Communication and advocacy strategies
adolescent reproductive and sexual health

Case Study
Cambodia

Laddaporn Ampornsuwanna

Samapeap Tarr

Tong Si Then

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UNESCO PROAP Regional Clearing House
on Population Education and Communication
Bangkok, Thailand, 2000

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PREFACE

BACKGROUND

Although adolescent reproductive and sexual health education is a new programme area when taken under the context of the ICPD POA framework, not a few efforts had been ventured though by a number of forward-looking countries in the region to implement educational, advocacy and communication activities in the areas of human sexuality, HIV/AIDS, and family life/population education, and of course more recently, adolescent reproductive health.

Without doubt, these programmes and activities are characterized by weaknesses and gaps as planners and implementors are usually held back from trying out innovative approaches by opposition and objections from concerned quarters. However, there is also not a dearth of successful innovative strategies and approaches which can documented and shared for others to learn from and even replicate.

Sexuality and reproductive health education is an area that generate misconceptions, confusion, fear and unwarranted caution, to say the least. These can be ascribed by many factors. First, policy makers, community members, parents and teachers are reluctant to confront issues of sexual and reproductive health. Teen-agers often get their information from their peers who may be ignorant of the topic or the mass media which may provide sensational and inaccurate information. In many programmes, curriculum and textbooks continue to limit their focus on biological, demographic, population and development and family life education issues. Sometimes, in spite of a well-designed curriculum, an ill-prepared or uncomfortable teacher can render a programme ineffective. Teaching methods used are often not suited to the sensitive nature of sexual and reproductive health education issues.

However, the developments in this field have not been held back by a few conservatives and traditionalists. Many organizations, especially the non-governmental and voluntary organizations as well as bold government agencies have taken steps to undertake innovative strategies to introduce reproductive and sexual health messages into their programmes to reach the adolescents and influence them into taking responsible decisions regarding their sexual and health behaviours.

These strategies and approaches range from energizing in-school education through co-curricular or community support from out-of-school sector; setting up counselling services inside a school campus; counselling through telephone hotlines; peer group counselling and discussions; development of IEC materials and interactive Internet discussion forum; youth camps and debates and competitions and campaigns in recreational places. Some of these strategies have worked and some failed. How is it that in one country the setting up of counselling centre for youth within a school campus is acceptable and not in another? Why is it that the use of peer approach in reaching the youth is effective in one cultural setting and not in another? How has religion been an obstacle in the introduction of reproductive and sexual health education in a few countries and how has this been overcome?

Some countries and some sectors of society have raised fears and caution in introducing reproductive and sexual health which could be unwarranted. The perceptions could be emanating from their own perspective alone and may not be shared by other sectors or even the recipients themselves, i.e., adolescents. Or even if these fears are justified, these are not really unsolvable. Bold, innovative strategies and approaches are now called for if the ICPD POA recommendations dealing with adolescent health are to see reality. As Dr. Nafis Sadik, Executive Director of UNFPA states:

> "The largest challenge facing us does not lie in resources or delivery systems or even infrastructures, but in the minds of people. We must be sensitive to cultural mores and traditions, but we must not allow them to stand in the way of actions we know are needed. We have to overcome the obstacles of superstitions, prejudices, and stereotypes. These changes may not be easy and we face formidable challenges. They involve questioning entrenched beliefs and attitudes, especially toward girls. Lifelong habits must be given up, but they have to be, because in the end Asia's future depends on all its people: and it will depend as much on adolescents as on adults".

In order to document the experiences of the countries in the planning and implementation of best practices and innovative strategies in the field of adolescent reproductive and sexual health, these series of case studies are being commissioned to selected countries which have accumulated a pool of knowledge and experiences which can be shared with other countries.

OBJECTIVES

To document the experiences of countries engaged in planning and implementing adolescent reproductive and sexual health in the areas of advocacy and IEC (information, education and communication), the UNESCO Regional Clearing House on Population Education and Communication carried out an activity whereby selected countries were asked to document their experiences in order to:

1. Identify the profile and characteristics of adolescents in various areas such as demographic profile, fertility, teen pregnancies, sexual behaviour, STDs, contraception, etc.

2. Describe the policy and programme responses of the country to address the problems and issues dealing with adolescent reproductive and sexual health

3. Document the strategies, best practices and innovative approaches used in undertaking advocacy and IEC activities on this topic and the results or impact of these strategies on the target recipients

4. To examine and bring out the factors/conditions which have contributed to the success of these best practices or failure of some strategies and from these highlight the lessons learned or guidelines for future consideration

5. To identify organizations which have achieved successes in carrying out programmes/activities on adolescent reproductive and sexual health

This third series covers the following countries: Cambodia, China, People's Republic of, India, Lao PDR, Maldives, Nepal and Vietnam. The first series covered also seven countries, namely, Bangladesh, Iran, Malaysia, Mongolia, Philippines, Sri Lanka and Thailand.

This volume presents the experiences of Cambodia in planning and implementing the advocacy and IEC strategies for promoting adolescent reproductive and sexual health programmes. It was compiled by Laddaporn Ampornsuwanna, Samapeap Tarr, Tong Si Then, and Phay Mov from Cambodian AIDS Research Project, Phnom Penh.

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DEMOGRAPHIC CHARACTERISTICS OF ADOLESCENTS

A. POPULATION COMPOSITION OF ADOLESCENTS

By early 2000, Cambodia's population had reached nearly 11.5 million, with a rate of natural growth close to 2.5 per year (National Statistical Institute, May 2000). Unlike neighbouring Thailand, where declining fertility continues to impact upon the age structure of the population, Cambodia continues to exhibit very high rates of fertility. This is due to high levels of rural poverty, low acceptance of family planning interventions and the lingering effects of more than three decades of civil war.

About 61 per cent of Cambodia's population is 24 years of age and younger. Males in this category constitute 63.6 per cent of the population and females 58.1 per cent of the population. However, there are some differences between urban and rural areas in Cambodia. In Phnom Penh, 55.5 per cent of the population are in this category with males constituting 57.8 per cent of the population and females 53.2 per cent. A rural province like Battambang, which borders Thailand, has 62.3 per cent of its population under 24, with males constituting 62.3 per cent and females 59.4 per cent. In Ratanakiri, one of Cambodia's most ethnically diverse provinces, 59.9 per cent of the population are in this category, with males constituting 54.9 per cent and females 59.8 per cent. As a whole, 61.2 per cent of Cambodia's rural population is under 24 compared to 59 per cent for the urban population, with rural males constituting 54.1 per cent compared to 61.3 per cent of urban males and rural females constituting 58.5 per cent and urban females 56.8 per cent.

B. AGE AT MARRIAGE

Young Cambodians tend to marry at a much younger age than their contemporaries in a neighbouring society like Thailand. There is not much data on the mean age at which young people get married in Cambodia, although a survey conducted by the National Institute of Public Health in 1999 among 186 young women revealed that the mean age at marriage was 18.8 years. Certainly, most rural young women are married by the age of 24. Indeed substantial numbers are married before they reach the age of 20. Likewise, most young men are married before the age of 24. It is considered unusual to remain unmarried much beyond the age of 24 in rural Cambodian society and there is much social and economic pressure applied to ensure that young people get married as soon as possible. This should

surprise no one, as Cambodia is still largely a rural society with nearly 80 per cent of the population found in the villages.

The situation is a little more complex in a large urban centre like Phnom Penh but even here, early rather than late marriage is favoured. It is also considered normal that young married women should get pregnant as soon as possible. In fact a girl only becomes a woman in Cambodian society after she has given birth to a child. By the age of 24 then, most young people in Cambodia are already parents.

C. EDUCATIONAL LEVEL

In Cambodia, the number of young people in schools diminishes with age. In the age group of 5 to 9, nearly half (49.1%) are attending school. The percentage for males is 49.5 per cent and females 48.7 per cent. In the age group of 10 to 14, the school attendance rates are better (males, 87 per cent; females, 80.5 per cent). However, in the age group of 15 to 19, attendance rates drop off sharply (males, 55.8 per cent; females, 34.4 per cent). Attendance rates are considerably higher in Phnom Penh than in the rural areas. For instance, in the age group of 15 to 19, nearly 78.5 per cent of males and nearly half (47.6%) of females are in this category. By way of contrast, the attendance rates in rural Cambodia are just over half (57.2%) for males and one-third (35%) for females. Most young women in Cambodia, rural or urban, are more disadvantaged educationally than young men. Nevertheless, few young people, whether male or female, are in higher education beyond the age of 19.

D. FERTILITY, TEEN PREGNANCY AND ABORTION

The National Institute of Public Health in 1999 found that young women married at 18.8 years had at least one live birth by the age of 20. The survey showed that the mean age of first sexual experience was 18.7 years, which implies that many young women engage in pre-marital sex with their future marriage partners.

In the event of pregnancy, only a few young, unmarried women would want to admit having an abortion since this would imply a degree of sexual activity which is still not socially acceptable in the Cambodian context. However, if a young woman wants an abortion, the fee according to the factory workers interviewed in a study by CARE is US$20 on the first month of pregnancy and US$60 on the third month. Beyond the end of the first trimester, most informants considered it dangerous to have an abortion. Since US$20 is approximately half of a female garment worker's monthly wage, an abortion is relatively very costly for Cambodians.

Two points need to be noted here. First, young Cambodian males are not very supportive of their female lovers who give birth outside of marriage, although to arrange a marriage for a pregnant young woman is not that difficult in Cambodia, depending of course on the socio-economic background of the woman and her

partner. Second, it is legal to seek an abortion in Cambodia despite Buddhist strictures about abortion being immoral. Cambodian society appears to be quite pragmatic in this respect.

A KAP survey supported by the EC/UNFPA found that over half of young free lance female sex workers knew that an unwanted pregnancy could be terminated by abortion. The same applies to young female street children and those in the province. Among female street children, it is stated that abortion is not well accepted because of health complications and shame, but then 50 per cent of young women said it was acceptable to have an abortion. Of those sex workers who had been pregnant, 28 per cent had an abortion (up to 29 per cent of street women and 15 per cent in the provinces), 43 per cent using "modern" practices (curettage), 14 per cent traditional methods and the remainder did not specify the method used.

Having an abortion in Cambodia is considered dangerous with 20 per cent having complications during and after their abortion. Nevertheless, most young women are interested to learn more about it because of the convenience it offers to those who find themselves with an unwanted pregnancy. Young men were not asked whether they supported the idea of young women terminating unwanted pregnancies.

E. STDs/HIV/AIDS

In the context of HIV/AIDS, young people were surveyed by SCF (UK) to determine whether they were at risk. Over 80 per cent in Phnom Penh and Battambang responded that they were not at risk, compared to just over 75 per cent in Kratie. There was no appreciable difference based on age, although more young men than women considered themselves at risk. Over 40 per cent of respondents considered themselves to be too young to be at risk. Others thought they were not at risk because they never had sexual intercourse (37.4%); have had one sexual partner only (3.3%); always used a condom (2.4%); did not have sexual intercourse with a commercial sex worker (8.2%); never used injectable devices or other instruments (20.2%); stayed away from people living with HIV (7.8%); and HIV cannot be easily transmitted (3%). However, another 14.6 per cent were unsure about whether they were at risk or not (Solim, O'Brien and Davis, 1997:42-45).

Young garment workers under the CARE study were found to worry about getting HIV/AIDS. Nearly 90 per cent of males and 86.1 per cent of females are in this category. There is little difference between the two major age groups and only a marginally significant difference was shown based on educational levels. Almost a third (30.3%) of all respondents thought their friends were at risk, with males being more worried (47.4%) than females (28.9%). Over a third of literate garment workers (36.1%) were in this category compared to 23.4 per cent of illiterate garment workers. Just over a fifth (20.5%) knew someone living with HIV/AIDS.

Further studies on the knowledge of young Cambodians on STDs/HIV/AIDS are discussed in detail in the section on *Knowledge, Attitude and Behaviour on Sexuality and Reproductive Health.*

F. PRACTICE OF CONTRACEPTION AND FAMILY PLANNING

The two best studies targeted at young people in Cambodia in the area of contraception and family planning have been undertaken by the EC/ UNFPA-supported KAP survey on reproductive health among the vulnerable youth and the RHAC's baseline study on out-of-school adolescents in Phnom Penh.

In the KAP survey among young women in Battambang, it was found that contraceptive methods are very well known. All young women had a good knowledge of the various contraceptive methods, including use of the pill, condoms and DPV. However, contraceptive methods were not widely used among the sexually active young women. While a third of these young women had used at least one form of contraceptive method, only 1 per cent of the 15-19 age group and 4 per cent of the 20-25 age group were using a contraceptive at the time of the survey. Very few young women used a contraceptive during their first sexual intercourse, i.e., 9 per cent of the 15-19 age group and 4 per cent of the 20-25 age group. In relation to condom use, over 80 per cent of sexually active young women stated that their male sexual partner did not use a condom at any time during the past three months.

Young men in this survey also claimed to have a good knowledge about contraceptive methods, mentioning the pill, DPV and condoms in that order. The use of contraceptive methods was very low. Only 6 per cent of young males in the 15-19 age group had used any form of contraceptive method. Just under half (48%) of the older age group had used some form of contraceptive method. Contraceptive use was done in agreement with one's partner in 33 per cent of cases in the younger age group and 100 per cent of the older age group. The most common contraceptive used was the condom.

Among Phnom Penh female street children, contraceptive methods are very well known. Young women in the age group of 12-14 mostly mentioned traditional and risky methods, while older women in the 15-25 age group are better informed about IUDs, condoms, DPVs and pills. Half of the sexually active young women aged 15-19 used some form of contraceptive method in 83 per cent of the 20-25 age group. All of the young women's male sexual partners in the 15-19 age group and 92 per cent in the 20-25 age group used condoms. Contraceptive use was found to be the result of mutual arrangement with sexual partners for half of those in the younger age group and 92 per cent in the older age group. This appears very high for one of the most vulnerable groups in Cambodian society.

Young male street children claimed to have a very good knowledge of the various contraceptive methods. However, it is the most active group aged 15-19 that knows the least. Over two-thirds of this group claimed to have used some form of contraceptive method but only 32 per cent admitted to using a condom. For the older group, 71 per cent of young males had used a condom on occasion. The discrepancy between young women and young men in this context probably relates to the fact that the sexual partners of street children are not other street children.

Among free lance sex workers under 25, only a relatively small number knew about the different contraceptive methods. Less than half (45%) had knowledge about contraceptives. The pill was mentioned by 42 per cent, condoms by 94 per cent and IUD by 18 per cent. A great majority (86%) thought it was important to use contraceptives to avoid pregnancy (53%) and to prevent having too many children that may hinder their income-generating activities (38%). However, actual use of contraceptives was low with only 38 per cent ever having used contraceptives and 32 per cent currently using contraceptives. Only 23 per cent of young women insisted upon their male-paying clients to use a condom. Nine per cent of these young women used a contraceptive during their first sexual intercourse.

The RHAC baseline study found that the knowledge of family planning was low given the sexual experience of the respondents. Less than a fifth (16%) had heard of any method. Just over a third (33.6%) believed that sex before marriage would not result in pregnancy and 30.7 per cent of the respondents under 20 believed that sex before this age would result in pregnancy. This meant that only 15.6 per cent of all respondents used any form of contraception. Half of the respondents felt that embarrassment was a reason that contraceptive methods were not more widely used. However, 50.3 per cent of the respondents claimed to use a condom the last time they had sexual intercourse. The respondents claimed that if they had knowledge of other methods (important in the context of female respondents), they would use them. It was also stated that in over a quarter of all sexual experiences (27.8%) penetrative intercourse was unplanned. The study of risk-related sexual behaviour among young Cambodians undertaken for UNAIDS would support such findings (Tarr, 1996:180-188).

G. KNOWLEDGE, ATTITUDE AND BEHAVIOUR ON SEXUALITY AND REPRODUCTIVE HEALTH

Knowledge on pregnancy avoidance. The Reproductive Health Association of Cambodia (RHAC) undertook a KAB baseline study on 1,197 school age adolescents in Phnom Penh and a similar study on 407 out-of-school adolescents between the ages of 12 to 25. It covered issues such as knowledge of family planning, including experience with family planning and current pregnancy avoidance behaviour.

Over eighty per cent of the respondents reported that family planning methods could be used by anyone who sought to avoid pregnancy. They believed that if they participated in sexual activities on a regular basis pregnancy would be more likely to result than if they did not practice family planning methods. However, the same group of respondents also claimed that young people should be careful when using such methods as these could negatively impact on their health.

Of the 339 young respondents, only 15.9 per cent said they had experience in the use of a contraceptive method, another 73.5 per cent had none and the remaining 10.6 per cent did not know about it. Of those with experience, more than one method were claimed to be used, with condoms being the most favoured method.

Young women-centred methods included the use of injectable contraceptives, pills, IUDs and traditional methods (not defined). Sterilisation was used by a very small number of young women and some young men practised the withdrawal method.

A little over half (50.3%) said that they used some form of contraceptive measure, 44.4 per cent used nothing and 5.3 per cent could not remember what they used. In the event of a pregnancy, 53.9 per cent of the 145 respondents answered that they would give birth and raise the child, 7.2 per cent would place the child up for adoption and 31.2 per cent would seek an abortion.

A baseline survey undertaken by CARE on the reproductive health programme of 1,201 garment workers in Phnom Penh is also relevant. Seventy-five per cent of the young garment workers were aware that pregnancy could be avoided and 71 per cent spontaneously knew of at least one modern contraceptive method. Though knowledge of contraceptive supply sources was also high, a large proportion said that obtaining a suitable method was difficult. These young people feared the disapproval from older people and providers, and said they would be ashamed of purchasing such contraceptives, which of course would impact upon young women to a greater extent than young men.

Many of the younger garment workers knew about contraception, but their knowledge about reproductive physiology and fecundity was very poor. Only 18 per cent of garment workers were able to correctly identify the fertile period in the menstrual cycle. One-third of young women said they could get pregnant the first time they had sexual intercourse, or if they had sex only once. A large proportion (nearly two-thirds) thought women were protected against pregnancy during their first encounter. Knowledge about conception was particularly poor among men, younger respondents and those with no schooling or incomplete primary schooling.

Sexuality and sexual experience. The study of garment workers undertaken by CARE revealed that only 2 per cent of female single garment workers claimed to have had any form of sexual experience with a male. In all instances, sexually experienced young garment workers claimed such experiences were with their boyfriends. This study revealed that these young women were on the average 18 years old at their first sexual encounter (CARE, 1999). A survey by the RHAC identified a mean age of 19 years for both young women and men (RHAC, 1999). The earlier study referred to above reveals that more than half of young women interviewed had their first sexual experience before the age of 18, with some as young as 13, which clearly showed that the contexts are highly variable (Tarr, 1996: Appendix).

Male garment workers were more unlikely to have their first sexual experience with their marriage partner. Some 40 per cent had their first sexual experience with their female lover (girlfriend or sweetheart) and another 40 per cent with a paid sex worker. All male garment workers with some degree of sexual experience also paid to have sex with women offering such services, the mean number of sexual partners being more than 16 and the number of sexual partners in the year prior to the survey numbering more than 10 (CARE, 1999:34). In contrast, the RAHC survey found that more than a third of the males claimed to have had only one sexual partner, with only 10 per cent of sexually active males

having more than 10 partners. Although, the same survey conceded that many respondents refused to answer this question (RHAC, 1999:8). Based on other studies, the CARE findings appeared to be closer to the mark (Tarr, 1999).

Knowledge on STDs/HIV/AIDS. Most studies and all surveys undertaken in Cambodia did not address same-sex behaviour. The impact of such behaviour, in the context of the possibility of bringing STDs/HIV to heterosexual relationships, should not be ignored. A substantial number of young Cambodian males have experienced same-sex penetrative sexual relationships before they have become sexually active with women and some of these males continue to experience such relationships even after they become sexually active with women.

Knowledge about STDs among young Cambodians is not very good. According to a survey undertaken by SCF (UK), one-third of young people living in Phnom Penh had some knowledge of at least one STD. Upcountry in Battambang, less than one-third had such knowledge while in the more remote Kratie, only one-fifth of young people were knowledgeable. Among young people from ages 11 to 16, one-quarter had some knowledge compared to nearly 45 per cent of those aged 16 to 20. Young men (40%) had better knowledge than young women (30%) (Solim, O'Brien and Davis, 1997:35-41).

Two-thirds of the respondents claimed they could not name any STD. A greater percentage from Kratie (80%) reported not to know any. In the 11-15 age group, 73.8 per cent knew nothing about STDs compared to 55.9 per cent for the age group of 16-20. A higher percentage of young women (71.6%) than young men (60.6%) had no knowledge at all about STDs.

Of the STDs, syphilis was the most readily identifiable (23.9%). Only 11.3 per cent had heard of gonorrhea, 0.3 per cent of genital warts, 0.8 per cent of chancroid, 3.0 per cent of chronic hidden syphilis and 0.6 per cent of hepatitis. Actual knowledge of even one symptom was very limited. Only 12 per cent of all respondents had any knowledge whatsoever. The most commonly known symptom was burning and itching and 5.4 per cent could identify this symptom. But only 0.1 per cent could name vaginal discharge as one possible symptom. Other symptoms such as fever, inability to urinate, swollen glands and penile discharge were not known.

In relation to cures for STDs, half of the respondents believed they could be cured, less than a quarter stated they could not be cured and a similar number did not know. Young people in Phnom Penh were more optimistic in this respect than their contemporaries in the countryside and two-thirds of the age group of 16-20 were in this category compared to less than half in the age group of 11-15. Nearly two-thirds of the young men, compared to slightly less than half of the young women, thought that STDs could be cured.

Young people considered commercial sex workers and men who patronised commercial sex workers as the most likely to become infected with STDs. Other risk-related behaviour such as having multiple partners or sharing needles were considered much less at risk than the former two categories. However, nearly 40 per cent claimed not to know how one could become infected with STDs. In the age group of 16-20, young people were more adamant that men who visit

commercial sex workers were more likely to become infected with STDs. Over 40 per cent of the respondents were in this category. Young women were more likely to identify males visiting commercial sex workers as the main source for contacting STDs.

Many of the young people felt they were too young to get STDs. Thirty per cent argued that if one never had sexual intercourse then it is impossible to become infected with any of the STDs. Ten per cent believed that if one stayed away from people with STDs then it would also be impossible to be infected with any of the STDs. An even smaller minority, 6.8 per cent felt that if one stayed away from commercial sex workers, they could avoid becoming infected with any of the STDs, while only 2.3 per cent thought monogamy was the answer. Of the young people who thought they could be infected with any form of STDs 40 per cent said they could be infected while 43.8 per cent were unsure. About 10 per cent thought their future partner might transmit STDs.

CARE's baseline survey of garment workers showed that overall, 70 per cent had some knowledge of at least one STD. Forty-five per cent of the garment workers had knowledge of syphilis compared to 25.1 per cent of gonorrhea, 6 per cent of chancroid and 5.6 per cent of genital warts. This was considerably higher than that of the SCF (UK) survey but some common characteristics emerged. Young men had a better knowledge than young women: 86.3 per cent compared to 68.9 per cent, and 77.2 per cent of functionally literate young people had a better knowledge than their contemporaries who were illiterate (Sprechmann, 1999:14-17).

Garment workers who knew about at least one STD were asked to name the symptoms associated with these diseases. Nearly half reported that fever and burning/itching/pain were signs of STDs. Differences according to sex showed that more young men than women said that discharge was a symptom of STDs. But more women knew about signs such as painful urination, vaginal bleeding, sores and warts.

The use of condoms to prevent STDs was mentioned by 90 per cent of the respondents who knew at least one STD. Avoidance of sexual intercourse with commercial sex workers, monogamy and abstinence from sexual intercourse were also mentioned by one-third of the respondents as possible ways to avoid STDs. Washing and douching was reported by 25 per cent of the female respondents. Nine per cent of the young female garment workers were of the opinion that some drugs could provide such protection.

In the SCF (UK) survey on young people, those who believed themselves not to be at risk of AIDS thought that they could still be possibly infected with AIDS anyway. One third of all respondents confirmed this. Interestingly, 40.6 per cent of young women thought they could get infected compared to 27.5 per cent of young men. The most risky activity cited was using shared syringes or other instruments: 28.9 per cent responded as such. The next most significant response after that of being unsure (28.1%) was that one's partner might infect one in the future (12.7%). Most interestingly, 24.6 per cent of young women thought this to be a possibility compared to only 3.7 per cent of young men.

To prevent the transmission of HIV/AIDS, 14.6 per cent thought that the best method would be to abstain from sex, a response to which more males in the 16-20 than the 11-15 age

bracket agreed; and to which more males (21.5%) than females (9%) agreed. Other methods suggested were: non-sharing of syringes and other instruments (28.5%), sound personal hygiene (23.2%), consistent condom use (16.1%), staying away from people living with HIV/AIDS (12.9%), avoidance of intercourse with commercial sex workers (9.9%) and respect for Cambodian moral codes (9%). Young women were ten times more likely than young men to argue the necessity to respect Cambodian moral codes. Moreover, it was young people living in Phnom Penh who considered this more important than young Cambodians living in the countryside. Lastly, nearly one-fifth of the respondents (19.4%) did not know what the best method(s) would be.

The CARE survey of garment workers found that over 85 per cent of respondents had heard about HIV/AIDS (Sprechmann, 1999:17-21). A higher percentage of male than female workers and those with good literacy skills had heard about the virus. The survey also revealed that a lower percentage of garment workers had heard about the virus than those of young people living in Phnom Penh, this being attributed to the predominantly rural background of young garment workers. In the partly rural area of Battambang, it is claimed that 100 per cent of young people had heard about HIV/AIDS (Mith Samlanh, 1999:14, 21). While 96.7 per cent of male garment workers were aware of the virus, 84.2 per cent of female garment workers were in a similar position. The most influential source of information was mass media (95.3%), friends (39.8%), public health workers (32.4%), posters/leaflets (22.1%), relatives (19.5%) and teachers (8.5%).

The most risky form of transmission was recognised to be sexual intercourse with paid sex workers. Over two-thirds (67%) of young garment workers knew that HIV/AIDS could be transmitted through the sharing of needles and another 40 per cent through infected blood transfusions. Another 25 per cent noted that mothers could transmit the virus to their babies, either prior to birth, or through breast feeding (19%).

Despite their extensive knowledge about HIV/AIDS transmission, the respondents also held many incorrect beliefs. A total of 39 per cent provided at least one incorrect notion as its mode of transmission (coughing and sneezing, mosquito bites, casual contact with infected people, sharing of spoons, glasses or plates). Misconceptions were more common among males, i.e., 60.1 per cent compared to 37.7 per cent among young women. Literate persons (41.9%), compared to illiterate persons (36.6%), also produced a higher rate of incorrect answer. Though men knew more about transmission modes than women, they also seemed more eager to provide a large number of responses, including incorrect ones. This in part reflects the "sexist" discursive practices of Cambodian culture where males are permitted more opportunity to speak in public than females, even if they are talking nonsense. However, CARE's findings are also corroborated by an EC/UNFPA study in Battambang (Mith Samlanh, 1999:14, 21) and a baseline study undertaken by RHAC (1999:14).

Eighty-four per cent knew that there is no cure for HIV/AIDS. Most, particularly those with higher literacy skills, also said that it could be prevented. Overall, 73 per cent said that consistent condom use would prevent transmission and 60 per cent believed faithfulness to one sexual partner was an adequate response to the threat of HIV/AIDS. About one-third