

# country advocacy brief



## CAMBODIA

### COMPREHENSIVE SEXUALITY EDUCATION: THE WAY FORWARD

#### SECTION 1:

##### Introduction

The Kingdom of Cambodia has a young and growing population, estimated to be 15.5 million in 2015 (World Bank). 43% of the population is below 19 years of age, and 30% of the population in 2016, according to population projections of the Ministry of Planning, is between the ages of 10 to 24. Fertility levels are declining, from 4 children per woman in 2000 to 3.0 in 2010 and to 2.7 in 2014<sup>1</sup>. Women in the urban areas tend to have less children than their rural counterparts, however, there are still relatively high rates of adolescent fertility: one in eight women aged 15 to 19 have either become mothers or are currently pregnant. The level of teen fertility is strongly associated with education levels. 37 percent of teenagers who have never been to school have begun childbearing, compared with 18 percent who have a primary school education, and fewer than 10 percent of those with a secondary education. Age-specific fertility rates among young women age 15-19 has increased, from 46 children per 1,000 women in 2010 to 57 children per 1,000 women in

2014. Given the youth bulge in the population and the high Adolescent Fertility Rate (AFR), and the potential health and social consequences of child bearing at a young age, there is a need to specifically address reproductive health issues of adolescents and youth, particularly those in rural areas. There is almost universal knowledge of modern methods of family planning but unmet needs continue to be high, indicating gaps in access to services.

The HIV/AIDS prevalence rate among young people shows a general decline, but young people considered “most-at-risk”—those in the entertainment industry, those who sell sex, young MSM and transgender people, mobile populations, and those who inject drugs --are between two to five times more likely to acquire HIV than their peers<sup>2</sup>. Among these “most-at-risk” young people aged 10-24, 32% of the sexually active females surveyed had never received a condom, and 37% did not receive HIV/AIDS information. Only 42.9% of females and 29.1% of males who reported any STI symptoms had sought treatment in the past year. 33.2% had induced abortions. Risky behaviours tend to co-exist, with 18% of females rating themselves as “drinking a lot”; drug or alcohol use is more common among those who reported ‘ever having sex’<sup>3</sup>.

Worryingly, the Cambodia Demographic and Health Survey (CDHS) 2014 showed a decrease in young women’s (15-24 years) comprehensive knowledge on HIV/AIDS, with 38% able to answer all five questions on HIV transmission correctly, compared to 45% in 2010.

Cultural ideals and norms for females stress an inferior status to men, marital fidelity sexual innocence and submissiveness, while in males, sexual experience is perceived to be part of male identity. Men are more likely than women to report multiple sex partners and are less likely to access health services. These ideals and norms, mean difficulties for women to negotiate the terms of sexual activity, safe sex and condom use in the contexts of different relationships. Intimate partner violence is unacceptably high, with up to 18% of ever-married women between 18 to 49 reporting at least one incident of physical and/or sexual violence.<sup>4</sup>

#### SECTION 2:

##### Comprehensive Sexuality Education in the National Context

The Royal Government of Cambodia (RGC) has made remarkable progress towards the MDGs and demonstrated a



strong commitment to ensure that youth have access to quality education. The National Population Policy for 2016-2030 is aligned with the Sustainable Development Goals (SDGs)<sup>5</sup>. These include the following commitments:

- To ensure completion of nine-year basic education to all children
- To accelerate further reduction in the maternal mortality ratio and infant and child mortality rates
- To make sure that all the adolescent youth and couple's reproductive needs and fertility intentions are met, and
- To reduce the prevalence of HIV/AIDS and to decrease the spread of Malaria, Tuberculosis and other communicable diseases towards eliminating their spread.

CSE is prominently stated in the National Population Policy. Under Education, on Social sector investment and Human capital development, section 5.4, states *"To Accelerate life-skills education training by way of CSE in schools/colleges, so that students are prepared for their adolescent and youth ages."* The CSE curricula developed by School Health Department of Ministry of Education, Youth and Sport (MoEYS) and endorsed in 2013 are called *"Life Skills Education on Reproductive and Sexual Health (LSE on RSH)."* The CSE has been incorporated into Life Skills Education curricula for grade levels 5, 6, 7, 8, 9 and 11 which was implemented with the support of UNFPA in 9 provinces, and RHAC in one province. Following advocacy efforts from many relevant partners, in July 2016, Health Education was approved as a core and compulsory subject for all grades, ensuring that there were no grades and students "left out", for the integration of CSE into RSH between grades 5 to 12. The CSE was incorporated into the Health education subjects – Primary Health Care, Mental Health, Sexual and Reproductive Health (SRH), Health and the Environment, and Health and the Economy.

Currently, CSE topics include Puberty, Gender, Gender-based violence, Drugs, Life Skills (Values, Rights, Ethics, Decision-Making, Future Planning, and Emotions), Pregnancy, Family Planning (FP), STDs, and HIV/AIDS. Although there are between 10-12 different topics for SRH at each grade level<sup>6</sup>, CSE alone will not be sufficient for the development of life skills and nurturing positive attitudes. CSE should be considered to be part of an essential response to gender and diversity issues. Methods and processes for discussing CSE topics need to be attuned to and relevant for young people, drawing on real-life experiences. For youth out-of-school, the department of informal education system of MoEYS is responsible for implementing a curriculum that focus on HIV/AIDS prevention, drugs, and gender-based violence.

Youth-friendly services information is not yet integrated into the CSE curricula. The National Reproductive Health Program (NRHP) of MoH is in currently reviewing and updating the Youth friendly service guideline in order to comply with WHO guidelines.

Major stakeholders involved in CSE curriculum design include UNFPA, UNESCO, RHAC and other NGOs. Other CSE related program is the *"Youth Chhlat"* e-learning program<sup>7</sup>. A *"Purple my school"*<sup>8</sup> campaign, supported by UNESCO, UNDP and other regional groups, aims to reduce LGBT-related discrimination in Cambodian schools and create safe spaces for LGBT students.

### SECTION 3:

#### **Comprehensive Sexuality Education According to International Standards: Where Does Cambodia Stand ?**

To be considered *"Comprehensive"*, CSE should aim to help young people to acquire accurate information on resources and services, develop life skills such as critical thinking, communication and negotiation, decision-making, confidence, ability to take responsibility, to ask questions and to seek help, and nurture positive attitudes and values, such as open-mindedness, being non-judgemental, and having respect for self and others<sup>9</sup>. IPPF has identified seven essential elements of CSE: Gender, SRH and HIV, Sexual Citizenship Rights, Pleasure, Freedom from Violence, Diversity, and Relationships and ARROW further expanded on these elements. CSE can thus be defined as *"education that provides medically accurate information on a broad set of topics related to sexuality and relationships"*<sup>10</sup>.

Since the International Conference on Population and Development (ICPD) in 1994, which provided initial guidance on sexuality education, there have been several working definitions on sexuality. These are based on the premise that sexuality is a fundamental aspect of human life with several dimensions, and cannot be understood without reference to gender and diversity, human rights and empowerment of children, adolescents and young people. For example, WHO (2006) defines sexuality as follows<sup>11</sup> *"...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors..."*

*"There is a need for improvement of the CSE curricula in order to align with international standards, be responsive to the reality of young people in Cambodia and help them meet the challenges of transition into adulthood..."*

Thus there is a need for improvement of the CSE curricula in order to align with international standards, be responsive to the reality of young people in Cambodia and help them meet the challenges of transition into adulthood. Many young people now have easy access to new technology, the internet and social networking sites, where the information may be incorrect, sensationalized or incomplete. Gaps in contents of the current CSE curricula have been identified, (see table) and

<b>Table: Gap Analysis of current CSE curriculum in Cambodia as compared to Internationally Recommended Standards</b>		
<b>Key Elements</b>	<b>Current Topics included</b>	<b>Some Gaps compared to CSE Standards (from the “Inside and out” monitoring toolkit)</b>
Gender	<ul style="list-style-type: none"> <li>- Gender, Sexual and Reproductive health (SRH) and HIV.</li> <li>- Gender based violence</li> <li>- Gender diversity</li> </ul>	<ul style="list-style-type: none"> <li>- How gender norm can negatively affect sexual and reproductive health of both men and women.</li> <li>- Understanding gender-based violence as any form of violence against women, girls or individuals who did not conform to dominant gender norms.</li> <li>- How young men can play an important role in supporting women’s sexual and reproductive health and rights, and have specific sexual and reproductive health needs of their own.</li> <li>- Reflection about the gender norms and stereotypes in Cambodia and how these affect self-esteem and feelings of security.</li> <li>- No reflection about personal attitudes and beliefs about sexual orientation, gender identity and expression (SOGIE).</li> </ul>
Sexual and Reproductive Health and HIV	<ul style="list-style-type: none"> <li>- Body, Puberty and Reproduction</li> <li>- Different contraceptive methods<sup>1</sup></li> <li>- Pregnancy: What happens during pregnancy (for the woman and foetal development)</li> <li>- Sexually transmitted infections (STIs): different types, transmission (including mother-to-child), symptoms, protection, treatment</li> </ul>	<ul style="list-style-type: none"> <li>- Lacks a discussion of the life cycle including physical and social changes at puberty, reproductive age, menopause, etc.</li> <li>- Diversity in sexual organs.</li> <li>- Reflections about the importance of respecting one’s body and other people’s bodies.</li> <li>- Reflections about body image and the impact on self-esteem.</li> <li>- Strategies to build self-esteem.</li> <li>- Examples of places where young people can access different contraceptive methods and youth-friendly services.</li> <li>- Options if confronted with an unintended pregnancy, including different types of safe abortions.</li> <li>- Reasons why a woman might decide to terminate a pregnancy.</li> <li>- Understanding national laws that regulate access to abortion.</li> <li>- Reflections on feelings, values and attitudes about abortion</li> <li>- Did not include Non-sexually transmitted reproductive tract infections (RTIs).</li> <li>- Young people have the right to access services and education that are tailored to their diverse realities.</li> <li>- Reflections on the impact of gender inequality and discrimination on the basis of SOGIE on STI &amp; HIV transmission and unintended pregnancy.</li> <li>- Reflections on feelings and attitudes about disclosure of HIV or STI status.</li> </ul>
Sexual Rights and Sexual Citizenship	<ul style="list-style-type: none"> <li>- Sexual rights have been addressed, and was reference based from It’s All One of IPPF, CSE curriculum of UNESCO.</li> <li>- Abortion law is mentioned.</li> </ul>	<ul style="list-style-type: none"> <li>- No definition of sexual rights and Sexual rights apply to young people too.</li> <li>- How youth participation can improve policies and programmes related to youth sexual and reproductive health and rights.</li> <li>- Different strategies to challenge discrimination or injustice in your individual level, communities, national or global level.</li> <li>- How to recognize cultural and religious beliefs that support sexual rights and those that violate sexual rights.</li> <li>- Reflection on ways to promote and protect positive approaches on discussion of sexuality(ies),</li> <li>- Lacks reflection on personal feelings, motivations and experiences about sexual decision making.</li> <li>- Law and policies such as age of marriage, abortion laws, HIV laws, and related laws; the lack of laws for anti-discrimination, such as for LGBT people</li> <li>- Examples of the roles that everyone can play to support people living with HIV and to end stigma and discrimination.</li> <li>- Reflections on feelings and attitudes about disclosure of HIV or STI status.</li> <li>- Strengthen the rights based approaches, in particular rights to information, education, and health, as based on evidence.</li> </ul>
Pleasure		<ul style="list-style-type: none"> <li>- Not mentioned in the curriculum.</li> <li>- No discussion about body parts and physiological processes that play a role in sexual pleasure;</li> <li>- No acknowledgment that pleasure is a part of sexuality, and is a powerful motivator of human behavior</li> </ul>
Violence	<ul style="list-style-type: none"> <li>- Violence including domestic violence.</li> </ul>	<ul style="list-style-type: none"> <li>- Lacks definitions of the types of sexual violence</li> <li>- Did not reflect the personal attitudes and beliefs about intimate partner violence and sexual coercion; different sexual orientation and gender</li> </ul>

<sup>7</sup> including barrier, hormonal, behavior-based, permanent, emergency contraception, and condoms

		expression increase vulnerability to sexual and domestic violence
Diversity		- Lacks discussions about diversity in young people's lives (i.e., gender, age, ethnicity, religious beliefs, social-economic status, disability, sexual orientation, sexualities, HIV status, etc.) ; recognizing discrimination; - Strengthening beliefs in equality and respecting others.
Relationships		- There is no explanation about healthy relationship. - No reflection about nature of one's relationships and the kind of relationship that one wants to have in one's own life. - Reflection on personal feelings, motivations and experiences about sexual decision-making is lacking. - Reflection on how the unequal power dynamics between people can lead to unhealthy relationship.

need to be addressed. Content of the curriculum on CSE, as well as the methods used in learning, needs to be improved, expanded and made more comprehensive – not just within national curriculum frameworks, but also within contemporary and evolving understanding of sexuality, and to ensure the transfer of skills and knowledge.

The table shows the CSE elements, responses and gaps of LSE-CSE curricula compared against CSE international standards, using the "It's All One" toolkit, developed by the International Sexuality and HIV Curriculum Working Group. A monitoring tool for the curriculum, developed by IPPF and UNESCO, called, "Inside and Out" is a useful and systematic way to assess how the seven essential elements of CSE – Gender, SRH, Sexual Rights and Sexual Citizenship, Pleasure, Violence, Diversity and Relationships – are incorporated into any curriculum at any level. These tools were developed to assess the comprehensiveness and quality of CSE programs so that they can deliver high quality, evidence-based, and rights-based CSE to adolescents and young people in both formal and non-formal education settings. Using the tool can also inform debates and advocacy by generating data that is understandable, easy to analyse, and accessible; and they can provide a standardized assessment of sexuality education programmes.

## SECTION 4:

### Recommendations

With the MoEYS approval to include Health Education as part of the core and compulsory subjects, and openness to review and update the curriculum for Health Education (and CSE), the following are points to be considered for improvement of the CSE curriculum:

- Adapt the IPPF "It's All One" and the "Inside and Out" monitoring tool to analyse gaps in the CSE curriculum and methods of teaching. Encourage reflection about the issues mentioned in the "gaps" column as seen in the above table. The tool may also be used to review CSE on a periodic basis.

- Gender equity and equality sections should be improved by working closely with MoWA and other related partners and CSOs.

- Youth friendly service information, counselling and their locations should be integrated in CSE curricula ensuring these are linked to key services of MoH.

- Sexual Orientation, Gender orientation, Gender Identity and Expression concepts (SOGIE) need to be included in CSE.

- Support and monitor behavior-change programs for men and

boys, promoting messages on equality and respect between men and women, and responsible sexual behaviors.

- Develop and strengthen coordinated approaches to address the needs of most-at-risk young people, as well as transgender youth, ensuring these are linked to key services such as violence response and harm reduction services.

- Ensure that CSE discussions take place in a safe and relaxed environment, where youth can feel free to discuss without fear, shame or stigma; adapt methods of learning that allow for anonymity (for example, not identifying specific persons) and reflection of the situation.

- Map out the different initiatives that provide information on Sexuality and sexuality education that use various platforms—hotline counseling, text messaging, social media, etc. These have the potential to reach both in-school and out-of-school youth outside of the classroom setting.

- Train facilitators and teachers on implementation of the CSE curriculum for example; Case studies or role plays may be developed to allow students to reflect and discuss on specific gaps. Other tools for learning such as videos, films and documentaries, may be used as appropriate.

- Review the curriculum on CSE for Out of School Youth (OSY) under the Inter-Department Committee for combatting HIV and Drugs (ICHAD), and ensure topics and illustrations remains relevant to the realities of OSY. They are generally more at risk for a variety of issues, such as unplanned pregnancies, earlier sexual debut, lower knowledge of STIs and HIV prevention, to name a few; they are not a "captive audience" unlike youth in schools, and tend to be more independent and self reliant.

- Plan for a review of the CSE curriculum, within the National curriculum framework, with inputs from the youth in the target age and year groups, to maintain relevance and focus, and deal with emerging issues and concerns of youth with regards to the key elements of CSE.

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## ABOUT THE ADVOCACY BRIEF

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## ABOUT RHAC

RHAC is the leading Cambodian non-government organization delivering sexual and reproductive health information & services. Established in 1996, RHAC is a family planning pioneer. RHAC clinics provide quality comprehensive sexual and reproductive health services for the general population, and for vulnerable groups. RHAC is a member of the Inter-Departmental Committee for HIV/AIDS and Drugs (ICHADS) and technical working group of MoEYS, and is actively involved in the development of the life skills education (LSE) on SRH curricula by incorporating Comprehensive Sexuality Education (CSE) as the tool for training and educating young people both in school and out-of-school. In cooperation with ARROW, RHAC developed Sexual and Reproductive Health and Rights (SRHR) tools for advocating the high level decision makers, national programmes to improve SRHR for young people in Cambodia.

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