

Health of Adolescents in Cambodia

Cambodia, officially known as the Kingdom of Cambodia, is an agricultural country with a total land mass of 181 035 square kilometres (69 898 sq mi) and borders Thailand to the northwest, the Lao People's Democratic Republic to the northeast, Viet Nam to the east and the Gulf of Thailand to the southwest. It has a population of nearly 15 million. Rebuilding from decades of civil war, Cambodia has seen rapid progress in the economic and human resource areas. Cambodia's per capita income is rapidly increasing but is low compared with other countries in the Region. Most rural households depend on agriculture and its related subsectors. Rice, fish, timber, garments and rubber are Cambodia's major exports. Most (about 75%) of the country lies at elevations of less than 100 metres (330 feet) above sea level, the exceptions being the Cardamom Mountains [highest elevation 1813 m (5948 feet)] and its ranges. The Government is a constitutional monarchy operated as a parliamentary representative democracy. Cambodia is divided into 23 provinces and the capital. Municipalities, districts (srok) and khan are the second-level administrative divisions of Cambodia.

POPULATION

According to the 2008 Census, adolescents accounted for 24.6% of Cambodia's population and there were 1 693 828 males (12.6% of total population) and 1 595 967 females aged 10–19 (12.0% of total population).¹ (Figure 1)

EDUCATION

Legislation: Every citizen has the right to access qualitative education of at least nine years in public schools free of charge.²

Net enrolment ratio (NER): In 2005, school enrolments of 15–19 year olds were 50% for urban females and 66% for urban males. However, the enrolments were 41% for rural females and 55% for rural males (Figure 2).³

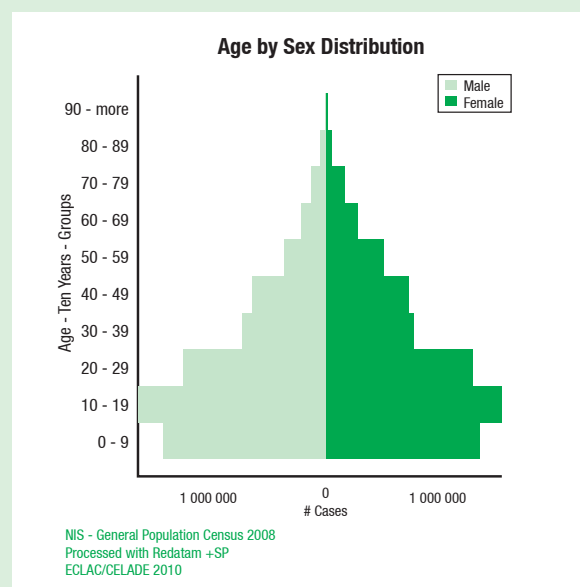
1 Cambodia General Population Census 2008. Phnom Penh, Cambodia and Santiago, Chile: National Institute of Statistics and Latin American and Caribbean Demographic Centre, Population Division of the Economic Commission for Latin America and the Caribbean, United Nations. [Cited 27 November 2010.] Available from: <http://celade.cepal.org/khmnis/census/khm2008/>

2 Article 31, Cambodia Law on Education, 2007. [unofficial translation]. [Cited 27 December 2010.] Available from: <http://www.moey.gov.kh/Includes/Contents/Education/Education%20Law%20in%20English%20Unofficial%20Translation.pdf>

3 The Adolescent Experience In-depth: Using Data to Identify and Reach the Most Vulnerable Young People: Cambodia 2005. New York: The Population Council and the United Nations Population Fund, 2009.

Area: 181 035 sq km^a
Population, 2008: 13 395 682^b
Rural-Urban Population, 2008: 80.5% / 19.5%^c
Crude birth rate / Crude death rate, 2008: 25 per thousand / 8 per thousand^d
Annual population growth rate, 2008: 1.54% per annum^e
Human Development Index (HDI), 2010: 0.494 (Rank: 124 of 169 countries)^f
Multidimensional Poverty Index, 2000–2008: 0.263^g
Gross National Income per capita (PPP int. US\$), 2009: US\$ 1820^h
Population living on <US\$ 1 (PPP int. US\$) a day, 2007: 25.8%ⁱ
Population below the national income poverty line, 2007: 30.1%ⁱ

Figure 1: Age by sex distribution, Cambodia, 2008

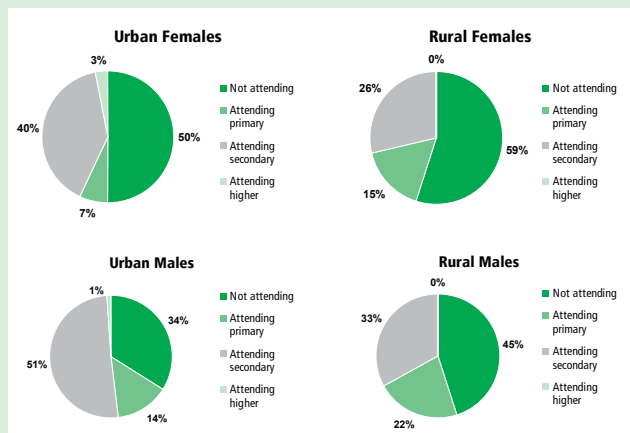


Source: Cambodia General Population Census 2008

The NER for primary education was 89% (90% for males and 87% for females) in 2008. For secondary education, the NER was estimated to be 22% (28% for males and 17% for females) in 2002. The gross enrolment ratio for tertiary education was 7% (9% for males and 5% for females) in 2008.⁴ The proportion

4 Cambodia: UIS statistics in brief. United Nations Educational, Scientific and Cultural Organization Institute for Statistics. [Cited 20 November 2010.] Available from: http://stats.uis.unesco.org/unesco/TableViewer/document.aspx?ReportId=121&IF_Language=eng&BR_Country=4060&BR_Region=40515

Figure 2: School enrolment among 15–19 year-olds, 2005



Source: Extracted from *The Adolescent Experience In-depth: Using Data to Identify and Reach the Most Vulnerable Young People: Cambodia 2005*. New York: The Population Council and the United Nations Population Fund, 2009.

of pupils starting grade 1 who reached the last primary level grade was 54.4% in 2007.⁵

Gender parity index (GPI): The GPI for primary level enrolment was 0.94 in 2008; for secondary level enrolment, the GPI was 0.82 in 2007; for the tertiary level, it was 0.54 in 2008.⁶

Out-of-school youth: In 2005, the percentage of 6–17 year old girls not in school was 27.5% (28.7% in rural areas and 23.2% in urban areas) and the corresponding figure for boys was 24.5% (25.9% in rural areas and 19.3% in urban areas); 1.3% of girls and 1.0% of boys aged 10–14 were neither in school nor living with either parent.⁷

ECONOMICS

Legislation: The Labour Law establishes 15 years as the minimum age for employment and 18 years as the minimum age for hazardous work. Children aged 12–15 can engage in “light work” if it is not hazardous to their health and does not affect school attendance.⁸

Labour force participation: Based on 2007 data, the labour force was made up of 7 844 000 people of 10 454 000 people of working age. The labour force participation rate for adolescents aged 10–14 was 44% and 71% for those aged 15–19.⁹

5 Cambodia country data. Millennium Development Goals Indicators. United Nations Statistics Division, Department of Economic and Social Affairs, United Nations. [Updated 23 June 2010, cited 6 November 2010.] Available from: <http://mdgs.un.org/unsd/mdg/Data.aspx>

6 Ibid.

7 *The Adolescent Experience In-depth: Using Data to Identify and Reach the Most Vulnerable Young People: Cambodia 2005*. New York: The Population Council and the United Nations Population Fund, 2009.

8 *Cambodia Human Rights Report: Status of Child Labor Practices and Minimum Age for Employment*. [Cited 6 November 2010.] Available from: <http://www.ncbuy.com/reference/country/humanrights.html?code=cb&sec=6d>

9 Labour force 2007. Report based on the Cambodia Socio-Economic Survey. Phnom Penh, Cambodia: National Institute of Statistics, Ministry of Planning, 2010.

Employment-Unemployment: Based on 2008 data, the 15–19 year old age group made up 16.4% of the country’s labour force.¹⁰ Table 1 and Table 2 show the main activity and employment status of adolescents aged 10–19. A total of 92 340 children aged 5–14 were employed in 2008. Computations indicate that 0.36% of those aged 5–9, 5.2% of those aged 10–14 and 41.5% of those aged 15–19 were employed.¹¹

Table 1: Main activity of youth by age, 2008

Main activity	Age		
	5–9	10–14	15–19
Employed	5234	87 106	672 576
Unemployed (employed before)	77	617	3674
Unemployed (never employed before)	-*	3090	24 594
Home-maker	928	6833	30 454
Student	687 760	1 446 467	812 182

Source: Cambodia General Population Census 2008
*No figures available were available for this category

Table 2: Employment Status of Youth Aged 10–19, 2008

Employment Status	Male	Female
Paid Employee	60 517	97 428
Own Account Worker	38 609	23 293
Unpaid Family Worker	261 500	280 903
Others	763	157

Source: Cambodia General Population Census 2008

Migrant labour force: In 2004, the number of beyond-province labour migrants was 257 903. In 2006, 330 000 workers employed in the garment industry were young women from rural areas; construction produced 260 000 jobs for young men; and hotels and restaurants produced 61 000 jobs. Overall, 77.3% of youth migrant workers worked seven days a week and an average of 10.6 hours a day.¹²

SEXUAL AND REPRODUCTIVE HEALTH

Legislation: (i) There is no legally defined or statutory age of consent to sexual intercourse under Cambodian law.¹³

10 Situation Analysis of Youth in Cambodia. Phnom Penh, Cambodia: United Nations Country Team, 2009.

11 Cambodia General Population Census 2008. Phnom Penh, Cambodia and Santiago, Chile: National Institute of Statistics and Latin American and Caribbean Demographic Centre, Population Division of the Economic Commission for Latin America and the Caribbean, United Nations. [Cited 27 November 2010.] Available from: <http://celade.cepal.org/khmnis/census/khm2008/>

12 Youth Migration and Urbanisation in Cambodia. Working Paper 36. Paper Commissioned by United Nations Population Fund, Cambodia. Cambodia’s Leading Independent Development Policy Research Institute, 2007.

13 A study on Cambodia’s criminal justice system with focus on prosecuting foreign child sex offenders. Action pour les enfants, 2006. [Updated 28 November 2009, cited 27 December 2010.] Available from: <http://www.aplecambodia.org/images/reportresearch/A%20study%20on%20Cambodia%27s%20criminal%20justice%20system.pdf>

(ii) The Law on Marriage and Family states that a marriage may be permitted for a male who is 20 years old or more and a female who is 18 years or more. However, in special cases where a male or female have not reached these ages, a marriage may be legitimized upon consent by the parents or guardians or if the female becomes pregnant. (iii) The Abortion Law states that abortion is permitted for pregnancies of less than 12 weeks. However, it is permitted after 12 weeks if the pregnancy is abnormal, it causes a risk to the female's life or if she has been raped, provided the female is more than 18 years old or it is requested by her parents if she is under 18.¹⁴

Sexual behaviour: The 2005 Demographic and Health Survey (DHS) found that the median age at first intercourse was 20.4 years for women, 21.5 years for men, 21.1 years for urban residents and 20.3 years for rural residents.¹⁵

In the Most at Risk Young People Survey 2010 (MARYP 2010), 18.5% of male respondents aged 10–19 and 8.8% of female respondents aged 10–19 had ever had sex. Among sexually active adolescents aged 10–19, the median age at first sexual intercourse was 18 for males and 17 for females.¹⁶

For the majority of male respondents aged 10–19 who had had sex, their first sexual partner was their girlfriend or sweetheart (66.5%), followed sex workers (11.7%). In the past 12 months, their sexual partners were mainly their girlfriends or sweethearts (56.1%), followed by karaoke workers (22.2%) and brothel or street-based sex workers (21.0%). In the past 12 months, 44.5% reported having had sex with their girlfriend, of whom 66.6% said that in the past three months they had always used a condom.¹⁸

Among female respondents aged 10–19 who had had sex, 51.8% stated that their first sexual partner was their boyfriend or sweetheart followed by 31.9% who mentioned their husband. In the past 12 months, 10.2% reported having had sex with their boyfriend, of whom 25.6% said that in the past three months they had always used a condom.¹⁹

Of the sexually active respondents aged 10–19, 0.37% of females and 0.72% of males reported that they were forced to have sex in the past 12 months.²⁰

Other findings from the Cambodia Demographic and Health Survey 2005 (CDHS 2005)¹⁷:

- Among women aged 15–19, 3% had forced first sexual intercourse.
- Among adolescents aged 15–19, 0.7% of females and 0.4% of males reported experiencing their first sexual intercourse at age 15.
- Among all female adolescents aged 15–19, 8.3% had had sexual intercourse within the past four weeks and 2.2% within the past year.
- Among the never-married adolescents aged 15–19, 0.1% of females and 3.6% of males reported having had sexual intercourse in the past 12 months.
- Fully 81.9% of the never-married men aged 15–19 who had sexual intercourse in the past 12 months reported using a condom at last sexual intercourse.
- Among female adolescents aged 15–19 who were sexually active in the past year, 1.2% had higher-risk intercourse.
- Among male adolescents aged 15–19 who were sexually active in the past year, 69.8% had higher-risk intercourse, of whom 80.2% reported condom use when doing so.

Commercial or transactional sex: In the 2005 Demographic Health Survey (DHS), of 1662 males aged 15–19, 2.5% said that they had paid for sexual intercourse in the past 12 months and 99.8% of them reported condom use.²¹

In MARYP 2010, 83.35% of sexually active male respondents aged 10–19 reported ever paying for sex with women in the past year, 92.61% of whom said that they had always used a condom when doing so in the last three months. Among the sexually active female respondents aged 10–19, 36.75% were ever paid for sex in the past year, 92.49% of whom had used condom the last time they had sex with a client.²²

Marriage: The 2005 DHS found that the median age for first marriage was 20 for women and 22 for men.²³ The singulate mean age at marriage was 25.6 for men and 23.3 for women.²⁴ Among female adolescents aged 15–19, 10.1% were currently married or in union, 0.8% were separated, divorced or widowed and 89.2% were never married. Among the male adolescents, 1.6% were currently married and 0.4% were separated.²⁵

14 Cambodia: Abortion Law, 1997. [Informally translated]. [Cited 27 December 2010.] Available from: <http://rc.racha.org.kh/download.asp?file=/resources/documents/1-100/1-20/5/AbortionLaw.doc>

15 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006.

16 Cambodia Most at Risk Young People Survey 2010. [Updated July 2010.]

17 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006

18 Ibid.

19 Ibid.

20 Ibid.

21 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006.

22 Cambodia Most at Risk Young People Survey 2010. [Updated July 2010.]

23 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006.

24 Cambodia General Population Census 2008: Final Census results—Figures at a glance. Phnom Penh, Cambodia: National Institute of Statistics. [Cited 27 November 2010.] Available from: <http://celade.cepal.org/khmnis/census/khm2008/>

25 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006.

Contraceptive knowledge and use: Among female adolescents aged 10–19 in MARYP 2010, 41.2% knew of condoms, 19.6% knew of the pill, 1.0% knew of injectable methods and 5.9% knew of withdrawal as birth spacing methods. Among male adolescents aged 10–19, 81.6% knew of the pill, 71.9% knew of the condom and 60.2% knew of the IUD as birth spacing methods.²⁶

Findings from the 2005 DHS ²⁷

Of the 3601 female adolescents aged 15-19,

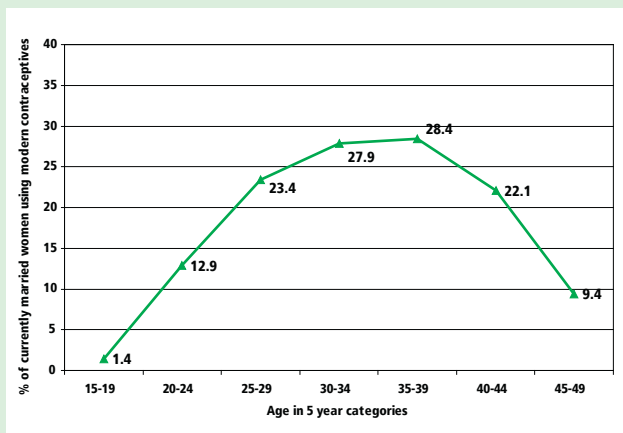
- 2.5% have ever used any modern method (1.5% pill and 0.9% male condom)
- 1.4% are current users of any modern method (0.7% pill and 0.3% male condom)

Of the 363 currently married female adolescents,

- 97.3% reported having knowledge of any modern contraceptive method
- 24.1% had ever used any modern method (14.4% pill and 7.9% male condom)
- 13.7% were current users of any modern method (7.0% pill and 2.8% male condom)

Figure 3 shows the current use of modern contraceptives by age among female respondents in the 2005 DHS.

Figure 3: Use of modern contraceptives among currently married women by age, 2005



Source: Extracted from Cambodia country profile. Department of Making Pregnancy Safer, World Health Organization. [cited 12 November 2010].

Available from: http://www.who.int/making_pregnancy_safer/countries/cam.pdf

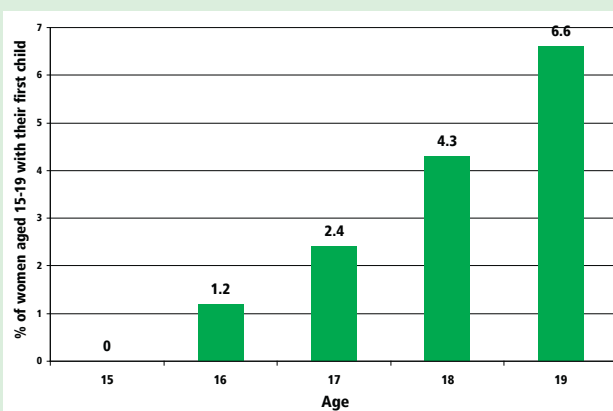
In the MARYP 2010, at last sex with their sweetheart, 36.85% of females and 65.5% of males aged 10–19 mentioned that they used a condom.²⁸

Childbearing: The 2005 DHS found that among female adolescents aged 15–19, about 8% had become mothers or were currently pregnant with their first child; 4.8% had one

child while 0.4% had two. Of the currently married female adolescents, 44.7% had one child, 3.7% had two and 0.5% had four children. Fully 6% of urban girls and 8% of rural girls had begun childbearing before age 20. One in five adolescents who had never been to school had begun child-bearing compared with one in 10 who had primary school education and less than one in 20 with secondary or higher education.²⁹

Among adolescents aged 15-19, almost 7% of those aged 19 were pregnant with their first child. (Figure 4)

Figure 4: Adolescent pregnancy by age, 2005



Source: Extracted from Cambodia country profile. Department of Making Pregnancy Safer, World Health Organization. [cited 12 November 2010].

Available from: http://www.who.int/making_pregnancy_safer/countries/cam.pdf

Among female respondents aged 10–19 in MARYP 2010 who had ever got pregnant, 5.9% were still pregnant, 26.6% had had a live birth and 22.1% had a miscarriage.³⁰

Adolescent birth rate: The age-specific fertility rate reported for adolescents aged 15–19 was 47 per thousand women (urban=32 and rural=51).³¹

Neonatal, post-neonatal and infant mortality: The relationship between maternal age at birth and childhood mortality is generally a U-shaped curve. Among mothers under 20 years old at the birth of child, the neonatal mortality rate was 48, post-neonatal mortality was 37, infant mortality was 85, child mortality was 13 and under-5 mortality was 98 per thousand births.³²

Abortion: The 2005 DHS showed that 0.3% of females aged 15–19 had had one abortion while 0.1% had had three abortions during their lifetime.³³

26 Cambodia Most at Risk Young People Survey 2010. [updated 2010 July]

27 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006.

28 Cambodia Most at Risk Young People Survey 2010. [Updated July 2010.]

29 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006.

30 Cambodia Most at Risk Young People Survey 2010. [Updated July 2010.]

31 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006.

32 Ibid.

33 Ibid.

34 Ibid.

Findings from the 2005 DHS³² on maternal health:

Among mothers under 20 years old:

- 6.8% had received antenatal care coverage from doctors, 3.1% from nurses, 58.9% from midwives and 3% from traditional birth attendants.
- Among those with a live birth in the past five years, 61.2% had taken iron tablets or syrup, 56.3% had received two or more tetanus toxoid injections (TTI) during the last pregnancy while 9.9% had received one TTI and an additional one before the pregnancy.
- 16.3% had given birth at a health facility in the public sector, 5.5% in a private sector health facility and 78.2% at home.
- During delivery, 6.4% had received assistance from a doctor, 1.6% from a nurse, 36.2% from a midwife, 55.5% from a traditional birth attendant and 0.2% from a relative.
- Among currently married adolescents aged 15-19, 23.5% had unmet need for spacing and 2.2% had unmet need for limiting births.
- Among adolescents aged 15-19, during the period 0-6 years before the survey, there were five maternal deaths. The maternal mortality rate was 0.13 per thousand women-years of exposure.

Among sexually active female respondents aged 10–19 in MARYP 2010, 3.52% reported ever being pregnant, of whom 45.28% had had their last pregnancy terminated by induced abortion.³⁵

Sexually Transmitted Infections (STIs): In the 2005 DHS, among the 392 female respondents aged 15–19 who ever had sexual intercourse, 5.5% reported having an STI in the past 12 months. However, none among the 105 male respondents aged 15–19 who ever had sexual intercourse reported having an STI.³⁶

Among the sexually active respondents in the MARYP 2010, 17.8% of females and 1.3% of males reported discharge with an unpleasant odor; 1.4% of females and 1.7% of males reported cuts or sores in the genital area; and 1.6% of females and 0.9% of males reported swelling in the genital area in the past 12 months. However, 42.8% of females and 29.1% of males did not seek treatment.³⁷

Among female respondents aged 10-19 who sought STI treatment, 10.1% experienced stigma and discrimination during the last treatment session.³⁸

HIV prevalence and infection: In the 2005 DHS, among youth who were tested for HIV, 0% of females and 0.1%

of males aged 15–19 were HIV-positive.³⁹ In 2006, among young pregnant women aged 15–24, HIV prevalence was 0.4%. Nearly half of new infections were occurring in married women, most of who were infected by their husbands.⁴⁰

HIV knowledge and education: The 2005 DHS also found that 98.3% of men and 98.2% of women aged 15–19 had heard of AIDS; 50.2% of female adolescents and 41.4% of male adolescents had a comprehensive knowledge of AIDS.⁴¹

The School Health Department of the Ministry of Education, Youth and Sports reported that from September 2008 to June 2009, 34.1% (2738 schools) of all primary and secondary schools provided life skills-based HIV education. In the 2008-2009 school year, 5.2% of secondary schools and 40.6% of primary schools, in 14 out of 24 provinces and municipalities, provided life skills-based HIV education.⁴²

Health care-seeking behaviour and knowledge: The 2005 DHS found that 92.6% of females aged 15-19 had at least one problem accessing health care, with 75% of them being unable to get the money needed for treatment.⁴³

In MARYP 2010, the two main barriers that prevented the most at-risk adolescents aged 10–19 from using health services was fear that confidentiality is not maintained (58.1%) and the service fee (15.9%).⁴⁴

Adolescent-Friendly Health Services (AFHS):

The Reproductive Health Association of Cambodia (RHAC), established in 1996, has been implementing the Adolescent HIV/AIDS and Reproductive Health Project since mid-1997. This project covers about 615 000 young people aged 10–24 in 1312 villages and 43 schools. In order to communicate reproductive health messages and information to young people, the project uses peer educators, group discussions, one-on-one talks, local theatre or quiz shows, village edutainment quizzes, mobile videos, educational materials and youth centres. In 2007, the project had 2892 trained peer educators, distributed 203 619 condoms and offered STI services to 48 732 youth under 25

35 Cambodia Most at Risk Young People Survey 2010. [Updated July 2010.]

36 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006.

37 Cambodia Most at Risk Young People Survey 2010. [Updated July 2010.]

38 Cambodia Most at Risk Young People Survey 2010. [Updated July 2010.]

39 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006.

40 Situation Analysis of Youth in Cambodia. Phnom Penh, Cambodia: United Nations Country Team, 2009.

41 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006.

42 Cambodia: Country Progress Report: Monitoring the progress towards the implementation of the Declaration of Commitment on HIV and AIDS. Reporting Period: January 2008-December 2009. The National AIDS Authority, 2010. Available from: http://data.unaids.org/pub/Report/2010/cambodia_2010_country_progress_report_en.pdf

43 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006.

44 Cambodia Most at Risk Young People Survey 2010. [Updated July 2010.]

years old.⁴⁵ In 2010, RHAC worked with 49 health centres on youth-friendly services with 18 RHAC clinics providing AFHS.⁴⁶

The European Union/United Nations Population Fund Reproductive Health Initiative in Asia (RHIYA), launched in 2003, has seven projects in 11 provinces targeted at improving sexual and reproductive health of young people aged 10–24. RHIYA has 16 local and three European NGOs who carry out their activities, which include peer education and outreach through educational materials, radio programmes, theatre and sports. Over 600 000 peer educator contacts were made, 140 000 young Cambodians were registered as clients at service delivery points and more than 1100 advocacy events have been undertaken.⁴⁷

NUTRITION STATUS

The 2005 DHS revealed that 11.3% of females aged 15–19 were less than 145 cm in height; 8.6% had a Body Mass Index (BMI) of <17 (moderately and severely thin) while 1.5% had a BMI of >25 (overweight or obese).⁴⁸

MENTAL HEALTH

A National Institute of Statistics/National Institute of Public Health survey observed that suicide was a leading cause of death among adolescents aged 15–17. Focus group discussions suggest that mental health issues stem from violence in the home, a perceived lack of caring from the family, feelings of isolation and involvement in an abusive relationship.⁴⁹

SUBSTANCE USE

Legislation: There is no legislation which stipulates the minimum age for purchase of tobacco and alcohol.

Tobacco use: Among adolescents aged 15–19, 2.9% of males and females reported having smoked a cigarette. Of these, 5.1% of males and 0.6% of females said that they smoked daily. More rural adolescents smoked (3.3%) compared with those in urban areas (2%).⁵⁰

The 2004 Youth Risk Behaviour Survey (YRBS) reported that 5% of adolescents aged 11–18 had tried smoking and more than half reported smoking daily. Out-of-school youths also were more likely to smoke than those in school (9.2% compared

with 0.6%). Generally, the majority started smoking when they were 15 years old.⁵¹

Table 3 shows results from the Global Youth Tobacco Survey 2003. Among students aged 13–15, 5.5% currently smoke cigarettes (7.9% of boys and 1.0% of girls) and 4.2% currently used tobacco products other than cigarettes (4.8% of boys and 2.5% of girls). More than half were also exposed to second-hand smoke at home.⁵²

Table 3: Results from Cambodia Global Youth Tobacco Survey, 2003

Main activity	Students aged 13–15 (%)		
	Total	Male	Female
Percentage who currently smoked cigarettes	5.5	7.9	1.0
Percentage who currently used tobacco products other than cigarettes	4.2	4.8	2.5
Percentage who lived in homes where others smoked in their presence	50.6	-	-
Percentage who tried to stop smoking (among current smokers)	80.7	-	-

Source: Cambodia: Global Youth Tobacco Survey, 2003

Alcohol use: The MARYP 2010 found that 70% of the female and 91% of male respondents reported drinking alcohol for reasons such as a way of socializing with their peers, celebration, coping with stress and to look fashionable or wealthy. The median age at first drinking of alcohol among those aged 10–19 was 17 years for females and 16 years for males. Among respondents aged 10–19, 57.6% of females and 81.44% of males had ever consumed alcohol; 8.09% of females and 1.11% of males identified themselves as heavy drinkers. This higher number of heavy female drinkers may be related to many working in karaoke or nightclubs, where they are required to drink with their customers.⁵³

Among MARYP 2010 respondents aged 10–19 who ever had sex, 89.2% of females and 99.3% of males had ever consumed alcohol compared with 54.6% of females and 77.4% of males aged 10–19 who never had sex.⁵⁴

Illicit drug use: Youth aged 10–25 appeared to account for almost 80% of known illicit substance users; 60% were in the 18–25 age group and 17% were aged 10–17.⁵⁵ In 2007, of

45 Reproductive Health Association of Cambodia (RHAC). [Cited 26 December 2010.] Available from: http://www.rhac.org.kh/project_category.php?cat=7

46 Email correspondence between Dr Var Chivorn of Reproductive Health Association of Cambodia and Dr Kannitha Cheang, National Professional Officer, Making Pregnancy Safer, World Health Organization Representative Office in Cambodia. [Updated 16 December 2010.]

47 Cambodia: Overview. European Union/United Nations Population Fund Reproductive Health Initiative in Asia (RHIYA). [Cited 26 December 2010.] Available from: <http://www.rhiya.org/cambodia.php?area=2&page=2&option=1>

48 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006.

49 Situation Analysis of Youth in Cambodia. Phnom Penh, Cambodia: United Nations Country Team, 2009.

50 Ibid.

51 Ibid.

52 The Global Youth Tobacco Survey 2003: Cambodia. [Cited 6 November 2010.] Available from: <http://www.wpro.who.int/NR/rdonlyres/67D1388A-CF29-4EC7-A104-132C46704556/0/CambodiaFACTSHEETGYTS.pdf>

53 Cambodia Most at Risk Young People Survey 2010. [Updated July 2010.]

54 Ibid.

55 John Howard, Hammad Ali, Lisa Robins, National Drug and Alcohol Research Centre, University of New South Wales, Sydney Australia. Review of Adolescent Substance Use and Responses in the WHO Western Pacific Region. Report prepared for the World Health Organization Regional Office for the Western Pacific, May 2010. [unpublished]

2089 street children and youth surveyed, 50% reported recent use of at least one illicit drug (58% of males and 30% of females). About two thirds of street adolescents aged 16–18 used illicit substances compared with one third of those aged 12–15 years.⁵⁶

The MARYP 2010 found that among adolescents aged 10–19, 9.3% of males and 1.9% of females reported ever using drugs. The average age of first drug use was 17 years for both males and females aged 10–19. Drug use was higher among the older age group 20–24 years and among those living in urban areas. Among female adolescents aged 10–19 who had ever used drugs in the past six months, the most common drug used was yama and yaba (31.4%) followed by ice or meth-based powder (20.6%); among males, it was ice or meth-based powder (32.1%) followed by yama and yaba (24.2%).⁵⁷

Among MARYP 2010 respondents aged 10–19 who ever had sex, 17.8% of females and 27.5% of males had ever used drugs compared to 0.4% of females and 5.3% of males aged 10–19 who never had sex.⁵⁸

VIOLENCE AND INJURIES

Domestic violence: According to the 2005 DHS, 20.6% of ever-married females aged 15–19 had experienced violence since age 15; 7.9% had experienced violence in the past 12 months and 1.7% had experienced violence during pregnancy. Among ever-married females aged 15–19, 14.2% reported emotional violence, 6.4% physical violence and 1.9% sexual violence by their spouse.⁵⁹

Accidental injuries and deaths: The 2005 DHS reported that 291 adolescents aged 10–19 were injured or killed in an accident in the past 12 months. Of these, 34.3% were from a road accident, 22.9% from a fall, 5.5% from a snake or an animal bite, 2.9% from violence, 1.8% from gunshot, 1.1% from drowning, 1.1% from chemical poisoning, 0.8% from severe burns, 0.3% from a landmine or an unexploded bomb and 28.7% from other causes.⁶⁰

LIST OF LEGISLATION WHICH IMPACT ON ADOLESCENT HEALTH AND WELL-BEING

Employment

- Labour Law, 1998

Education

- Law on Education, 2007

Health and Welfare

- Policy on Alternative Care for Children, 2006
- Law on the Prevention and Combat against the Spread of HIV/AIDS, 2002
- Guidelines on the Establishment of the Commune/Sangkat Committees for Women and Children, 2002

Sexual and Reproductive Health

- Law on Marriage and Family, 1989
- Abortion Law, 1997

Substance Use

- Law on Drugs Control, 1996

Crimes, Violence and Injuries

- Law on the Suppression of Human Trafficking and Sexual Exploitation, 2007
- Law on Prevention of Domestic Violence and Protection of Victims, 2005
- Law on Sex Trafficking, 1997
- Law on Suppression of the Kidnapping and Trafficking of Human Persons and Exploitation of Human Persons, 1996

Conventions

- International Labor Organization's (ILO) Convention No 182 on the Worst Forms of Child Labor, 2006
- World Health Organization Framework Convention on Tobacco Control, 2003
- United Nations Convention on the Elimination of All Forms of Discrimination Against Women, 2001
- The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, 2001
- The Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography, 2000
- The Stockholm Declaration and Agenda for Action, 1996
- Convention on the Rights of a Child, 1992
- ILO's Minimum Age Convention No. 138, 1973

GOVERNMENT RESPONSE

Note: This is not meant to be a comprehensive list of all relevant government initiatives.

Employment

- Decent Work Corporation Framework, 2010–2012
- Rectangular Strategy for Growth, Employment, Equity and Efficiency, 2004
- National Strategic Development Plan, 2006–2010
- Socio-Economic Development Plan, 2001–2005
- National Poverty Reduction Strategy, 2003–2005
- Cambodia Millennium Development Goals 2015

56 Ibid.

57 Cambodia Most at Risk Young People Survey 2010. [Updated July 2010.]

58 Ibid.

59 Cambodia: Demographic and Health Survey 2005. Phnom Penh, Cambodia and Calverton, Maryland, United States of America: National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006.

60 Ibid.

Education

- UNESCO National Education Support Strategy, 2010–2013
- Education Strategic Plan, 2006–2010
- Education Sector Support Programme, 2006–2010
- Education for All National Plan 2003–2015
- United States Agency for International Development (USAID)-funded Improved Basic Education Programme
- USAID-funded Educational Support for Children in Underserved Populations, 2005–2008
- Schools for Life Programme, 2008–2009
- Cambodia Educational Media Initiative

Health

- Green Health Project, 2006
- Siam Reap – Angkor Declaration – “Towards a Region Where Every Child Counts”, 2005
- Health Initiatives Fund, 2001
- Cambodian-German Development Cooperation, Strategy for the Priority Area of Health
- Master Plan for Social Health Insurance, 2003–2005
- Strategic Framework for Health Financing

Sexual and Reproductive Health

- National Strategy for Reproductive and Sexual Health, 2006–2010
- Reproductive Health Initiative for Youth in Asia
- Youth for Youth: Peer Education
- Cambodia Youth Camp
- MoEYS HIV/ Life Skills for HIV/AIDS Education Programme for In and Out of School Youth, 2005–2007
- Vulnerable Street Children Programme, 2005–2007
- HIV/AIDS Prevention – Promoting Healthy Youth, 2005
- HIV/AIDS Education for Youth Project, 2000–2005

- Cambodia HIV/AIDS Strategic Plan, 2002–2005
- National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS, 2006–2010
- Pact Cambodia AIDS Programme, 2002

Nutrition and physical activity

- Cambodia Nutrition Investment Plan, 2003–2007
- National Nutrition Strategy, 2009–2015
- Strategic Framework for Food Security and Nutrition
- Cambodia Child Survival Strategy

Mental Health

- Cambodian National Health Plan, 1993
- National Mental Health Projects, 1994
- Cambodian National Program for Mental Health
- Cambodian Mental Health Development Programme

Substance Abuse

- Five-Year National Plan on Drugs Control 2005–2010
- Narcotics Control Strategy
- Cambodia Movement for Health Project

Crime, Injuries and violence prevention

- OPTIONS: Combating Child Trafficking and Exploitation through Education, 2003–2007
- Cambodia Criminal Justice Assistance Project, 1997–2012
- Combating Domestic Violence in Cambodia: Public Education Through Street Theatre
- National Road Safety Policy
- Road Traffic Law, 2007
- Road Safety Action Plan, 2006–2010
- Action Plan for Violence Prevention, 2007–2010
- Injury and Violence Prevention Strategic Plan, 2008–2018

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