

The European Union's Aid for Policies and Actions on Reproductive and Sexual Health and Rights in Developing Countries programme For Cambodia

Rural Cambodian Youth Sexual Reproductive Health Project

Evaluating the Effectiveness of School Based Rural Youth Sexual and Reproductive Health Programs in Kampong Thom and Preah Vihear Provinces of Cambodia

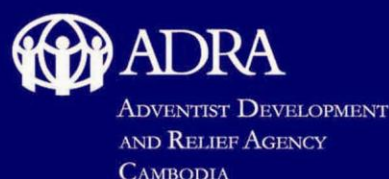
Research conducted by



The Department of Global Health, and the Department of Biostatistics and Epidemiology



This project is being funded by The European Union



A Project implemented by ADRA and RACHA

Evaluating the Effectiveness of School Based Rural Youth Sexual and Reproductive Health Programs in
Kampong Thom and Preah Vihear Provinces of Cambodia
A 2009 Comparative Survey Report
For Developing and Strengthening Rural Youth Reproductive Health Policy and Educational Programming
within the Royal Kingdom of Cambodia

Final Report released: July 2009

This report prepared by
Ron Mataya M.D. and Jaime R. Lopez DrPH ©
Loma Linda University School of Public Health
Departments of Global Health and Epidemiology and Biostatistics

For Inquires
In the USA:
Loma Linda University
School of Public health
Departments of Global Health and Epidemiology and Biostatistics
Loma Linda, California 92350
rmataya@llu.edu

In Cambodia:
ADRA Cambodia
House 4, Street 554
Phnom Penh, Cambodia
Phone: +855 23 880 693
Fax: +855 23 880 305

This work and report was carried out with the aid of the Adventist Development and Relief Agency (ADRA)
Cambodia and the Reproductive and Child Health Alliance (RACHA)

*This publication has been produced with the assistance of the European Union. The contents of this
publication are the sole responsibility of ADRA Cambodia and can in no way be taken to reflect the
views of the European Union.*

ការបោះផ្សាយនេះត្រូវបានរៀបចំឡើងក្រោមជំនួយឧបត្ថម្ភពីសហគមន៍អឺរ៉ុប ។
វិធីខ្លឹមសារនៃការបោះផ្សាយនេះគឺជាការទទួលខុសត្រូវ ទាំងស្រុងរបស់អង្គការអាដ្រាកម្ពុជា
ហើយមិនបានឆ្លុះបញ្ចាំងអំពីទស្សនៈរបស់សហគមន៍អឺរ៉ុបទេ ។

*The European Union is made up of 27 Member States who have decided to gradually link together their know-how,
resources and destinies. Together, during a period of enlargement of 50 years, they have built a zone of stability,
democracy and sustainable development whilst maintaining cultural diversity, tolerance and individual freedoms.
The European Union is committed to sharing its achievements and its values with countries and peoples beyond its
borders.*

Table of Contents

1	Acronyms	3
2	Executive Summary	4
3	Introduction	6
	a. Background	6
	b. Study Objective.....	7
4	Methods	7
	a. Sampling	7
	b. Quantitative Methods	8
	c. Qualitative Methods	8
	d. Data Collection.....	8
	e. Data analysis.....	9
	Confidentiality of Information	9
5	Survey Results	9
	a. Quantitative Section	9
	5.a.1 Socio-demographics	9
	5.a.2 Attitudes towards reproductive health.....	11
	5.a.3 Refusing sexual intercourse	11
	5.a.4 Use of contraceptives.....	12
	5.a.5 Sexual practices.....	12
	5.a.6 Alcohol and drug use.....	12
	5.a.7 Family conditions	12
	b. Comparative analysis: Kampong Thom and Preah Vihear	12
	5.b.1 Attitudes toward reproductive health	12
	5.b.2 Refusing sexual intercourse	14
	5.b.3 Contraceptive compliance	14
	5.b.4 Sexual practices.....	14
	5.b.5 Alcohol and drug use.....	14
	5.b.6 Family conditions	15
	5.b.7 Qualitative results	15
6	Discussion	15
	a. Gender differences.....	15
	b. Provincial differences.....	16
	c. Limitations of the study.....	17
7	Conclusion	18
8	Appendices	19

List of Tables

Table 1	Demographics	19
Table 2	Comparative Analysis: Attitudes toward Reproductive Health	21
Table 3	Comparative Analysis: Refusing Sexual Intercourse	22
Table 4	Comparative Analysis: Contraceptive Compliance	23
Table 5	Comparative Analysis: Sexual Practices	23
Table 6	Comparative Analysis: Alcohol and Drug Use.....	24
Table 7	Comparative Analysis: Family Conditions.....	25

List of Figures

Figure 1	Sources of supplementary income	10
Figure 2	Reported migratory destinations in prior year	10
Figure 3	Reported types of abuse during migratory work	11
Figure 4	Attitudes towards carrying condoms.....	13
Figure 5	Reported sign of manhood and sexual attitudes.....	13
Figure 6	Figure 6.0 Knowledge of women's first sexual experience and pregnancy	14

1 Acronyms

AFRSH	Adolescent-Friendly Reproductive and Sexual Health Services
ADRA	Adventist Development and Relief Agency
CBTT	Community-Based Training Teams
EC	European Commission
HCMC	Health Center Management Committees
HIV	Human Immunodeficiency Virus
IEC	Information, education and communication
KPT	Kampong Thom Province
LLUSPH	Loma Linda University School of Public Health
MoED	Ministry of Education
MoEYS	Ministry of Education, Youth and Sports
MoH	Ministry of Health
MoWA	Ministry of Women's Affairs
NGO	Non-Governmental Organization
NHP	National Health Program
OD	Operational District
PV	Preah Vihear Province
RACHA	Reproductive and Child Health Alliance
RCYSRH	Rural Cambodia Youth Sexual and Reproductive Health
SBTT	School-Based Training Teams
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
WHO	World Health Organization
VHSG	Village Health Support Group
YSRH	Youth Sexual and Reproductive Health

2 Executive Summary

Purpose and description of the Study

ADRA Cambodia together with its implementing partner, Reproductive and Child Health Alliance (RACHA), implemented the Rural Cambodia Youth Sexual and Reproductive Health (RCYSRH) project in three operational districts (OD) - Baray-Santuk, Stoung and Tbaeng Meanchey located in two provinces, Kompong Thom and Preah Vihear respectively. The RCYSRH project was designed to address the needs for 1) increased knowledge and awareness, 2) improved access to information and appropriate health services and 3) community advocacy for sexual and reproductive health services for youth. The goal of the study was to explore if there were differences in knowledge, attitudes and practices of youth in school between schools that utilized only the Ministry of Education 'Life-skills for HIV/AIDS Education' curriculum and those that utilized the RCYSRH project "Sexual and Reproductive Health Education" curriculum and activities.

Evaluation findings

The mean age of the 220 respondents indicated that the males were slightly older than the females. The majority of them identified themselves as Buddhist and very few were Muslim. All respondents were unmarried. A majority reported coming from medium to large households and living with both parents. Fathers were reported as the only breadwinners by a significant number of respondents. Very few reported having a brother or sister as the breadwinner. Many felt that the family income was adequate.

Attitudes toward Reproductive Health

In response to questions about the use of condoms and their reducing sexual pleasure, a majority of males did not agree compared with females. When asked if carrying condoms was difficult, more females than males agreed that it was "not difficult". A significant number of males strongly agreed that it was difficult compared to females. More females "agreed or strongly agreed" that they are responsible for their own well-being compared to males. More females did not agree that women who carry condoms are "easy" or "taxi females" whereas the majority of the males did.

Refusing Sexual Intercourse

A majority of the females felt very confident or somewhat confident compared to males that they would refuse sex with someone they cared about deeply or someone who paid school fees for them and demanded sex. Overall, the females felt very confident or somewhat confident that they would refuse sexual advances from men who offered them gifts, someone they had known for days, or they had known for months.

Contraceptive Compliance

A significant number of both males and females felt very confident or somewhat confident that they would use contraceptives with someone they cared about deeply, someone who had paid school fees for them and was demanding sex, someone who offered them gifts, a teacher or an employer and someone they had known for days or months.

Sexual Practices

All the females reported not having had sex in the last six months prior to this survey while a few males reported having sex. A small number of those who had sex used condoms while a significant number did not. The question on the number of partners one had had in the last six months did not have corresponding answers to denote numbers. This was an oversight on the part of the researchers.

Alcohol and Drug Use

A significant number of males and only a few females reported having drunk alcohol in the last month. The number of times varied from one to more than six times and the number of drinks from one drink to more than four. Approximately all the males and the females used drugs the last time

they had sex. There seems to be more sex taking place under the influence of drugs than under the influence of alcohol. The use of drugs varied with all females saying they used drugs at least once compared to significantly less males.

Family Conditions

A large majority of respondents said that adult family members spent time with them that they were very close or close to their parents, and that they can approach their parents or other adult members of their families about their problems. In addition, respondents reported that their parents cared about them and that they felt important and valued by their parents as well as other adult family members. However, many of these youths indicated that their parents did not help them with their homework or studies. This may be a reflection of the level of literacy among the adults

Gender Differences

Males migrate more often than females. However, more females reported abuse or oppression on the job. Some abusive practices reported included discrimination, unfair treatment, being cheated on salary payments and/or hours worked.

Both genders agree that condom use does not reduce sexual pleasure, and that carrying condoms is not difficult. Both also agree that carrying and using a condom is a sign of mutual respect between partners. A significant number also agreed that one should take responsibility for one's actions and behavior. Most males agree that having sex prior to marriage is not a sign of manhood.

All the female respondents reported that they did not engage in any sexual activity in the previous 6 months. Alcohol consumption varied between the genders with males reporting a greater frequency of alcohol consumption in comparison to females. Both genders reported a strong family support system, which is a positive reflection of strong Khmer family ties.

Provincial Differences

More respondents in PV (Preah Vihear Province) than in KPT said that unmarried adolescents do not need to use condoms in sexual encounters. Also more of them said that they are more responsible for their self being. There was a greater perception of risk for pregnancy, contracting STIs or HIV among those in KPT (Kampong Thom Province). More respondents in PV agreed that a woman cannot get pregnant the first time she has sex. Confidence to refuse sexual intercourse was expressed almost equally in both sites as well as contraceptive use under the different circumstances in the questions. The section on sexual practices needed to be revisited as it appears to either have not been clearly understood or that the respondents did not want to disclose their practices for various reasons.

There was more drinking of alcohol in PV than in KPT, but surprisingly there was very little sexual activity reported whether it was under the influence or without the influence of alcohol or drugs. This makes one wonder whether this particular question was truthfully answered. Family relationships were rated as close or very close in both sites.

Conclusion

Overall, there were more similarities in the outcomes of the projects than there were differences. One may conclude that both methodologies were equally effective in transmitting the messages on youth sexual and reproductive health although caution must be exercised because this was not a randomized controlled study.

The study disclosed some significant differences in knowledge, attitudes and practices between males and females. However, there were no significant differences between the two sites when the males and females were bundled together. In other words, one cannot confidently conclude from these results, that the program had greater impact in Kampong Thom province than in Preah Vihear province.

3 Introduction

a. Background

ADRA Cambodia together with its implementing partner, Reproductive and Child Health Alliance (RACHA), implemented the Rural Cambodia Youth Sexual and Reproductive Health (RCYSRH) project in three operational districts (OD)- Baray-Santuk, Stoung and Tbaeng Meanchey located in two provinces, Kompong Thom and Preah Vihear respectively. The direct beneficiaries of the project were 171, 000 rural youth aged 10-24 years, who indirectly affected the lives of an additional 331,000 people. This three year program began in August 2006 and was funded by the European Commission under its Program Aid for Policies and Actions on Reproductive and Sexual Health and Rights in Developing Countries, ADRA Germany and ADRA Norway

The RCYSRH project was designed to address the needs for

1. increased knowledge and awareness,
2. improved access to information and appropriate health services and
3. community advocacy for sexual and reproductive health services for youth.

To meet these needs, the program worked towards:

1. Empowering provincial and district level employees of the Ministry of Health (MoH), Ministry of Women's Affairs (MoWA) and Ministry of Education, Youth and Sport (MoEYS),
2. The provision of training, coaching and mentoring of health centers' employees, referral hospital and schools,
3. The establishment and provision of youth friendly services and information centers for in-school and out-of school youth, commune council members, health center staff and teachers
4. The formation of community-based training teams (CBTT) and school-based training teams (SBTT) for the provision of training, coaching and mentoring of youth, religious leaders, village health support groups (VHSG), and
5. The training of health center management committees (HCMC) to be community youth advocates.

The master training curriculum was developed from selected information of currently available curricula and was adapted to the needs of the target groups.

Teachers' training focused on youth sexual and reproductive health (YSRH) concepts, psycho-social development, human rights, life-skills and counseling skills. Following the training, teachers were expected to introduce these topics in their teaching curricula. To reach out-of-school youths, the project contacted local authorities and identified youth who were active in the community and trained them as peer educators. These youth functioned as peer educator leaders conducting outreach activities in their communities.

The project established youth-friendly health services at each health center, referral hospitals and is (at the time of writing this report) in the process of establishing school youth corners. Youth-friendly services recognize that young people have special needs for information and services that differ from those of adults – for example, a greater need for privacy and a need not to be judged by adults. They also established separate rooms for counseling where a peer educator was on hand to facilitate discussion. Complementary to the youth corners is a library with reading materials, posters, games and information, education and communication (IEC) tools on sexual and reproductive health. A project-sponsored referral system ties school youth corners with youth-friendly services and referral hospitals.

The project staff participated in advocacy and policy initiatives at the national level, advocating for an adolescent national policy and contributed to the development of national standard guidelines for adolescent-friendly reproductive and sexual health services (AFRSH). The project utilized research data and experience in field-level interventions in presenting technical papers and formative research reports to inform and encourage policy development and guide future program implementation. Information gathered through this project will be used to inform and influence national YSRH policy development.

Modernization is a threat to the Cambodian family's protective values. Families in Cambodia are paternalistic with strong family ties. Each member of the family is expected to live within certain family values and their perceived protective mechanisms. These values have been created by complex interactions of community, family and environment and are passed down from generation to generation. Community elders and more commonly the fathers and grandparents act as guardians and defenders of these values.

Rebellion results in immediate discipline and in the extreme case, rejection by the immediate and extended family and loss of the cultural safety net. A highly held value is not to discuss sexual topics with young people. NGOs which advocate for increased access to sexuality and reproductive health education have sometimes received stern opposition from heads of households and community leaders. During the project implementation, some of the trained youth were forced by their parents to stop attending sexual and reproductive health education programs.

The challenge to these strongly held values is that most information on sexual and reproductive health is now readily available through different media such as print, internet, television and radio. This allows youth to by pass cultural control mechanisms. Some of the information in the media is not conducive to healthy youth sexual and reproductive health development. This has led some researchers to implicate the increase of poor quality sexual and reproductive health information to the rising early sexual debut and loss of cultural values among young people.

Cambodian school education on sexual and reproductive health is still in its infancy. The National Health Promotion (NHP) is working hard on developing a standardized national curriculum by collecting lessons learned and best practices in youth sexual and reproductive health education. The findings of this study will provide valuable information to the NRHP as it develops the national curriculum.

b. Study Objective

The goal of the study was to explore if there were any differences in knowledge, attitudes and practices between schools that utilized only the Ministry of Education, Youth and Sports 'Life-skills for HIV and AIDS Education' curriculum and those that utilized the RCYSRH project "Sexual and Reproductive Health Education" curriculum and activities.

4 Methods

Quantitative and qualitative methods were used to explore differences in knowledge, attitudes and practices between schools in the two different districts. Questionnaires were designed jointly by the Loma Linda University team and the ADRA Cambodia team. The questionnaires were field tested before they were used in the survey. Field workers, most of them already experienced in their work with ADRA, were trained for two days in the administration of the questionnaires as well as in the conduct of focus group discussions and key informant interviews. Structured and semi-structured questionnaires were used for the focus group discussions.

a. Sampling

4 high schools and 8 secondary schools in Preah Vihear (PV) and Kampong Thom (KPT) provinces were surveyed. 6 out of 12 schools received sexual and reproductive health life skills on HIV and AIDS education in Preah Vihear province. These schools are located in 4 administrative districts (Tbaing, Rovieng, Sangkum Thmai, Com Ksan districts). The survey included 6 schools from Preah Vihear and randomly selected 6 schools in Kampong Thom. The sample population consisted of 220 students aged 10 to 24 years. At each school, 3 classes were randomly selected and from each class a total of 3 males and 3 females were also randomly selected.

b. Quantitative Methods

A 72-item questionnaire was developed and pre-tested for consistency.

The quantitative data was collected and analyzed as Part A and Part B. Part A was made up of frequencies comparing boys and girls in the following topics:

- a. Socio-demographics
- b. Attitudes toward reproductive health
- c. Refusing sexual intercourse
- d. Use of contraceptives
- e. Sexual practices
- f. Alcohol and drug use
- g. Family conditions

Part B compared the knowledge, attitudes and practices between the two intervention areas without desegregating by gender. Part B consisted of the following topics:

- a. Attitudes toward reproductive health
- b. Refusing sexual intercourse
- c. Use of contraceptives
- d. Sexual practices
- e. Alcohol and drug use
- f. Family conditions

This was done to explore if there would be significant differences between the two areas because the implementation methods used were different and the implementing agencies were the Ministry of Education, Youth and Sports in Preah Vihear vs. ADRA working through the Provincial Education Department and schools in Kampong Thom.

c. Qualitative Methods

Structured and semi-structured questionnaires were designed to guide the conduct of focus group discussions and key-informant interviews. Qualitative research was used not only to validate the results of the survey but to allow for a more in-depth exploration of sensitive and complex youth sexual and reproductive health issues. Research explored subjective and intangible topics such as the feelings, values and beliefs of both young people and their parents and discussed issues related to family, school and community –the *local social context* which affects young people's access to information and influences their health-seeking behavior.

The qualitative component also served to broaden the scope of the research to include not only youth but also parents and community gatekeepers, allowing for a triangulation of data between these three key groups. Comparison of multiple-source data obtained from interviews, focus groups and the questionnaire allowed for a more accurate analysis of the information.

d. Data Collection

Data collection was conducted over a two-week period beginning on March 26, and ending on April 7, 2009. Questionnaires were used for each household. One member of each household who met the inclusion criteria was included. The completed questionnaires were collected by supervisors on the due date and submitted to the research consultant. After careful examination, each questionnaire was stored for entry. The editing and coding of each questionnaire was performed manually and submitted for entry. Manual processing of questionnaires verified status of completeness, correctness, and consistency of the data entries. The research consultant performed manual editing and coding.

e. Data analysis

Epi info was used to verify data entry and to rectify inconsistencies. In addition, statistical software package SAS 9.1 was used for tabulation of survey results. A single supervisor and four data entry personnel performed this after being trained over the course of two days on entry verification, completeness of entry, correction of entry errors, and coding. Following data entry, a preliminary report was generated. A set of tables were included in this report and range checks were performed on all variables included in the questionnaire. The range checks that were generated indicated the minimum and maximum of all variables. All tabulations reported were extracted after cleaning of data files.

Confidentiality of Information

All survey respondents voluntarily agreed to participate in the study by giving their informed verbal or signed consent after being fully briefed on the goals and objectives of the study. They were assured that any information provided will be confidential and not be released to anyone outside of the study. In addition, they were informed that they could withdraw from completing the questionnaires or from the focus group if they did not feel comfortable.

5 Survey Results

a. Quantitative Section

5.a.1 Socio-demographics

The mean age of the 220 respondents was 16.4 years with the males slightly older than the females (16.64% and 16.15% respectively). The majority of them identified themselves as Buddhist (98.6%) and 1.4% as Muslim. There were no respondents who were married or divorced. 61% reported coming from families of between 4 to 6 people and 30% from families with 7 to 9 people while 86% percent lived with both parents. Of those who did not live with their parents, 57% reported living with other family members, and 21% lived with non-relatives, and 72% of the males were living with their biological fathers and 18% of the females with their biological mothers compared with nine percent of the males. Fathers were the only breadwinners for 30% of all respondents, mothers for 19% and both mothers and fathers for 40%. About 8% reported having a brother or sister as the breadwinner. 67% percent felt that the family income was adequate. To supplement their incomes 64% of those who answered this question, said they sought employment elsewhere, 24% said they did not do anything and the rest sold personal belongings or borrowed money (figure 1.0).

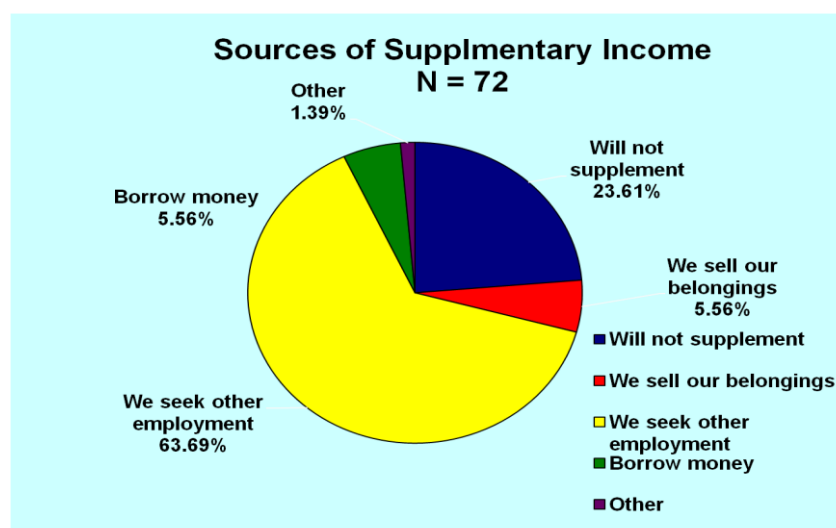


Figure 1 Sources of supplementary income

72% percent of those who earned the household's income reported that their parents controlled their income with more females reporting this (79%) than males (68%).

A very small number of the students ever migrated 6% of the males and 2% of the females. Most of them migrated to Phnom Penh; 100% of the females migrated to this city in comparison to 40% of the males. The remaining migrated to smaller towns in the rural areas (figure 2.0).

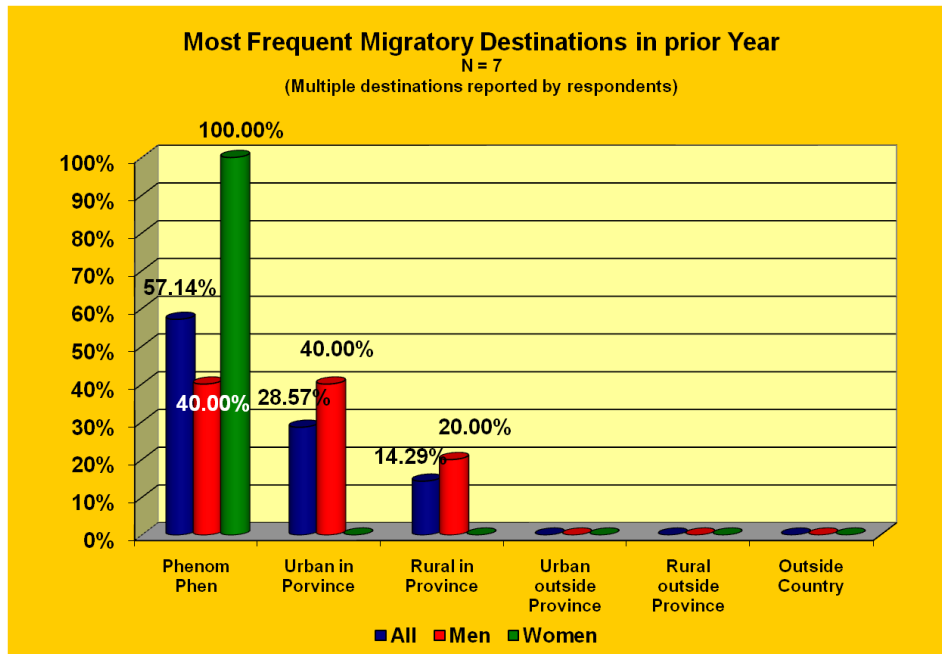


Figure 2 Reported migratory destinations in prior year

The length of stay varied from a few days to more than a month. The males worked as laborers whereas the females worked mostly in garment factories, restaurants, and some of the males reported scavenging and begging in the streets. 25% percent of the males reported being abused on the job compared to 33% of the females with 67% of the abused males reporting being forced to have sex compared to 75% of the females. Other forms of abuse reported were discrimination, unfair treatment and not being paid for overtime (figure 3.0).

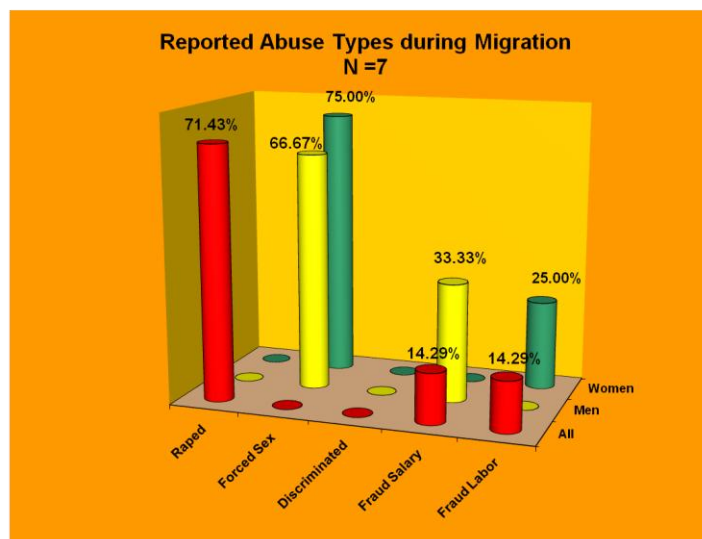


Figure 3 Reported types of abuse during migratory work

24% percent of males reported ever having a girlfriend compared to only 11% of the females having ever a boyfriend. 22% percent of the males currently have a girlfriend compared to 8% of the females who currently have a boyfriend. Most of them had their first romantic relationship by 17 years of age. 92% percent of the males reported being committed to their partners with only 56% of the females reporting the same.

5.a.2 Attitudes towards reproductive health

In response to the question about the use of condoms reducing sexual pleasure, 40% of the males did not agree compared with 38% of the females. More females somewhat agreed (31%) compared to 23% of the males and an equal number (22%) agreed. More males strongly agreed, 7% compared to 2% percent of females. When asked if carrying condoms was difficult more females (79%) said it was not compared to males (53%), 33% of the males strongly agreed that it was difficult compared to only 3% of females (figure 4.0).

47% percent of the males agreed that using condoms was a sign of mutual respect compared to 74% of the females. However, it is interesting to note that 23% of the males strongly agreed that it was indeed a sign of mutual respect compared with only 7% of the females. Both the males and the females agreed or strongly agreed that condoms were easy to obtain and use. 71% percent of males did not agree that their partner would reject them if they insisted on using a condom compared to 68% of the females. However, more females 17% agreed that they would be rejected compared to males 11%. Slightly more males (92%) than females (88%) disagreed that unmarried adolescents do not need to use condoms during sexual intercourse. More females agreed (82%) or strongly agreed (14%), that they are responsible for their own well being compared to males (47%) and (44%). More females (54%) did not agree that women who carry condoms are "easy" or "taxi females" whereas 45% of the males agreed. About 47% of the males somewhat agreed, agreed or strongly agreed with this statement compared to about 42% of the females.

It is interesting to note that 93% of the males did not agree that having sex with many women is a sign of manhood compared to 89% of the females. This finding needs to be explored further as it does not seem to reflect what one would expect in a male dominated society.

This was also followed by strong disagreement among males (96%) that real men do not use condoms compared with 86%. 57% of the males compared to 30% of the females did not agree that the female partner is responsible for self protection as compared with 54% of the females agreeing that they were responsible compared to 23% of the males. 10% of the males strongly agreed compared with 5% of the females. 92% of males either agreed or strongly agreed that it is okay for youth to wait until marriage to have sex compared to about 95% of the females. 87% of the males and 81% of the females did not agree that their friends would laugh at them if they refused to have sex. However, more females somewhat agree (5%) or agree (12%) that their friends would laugh at them than males (5%) and (12%).

60% of males did not agree that pregnancy, STIs or HIV will not happen to them compared to 46% of the females; about the same number (46%) for the males and (44%) for the females agreed or strongly agreed. 87% of the males and 71% of the females did not agree that because young people are healthy therefore they do not need to worry about contracting STIs. 21% of the males did not agree that women cannot get pregnant the first time they have sex compared to 18% of females. It is interesting to note that about the same number of males 75% and females somewhat agree (22%, 14%), agree (41%, 60%) and strongly agree (11% and 2%) that women cannot get pregnant the first time they have sex.

5.a.3 Refusing sexual intercourse

95% of the females felt very confident (81%) or some what confident (14%) compared to males (63% and 28%) that they would refuse sex with someone they cared about deeply or someone who paid school fees for them and demanded sex (94%) for the females and (92%) for the males. Overall, the females felt very confident or somewhat confident that they would refuse sexual advances from men who offered gifts, someone they had known for days or they had known for months.

5.a.4 Use of contraceptives

Over 90% of both males and females felt very confident or somewhat confident that they would use contraceptives with someone they cared about deeply, someone who had paid school fees for them and was demanding sex, someone who offered them gifts, a teacher or an employer and someone they had known for days or months.

5.a.5 Sexual practices

All the females reported not having had sex in the last six months while only 3% of the males did engage in sexual activities. 20% of those who had sex used condoms and 80% did not. The question on the number of partners one had had in the last six months did not have corresponding answers to denote numbers. This was an oversight on the part of the researchers.

5.a.6 Alcohol and drug use

45% of the males and only 9% of the females reported having drunk alcohol in the last month. The number of times varied from one to more than six times and the number of drinks from one drink to more than four. Slightly less than 5% of the males had sex under the influence of alcohol and none of the females did. None of the males used a condom while having sex under the influence. Close to 100% of both males and females had drugs the last time they had sex. This is also a very interesting finding as there seems to be more sex taking place under the influence of drugs than under the influence of alcohol. The use of drugs varied from once to six times or more with 100% of the females saying they used drugs at least once compared to 33% of the males. 67% of the males used drugs two to five times. Seventy-seven percent of the females and 100% of the males did not use condoms while under the influence of drugs.

5.a.7 Family conditions

Over 90% of the males and the females said that adult family members spent time with them, that they were very close or close to their parents, that they can approach their parents or other adult members of their families about their problems, that their parents cared about them and that they felt important and valued. However, more in PV indicated that their parents did not help them with their homework. This may be a reflection of the level of literacy among the adults being perhaps in more rural PV than in KPT.

b. Comparative analysis: Kampong Thom and Preah Vihear

5.b.1 Attitudes toward reproductive health

In response to the use of condoms, 42% in KPT and 32% in PV did not agree that the use of condoms reduces sexual pleasure with approximate numbers somewhat agreeing (27%, 29%), agreeing (20%, 27%) and a small number strongly agreeing. Seventy-seven percent in PV and 61% agreed that carrying condoms is not difficult compared with 18% in KPT and 15% in PV strongly agreeing (figure 4.0).

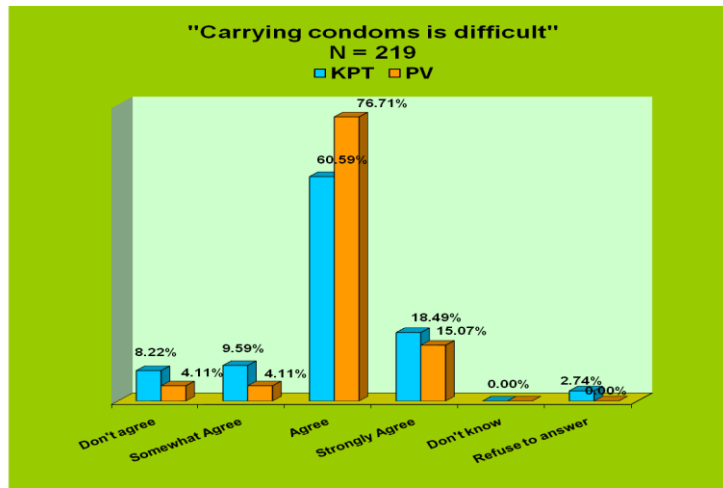


Figure 4 Attitudes towards carrying condoms

The same number (75%) in both KPT and PV agreed that using condoms is a sign of mutual respect with a similar number (11%) strongly agreeing and somewhat agreeing (5%). Sixty-two percent in PV and 49% in KPT agreed that condoms are easy to obtain and to use, compared to 25% and 21% who strongly agreed respectively and 15% and 12% somewhat agreeing. 77% in PV and 67% in KPT said their partner would not reject them if they insisted on using a condom and about the same number 12% and 15% respectively said they would be rejected. 82% and 93% did not agree that unmarried adolescents do not need to use condoms in a sexual encounter. 73% in PV and 62% in KPT agreed and 26% and 30% respectively strongly agreed that they are responsible for their own well-being.

50% in KPT and 48% in PV did not agree that women who carry condoms are “easy” or are “taxi females”, 25% in KPT and 15% in PV somewhat agreed and 20% and 30% agreed and a very small number strongly agreed.

90% in KPT and 92% in PV did not agree that having sex with many women is a sign of manhood, there were more who somewhat agreed in KPT (55%) than in PV (1%) and more who agreed in PV (7%) than in KPT (1%) (figure 5.0).

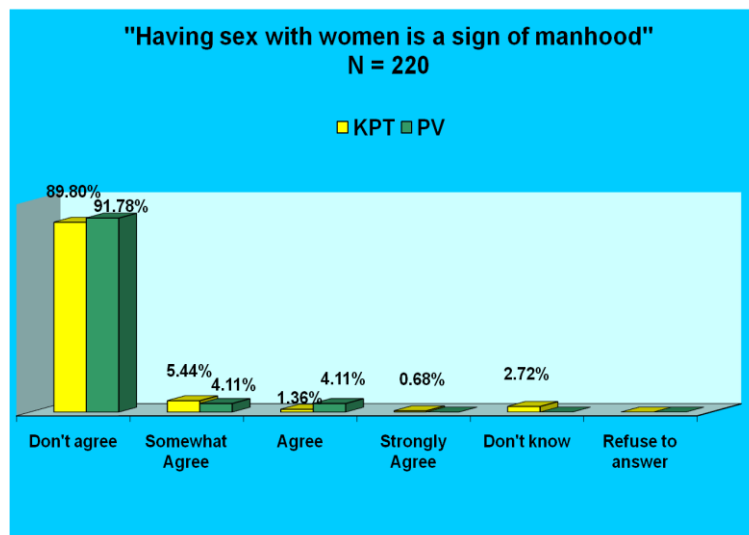


Figure 5 Reported sign of manhood and sexual attitudes

90% in KPT and 92% in PV did not agree that “real men” do not use condoms and the differences among those who somewhat agreed, agreed and strongly agreed was not significant.

Slightly more respondents in KPT (44%) than in PV (41%) did not agree that the female sexual partner was responsible for protection compared with almost an equal number agreeing that she was responsible (38% and 40%). Almost an equal number in both sites (93% and 95%) agreed or

strongly agreed that it is all right for youth to wait until marriage for sex. The perception of risk for getting pregnant, contracting STIs or HIV was much higher among respondents in KPT (60%) than in PV(38%) compared with 33% in KPT and 66% in PV who agreed or strongly agreed that this would not happen to them. This was also echoed in more respondents in KPT (82%) than in PV (71%) not agreeing with the statement that young people are healthy and therefore do not need to worry about contracting STIs. There was almost an equal number among those who somewhat agreed, agreed or strongly agreed that women cannot get pregnant the first time they have sex (figure 6.0).

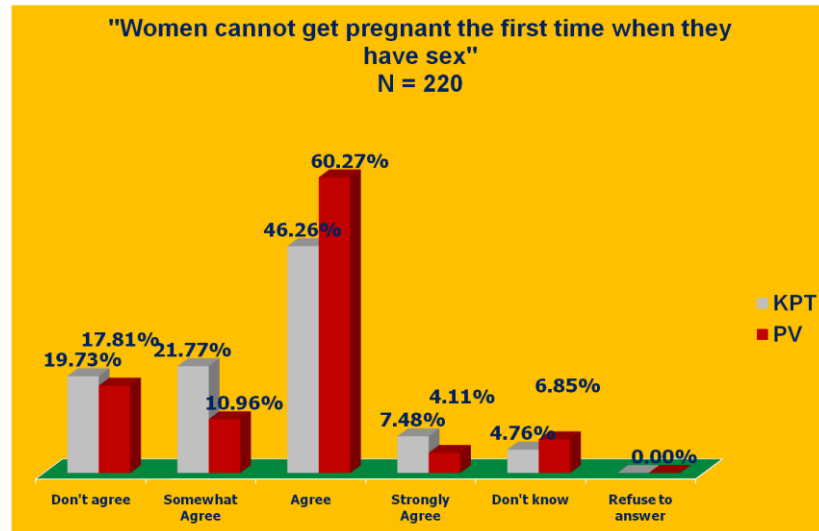


Figure 6 Figure 6.0 Knowledge of women's first sexual experience and pregnancy

5.b.2 Refusing sexual intercourse

Over 90% of respondents in both KPT and PV said that they were very confident or somewhat confident to refuse sex with someone they care very deeply about, someone who paid school fees for them, gave them gifts, had power over them such as a teacher or an employer and someone they had known for months.

5.b.3 Contraceptive compliance

Over 90% in both KPT and PV were confident that they would use contraceptives with a person they cared about deeply, someone who paid school fees for them or gave them gifts, someone who had power over them such as a teacher or an employer and someone they had known only for months.

5.b.4 Sexual practices

4% in PV reported having had sex in the last six months and none in KPT did although there was use of condoms in both KPT and PV. This means that those who had sex in KPT did not answer if they had had sex in the last six months.

5.b.5 Alcohol and drug use

More respondents in PV (34%) than in KPT (22%) had used alcohol in the last month and about an equal number (56% and 60%) had been drunk between one to five times. About the same number had sex under the influence (4% and 3%) and all of them used condoms. Only 2.24% in KPT reported they used drugs the last time they had sex. They used the drugs between one and five times.

5.b.6 Family conditions

Family relationships with parents and other adult members were rated very favorably in both sites with respondents reporting that they were either close or very close to them. This probably is evidence of the closely knit Khmer extended family where parents, grandparents, aunts and uncles are respected.

5.b.7 Qualitative results

In both sites the males and females said that they had learned about sexual and reproductive health in their classes. The teachers and principals said that sexual and reproductive health was taught from grade nine upwards. Among the students the females felt freer to talk with their mothers about sexual and reproductive health issues whereas the males did not feel free to talk with their fathers because they were unwilling or that they did not know much about the subject.

HIV, STIs and syphilis were stated as the main reproductive health issues that young people faced. They also agreed that although they knew some females who became pregnant these were very few. All agreed that they should go to the health center for diagnosis and treatment of any illness especially STIs.

The females felt they were under greater pressure to drop out of school because they had to help their parents or the relatives with whom they were living.

6 Discussion

a. *Gender differences*

220 males and females participated in the survey of whom 107 were males and 113 were females. 107 males and females participated in KPT and 73 in PV. In PV because of distances from the schools, it was difficult to get students to come back for the interviews or for the field workers to cover the distances to the different villages.

The goal of the study was to explore if there were any differences in knowledge, attitudes and practices between schools that utilized only the Ministry of Education, Youth and Sports ‘Life-skills for HIV and AIDS Education’ curriculum and those that utilized the RCYSRH project ‘Sexual Reproductive Health Education’ curriculum and activities. It is beyond the scope of this study to define in any detail the differences between the curricula and the methodologies used in implementation.

The interpretation of the results is the responsibility of the investigators based on their understanding, albeit limited, of the context of the study and the culture. Although 64% of the respondents said their family income was adequate of those who said it was not 67% of them needed to supplement their income through various occupations such as selling a variety of goods, borrowing from relatives and migrating to the cities for employment. It is interesting to observe that more females than males said their income was controlled by their parents. This is perhaps a reflection of a culture where the men are the primary decision makers in family financial affairs. This may even be truer in rural areas than perhaps in the urban areas.

Since most of the respondents were in-school youth, we were not surprised to find that only 6% of the males ever migrated compared to 2% of the females. However, more females migrated to Phnom Penh than anywhere else. This might be explained by the fact that this is where most of the garment factories, restaurants and entertainment houses are located which employ mostly women. The males work mostly as laborers.

Rural-to-urban migration has resulted in the loss of the safety net provided by the rural Khmer conservative extended family. Of those who migrated, more females (33%) reported being abused on the job than males (25%), 67% of the males and 75% of the females reported being forced to have sex. Other forms of abuse reported were discrimination, unfair treatment and not being paid for overtime. In the focus group discussions it was brought up that some of the females were

actually trafficked into sex work. The result of this has been the rise in incidence of STIs and HIV infection and the devastating consequences this has had on Khmer communities.

About an equal number of males and females (54%) somewhat agree, agree or strongly agree that the use of condoms reduces sexual pleasure and about the same number (40% males and 38% females) disagree. This is quite a surprising finding in the understanding of condom use because it is usually more men who agree that the condom does reduce sexual pleasure.

More males (98%) than females (86%) somewhat agreed, agreed or strongly agreed that it was not difficult to carry a condom. In Khmer culture, females are expected to remain virgins till marriage and this is even more so in rural communities than in urban communities. It is not surprising therefore those females would find it difficult to carry condoms around.

It is also interesting that about the same number of males and females (85%) agreed that using a condom is a sign of mutual respect and those condoms are easy to obtain and use. One hopes that this is not just theoretical knowledge but that it is translated into behavior when it comes to safe sexual practices.

Slightly more females than males agreed that their partner would leave them if they insisted on using a condom. This reflects the power structures in a culture where females do not have much power to negotiate safe sex and negates the agreement that carrying condoms is a sign of mutual respect as stated earlier.

Self-efficacy is reflected in that both males and females agree or strongly agree that they are individually responsible for their well-being and the perception of risk for contracting HIV or a STI or getting or making a girl pregnant and is higher among males than among females. The explanation for this might be that more males are having sex than females even though we do not have documented evidence.

Both males and females seem to be equally aware of safe sex and harbor some respect for the opposite sex. Some examples of these are the fact that more males did not agree that having sex with many women is a sign of manhood or that “real men” do not use condoms. What is even more impressive is the fact that more males did not agree with the fact that the female sexual partner is responsible for protection while the females perceive themselves as responsible. Furthermore, all youth agreed or strongly agreed that it was okay for them to wait for marriage to have sex which again shows that there are still some very strong ties to traditional cultural values which are being threatened by modernization and the introduction of new ideas about premarital sex.

Both males and females were confident that they would refuse sexual advances from someone they cared for deeply, someone who had some authority or power over them whether it is financial or authority. The same applied to the use of contraceptive or the practice of safe sex. All the women reported not having had sex in the last six months. One has to ask if this is indeed a true answer that among 220 young adults none of the females had sex. The use of condoms is quite high among males, a behavior which is to be commended.

Although a lot more males than females drank alcohol in the last month very few males had sex under the influence and no females had sex at all. All of those who had sex however did not use a condom demonstrating the loss of good judgment that alcohol induces. The use of drugs was quite rampant among both males and females although all the males answered that they did not have sex under the influence of drugs.

Family relationships with parents and other adult members were rated very favorably by both males and females reporting that they were either close or very close to them. This probably is evidence of the closely knit Khmer extended family where parents, grandparents, aunts and uncles are respected.

b. Provincial differences

These results are a combination of both males and females disaggregated by place; for example, KPT and PV rather than gender. This was done to reflect overall differences in knowledge, attitudes and practice in the two provinces among those who had been in the two programs. As stated earlier in PV the program was implemented by the Ministry of Education, Youth and Sports while ADRA implemented the program in KPT. The Ministry utilized the “Life skills for HIV and

AIDS” curriculum and ADRA used the regular “Sexual and Reproductive Health Education” curriculum. The methods of communication will not be part of this discussion. However it is important to note that the MoEYS implemented its program in PV in the first year of the project, 2006/7 while ADRA implemented from 2007 to 2009.

Only the most significant differences and similarities will be discussed. Since we did not assess the individual program implementation no cause and effect relationship will be assigned.

The following were the most significant differences in the section on attitudes toward reproductive health and the use of condoms were:

1. the greater perception in PV that unmarried adolescents do not need to use condoms in sexual encounters
2. more in PV stating that they are more responsible for their well-being
3. there was a greater perception of risk for pregnancy, contracting STIs or HIV among those in KPT
4. more in PV agreed that a woman cannot get pregnant the first time she has sex

Confidence to refuse sexual intercourse was expressed almost equally in both sites as well as contraceptive use under the different circumstances in the questions. The section on sexual practices needed to be revisited as it appears to either have not been clearly understood or that the respondents did not want to disclose their practices for reasons only known to them.

There was more drinking of alcohol in PV than in KPT but surprisingly there was very little sexual activity reported whether it was under the influence or without alcohol or drugs. This makes one wonder whether this particular question was truthfully answered.

Family relationships were rated as close or very close in both sites. This is to be expected as described earlier in the section on males and females.

Overall, there were more similarities in the outcomes of the project implementation than there were differences. One may conclude that both methodologies were equally effective in transmitting the messages on youth sexual and reproductive health although caution must be exercised because no confounding factors were included in the study.

c. Limitations of the study

The main limitations of a study like this is self-reporting bias by which is meant that individuals will report more desirable forms of behavior than the less desirable because they feel ashamed or are afraid that they might be identified even if the questionnaires were anonymous.

Even if the questionnaires were field tested there is always the potential for questions to not be fully understood especially when they are translated from one language to another. In this case the questions were first in English, translated into Khmer but were not translated back to English to be sure that the meaning was not lost.

The interviewers were trained for two days and some of them had a lot of experience in conducting such studies which minimizes interviewer bias and the tendency to ask leading questions or helping the interviewee with the answers. Regardless of this safeguard, there is the potential to introduce bias.

In our work plan we had included the review of school curricula to make sure that youth sexual and reproductive health topics were included. We did not do this as thoroughly as we should have. We were able to interview two principals in KPT and one in PV because some teachers were away in preparation for the Khmer New Year.

Focus group discussions and in-depth interviews conducted in KPT and PV with students, teachers and principals fell short of collecting information that could have allowed for a comparison to be made between the two provinces.

There was also a big difference in the timing and length of implementation of the program in PV and KPT. The MoEYS implemented their program only in the first year of the project, 2006/7 and ADRA implemented for two years from 2007 up to the end of the project in 2009. This does not

allow for a fair comparison between the two sites. It was also impossible to ascertain if we were interviewing the same participants who had been in the program from its inception particularly in PV where this phase of the project ended in 2007.

7 Conclusion

The study disclosed some significant differences in knowledge, attitudes and practices between males and females. However, there were no significant differences between the two sites when the males and females were bundled together. Therefore, one cannot confidently conclude from these results that one methodology had greater impact on the knowledge, attitudes and practices of the youths in KPT and PV.

8 Appendices

Table 1 Demographics

	All% N = 220	Men% N = 107	Women% N = 113
Age (Mean) in Years	16.39	16.64	16.15
What is your religion?			
Buddhist	98.64	98.13	99.12
Christian	-	-	-
Muslim	01.36	01.87	00.88
Other	-	-	-
Refuse to answer	-	-	-
What is your marital status?			
Single	100.00	100.00	100.00
Married	-	-	-
Divorced	-	-	-
Widowed	-	-	-
Refuse to answer	-	-	-
What is your family size? How many people live in your household?			
2 – 3 people	05.45	05.61	05.31
4 – 6 people	61.36	67.29	55.75
7 – 9 people	30.00	22.43	37.17
10 or more people	03.18	04.67	01.77
Don't know or refuse to answer	-	-	-
Do you live with both your parents?			
Yes	86.82	89.72	84.07
No	13.18	10.28	15.93
If you do not live with your parents, with whom do you live with?			
I live by myself	03.57	09.09	-
I live with my friend	03.57	-	05.88
I live with my boy/girlfriend or partner	-	-	-
I live only with my mother	14.29	09.09	17.65
I live only with my father	-	72.73	-
I live with other family members	57.14	-	47.06
I live with others besides family members	21.34	09.09	29.41
Refuse to answer	-	-	-
Who in your family has income?			
Myself	00.91	00.94	00.88
Father	29.68	37.74	22.12
Mother	18.72	22.64	15.14
Parents	40.18	27.64	52.21
Sister/Brother	07.76	27.36	08.85
Other	02.28	06.60	00.88
Don't know	-	03.77	-
Refuse to answer	00.46	00.94	-
Do you think this income is enough?			
No, this income is not enough	31.51	34.58	28.57
Yes, the income is enough	67.19	64.49	69.64
Don't know	01.38	00.93	01.78
Refuse to answer	-	-	-
If not enough, what does the family do to supplement the income?			
My family does not supplement	23.61	21.62	25.71
We sell personal belongings	05.56	08.11	02.86
We seek other employment	63.89	62.16	65.71
Borrow somebody money	05.56	05.41	05.71
Other	01.39	02.70	-
Don't know	-	-	-
Refuse to answer	-	-	-
What have you done in the last month to earn money for yourself?			
Nothing	76.28	65.71	86.36
Home maid	-	-	-
Selling goods	08.37	06.67	10.00
Casual labor	05.58	10.48	00.91
Farming	01.40	00.95	01.82

Plantation	04.19	07.62	00.91
Fishery	00.93	01.90	-
Motor dup driver	02.33	04.76	-
Other	00.93	01.90	-
Who controls the money you earn?			
Myself	15.79	18.42	10.53
My brother or sister	03.51	05.26	-
My parent	71.93	68.42	78.95
My grandparent	07.00	02.63	-
Husband or wife	-	-	-
My boy/girlfriend	-	-	-
Other	01.75	05.26	10.52
What grade are you in at the present time?			
Mean grade level reported	9	9	9
Have you ever migrated to another area to find work in the last 12 months?			
Yes	03.76	05.77	01.83
No	96.24	94.23	98.17
How many times did you go in the last 12 months?			
Once	55.56	50.00	66.67
Twice	33.33	33.33	33.33
Three times	-	-	-
More than 3 times	11.11	16.67	-
Don't remember	-	-	-
Refuse to answer	-	-	-
If you migrated, where did you go?			
Phenom Penh city	57.14	40.00	100.00
Urban in province	28.57	40.00	-
Rural in province	14.29	20.00	-
Urban outside in province	-	-	-
Rural outside province	-	-	-
Outside country	-	-	-
Other	-	-	-
How long did you stay each time?			
Come back home every evening	28.57	50.00	-
1 – 3 days	14.29	-	-
4 days to 1 week	-	-	33.33
2 – 3 weeks	-	-	-
One month	42.86	50.00	33.33
Over one month	14.29	-	33.33
Other	-	-	-
What work did you do?			
Worked in garment factory	16.67	-	50.00
Worked as a farmer	-	-	-
Worked as a laborer	50.00	75.00	-
Worked as a home maid	-	-	-
Worked as a restaurant worker	-	-	50.00
Worked as a beer girl	16.67	-	-
Worked as a sex worker	-	-	-
Worked as karaoke worker	-	-	-
Scavenger/bagger	16.67	25.00	-
Worked as a motor dup driver	-	-	-
Worked as taxi driver	-	-	-
Did you ever get oppressed/abuse on the job?			
Yes	28.57	25.00	33.33
No	71.43	75.00	66.67
If yes, what are the problems?			
Raped	71.43	-	-
Forced to have sex	-	66.67	75.00
Discriminated/treated unfairly	-	-	-
Fraud the salary	14.29	33.33	-
Fraud the labor/overtime	14.29	-	25.00
Other	-	-	-
Have you ever had a boy/girlfriend or partner?			
Yes	17.29	24.27	10.81
No	82.71	75.73	89.19
If yes, how old were you when you first had boy/girlfriend or partner?			
Age	16.81	16.70	17.05
Don't remember	-	-	-
Do you currently have a boy/girlfriend or partner?			
Yes	14.95	21.90	08.26
No	85.05	78.10	91.74
How committed are you to your current boy/girlfriend or partner?			
Very committed/ want to marry	78.05	92.00	56.25

Not committed/ no plan to marry	19.51	04.00	43.75
Other	02.44	04.00	-

Table 2 Comparative Analysis: Attitudes toward Reproductive Health

Please the level of agreement to the following statements:	All N = 220 n (%)	Group A (KPT) N = 147 n (%)	Group B (PV) N = 73 n (%)
The use of condoms reduces sexual pleasure			
Don't Agree	86 (39.00)	62 (42.18)	24 (32.88)
Somewhat agree	60 (27.22)	39 (26.53)	21 (28.77)
Agree	49 (22.27)	29 (19.73)	20 (27.40)
Strongly agree	09 (04.09)	08 (05.44)	-
Don't Know	16 (02.27)	04 (06.12)	07 (09.59)
Refuse to answer	-	-	-
Carrying condoms is not difficult			
Don't Agree	15 (06.85)	12 (08.22)	03 (04.11)
Somewhat agree	17 (07.76)	14 (09.59)	03 (04.11)
Agree	145 (66.21)	89 (60.59)	56 (76.71)
Strongly agree	38 (17.35)	27 (18.49)	11 (15.07)
Don't Know	04 (01.83)	-	-
Refuse to answer	-	04 (02.47)	-
Using condoms is a sign of mutual respect			
Don't Agree	26 (11.82)	20 (08.22)	06 (08.22)
Somewhat agree	21 (09.55)	17 (05.48)	04 (05.48)
Agree	134 (60.91)	79 (75.34)	55 (75.34)
Strongly agree	33 (15.00)	25 (10.96)	08 (10.96)
Don't Know	06 (02.73)	-	-
Refuse to answer	-	06 (04.08)	-
Condoms are easy to obtain and use			
Don't Agree	16 (07.27)	14 (09.52)	02 (02.74)
Somewhat agree	31 (14.09)	22 (14.97)	09 (12.33)
Agree	117 (53.18)	72 (48.98)	45 (61.64)
Strongly agree	52 (23.64)	37 (25.17)	15 (20.55)
Don't Know	-	-	-
Refuse to answer	04 (01.82)	02 (01.36)	02 (02.74)
My partner would reject me if I insisted on condom use			
Don't Agree	153 (69.55)	99 (67.35)	54 (73.97)
Somewhat agree	14 (06.36)	03 (06.12)	05 (06.85)
Agree	31 (14.09)	22 (14.97)	09 (12.33)
Strongly agree	07 (03.18)	06 (04.08)	01 (01.37)
Don't Know	13 (05.91)	09 (06.12)	04 (05.48)
Refuse to answer	02 (00.91)	02 (01.36)	-
Unmarried adolescents don't need to use condoms in a sexual encounter			
Don't Agree	197 (89.55)	137 (93.20)	60 (82.19)
Somewhat agree	06 (02.73)	03 (02.04)	03 (04.11)
Agree	06 (02.73)	01 (00.68)	05 (06.85)
Strongly agree	08 (03.64)	06 (04.08)	02 (02.74)
Don't Know	03 (01.36)	-	03 (04.11)
Refuse to answer	-	-	-
I am responsible for my own self-being			
Don't Agree	05 (02.27)	04 (02.72)	01 (01.37)
Somewhat agree	08 (03.64)	08 (05.44)	-
Agree	143 (65.00)	90 (61.22)	53 (72.60)
Strongly agree	63 (28.64)	44 (29.93)	19 (26.30)
Don't Know	01 (00.45)	-	-
Refuse to answer	-	01 (00.68)	-
Women who carry condoms are "easy" or "taxi girls"			
Don't Agree	109 (49.55)	74 (50.34)	35 (47.59)
Somewhat agree	47 (21.36)	36 (24.49)	11 (15.07)
Agree	52 (23.64)	30 (20.41)	22 (30.14)
Strongly agree	03 (01.36)	02 (01.37)	01 (01.37)
Don't Know	09 (04.09)	05 (03.40)	04 (05.48)
Refuse to answer	-	-	-
Having sex with many women is a sign of manhood			

Don't Agree	199 (90.45)	132 (89.80)	67 (91.78)
Somewhat agree	11 (05.00)	08 (05.44)	03 (01.37)
Agree	05 (02.27)	02 (01.36)	03 (06.85)
Strongly agree	01 (00.45)	01 (00.68)	-
Don't Know	04 (01.82)	04 (02.72)	-
Refuse to answer	-	-	-
"Real men" don't use condoms			
Don't Agree	200 (90.91)	133 (90.48)	67 (91.78)
Somewhat agree	05 (02.27)	04 (02.72)	01 (01.37)
Agree	11 (05.00)	06 (04.08)	5 (06.85)
Strongly agree	03 (01.36)	03 (02.04)	-
Don't Know	01 (00.45)	01 (00.68)	-
Refuse to answer	-	-	-
The female (sexual partner) is responsible for protection			
Don't Agree	95 (43.18)	65 (44.22)	30 (41.10)
Somewhat agree	19 (08.64)	11 (07.48)	08 (10.96)
Agree	86 (39.09)	57 (38.78)	29 (39.73)
Strongly agree	17 (07.73)	13 (08.84)	04 (05.48)
Don't Know	03 (01.36)	01 (00.68)	02 (02.74)
Refuse to answer	-	-	-
It is okay for youth to wait for marriage to have sex			
Don't Agree	05 (02.27)	05 (03.40)	-
Somewhat agree	09 (04.09)	06 (04.80)	03 (04.11)
Agree	119 (51.36)	67 (45.58)	46 (63.01)
Strongly agree	93 (42.27)	69 (46.94)	24 (32.88)
Don't Know	-	-	-
Refuse to answer	-	-	-
My friends would laugh at me for refusing to have sex			
Don't Agree	183 (83.94)	118 (80.82)	65 (90.28)
Somewhat agree	11 (05.05)	09 (06.16)	02 (02.78)
Agree	19 (08.22)	14 (09.59)	05 (06.94)
Strongly agree	03 (01.38)	03 (02.05)	-
Don't Know	02 (00.92)	02 (01.37)	-
A Pregnancy, STIs or HIV won't happen to me.			
Don't Agree	116 (52.73)	88 (59.86)	28 (38.36)
Somewhat agree	12 (05.54)	10 (06.80)	02 (02.74)
Agree	72 (32.73)	41 (27.89)	31 (42.47)
Strongly agree	17 (07.73)	07 (04.76)	10 (13.70)
Don't Know	03 (01.36)	01 (00.68)	02 (02.74)
Refuse to answer	-	-	-
Young people are healthy and don't need to worry about STIs			
Don't Agree	173 (78.64)	121 (82.31)	52 (71.23)
Somewhat agree	10 (04.55)	05 (03.40)	05 (06.85)
Agree	31 (14.09)	15 (10.20)	16 (21.92)
Strongly agree	03 (01.36)	03 (02.04)	-
Don't Know	03 (01.36)	03 (02.04)	-
Refuse to answer	-	-	-
Women cannot get pregnant the first time when they have sex			
Don't Agree	42 (19.09)	29 (19.73)	13 (17.81)
Somewhat agree	40 (18.18)	32 (21.77)	08 (10.96)
Agree	112 (50.91)	68 (46.26)	44 (60.27)
Strongly agree	14 (06.36)	11 (07.48)	03 (04.11)
Don't Know	12 (05.45)	07 (04.76)	05 (06.85)
Refuse to answer	-	-	-

Table 3 Comparative Analysis: Refusing Sexual Intercourse

How confident are you to refuse sex from:	All N = 220 n (%)	Group A (KPT) N = 147 n (%)	Group B (PV) N = 73 n (%)
A person you care about deeply			
Very confident	159 (72.60)	103 (70.55)	56 (76.71)
Somewhat confident	46 (21.00)	33 (22.60)	13 (17.81)
Unsure	07 (03.20)	05 (03.42)	02 (02.74)
Not confident	07 (03.20)	05 (03.42)	02 (02.74)
A person who has paid for your school fees or training fees and who demands sex			
Very confident	159 (72.27)	99 (67.35)	60 (82.19)
Somewhat confident	35 (15.91)	29 (19.73)	06 (08.22)
Unsure	10 (04.55)	07 (04.76)	03 (04.11)
Not confident	16 (07.27)	12 (08.16)	04 (05.48)

A person who offers gifts			
Very confident	164 (74.55)	103 (70.07)	61 (83.56)
Somewhat confident	32 (14.55)	29 (19.73)	03 (04.11)
Unsure	08 (03.64)	06 (04.08)	02 (02.76)
Not confident	16 (07.27)	09 (06.12)	07 (09.59)
A person who has power over you, such as a teacher or an employer			
Very confident	170 (77.27)	107 (72.79)	63 (86.30)
Somewhat confident	30 (13.64)	24 (16.33)	06 (08.22)
Unsure	07 (03.18)	06 (04.08)	01 (01.37)
Not confident	13 (05.91)	10 (06.08)	03 (04.11)
A person you have known for days			
Very confident	171 (77.73)	112 (76.19)	59 (80.82)
Somewhat confident	31 (14.09)	24 (16.33)	07 (09.59)
Unsure	06 (02.73)	04 (02.72)	02 (02.74)
Not confident	12 (05.45)	07 (04.76)	05 (06.85)
A person you have known for months			
Very confident	172 (78.18)	113 (76.87)	59 (80.82)
Somewhat confident	31 (14.09)	23 (15.65)	08 (10.96)
Unsure	08 (03.64)	06 (04.08)	03 (02.74)
Not confident	09 (04.09)	05 (03.40)	04 (05.48)

Table 4 Comparative Analysis: Contraceptive Compliance

How confident are you that <u>you</u> can use contraceptives with:	All N = 220 n (%)	Group A (KPT) N = 147 n (%)	Group B (PV) N = 73 n (%)
A person you care about deeply			
Very confident	166 (75.80)	105 (71.92)	61 (83.56)
Somewhat confident	43 (19.63)	33 (22.60)	10 (13.70)
Unsure	04 (01.83)	03 (02.05)	01 (01.37)
Not confident	06 (02.74)	05 (03.42)	01 (01.37)
A person you who has paid for your school fees or training fees and who demands sex			
Very confident	132 (60.27)	80 (54.78)	52 (71.23)
Somewhat confident	65 (29.68)	50 (34.25)	15 (20.55)
Unsure	09 (04.11)	08 (05.48)	01 (01.37)
Not confident	13 (05.94)	08 (05.48)	05 (06.85)
A person who offers you gifts			
Very confident	141 (64.68)	85 (58.62)	56 (76.71)
Somewhat confident	54 (24.77)	44 (30.34)	10 (13.70)
Unsure	16 (07.34)	13 (08.97)	03 (04.11)
Not confident	07 (03.21)	03 (02.07)	04 (05.48)
A person you has power over you like a teacher or an employer			
Very confident	141 (64.38)	88 (60.27)	53 (72.60)
Somewhat confident	59 (26.59)	45 (30.82)	14 (19.18)
Unsure	09 (04.11)	08 (05.48)	01 (01.37)
Not confident	10 (04.57)	05 (03.42)	05 (06.85)
A person you have known for days			
Very confident	154 (70.32)	93 (63.70)	61 (83.56)
Somewhat confident	48 (21.92)	40 (29.40)	08 (10.96)
Unsure	08 (03.65)	06 (04.11)	02 (02.74)
Not confident	09 (04.11)	07 (04.79)	02 (02.74)
A person you have known for months			
Very confident	159 (72.94)	99 (68.28)	60 (82.19)
Somewhat confident	45 (20.64)	35 (24.14)	10 (13.70)
Unsure	08 (03.67)	07 (04.83)	01 (01.37)
Not confident	06 (02.75)	04 (02.76)	02 (02.74)

Table 5 Comparative Analysis: Sexual Practices

	All N = 220 n (%)	Group A (KPT) N = 147 n (%)	Group B (PV) N = 73 n (%)
Have you had sexual intercourse in the last 6 months?			
No	209 (98.12)	139 (99.29)	70 (95.89)
Yes	03 (01.41)	-	03 (04.11)
Don't remember	01 (00.47)	-	-
Refuse to answer	-	01 (00.71)	-
How many sexual partners did you have in the last 6 months?			
Yes	07 (87.50)	04 (80.00)	03 (100.00)
No	01 (12.50)	01 (20.00)	-

Don't know	-	-	-
Refuse	-	-	-
Did you use a condom the last time you had sexual intercourse?			
No	01 (12.50)	-	01 (33.33)
Yes	07 (87.50)	05 (100.00)	02 (66.67)
Don't remember	-	-	-
Refuse to answer	-	-	-

Table 6 Comparative Analysis: Alcohol and Drug Use

	All N = 220 n (%)	Group A (KPT) N = 147 n (%)	Group B (PV) N = 73 n (%)
Do you drink alcohol in the last month?			
Yes	55 (26.44)	30 (22.22)	25 (34.25)
No	152 (73.08)	104 (77.04)	48 (65.75)
Don't know	-	-	-
Refuse	01 (00.48)	01 (00.74)	-
If yes, how many times did you get drunk?			
Never	24 (40.00)	13 (37.14)	11 (44.00)
1 time	24 (40.00)	12 (34.29)	12 (48.00)
2 to 5 times	11 (18.33)	09 (25.71)	02 (08.00)
6 or more times	01 (01.67)	01 (02.86)	-
Don't remember	-	-	-
Refuse to answer	-	-	-
The last time you drank alcohol, how many drinks did you have?			
1 drink	28 (50.00)	15 (48.39)	13 (52.00)
2 to 3 drinks	15 (26.79)	08 (25.81)	07 (28.00)
4 or more drinks	09 (16.07)	06 (19.35)	03 (12.00)
Don't remember	04 (07.14)	02 (06.45)	-
Refuse to answer	-	-	02 (08.00)
Did you have sex under the influence of alcohol?			
No	54 (96.43)	30 (96.77)	24 (96.00)
Yes	02 (03.57)	01 (03.23)	01 (04.00)
Don't remember	-	-	-
Refuse to answer	-	-	-
If yes to prior question, did you use a condom?			
No	-	-	-
Yes	07 (100.00)	07 (100.00)	-
Don't remember	-	-	-
Refuse to answer	-	-	-
Did you use any drugs the last time having sex?			
Yes	03 (01.46)	03 (02.24)	-
No	203 (98.54)	131 (97.76)	72 (100.00)
Don't remember	-	-	-
Refuse to answer	-	-	-
If yes to prior question, how many times did you use drugs?			
Once	01 (20.00)	01 (20.00)	-
2 to 5 times	04 (80.00)	04 (80.00)	-
6 or more times	-	-	-
Don't remember	-	-	-
Refuse to answer	-	-	-
If yes to prior questions, what kind of drugs did you use?			
Glue	-	-	-
Yama	-	-	-
Marijuana	-	-	-
Estacy	-	-	-
Heroin	-	-	-
Other	-	-	-
Don't remember	-	-	-
Refused to answer	-	-	-
Did you have sex under the influence of drugs?			
No	01 (100.00)	01 (100.00)	-
Yes	-	-	-
Don't remember	-	-	-
Refuse to answer	-	-	-
If yes, did you use a condom?			
No	07 (87.50)	07 (87.50)	-
Yes	01 (12.50)	01 (12.50)	-
Don't remember	-	-	-
Refuse to answer	-	-	-

Table 7 Comparative Analysis: Family Conditions

	All N = 220 n (%)	Group A (KPT) N = 147 n (%)	Group B (PV) N = 73 n (%)
Do your parents or other adult family members spend time with you?			
Very close	154 (71.63)	103 (72.03)	51 (70.83)
Close	58 (26.98)	37 (25.87)	21 (29.17)
Not close	03 (01.40)	03 (02.10)	-
Distant	-	-	-
How close are you to your parents or other adult members?			
Very close	127 (58.26)	85 (58.22)	42 (58.33)
Close	87 (39.91)	57 (39.04)	30 (41.67)
Not close	04 (01.83)	04 (02.74)	-
Distant	-	-	-
Can you approach your parents or other adult members of your family about your problems?			
Very close	75 (34.40)	47 (32.19)	28 (38.89)
Close	130 (59.63)	90 (61.64)	40 (55.56)
Not close	11 (05.05)	08 (05.48)	03 (04.17)
Distant	02 (00.92)	01 (00.68)	01 (01.39)
Do your parents and other adult family members care about you?			
Very close	129 (59.17)	86 (58.90)	43 (59.72)
Close	85 (38.99)	57 (39.04)	28 (38.89)
Not close	02 (00.92)	02 (01.37)	-
Distant	02 (00.92)	01 (00.68)	01 (01.39)
Do your parents or other adult family members help you with your homework?			
Very close	46 (21.10)	36 (24.66)	10 (13.89)
Close	95 (43.58)	71 (48.53)	24 (33.33)
Not close	65 (29.82)	36 (24.66)	29 (40.28)
Distant	12 (05.50)	03 (02.05)	09 (12.50)
Do you feel comfortable talking with parents or other adult family members?			
Very close	115 (52.75)	76 (52.05)	39 (54.17)
Close	92 (42.20)	63 (43.15)	29 (40.28)
Not close	09 (04.13)	06 (04.11)	03 (04.17)
Distant	02 (00.92)	01 (00.68)	01 (01.39)
Do you feel important to your parents and other adult family members?			
Very close	155 (71.10)	106 (72.66)	49 (68.06)
Close	61 (27.98)	38 (26.03)	23 (31.94)
Not close	02 (00.92)	02 (01.37)	-
Distant	-	-	-