

Cambodia: Producing evidence-based information for better planning for most at risk young people

EDUCAIDS Country Snapshot



Survey researchers preparing for field work

Information about HIV and education in Cambodia

Cambodia is marked by a concentrated HIV epidemic, with an overall HIV prevalence of 0.7% and 0.1% for the 15-24 age group. The latter are a particular group of concern, as only 47.4% of these young people were able to both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. 57.01% of schools provided life skills-based HIV education in 2005, the last academic year for which these data are available. The primary driver of HIV transmission is estimated to be heterosexual transmission between sex workers and their clients and other sexual partners, though transmission also occurs via sex between men and injecting drug use (UNGASS 2010). More information can be found at: <http://www.unaids.org/en/Regionscountries/Countries/Cambodia/>

How the education sector response to HIV and AIDS has been supported

In 2010, the Ministry of Education, Youth and Sport (MoEYS), with financial and technical support from several UN agencies (UNESCO, UNAIDS, UNFPA, UNICEF and WHO) and selected NGOs working on HIV and AIDS, conducted Cambodia's 2010 Most At Risk Young People (MARYP) Survey in order to assess multiple risk behaviours of this population, to explore their perceptions and preferences in terms of sexual and reproductive health (SRH) programmes and to make recommendations in terms of programming interventions with MARYPs. As is the case elsewhere, the MARYP in this study are understood to be young people (10-24 years in this context) whose behaviours, including multiple unprotected sexual partnerships (some of a commercial nature) and injecting drug use, put them at greater risk of HIV infection. In Cambodia, 35% of the population falls into this age group.

The survey was conducted in eight selected provinces and used a methodology including both qualitative and quantitative techniques. The survey was guided by a Steering Committee chaired by the Secretary of State of the MoEYS and the Chairman of the Inter Departmental Committee for HIV/AIDS and Drugs (ICHAD) within the ministry. A Youth Advisory Group was also convened to inform each stage of the research and its findings, and young people participated actively in the data collection process.

Many respondents cited family problems, peer pressure, exposure to alcohol, drugs and pornography at a young age and the lack of viable employment opportunities as factors leading them to engage in high-risk behaviours. In general, MARYP question the value of education, citing a higher regard for social acceptance and popularity with peers. In terms of SRH services, MARYP indicated that they generally prefer private or NGO clinics to public services and have very little knowledge of how to access these services. Shyness, concerns of confidentiality, health care providers of the opposite sex, long waiting times and transportation or service fees were cited as factors which further hamper access. In 2008, for example, only 21% of young women and 16.5% of young men accessed HIV testing services.

The results of the survey were disseminated at a workshop in late 2010 in order to inform the MoEYS and other planners in the design of better

programme interventions for MARYP and are now being used by sub-national level stakeholders who work with MARYP in order to review existing interventions and plan for the future. Among the recommendations which were identified as priorities were several with relevance for the education sector, including in regard to curriculum, teacher training, school environment and peer education.

What was achieved

- The results of the survey have provided evidence-based information and recommendations which are now informing the planning, programming and implementation of interventions to fill identified gaps and enhance the education sector response to the needs of MARYP. Examples of suggested interventions for which implementation is now being planned include: 1) review of school and teacher training curriculum in order to include up-to-date information on high-risk behaviours and risk reduction skills; 2) engagement of youth peer educators; 3) facilitating access to alternative education opportunities; 4) creation of more protective school environments which support safer behaviours; and 5) ensuring access to psychological counseling services for young people both in-school and out-of-school.
- Partnership was enhanced between the MoEYS, UNESCO and other UN agencies and NGOs through the process of designing and implementing the survey and developing recommendations based on the findings.

What we learned

- Evidence-based information is a foundation and a crucial requirement for better programme interventions in regard to education and HIV & AIDS. Studies such as the 2010 Cambodia MARYP Survey are crucial and should be conducted on a regular basis in order to ensure an accurate and up-to-date understanding of the situation and to improve services and programmes and design new ones as necessary.
- There is a need to adapt education to the specific needs of MARYP. Peer education and access to alternative education opportunities, among other measures, can do much to enhance the education sector response to the needs of MARYP, who cannot necessarily be reached in traditional and formal education settings.

EDUCAIDS is a UNAIDS multi-country initiative – led by UNESCO – to support the implementation of comprehensive education sector responses to HIV and AIDS



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