



**SUMMARY OF KAP STUDY ON YOUTH KNOWLEDGE OF CSE AND
ACCESS TO SERVICES IN CHEC TARGET AREAS**

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1. 1. Introduction

CHEC is a local NGO registered with the Ministry of Interior (Mol) in 2001. CHEC works in seven districts across five provinces in Cambodia: Chhumkiri in Kampot; Kampong Tralach and Samaki Meanchey in Kampong Chhnang; Srey Santhor in Kampong Cham; Kien Svay in Kandal; and Pear Raing and Peam Chor in Prey Veng. CHEC's practical interventions focus on improving and strengthening the knowledge of local authorities and communities, including LGBTIQ people, on CSE/SRHR, GBV, gender and rights, as well as their skills to respond to GBV, promote community rights, support PLHIV and GBV survivors, and refer youth and GBV survivors to appropriate support services.

To assess the knowledge and practices of youth, including LGBTIQ people, related to CSE/SRHR, CHEC conducted a KAP survey in four CHEC target districts: Kien Svay (KS), Kampong Tralach (KT), Srey Santhor (SST), and Peam Chor (PCH). The survey included 200 youth respondents, including 100 LGBTIQ respondents. It was conducted by Youth Leaders under the supervision of the Youth Project Coordinator during May and June 2026. Respondents were randomly selected and interviewed using a structured questionnaire developed by the Program Manager and Project Coordinator and approved by the CHEC Director.

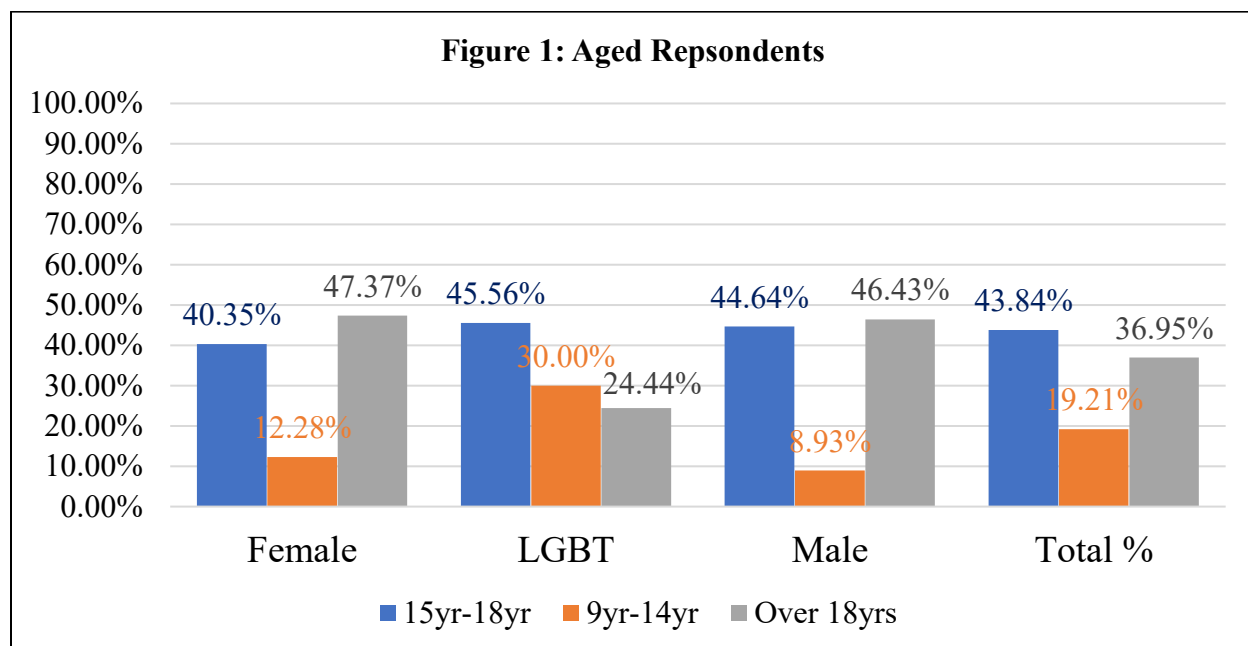
2. 2. Personal Information

A total of 203 youth, including LGBTIQ respondents, were interviewed in four CHEC target areas. Of the respondents, 55.67% were youth and 44.33% were LGBTIQ respondents. All respondents reported being Buddhist. Among the respondents, 28.08% were female, as shown in Table 1.

Table 1: Respondents by Gender

Respondents by gender	# Of respondents	Percentage
Female	57	28.08%
LGBT	90	44.33%
Male	56	27.59%
Total respondents	203	100.00%

Respondents were divided into three age categories: 9–14 years, 15–18 years, and over 18 years. Of the respondents, 43.84% were aged 15–18 years, 36.95% were over 18 years, and 19.21% were aged 9–14 years, as shown in Figure 1.



Regarding education, 57.64% of respondents had attended high school, 36.95% had attended secondary school, and 4.43% had completed high school and attended university. The remaining respondents had completed only primary or technical school, as shown in Table 2.

Table 2: Education of Respondents

Educational Levels	Gender			Percentage of Respondents
	Female	LGBT	Male	
High School	63.16%	57.78%	51.79%	57.64%
Primary School	0.00%	1.11%	0.00%	0.49%
Secondary School	28.07%	40.00%	41.07%	36.95%
Technical School	1.75%	0.00%	0.00%	0.49%
University	7.02%	1.11%	7.14%	4.43%

Regarding income-generating activities, 85.71% of the 203 youth respondents were studying and relied on their parents for their living expenses. Meanwhile, 8.37% relied on their own income from different occupations, and 5.91% were commune volunteers and CHEC youth peers who relied on their parents with some support from the communes, as shown in Table 3.

Table 3: Occupations of Respondents

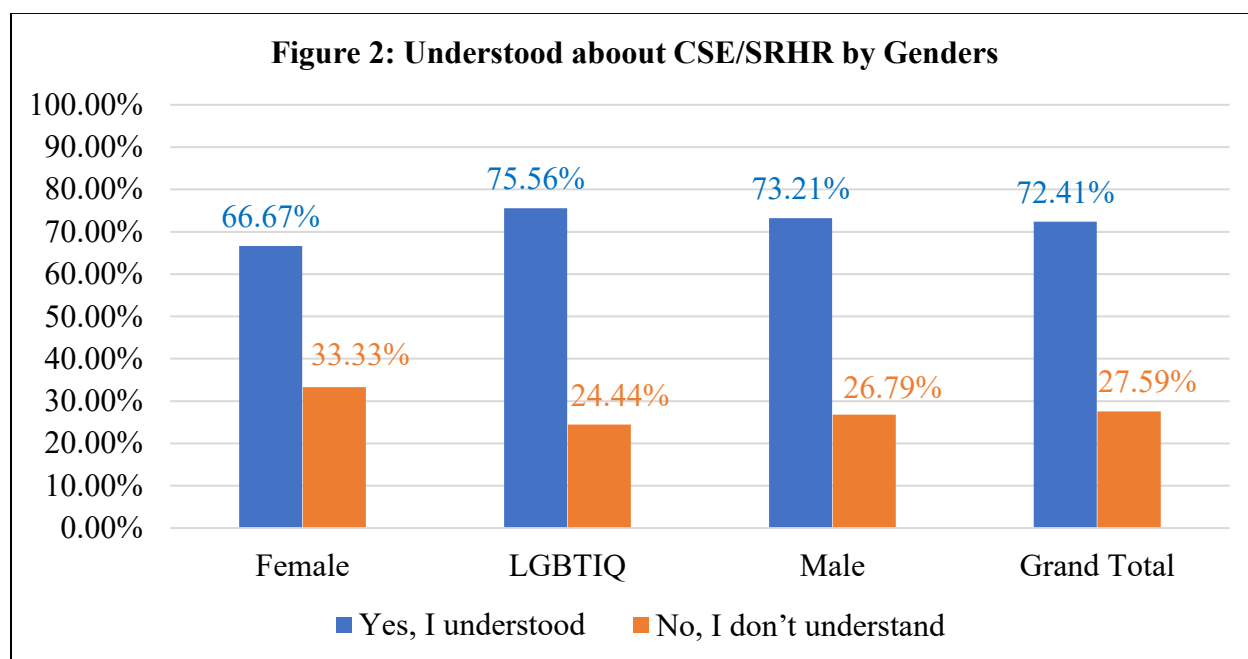
Occupations of Respondents	Gender			Percentage of Respondents
	Female	LGBT	Male	
Farmer	0.00%	4.44%	1.79%	2.46%
Garment	0.00%	1.11%	1.79%	0.99%
Government Officer	3.51%	0.00%	3.57%	1.97%

Make-up	0.00%	5.56%	0.00%	2.46%
Seller	0.00%	0.00%	1.79%	0.49%
Studying	87.72%	86.67%	82.14%	85.71%
Volunteers	8.77%	2.22%	8.93%	5.91%

3. 3. Understanding of CSE/SRHR

The level of understanding of CSE/SRHR among youth respondents varied. Some respondents had a basic understanding, while others were able to explain the topics and share information with their friends at school and in their communities. The results show that 72.41% of youth respondents reported that they understood CSE/SRHR, while 27.59% did not understand it because they had never attended CSE sessions. By gender, 66.67% of female, 75.56% of LGBTIQ, and 73.21% of male respondents reported that they understood CSE/SRHR, as shown in Figure 2.

Figure 2: Understanding of CSE/SRHR by Gender



Regarding knowledge of HIV transmission, 99% of respondents understood the ways in which HIV can be transmitted. The most commonly identified risk was unsafe sexual practices or incorrect condom use during sex with outside partners (84.73%). The second most commonly identified route was sharing needles or syringes (68.97%), followed by contact with contaminated blood or unscreened blood transfusions (62.07%). HIV transmission from mother to child was identified by 39.41% of respondents. One percent reported that they did not understand HIV transmission because they were still young. The understanding of HIV transmission by gender is shown in Table 4.

Table 4: Respondents' Understanding of the Ways HIV Is Transmitted

The Ways of HIV Transmission	Gender			
	Female	LGBT	Male	Total %

Unsafe sexual practice (not correctly using condom)	87.72%	81.11%	87.50%	84.73%
Sharing needles/syringes	71.93%	65.56%	71.43%	68.97%
Touching the contaminated blood/blood transfusion without check	66.67%	57.78%	64.29%	62.07%
Mother to child	36.84%	40.00%	41.07%	39.41%
Don't know	1.75%	0.00%	1.79%	0.99%

Regarding HIV prevention, around 2% of respondents reported that they knew about HIV/AIDS but did not know how to prevent HIV transmission because they were still young. The most commonly identified method of HIV prevention was correct condom use (88.18%). Other methods identified were never sharing needles (65.52%), abstinence (40.89%), being faithful (29.56%), and getting tested and treated for STDs (34.98%). The methods of HIV prevention identified by respondents are shown in Table 5.

Table 5: Respondents' Understanding of Ways to Prevent HIV Transmission

The Mode of HIV Prevention	Gender			
	Female	LGBT	Male	Total %
Abstinence (not having sex)	45.61%	44.44%	30.36%	40.89%
Correct condom use	80.70%	94.44%	85.71%	88.18%
Never share needles	57.89%	70.00%	66.07%	65.52%
Be faithful	28.07%	27.78%	33.93%	29.56%
Get tested and treated for STDs	35.09%	33.33%	37.50%	34.98%
Don't know	1.75%	1.11%	3.57%	1.97%

Unsafe sexual relationships with outside partners were identified as a high-risk behavior for youth, including LGBTIQ people, particularly because of the risk of HIV and STI transmission. Overall, 96.55% of respondents understood the possible consequences of unsafe sexual relationships with outside partners. Among the respondents, 86.21% identified HIV transmission, 88.67% identified STD transmission, and 56.16% identified unwanted pregnancy. Only 3.45% reported that they did not know the possible consequences, as shown in Table 6.

Table 6: Understanding of the Consequences of Unsafe Sexual Relationships

What Happened Practice of Unsafe Sexual Relationship	Gender			
	Female	LGBT	Male	Total %
STD transmission	84.21%	90.00%	82.14%	86.21%
HIV transmission	89.47%	95.56%	76.79%	88.67%
Unwanted pregnancy	52.63%	55.56%	60.71%	56.16%

Don't know	3.51%	2.22%	5.36%	3.45%
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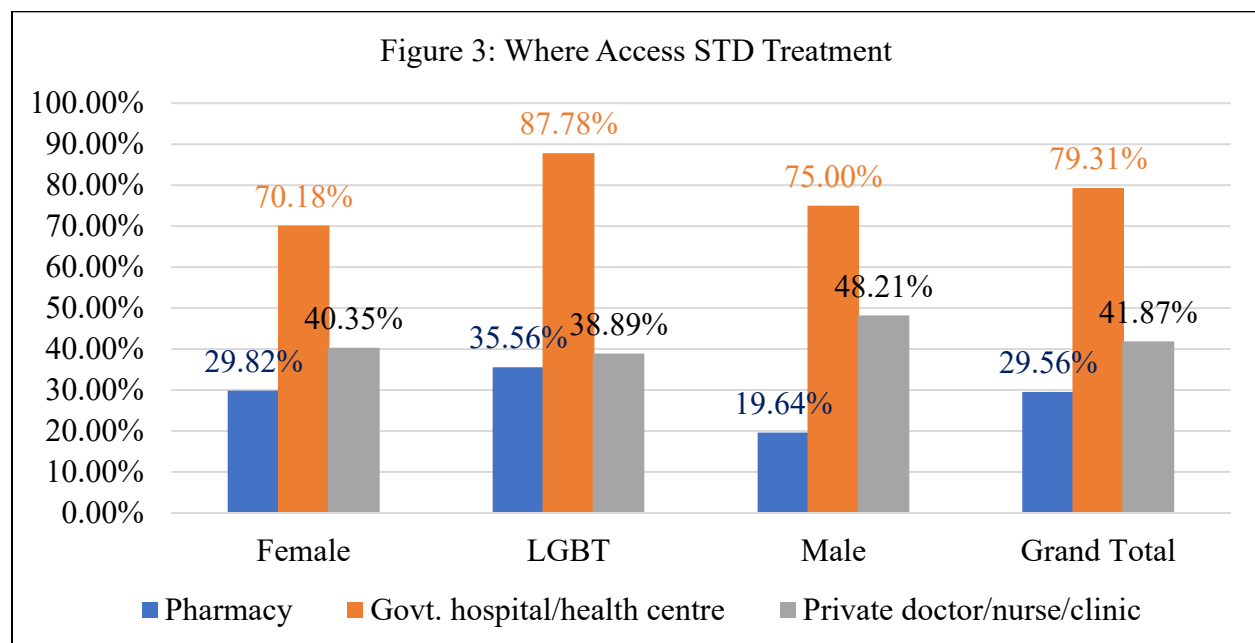
Regarding knowledge of STI symptoms that require consultation with a qualified health professional and access to treatment, 73.40% of respondents identified pain during urination, 67.00% identified discharge from the penis, and 55.67% identified ulcers or sores in the genital area, as shown in Table 7. Only 5.42% reported that they did not know the symptoms of STIs.

Table 7: Understanding of STI Symptoms

Symptoms of STD	Gender			Total %
	Female	LGBT	Male	
Discharge from penis	68.42%	58.89%	78.57%	67.00%
Pain during urination	63.16%	84.44%	66.07%	73.40%
Ulcers/sores in genital areas	64.91%	51.11%	53.57%	55.67%
Don't know	5.26%	2.22%	10.71%	5.42%

When asked where they accessed STI testing or STD treatment, 79.31% of respondents reported accessing services at referral hospitals (RHs) and health centres (HCs), 41.87% accessed private doctors or clinics, and 29.56% accessed pharmacies to buy medicines for self-treatment, as shown in Figure 3. The reported use of pharmacies for self-treatment and private clinics was a concern because respondents may not have access to appropriate clinical skills, diagnostic tools, or treatment.

Figure 3: Places Where Respondents Accessed STD Treatment



4. Knowledge of Family Planning

Of the 203 youth respondents, including LGBTIQ respondents, 75.86% knew at least one method of preventing pregnancy. Among respondents who knew about family planning, the methods identified included condom use (89.61%), taking pills (46.75%), injections (30.52%), withdrawal (14.29%), and the safe-period method (7.14%), as shown in Table 8.

Table 8: Understanding of Family Planning

Ways of Family Planning	Gender			Total %
	Female	LGBT	Male	
Condom	92.50%	91.55%	83.72%	89.61%
Pill	57.50%	49.30%	32.56%	46.75%
Injection	32.50%	30.99%	27.91%	30.52%
Withdrawal	22.50%	11.27%	11.63%	14.29%
Safe Period	5.00%	12.68%	0.00%	7.14%

Regarding knowledge of family planning methods and where to access family planning services when needed, respondents identified different available sources, including health centres/referral hospitals (69.48%), pharmacies for purchasing pills (38.31%), and private clinics (9.74%), as shown in Table 9.

Table 9: Places to Access Family Planning Services

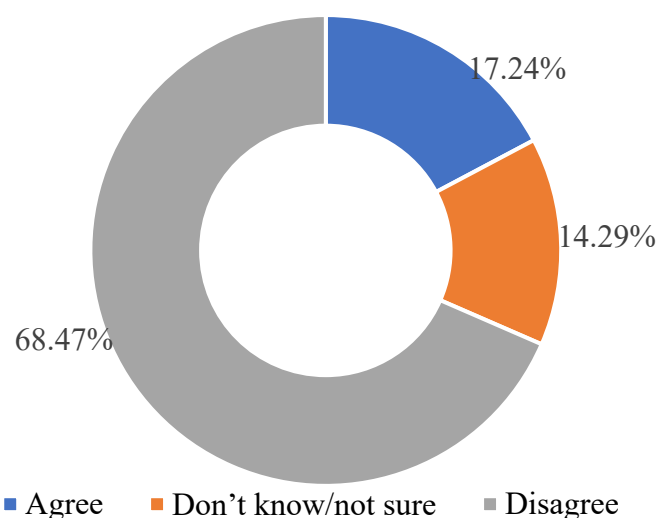
Places for Assessing Family Planning	Gender			Total %
	Female	LGBT	Male	
Pharmacies	42.50%	39.44%	32.56%	38.31%
Health Centre/Hospital	47.50%	81.69%	69.77%	69.48%
Doctor/Nurse/Clinic	15.00%	7.04%	9.30%	9.74%

5. Gender and Norms on Sexuality

Regarding perceptions of dating between boys and girls, most respondents did not support boys and girls dating, although they supported them having good friendships. Only 17.24% of respondents supported boys and girls dating, while 14.29% did not know or were unsure. The remaining 68.47% reported that they did not support boys and girls dating, as shown in Figure 4.

Figure 4: Respondents' Perceptions of Dating Between Boys and Girls

Figure 4: Perception of Respondents for Boys and Girls Having Date



Regarding sexual intercourse between unmarried boys and girls who love each other and are engaged, 86.21% of respondents reported that they did not support sexual intercourse before marriage because they considered it contrary to cultural norms and were concerned about the consequences of unsafe sexual relationships. Meanwhile, 8.37% had no opinion, and 5.42% supported unmarried boys and girls having sexual intercourse if they loved each other, as shown in Table 10.

Table 10: Perceptions of Unmarried Boys and Girls Having Sexual Intercourse

Perception of Unmarried boys and girls have sexual intercourse	Gender			Total %
	Female	LGBT	Male	
Agree	5.26%	5.56%	5.36%	5.42%
No idea	10.53%	5.56%	10.71%	8.37%
Disagree	84.21%	88.89%	83.93%	86.21%

6. Building Knowledge and Self-Confidence on CSE/SRHR

Based on interviews with 203 youth, including LGBTIQ respondents, 52.22% reported that they had never discussed CSE/SRHR with their parents, friends, or community members. Meanwhile, 43.35% occasionally discussed and shared information with parents or friends about mental and social health, reproductive health issues, and pregnancy. Only 4.43% often discussed and shared these topics with parents and friends based on information they had learned from social media, CHEC, and local authorities, as shown in Table 11.

Table 11: Sharing and Discussion of CSE/SRHR

Shared and Discussed on CSE/SRHR	Gender			Total %
	Female	LGBT	Male	
Often	5.26%	3.33%	5.36%	4.43%
Occasionally	52.63%	40.00%	39.29%	43.35%

Never	42.11%	56.67%	55.36%	52.22%
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The results also show that 42.36% of respondents occasionally used the internet or social media to improve their knowledge of CSE/SRHR, while 28.08% did so often. The remaining 29.56% reported that although they used the internet or social media, they had never searched for or viewed CSE/SRHR information because they did not know which pages or sources to use to find these topics, as shown in Table 12.

Table 12: Use of the Internet and Social Media for CSE Information

Got CSE/SRHR information from Internet/social media	Gender			
	Female	LGBT	Male	Total %
Often	31.58%	31.11%	19.64%	28.08%
Occasionally	52.63%	27.78%	55.36%	42.36%
Never	15.79%	41.11%	25.00%	29.56%

7. Behaviors of Youth Related to CSE/SRHR

Based on interviews with 203 youth, including LGBTIQ respondents, regarding their daily behaviors, 78.82% reported that they never drank alcohol, while 16.26% drank occasionally and 4.93% drank frequently, as shown in Table 13. The results also show that 96.60% of respondents reported that they never smoked cigarettes, while 6.40% smoked occasionally.

Table 13: Alcohol Use Among Respondents

Drink Alcohol	Female	LGBT	Male	Total %
Often	3.51%	3.33%	8.93%	4.93%
Occasionally	17.54%	10.00%	25.00%	16.26%
Never	78.95%	86.67%	66.07%	78.82%

Regarding sexual intercourse with partners, 94.64% of respondents reported that they had never had sexual intercourse, although they had a sweetheart. Only 9.36% reported having had sexual intercourse recently; 4.43% used condoms every time they had sex, and 4.93% used condoms occasionally, as presented in Table 14. The results also showed that six LGBTIQ respondents had sexual intercourse with same-sex partners. Among them, four occasionally used condoms and two always used condoms during sexual intercourse.

Table 14: Condom Use and Practices to Prevent HIV Transmission

Did you use condom when having sex	Gender			
	Female	LGBT	Male	Total %
Yes, it is my habit to use condom	0.00%	6.67%	5.36%	4.43%
Yes, sometimes	0.00%	5.56%	8.93%	4.93%
Never had sex	100.00%	87.78%	85.71%	90.64%

8. 8. Access to Health Services

Based on interviews with 203 youth, including LGBTIQ respondents, respondents reported using health facilities for various health needs, including irregular menstruation (24.14%), gynaecological services (17.73%), HIV blood testing (16.26%), STI treatment (3.94%), and contraception (0.49%), as presented in Table 15.

Table 15: Use of Health Facilities for CSE-Related Health Needs

Use of Health Facilities for CSE-Related Needs	Gender			Total %
	Female	LGBT	Male	
HIV testing	10.53%	18.89%	17.86%	16.26%
STI treatment	0.00%	5.56%	5.36%	3.94%
Contraception	1.75%	0.00%	0.00%	0.49%
Irregular menstruation	36.84%	31.11%	0.00%	24.14%
Gynaecological	15.79%	30.00%	0.00%	17.73%