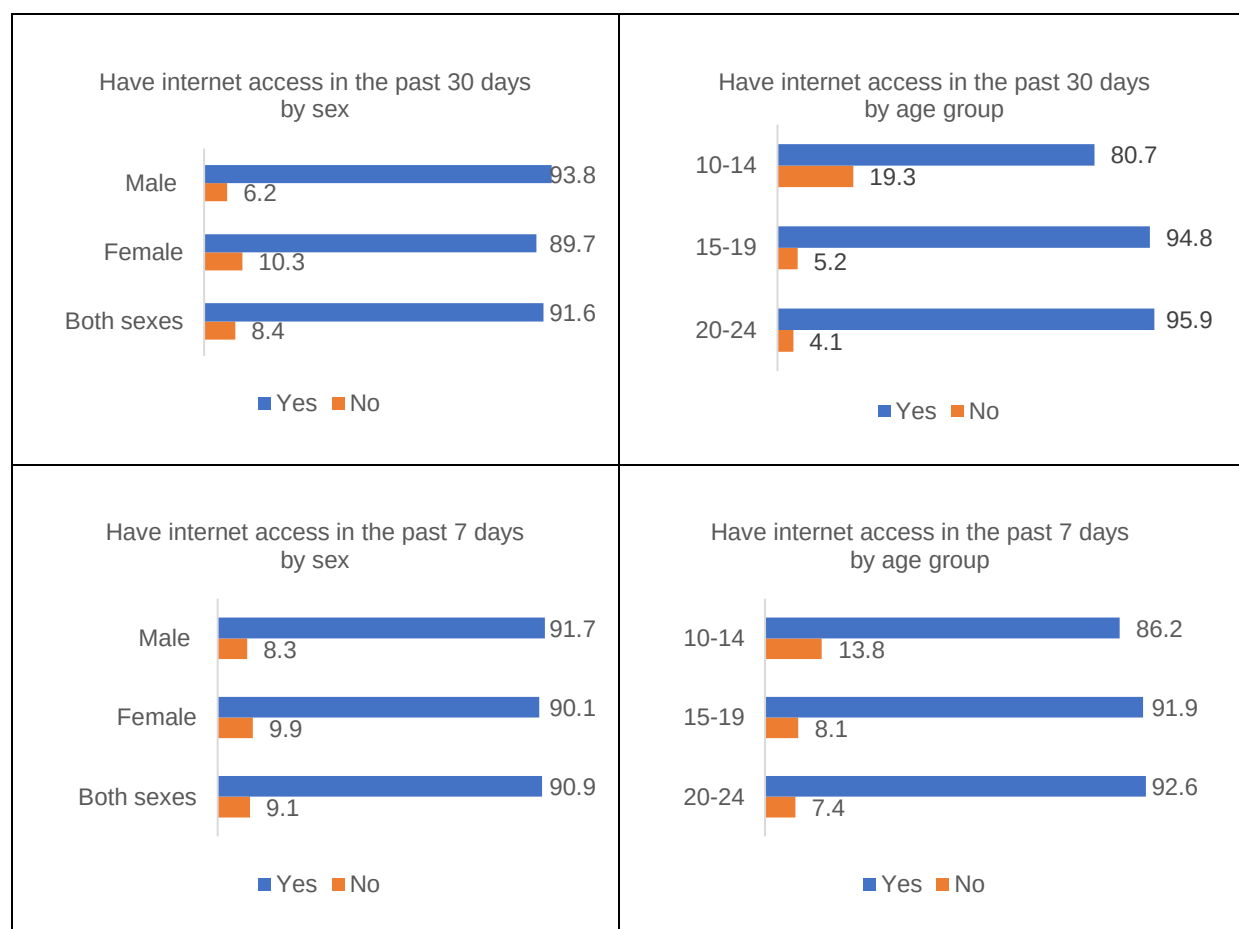
At 56 per cent, more than half had regular access to the internet through their phone or another family member's phone or device. This was true for 62 per cent of females and 49 per cent of males. Regular access to the internet was reported by 74 per cent of 20-24-year-olds, 34 per cent of 15-19-year-olds, and 36 per cent of 10-14-year-olds. Usage for almost all respondents was within the past 30 days and past seven days (**Figure 73**).

Figure 72 – Regular internet accessibility among adolescents and youth sex and age group – (in %)



Base: those who have regular access to the internet n=557

Figure 73 – Internet accessibility in the past 30 days and past seven days among adolescents and youth by sex and age group – (in %)



Base on who have regular access to internet n=557

Aside from mobile phones, some respondents reported having access to other devices, such as tablets, laptop, and desktops. Laptop usage was reported at 13 per cent of those aged 20-24, 6 per cent of those aged 15-19, and 3 per cent for those aged 10-14. Around 9 per cent of males and 5 per cent of females reported having access to a laptop, however only 4 per cent of respondents reported using a tablet.

Table 57 – Access to other devices among adolescents and youth – (in %)

		By sex			By age group		
		Male	Female	Both sexes	10-14	15-19	20-24
Have access to a tablet	Yes	2.8	4.5	3.8	6.5	2.2	4.2
	No	97.2	95.5	96.2	93.5	97.8	95.8
Have access to a laptop	Yes	8.9	5.2	6.8	2.9	5.8	12.5
	No	91.1	94.8	93.2	97.1	94.2	87.5
Have access to a desktop	Yes	1.6	3.2	2.5	0.7	3.3	2.8
	No	98.4	96.8	97.5	99.3	96.7	97.2

Base n=1,000

Almost all respondents reported using the internet for entertainment, with 98-99 per cent stating this. Around 90 per cent reported that it was also used to stay connected with friends and relatives through social media and messaging apps. For access to news and information, 84-90 per cent of respondents aged 20-24 used the internet for this purpose, while this was only true for 60 per cent of those aged 10-14. Around 52-65 per cent reported that they used the internet to get education and health information or content, however this was more common among older respondents aged 15-24.

Table 58 – Purposes of using the internet and social media – (%)

		By sex			By age group		
		Male	Female	Both sexes	10-14	15-19	20-24
For entertainment, including music and movies	Yes	98	99	98.6	97.1	98.9	99.3
	No	2	1	1.4	2.9	1.1	0.7
For connecting with friends and relatives through a messaging app	Yes	91.9	89.7	90.7	72.7	96.7	96.5
	No	8.1	10.3	9.3	27.3	3.3	3.5
For connecting with friends and relatives through social media	Yes	89.5	91	90.3	71.2	96.7	96.5
	No	10.5	9	9.7	28.8	3.3	3.5
For getting news and information	Yes	74.9	83.2	79.5	60.4	83.6	90.3
	No	25.1	16.8	20.5	39.6	16.4	9.7
For education or for developing new skills	Yes	62.8	66.8	65	56.1	71.9	60.4
	No	37.2	33.2	35	43.9	28.1	39.6
For accessing health programmes or instructional videos	Yes	51.8	51.3	51.5	26.6	56.9	65.3
	No	48.2	48.7	48.5	73.4	43.1	34.7
For making a new friend through virtual means and applications	Yes	41.3	49	45.6	20.1	55.8	50.7
	No	58.7	51	54.4	79.9	44.2	49.3
For accessing religious content	Yes	35.6	46.8	41.8	29.5	40.1	56.9
	No	64.4	53.2	58.2	70.5	59.9	43.1
For work-related purposes	Yes	21.5	30.3	26.4	8.6	26.3	43.8
	No	78.5	69.7	73.6	91.4	73.7	56.2
For selling or buying things online	Yes	12.1	35.5	25.1	7.2	25.9	41
	No	87.9	64.5	74.9	92.8	74.1	59
For participating in social and political discourses	Yes	21.9	21	21.4	12.9	24.1	24.3
	No	78.1	79	78.6	87.1	75.9	75.7

Base: those who have regular access to internet n=557

CHAPTER 8 – CONCLUSIONS AND RECOMMENDATIONS

Given the findings from both the primary and secondary data, the following recommendations are offered for policies, plans, and interventions.

On Adolescents and Youth Education and Employment

Based on the findings from the primary and secondary data collected in this study, dropout rates in lower and upper secondary school remained challenging for human resource development. According to the structured survey results, 34 per cent of adolescents aged 15-19 and 71 per cent of youth aged 20-24 had stopped their formal education. Though these figures were not comparable with the national dropout rates reported at 16-17 per cent in the 2018-2019 academic year, these still demonstrate that adolescents and youth drop out of school for employment and other reasons. The study's key informants also pointed out that dropout rates in lower and upper secondary schools were one of the main issues in the education sector. The school dropouts among adolescents and youth were mainly caused by poverty, students' poor performance, some parents not valuing children's education, peer influence, and safety and geographical issues. Aside from the dropouts at secondary school, several other challenges related to education were also noted. These focused on the limitation of educational facilities and equipment, high student-teacher ratios and big class sizes, and poor quality of graduates.

From these findings, the following recommendations can be made for the education sector:

National Level

- The targeted programmes for poor-performing students in public schools are good practice, and it is recommended to continue. Important elements to continue and consistently improve are the early warning systems to identify poor-performing students, additional classes to support their learning and improvement over a reasonable time period, and consistent discussions with parents about their children's school performance.
- Continue to provide sponsorship to students with IDPoor identification and find ways to incentivise and educate their families on the importance of their continued school participation to provide a better future for the child.
- Ensure that all teachers are trained to use adolescents and youth-friendly teaching methodologies and techniques, and they are adequately compensated to encourage and motivate students to continue their formal education.
- Identify and address the issues that result in differences in completion rates between males and females and between those in rural and urban areas.
- Continue to improve the quality of secondary and post-secondary education, so students are adequately prepared for work and life. This will require a long-term strategy to improve the quality of teaching and ensure curriculums adapt to the changing environment and needs of the working world. This will also require a range of specific subjects and skills which equip students with the right capacity needed from employers, as well as general skills which allow them to adapt quickly to the working environment. In particular, a focus on access to technology is required.

- TVET is an opportunity for young people to gain technical skills, which can increase their employability. To date, it has been viewed as a second chance but should be promoted as an educational option for all students. The awareness of TVET institutions should be increased to effectively reach adolescents and youth, especially those aged 10-24, who are not in formal education or work (NEET). It is also suggested that TVET institutions provide a more flexible schedule of classes to encourage students to take courses while working.
- Youth require both hard and soft skills to gain adequate employment. Efforts to keep youth in secondary and tertiary school and to provide technical training are important. Life skills training and entrepreneurship programmes, which have previously shown some success, are also essential. These must be continued and expanded to ensure that all youth have access to them and that programmes are not driving youth to gender-segregated careers. Instead, youth should be able to make choices based on their personal interests and capacities and market needs for labour.
- Internships are also an important way in which youth can gain job skills, and these should also be more readily available. Opportunities for internships should be supported and expanded.
- While youth are typically technology savvy, they are not confident to use technology to find jobs and still rely on informal networks which can limit options and be riskier for exploitation and abuse. In secondary and higher education programmes, including TVET, college, and university, provide a supportive service that teaches youth to use digital platforms for job-seeking. Other mechanisms, such as career days and job fairs, would also be good options to expose youth to different employment options.
- Migration for work is a key driver for students dropping out at all education levels. In cooperation with long-term economic development and making jobs available in the country, a priority should be to encourage students to increase their skills to get better jobs when they do migrate. Training on safe migration practices should also be considered.
- Child labour (specific to those aged 10-17 covered in this study) still exists and must be addressed. The strategies above are focused on keeping children in school and improving their educational outcomes toward better and safer jobs. However, it is also crucial to ensure that child labour is addressed through education of the community, labour inspections, and consequences for parents and employers that encourage children to work.

Local Level

- Increase engagement and collaboration between local authorities, schools and civil society in the community to:
 - Assess their community safety and accessibility, including transportation and facilities, and address issues at the local level to ensure a good environment for students to participate and ultimately reduce dropout rates. Examples include improving the physical facilities, including toilets, fences and roads, addressing travel and distance issues through temporary accommodation or transportation, and other issues unique to their community.
 - To ensure that poverty is not a barrier to education, identify low-income families, in addition to IDPoor, and provide support to ensure that students living in poverty who do not meet the IDPoor requirements are also offered support to continue their education.

- Implement campaigns and awareness-raising initiatives to help parents understand the benefits of education to ensure they support their children going to school when other barriers are removed (above recommendations).

On General Health

Though the study showed the incidence of young people aged 10-24 being infected with waterborne and water-related diseases was small (28 per cent), their awareness of these types of disease was limited and basic. Only around half reported even a few preventive measures.

Significant consumption of unhealthy CSD and energy drinks was noted in this study, with almost 60 per cent of young people aged 10-24 reporting to have consumed it at least once a week, and around 30 per cent of those consumed it every day. The high percentage of CSD and energy drinking consumption among adolescents and youth is a concern. Based on the FGD, these types of drinks are considered healthy foods by the adult family members in their household, peers, and villagers.

The prevalence of food shortages among young people in the structured survey was 52 per cent for food-based coping strategies in the past seven days and 56 per cent for livelihood-based strategies in the past 30 days. The most common strategies included relying on less expensive food, reducing the quantity of consumption, mothers reducing their own portions to offer more for children, spending their savings, reducing expenses for the non-essentials, and borrowing money from a formal lender or bank.

While the study did not explore the quality of healthcare services in great detail, and since no statistics on the quality of healthcare could be cited by key informants working in the health sector, it is evident that quality improvements are needed in this sector. Both structured survey respondents and FGD participants reported that young people aged 10-24 used and preferred to use private health care services. Almost all FGD participants, including those from IDPoor families, opted to have their serious illnesses treated in such health care facilities.

Although social media was not commonly used for health-related topics among adolescents and youth, Facebook, for example, was a platform utilised by the majority of respondents for seeking information and news related to COVID-19. The majority were also able to put into practice two main preventive measures for COVID-19, including washing hands more frequently with soap or hand sanitiser and eating thoroughly cooked food, highlighting the success of information campaigns through social media. High prices of hand sanitisers and face masks, however, have been a challenge for some.

From these findings, the following recommendations can be made for the general health sector:

- Continue carrying campaigns and awareness-raising related to bad impacts of illicit drug uses aimed at adolescents and youth (both in-school and out-of-school) as well as their parents and community for ending illicit drug usage among this group
- Comprehensive knowledge related to hygiene, sanitation and diseases related to WASH practices requires improvement, specifically the ways in which waterborne illnesses, such as diarrhoea, cholera, and typhoid can be prevented. There have been successes noted in improved handwashing during COVID-19 using social media to share information, and this success could be built upon to improve additional WASH practices.

- Creating more awareness of nutrition, such as healthy and unhealthy foods (CSD and energy drinks), should be considered to ensure that young people are accurately informed and can model these practices in their families and their community
- Ensuring low-priced commodities are available can be an effective way of reducing food-based coping strategies, while improving microeconomic and poverty reduction approaches (for example, by increasing and diversifying employment or income-generating opportunities in the local community) would be a way of reducing livelihood-based coping strategies.
- Create awareness raising campaigns aimed at adolescents and youth girl which highlight how their food/nutrition diversity importance for their strength and role in the household's economic and on the importance of her health for the next generation (for girl of the reproductive health)
- The public healthcare sector should consider improving customer's services providing at health centres and public hospitals by reducing the long queues and improving on staff's attitude. By doing so, the image of the public healthcare sector can be improved and increase the utilization among adolescents and youth and their families.

On Mental Health

Knowledge of mental health issues and available services and treatment for mental health should be considerably improved. Only half of the surveyed young people aged 10-24 were aware of serious mental issues, including anxiety and depression, and those who had experienced these was 30 per cent. Results from the FGD also highlighted the lack of knowledge on where to get mental health treatment and services. Due to the minimal awareness of professional mental healthcare providers, only a few could consult with these professionals when they were experiencing serious anxiety or depression. Moreover, only around 20 per cent of those who had experienced serious mental issues could take medicines prescribed by a general health professional.

From these findings, the following recommendations can be made for the mental health sector:

- Although the study did not ask about sources of information on mental health issues, it is highly suggested to include mental health topics in all campaigns to raise awareness about these topics. Since Cambodian students rely heavily on the guidance of teachers rather than learning by themselves, mental health issues should also be included in the formal education curriculum, including understanding mental health illnesses and treatments and available mental healthcare providers. These lessons should not only focus on diseases but also on prevention and healing measures. Having professional mental health providers available to refer them to when they face challenges could also be incorporated into this strategy.
- Providing reading materials in the school library is also an effective way of reaching those studying and experiencing mental health issues. Digital advertising, especially the use of Facebook, is also encouraged to communicate with young people aged 10-24 in formal education and those who are already employed.

On Sexual and Reproductive Health

Despite the high awareness noted by the FGD among young people on sexual and reproductive health, only half of those surveyed reported having enough knowledge on sexual and reproductive health. Awareness of contraceptive methods among young males was significantly lower with 46 per cent, compared to that of females with 86 per cent. Respondents were mostly aware of modern contraceptive methods for women, such as contraceptive pills (86 per cent), IUD (60 per cent), and injection (60 per cent), while the male condom was known by only 28 per cent. Over 30 per cent of all married females never used any contraceptive method, and 10 per cent of females compared to 1.6 per cent of males were married between the ages of 10-19. Of the married females, 14 per cent had experienced abortion, while two of the three single female respondents had not experienced abortion.

The structured survey results have shown that there are still challenges in SRH among adolescents and youth aged 10-24. Given the low awareness of contraceptive methods among males, females could have difficulty encouraging their partner or spouse to use contraceptive methods. The lower level of males' knowledge might give an impression that contraceptive methods are the females' responsibility rather than the males.

From these findings, the following recommendations can be made for the sexual and reproductive health sector:

- To ensure that both in-school and out-of-school students have access to information on sexual and reproductive health and related topics, the Comprehensive Sexuality Education programme should be continued and expanded, both within schools and out of schools. Ways to reach youth who are out of school must be identified, such as through peer educators, through programmes including TVET or others where young people often meet.
- Youth must also have access to sexual and reproductive health services so public health facilities must continue to improve their provision of youth-friendly sexual and reproductive health services.
- Continue to engage in strategies to educate youth with Sexuality Education and other efforts to end child marriage.
- Facilitate learning interventions, such as seminars and symposiums on the safety and risks of abortion for young women. These programmes should aim to properly inform young women on the risks of unsafe abortions, should focus on information and prevention of unwanted pregnancy.

On Violence and Abuse

Young people aged 10-24 also reported experience of violence, including 12 per cent who reported this was committed by their parents and other people in the family and 6 per cent by their friends and other people in the village. Of young adolescents aged 13-17, 19 per cent reported that they were insulted by someone in their family.

From these findings, the following recommendations can be made to address violence and abuse:

- Continue and scale up the implementation of the Positive Parenting Strategy to teach parents non-violent parenting methods.
- Implement the SE both in school and out of school to provide youth with the skills and knowledge on conflict resolution and other life skills.
- Promote prevention programmes that address violence against women and children in all settings.

- Promote men's responsibility and participation in household chores, which is the job of every individual.

On HIV

Comprehensive knowledge among adolescents and youth aged 10-24 on HIV is still low, with only 14 per cent among youth aged 15-24 demonstrating comprehensive knowledge on HIV. Although the percentage of comprehensive knowledge among youth aged 20-24 was higher at 18 per cent than those aged 15-19 at 13 per cent, it is still considered low. Misconceptions on the different modes of transmission, including sharing food and mosquito bites, fuels social stigma on people living with HIV and needs to be addressed.

From these findings, the following recommendation can be made to address HIV:

- There is a need to increase HIV-related knowledge among adolescents and youth through formal education streams (integrated in CSE) and other innovative ways to effectively reach young people, such as through social media channels, including Facebook.

Participation and Rights

Based on this study's findings, youth participation in the development process and general programme development and implementation is lacking. None of the FGD participants reported their presence in a community meeting or any discussions with development partners or NGOs. They only reported their participation in health or WASH training in their school or in the community. The same results were noted in the structured survey, where none of the respondents reported any meaningful engagement in community development plans or programmes related to them.

The structured survey also revealed that Cambodian youth participation is closely controlled by someone in their family, either by parents or guardians or by the female respondents' husbands. The majority of young people, including those aged over 18, needed permission from someone from their family before engaging in any activities in the community. These activities included attending a class, training, workshop, seminar, community development meeting, social event or campaign, or attending volunteer community work. Based on this, it can be concluded that their social and community participation is highly dependent on the willingness of parents or guardians or the husbands of female respondents. Educating parents and guardians on the benefits of their children actively participate in the community activities is therefore needed. The campaigns aimed at youth can also be shown to their elders to inform them and let them know the role of youth in the country in the future.

Only 40 per cent of respondents reported their participation in the last national election and last commune council election. The main reasons why they missed the election were due to failure to register as a voter, not having an ID card, or not yet at the legal age to vote. The government should provide more time for voters' registration and actively communicate this to young people. Awareness-raising on the importance of voting, choosing the right leaders for the commune and the country, and their right to vote are important ways to increase the numbers of young voters.

From these findings, the following recommendations can be made to address participation:

- Introduce (media) awareness-raising campaigns aimed at young people which highlight how important for them to exercise their civic rights and active participation can benefit their lives now and in the future.

- Provide testimonials from successful individuals who started at an early age should also be included for inspiration.
- Provide specific opportunities by inviting young people to participate in schools, in commune or district meetings and at the national level to allow them to provide input on the issues that impact them.
- Institutionalize youth representative in local governance by integration youth into Commune Committee for Women and Children and Planning and Budgeting Committee of Commune/Sangkat council to ensure that youth concerns and voices are heard and addressed accordingly
- Conduct awareness-raising campaigns among parents, communities, key decision makers, and the general public on the significance of youth participation in decision making process on matters that directly affect them.
- Facilitate dialogue between young people and community leaders to strengthens the relationships that enable young people of different ages, genders and backgrounds to express their views and feelings on matters that affect them.

Recommendations for future research:

- Reduce sample size for KIs and include more informed participants. The study found that some key informants could not provide relevant or sufficient data and information related to the topics, particularly those in local authorities, for example, the commune head or their staff. They could not express their view or observations related to the specific age groups and could not offer existing reports or information related to the topics and target groups. They had reports for the general population only and not specifically for youth. These types of key informants were huge in number since a total of 100 communes were selected for the study. Future research should focus more on key informants working in specific sectors, such as POE, DOE, school heads for TVET and from formal schools, provincial and district officers working on labour and TVET, social affairs, and women's affairs.
- Consider reducing the sample size for key informants working in the health sector as their scope of interventions is broad and mostly related to the general population rather than to specific age groups. They could express their views and observations related to specific topics but not always for the target age groups.
- Increase the sample size for the structured survey to include a better representation of the country. Between 2,000 to 3,000 would be considered a good sample size to achieve a better national representative. With this, the study can also extend coverage to most provinces across the country. This will provide a better and more comprehensive coverage of urban and rural areas, as well as more remote provinces, such as Koh Kong, Oddar Meanchey, Preah Vihear, and Monduliri, which are often not included in studies.
- A more reasonable sample for FGD can also be explored. Consider conducting qualitative studies based on urban and rural balances rather than covering all selected provinces for the structured survey. An equal split of FGD samples by age groups and sexes is still highly recommended as it provides richer and more sufficient data which can not always be accurately collected in the structured survey.
- Since young people with disabilities aged 10-24 are not covered in this study, it is suggested to conduct future research targeting this group. A study with a smaller sample would be effective, given the small number of this group. The sample selection and respondent selection methods should be conducted via non-probability methods. A purposive sample selection is suggested to recruit this group of respondents based on the experience of this study.

- The future larger sample survey should not focus mainly on gathering accurate school dropout percentages instead, this should also focus on balancing samples to gather enough data across the different topics covered in the study. For instance, it should prioritize getting students who dropped out of formal education and balance this with more respondents who are in employment and those who are married. By doing so, there would be more sufficient sample sizes for each topic to be analysed.
- The study on the use of contraceptive methods, including experience of abortion, should not be combined with the study related to education which targets younger respondents below 15. A comprehensive study on the use of contraceptive methods and experiences of abortion should focus on married and sexually active single respondents who are often not easy to reach by random probability sampling method. Achieving the right proportion of school dropouts, however, often have other priorities and criteria. Further research on the use of contraceptive methods and experience of abortion among single young people is recommended as there is only a small sample covered in this study.
- A study related to media consumption, in particular understanding the use of digital channels, digital literacy and digital risks, is also encouraged before planning any digital media campaigns to advocate any important topic or issue to young people. This type of study would provide valuable insight, including a clear picture of effective strategies and the right direction for the digital advertising campaign content or information.

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