

KINGDOM OF CAMBODIA

Nation Religion King



Policy Brief

Reduce the impact and rate of Early marriages and teen pregnancy



June 2024

The Ministry of Women's Affairs, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, has established working groups to develop the Policy Briefs



Preface

Under the leadership of **Samdech Moha Borvor Thipadei Hun Manet**, Prime Minister of the Kingdom of Cambodia, the Royal Government of the 7th Legislature of the National Assembly has carried on promoting gender equality and preventing all forms of gender-based violence by increasing investment in gender and empowering women in all fields to enable conducive environments for women to exercise their leadership rights to alleviate gender-based violence, early marriage, and teenage pregnancy, as well as to enhance public health, such as malnutrition among women and children, aimed at mitigating maternal and child mortality.

As a secretariat to the Royal Government, the Ministry of Women's Affairs has played a key and active role in promoting gender equality and health, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, and developed recommendations for Policy Briefs related to gender and health.

The Inter-ministerial Working Group, which is composed of members from the Ministry of Women's Affairs, the Ministry of Health and the National Institute of Statistics of the Ministry of Planning, has decided to select 5 topics as follows:

1. Promote response services for women and children survivors affected by gender-based violence;
2. Promote eradication of cervical cancer to save women's lives;
3. Mitigate maternal and infant mortality by promoting women's health and nutrition, reproductive health, pregnant women, and postpartum women aged 15-49;
4. Mitigate the impact of early marriages and teen pregnancy; and
5. Promote women in leadership and governance roles in the health sector.

The aforementioned 5 recommendations of the Policy Briefs have responded to the Pentagonal Strategy – Phase I of the Royal Government of the 7th Legislature for Growth, Employment, Equity, Efficiency and Sustainability by continuing to embrace "People" as a priority, with Pentagon 1 focusing on "Development of human capital" that takes into consideration of promoting people's health and well-being people and strengthening social support system. Pentagon Side 4.1 on "Sustainable and Inclusive Development" focuses on promoting

gender equality. The Ministry of Women's Affairs' Neary Rattanak VI Five-Year Strategic Plan consists of 6 key strategies, the 3rd of which relates to promoting well-being of women and young girls, transforming gender in health sector. Hence, Data to Policy (D2P) is absolutely crucial as it serves as evidence for advocacy in taking public health response measures as part of Neary Rattanak VI Strategic Plan.

With the support of Vital Strategies, the Ministry of Women's Affairs has led and collaborated with the Ministry of Health and the National Institute of Statistics of the Ministry of Planning to organize several meetings and consultative workshops as well as reviewed and analyzed existing data and identified 5 key issues for the formulation of the recommendations of the Policy Briefs on gender and health to advocate with concerned ministries, institutions and partners.

In addition, strengthening the capacity of officials to develop D2P Policy Briefs recommendations on gender and health in line with the policies of the Royal Government of the 7th Legislature focuses on public administration reform, public financial management reform and other reforms at national and sub-national levels.

We firmly believe that these recommendations of the Policy Briefs serve as guiding aide-memoires for the Royal Government and line ministries and institutions to make informed decisions in the formulation of action plans to contribute to the reduction of identified issues and provide recommendations based on this Policy Briefs.

Last but not least, the Ministry of Women's Affairs, the Ministry of Health, and the National Institute of Statistics of the Ministry of Planning strongly believe that all stakeholders within the Royal Government, development partners, private sector, and civil society organizations will use these recommendations of the Policy Briefs as a compass for effective and efficient implementation to contribute to the promotion of gender equality and health in response to the Pentagonal Strategy - Phase I of the Royal Government of the 7th Legislature of the National Assembly, and Neary Rattanak VI Strategic Plan.

Phnom Penh, *December 24, 2024*....

For - Minister

SECRETARY OF STATE



CHAN SOREY

Acknowledgement

The Policy Briefs Recommendation Development Working Group would like to express our most profound gratitude to **Her Excellency Dr. Ing Kantha Phavi**, Minister of Ministry of Women's Affairs, **His Excellency Professor Chheang Ra**, Minister of Ministry of Health, and **His Excellency Bin Trochhey**, Minister of Ministry of Planning, for their constant support to the successful completion of the Policy Briefs recommendations formulation.

In addition, the working group would like to thank the leaders of the 3 ministries, including **Her Excellency Chan Sory** and **Her Excellency Man Chenda**, Secretaries of State of the Ministry of Women's Affairs; **Her Excellency Pen Riksy**, Secretary of State of the Ministry of Health; **Her Excellency Pech Pitoratha** and **Her Excellency Thongphean Chhaymaly**, Under-secretaries of State, Ministry of Women's Affairs, and the technical working groups of the 3 ministries.

We would like to thank Vital Strategies for providing both financial and technical supports for the development of the recommendations of the Policy Briefs, in particular to **Mr. Luis Ocaranza**, Senior Technical Advisor; **Dr. Mean Reatanasambath**, Country Coordinator; **Ms. Emily Myers**, and **Mr. Ric Mateo**, Trainers, for having developed the capacity of the working group to formulate these recommendations of the Policy Briefs. In the meantime, we would also like to thank the experts from the relevant ministries, institutions and partners for their inputs on the formulation of these recommendations of the Policy Briefs.

Composition of Technical Team

The Ministry of Women's Affairs will prepare a decision to establish an inter-ministerial core working group to prepare a plan and implement policy recommendations, consisting of the following:

No	Name	Position
Core Team Leadership		
1.	HE Chan Sorey	Secretaries of State of MoWA
2.	HE Man Chinda	Secretaries of State of MoWA
3.	HE Hou Samith	Secretaries of MoWA
4.	HE Pen Ricksy	Secretaries of State of MoH
5.	HE Hou Nirmita	Secretaries of State of MoWA
6.	HE Pich Pitou Ratha	Under Secretaries of State of MoWA
7.	HE Thong Pheanchhaymaly	Under Secretaries of State of MoWA
8.	HE Chan Sokha	Under Secretaries of State of MoH
Composition of Coordination		
1.	HE Nhean Sochetra	Director General of the General Department of Social Development, MoWA
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3.	Ms. Chhan Ratha	Deputy Director General of Social Development Directorate
4.	Ms. Te Vouchlim	Director of Planning and Statistics Department, MoWA
5.	Dr. Mean Reatanak Sambath	Country Coordinator, Vital Strategies
Composition of Master Trainers		
1.	Luis Ocaranza	Senior Technical Advisor Vital Strategies
2.	Emily Myers	Senior Technical Advisor, Vital Strategies
3.	Ricardo Mateo Jr	Vital Strategies
Composition of Group 4		
1.	Ms. Te Vouchlim	Director of Planning and Statistics Department, MoWA
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3.	Ms. Khim Sovanny	Deputy Director of Planning and Statistics Department, MoWA
4.	Mr. San Sothea	Deputy Director of Department of NIS, MoP
5.	Ms. Ven Nith	Deputy Director of National Reproductive Health/ MoH
6.	Ms. Som Thunchanchakrya	Deputy of Department of Planning and Statistics, MoWA

No	Name	Position
7.	Ms. Ly Phiny	Vice chief of Department of Women and Health, MoWA

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Acronyms / Abbreviations and Definitions

Acronym	Definitions in English
CDHS	Cambodia Demographic and Health Survey
CEFMU	Child, Early, Forced Marriages and Unions
CPA	Complementary Package of Activities for Referral Hospital Development
CSDG	Cambodian Sustainable Development Goals
MPA	Guidelines on Minimum Package of Activities for Health Center Development
MICS	Multiple Indicator Cluster Surveys
NSDP	National Strategic Development Plan

Executive Summary

Child marriage and Teenage Pregnancy Are Major Problems in Cambodia, in particular in the Northeast Region

Child marriage and teenage pregnancy are one of the major social problems for girls and these may result in many complications. Gender norms and roles in the society cause different effects on women and men, girls and boys, on access to health services, means of delivery, and receipt of health services which satisfy their respective needs. Child marriage and teenage pregnancy are dangerous practices which violate child rights, in particular they have adverse impacts on girls and women, on education, social participation, and economic power and violate sexual and reproductive health rights and increase the risk of violence. These gender disparities require recognition in the policies, guidelines, and budget planning for the formulation of appropriate health intervention plans, particularly reproductive health and sexual health, to protect and promote health of girls and women in Cambodia, especially those living in the Northeast region.

Attributing to the results of the Cambodian Demographic and Health Survey (CDHS 2014 and CDHS 2021-22), the prevalence of child marriage was declining. The proportion of married women before the age of 18 had significantly dropped from 25% to 19%. In addition, the prevalence of marriages before the age of 15 declined slightly from 2% to 1.8% by 2022. The percentage of teenage pregnancy did not decline as the figures showed that 15-year-old girls accounted for 21.12% (in 2000) and this rate increased to 22.48% (in 2021-22), while the percentage of 18-year-old women declined slightly (19.21% in 2000 and 18.11% in 2021-22) ⁽¹⁾.

However, based on the Ministry of Women's Affairs' report of the 2024 Research Study on Child, Early, Forced Marriages and Unions (CEFMU), the percentage of child marriage remained high, especially in Ratanakiri where it held the highest percentage of married girls before the age of 18 at 37.3%, compared to other provinces (16.7% in Preah Vihear and 14.7% in Stung Treng). CEFMU is associated with teenage pregnancy and reproductive health problems, and sexual health and is harmful to girls, in particular to those living in the

Northeast region in which this percentage continues to increase and it holds a higher percentage than other regions ⁽²⁾.

To address these issues, the Ministry of Women's Affairs, the Ministry of Health and line ministries and institutions need to set up an inter-sectorial coordination mechanism at the sub-national level to promote education on reproductive health and sexual health for adolescents (aged 15 to 19) through the primary health care implementation mechanism of the Ministry of Health. This mechanism significantly contributes to the elimination of dangerous acts such as forced child marriages (Indicator 5.3.1.: Proportion of women aged 20-24 who are married or in unions before the age of 18) and ensures universal access to sexual and reproductive health and reproductive rights based on the Program of Action of International Conference on Population and Development and Beijing Action Plan, as well as relevant documents (Indicator 5.6.1). Women aged 15-49 who reported self-determination related to the use of contraceptives and reproductive health care and indicators 5.6.2.: Number of laws, policies, plans and legal instruments which ensure that all women have access to information, education and reproductive health and sexual health services) ⁽³⁾.

1. Introduction

Through the Political Program and the Pentagonal Strategy – Phases I, the Royal Government of Cambodia of the 7th Legislature of the National Assembly, under the leadership of **Samdech Moha Borvor Thipadei Hun Manet, Prime Minister of the Kingdom of Cambodia**, has continued to set forth the “**Promotion of gender equality and empowerment for women in all fields**” as a priority by strengthening citizenship in a highly civilized society with morality, equity and inclusiveness in which women are at the core. The Royal Government will continue to increase investment in gender and empowerment for women in the fields of economy, education, health and public leadership, in particular the promotion of population health and well-being, which is a priority on the human resource development, on which Side 1 of the Pentagonal Strategy - Phase I on the Sustainable and Inclusive Development also points out the need to continue to strengthen and expand the dimension of reproductive health and sexual health of young people, particularly women and girls, continue to exercise social protection programs for pregnant women and children of poor families, and continue to promotion of nutrition for pregnant women and children ⁽⁴⁾.

Child marriage in Cambodia can be considered as a specific cultural and traditional norm which applies in marriage. Based on the 2016 Civil Code of the Kingdom of Cambodia, Article 948 states that the marriage of a man and a woman who have not reached the age of consent cannot take place. However, in the event that one party has reached the age of consent and the other party is a minor who is not under the age 16 (sixteen years old), he/she may be married with the consent of the person with the parental authority or guardian of that minor ⁽⁵⁾.

Child marriage is an issue globally recognized as a form of exploitation and violence against children, and although the percentage of child marriages in Cambodia is not high, it remains a hot topic for the concerned to pay their attention to. Teenage pregnancy is associated with primary reproductive health and sexual health and is especially harmful to girls, in particular to those living in the Northeast region, where the percentage remains on the rise. Likewise, CFEMU is linked to an increase in domestic violence.

In Cambodia, based on the 2024 CEFMU report of the Ministry of Women's Affairs and Plan International, child and forced marriages and unions before the age of 15 were decreased

at about 0.5%. In addition, there was a decrease in the prevalence rate among women who were married before the age of 18, from 19% to 14.44% ⁽²⁾.

The result of the aforementioned study also suggests that the understanding of women aged under 18 on teenage pregnancy was accounted for 21%, and up to 50.8% of them did not have the understanding on reproductive health and sexual health issues. The main reason for teenage pregnancy is the limited knowledge of the people, specifically the understanding of reproductive health and sexual health issues, and other contributing factors such as customs and tradition in specific regions, poverty, lack of knowledge, and limited enforcement of the Law on Marriage ⁽²⁾.

Marriages of women under the age of 18 are major issues in some parts of Cambodia. Out of the 25 capital and provinces, only 11 provinces have less than 3% of women aged between 16 and 17 being married or living with partners. However, the percentage of this issue is very high in Ratanakiri, Preah Vihear, Stung Treng, Kampot and Siem Reap provinces, which have low socio-economic development, especially the provinces in the northeastern region of Cambodia ⁽²⁾. The findings appear to be in line with the policy of the government that is making efforts to lessen child marriages in certain provinces.

2. Problem analysis

Child marriage is a form of gender-based violence. Child marriage and teenage pregnancy cause adverse impacts on girls and young women, resulting in negative educational outcomes as they have to take care of the child and do the housework, fail to be engaged in social activities and economic empowerment. These also violate their sexual and reproductive health rights, restrict their autonomy, and result in the increase of risk of violence. In addition, child marriage and teenage pregnancy result in dangerous and life-threatening situations for girls and women, as well as for families, communities and society, and these problems not only have negative impacts on the living conditions of women and girls today, but will continue to affect the next generation if we do not pay close attention to them and do not take appropriate measures to intervene to meet their different needs. According to a research report by the Ministry of Women's Affairs, supported by Plan, the root causes of CEFMUs include geography, poverty, gender and social inequality, low or no education, ethnicity, religion, teenage pregnancy, social and cultural norms, lack of law enforcement,

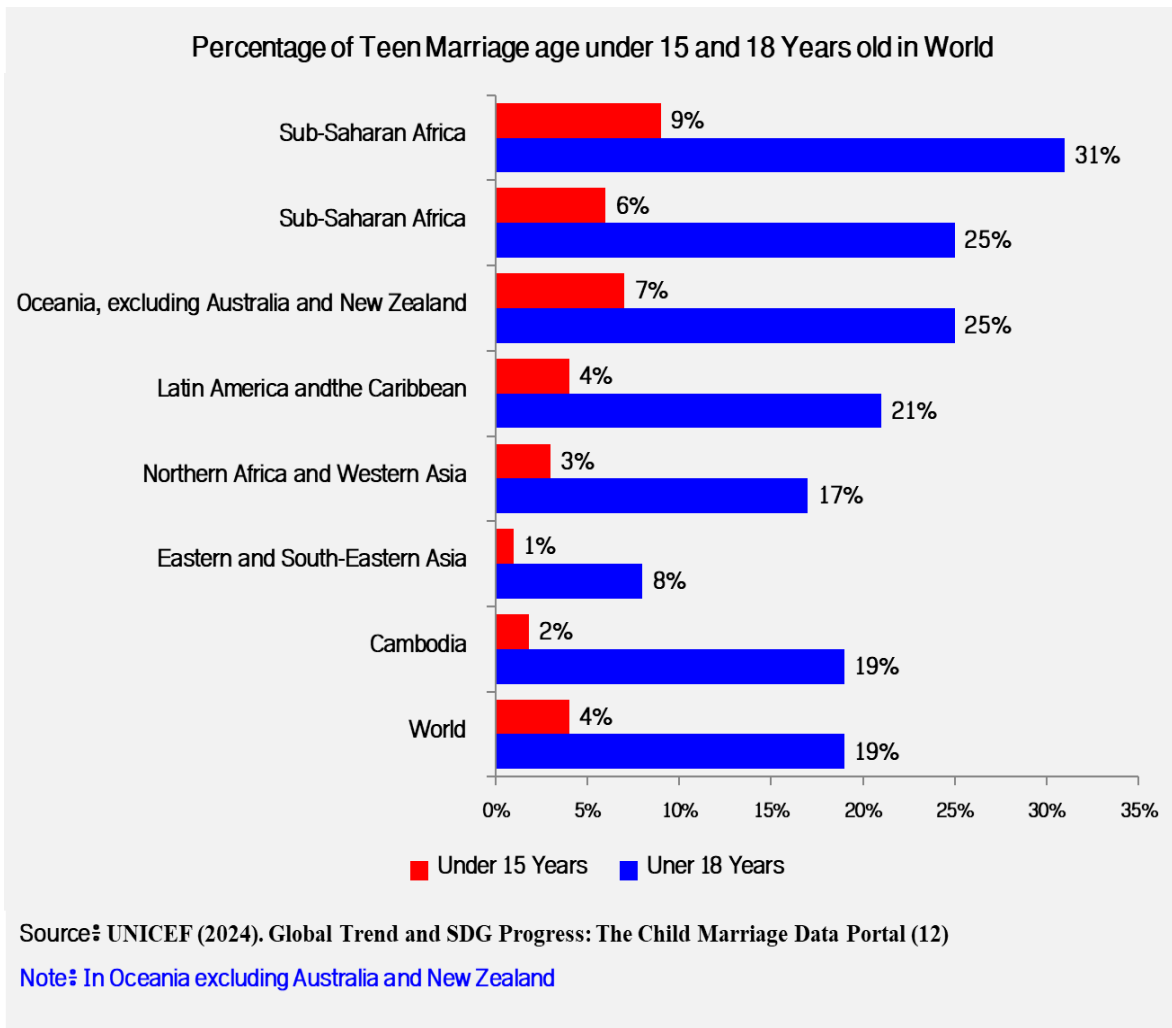
and the influence of the internet and social networks ⁽²⁾.

To address these issues, the Ministry of Women's Affairs, the Ministry of Health and key stakeholders need to provide interventions to reduce and contribute to the elimination of harmful practices, such as forcing children into marriage, and guarantee of access to reproductive health and sexual health and universal reproductive rights as agreed by the Royal Government based on the Program of Action of the International Conference on Population and Development and the Beijing Action Plan and related documents, in line with the Policy Recommendations as set out in this paper.

2.1. Findings

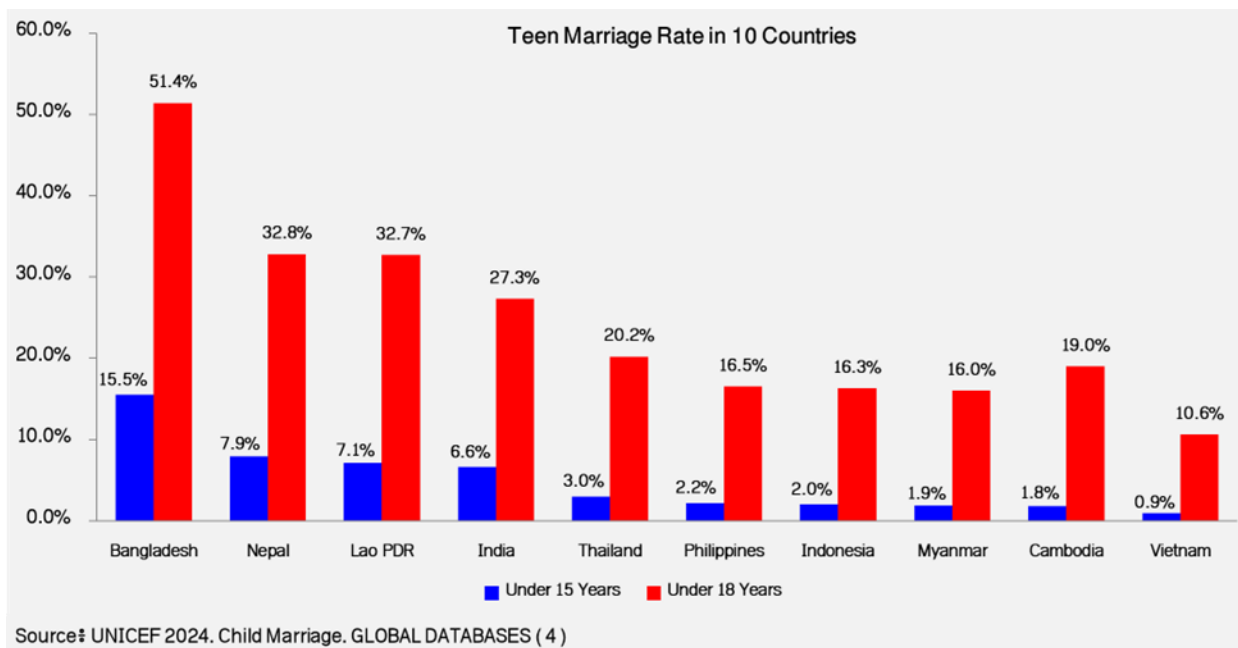
The situation of child marriages worldwide remains alarmingly high, particularly in Sub-Saharan Africa, South Asia and Central Asia, with the exception of Australia and New Zealand, while North Africa and West Asia have slightly lower rates than the global rate. East and Southeast Asia have much lower rates, while in Cambodia, the rate of marriages under the age of 15 is higher than in East and Southeast Asia, but lower than in the global rate ⁽¹²⁾ (See the graph below)

The graph below ⁽⁴⁾ shows the marriage rate of young women under the ages of 15 and 18. If we look at the women under the age of 15, the marriage rate in Bangladesh was the highest, standing at 15.5%, followed by Nepal at 7.9%, Laos at 7.1%, and Vietnam at 0.9%, the lowest rate.



If we look at the women under the age of 18, the marriage rate in Bangladesh remains the highest, standing at 51.4%, followed by Nepal and Laos at almost the same rate, standing at 32.8% and 32.7% respectively, and Vietnam still has the lowest rate, standing at 10.6%.

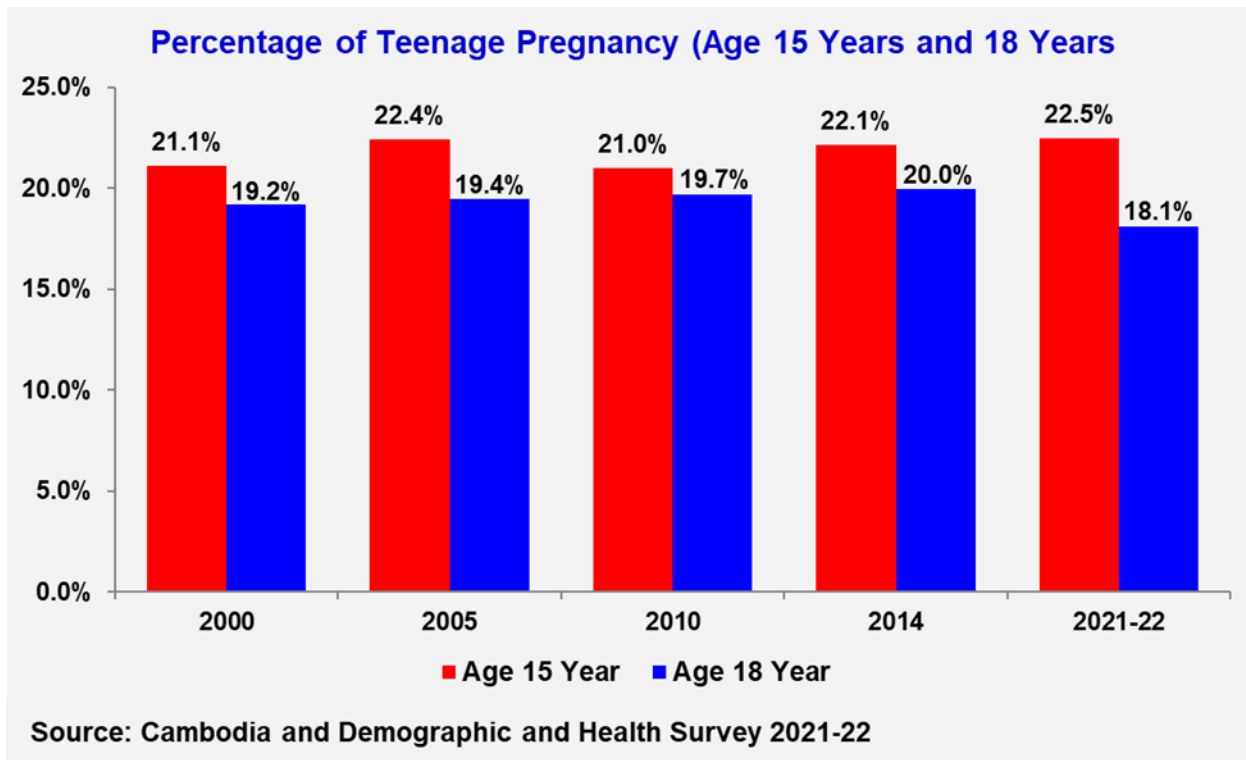
In Cambodia, the marriage rate for young women under the age of 15 was 1.8%, similar to the other three countries: the Philippines (2.2%), Indonesia (2.0%) and Myanmar (1.9%); however, the marriage rate of women under the age of 18 is higher than the aforementioned 3 countries, standing at 19%.



Based on the results of the Cambodia Demographic and Health Survey (CDHS) 2021-22, the prevalence of child marriages declined, compared to the 2014 CDHS. The proportion of women married before the age of 18 dropped significantly from 25% to 19% and men from 9% to 6%. In addition, the prevalence of women married under the age of 15 was slightly reduced from 2% to 1.8% by 2022. Among women aged 15-19 who were first married at the certain age of 15 it was 1.8%, and among women aged 20-24 it was 1.9% ⁽¹⁾.

Table 1. Percentage of women who were first married at a certain age

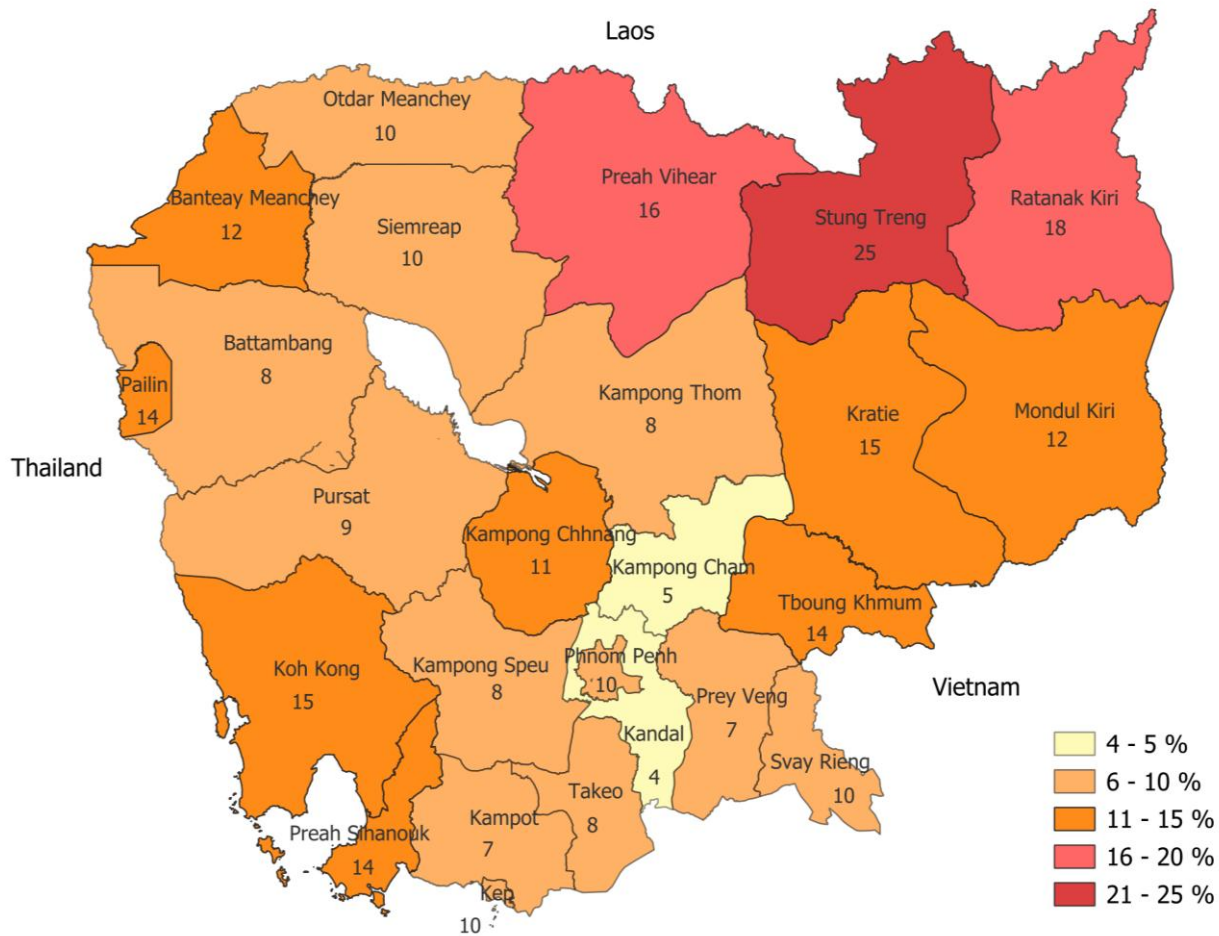
Current age	Percentage of women who were first married at a certain age				
	15	18	20	22	25
15-19	1.8	N/A	N/A	N/A	N/A
20-24	1.9	17.9	38.3	N/A	N/A
25-29	3.1	16.8	36.4	54.7	76.8
30-34	2.3	14.7	31.8	49.5	72.2
35-39	2.7	18.1	33.3	51.2	72.0
40-44	4.3	22.3	41.9	57.9	74.8
45-49	4.9	25.4	44.7	63.5	76.9



The percentage of teenage pregnancy was not decreased, especially women aged 15 at 21.12% (2000) and was increased to 22.48% (2021-22). The proportion of women aged 18 was slightly decreased (In 2000 it was 19.21%, and in 2021-22 it was decreased to 18.11%) (1).

Among the capital and provinces, the highest percentage of birth-giving teenagers was in Stung Treng (25%), followed by Ratanakiri (18%) and Preah Vihear (16%). The province with the lowest percentage is Kandal (4%) (1).

Map showing the % of ever-pregnant women aged 15-19 in provinces



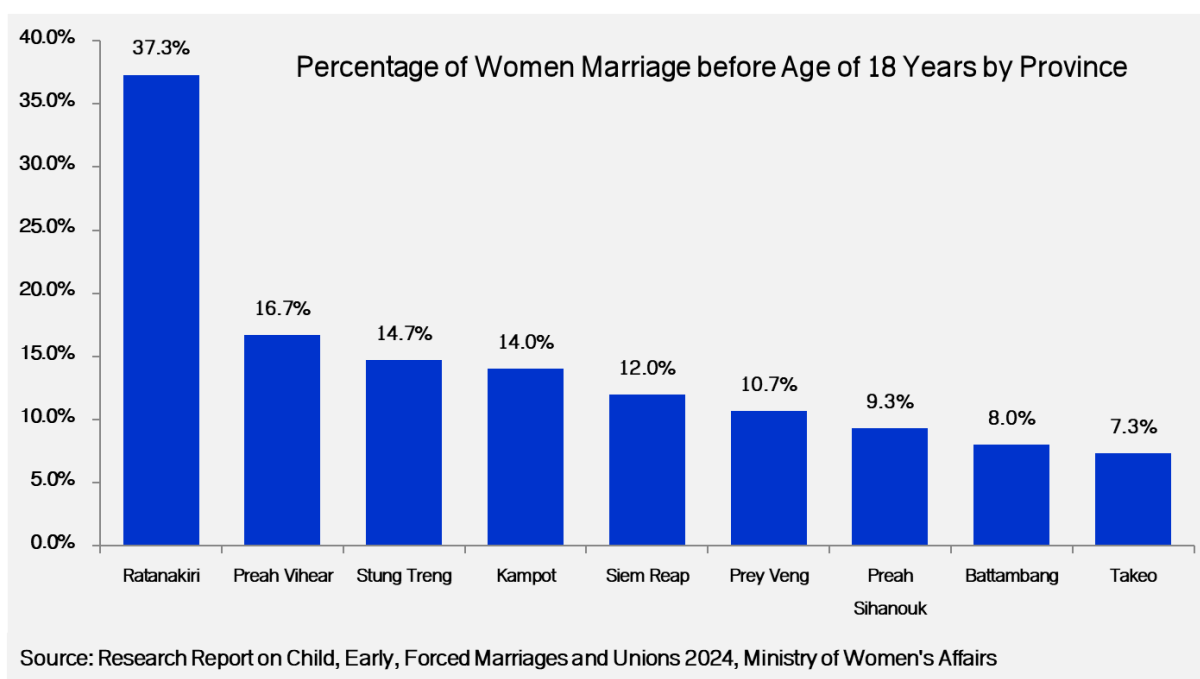
Source: Cambodia Demographic and Health Survey 2021-2022

According to the CEFMU 2024, only a small proportion, i.e. 0.50%, of people was married before the age of 15. In addition, the intent of the result was to emphasize that 13.93% of the respondents reported that they received arranged marriage proposals when they were between 15 and 18 years old. The findings of the study suggest that the majority of women, i.e. 14.44%, were married before the age of 18. A significant percentage, i.e. 50.15%, or more of the respondents were married at the age of 18 (2).

A UNICEF study reveals that more than 30% of women who got married at a young age were more likely to experience domestic violence than married adult women. Child

marriage is an issue in the northeast of Cambodia, in particular in Ratanakiri ⁽²⁾. This problem can be resulted from the tradition religion and customs. Based on the 2016 Civil Code of the Kingdom of Cambodia, Article 948 states that the marriage of a man and a woman who have not reached the legal age cannot take place. However, in the event that one party has reached the age of consent and the other party is a minor who is not under the age 16 (sixteen years old), he/she may be married with the consent of the person with parental authority or guardian of that minor ⁽⁵⁾.

According to the CEFMU 2024 report, the result suggests that the rate of child marriage remains high, in particular in Ratanakiri, with the highest rate of women married before the age of 18 at 37.3%, compared to other provinces (Preah Vihear at 16.7% and Stung Treng at 14.7%) ⁽²⁾.



CEFMUs are associated with teenage pregnancy and reproductive health and sexual health and causes harm to girls, in particular those living in the Northeast region, where this rate remains higher than other regions ⁽²⁾.

In addition, the study found that about 50.8% of women had no knowledge of reproductive health and sexual health issues, and 49.2% of respondents agreed with the statement that marriages before the age of 18 resulted in early child delivery. All in all, CEFMUs produce serious

health consequences, particularly for pregnant teenagers, birth delivery with complications. The research also suggests that there is a connection between a marriage before the age of 18 and high risk of health problems, including pregnancy, unsafe abortion, sexually transmitted infections, HIV and sexual abuse, as well as reproductive health for women as well ⁽²⁾.

2.2. Challenges

Although declining, the status of child marriage is still a major problem and it continues to occur in some provinces in the Kingdom of Cambodia, especially in Ratanakiri, having the highest rate of women married before the age of 18 (37.3%) compared to other provinces ⁽²⁾. This has not resulted in a reduction in the teenage pregnancy rate of 15-year-old women (In 2000 the rate was 21.12% and in 2021-22 it was 22.48%) ⁽¹⁾.

The following are the challenges that the Ministry of Health, the Ministry of Women's Affairs and key concerned parties need to address:

- Gender gaps persist at almost every level and in every situation, in particular in remote rural areas, which is a challenge for girls and women to have access to comprehensive health services, especially reproductive health and sexual health services;
- People's basic knowledge about health care, particularly reproductive health and sexual health is still limited (Still, about 50.8% of women are unaware of reproductive health and sexual health issues) ⁽²⁾;
- Sub-national inter-sectoral coordination mechanisms to expand and promote reproductive health education and teenage sexual health (aged 15 to 19) have not yet been established to be in line with the Ministry of Health's primary health care implementation mechanism, in particular in the northeastern provinces;
- Capacity of relevant officials at national and sub-national levels on gender analysis and gender mainstreaming in the health sector, particularly in reproductive health and sexual health, is limited;
- The monitoring and evaluation system on the implementation of service delivery and education on reproductive health and sexual health to the target teenage population is not yet effective; and
- The reinforcement of laws, policies and regulations pertinent to the prevention of child marriage is not yet highly effective;

2.3. Selection of Policy Recommendations

2.3.1. Policy Recommendation Option 1

The Ministry of Women's Affairs, the Ministry of Health and stakeholders fortify and enhance reproductive health and sexual health education in the community by consolidating reproductive health and sexual health education into the Ministry of Health's Primary health care Mechanism through:

- Setting up cross-sectoral coordination mechanisms at the sub-national level to better the reproductive health and sexual health education of teenage population (aged 15 to 19) in line with the Ministry of Health's Primary health care Implementation Mechanism. The Ministry of Health, currently, has guidelines on increasing primary health care across the country through integration of leadership and management to sub-national administration, and that is a good opportunity for transforming gender and reproductive health and sexual health education to target teenage population, particularly in provinces where the percentage of child marriages is high;
- Setting up a primary health care promotion working group at the capital/provincial and municipal/district/Khan levels. The Ministry of Health must collaborate with the sub-national administration to bolster and enlarge reproductive health and sexual health education activities to the target teenage population (aged 15 to 19). This mechanism contributes to minimizing the use of human resources and budget for the implementation, but, in return, it increases work efficiency and high results; and
- Continuing to strengthen and expand the implementation of parent-youth linkage program on reproductive health and sexual health in remote rural areas, especially in the provinces where the percentage of child marriage and teenage pregnancy is highest.

This Policy Recommendation can be applicable due to the opportunities and innovations in keeping with the health programs in place, such as health infrastructure, social protection for pregnant women, strengthening of the quality of services, and MoH's implementation mechanisms of primary health care. Adding to that, promoting people's health and well-being is a priority on the development of human capital, which is embedded in the Pentagonal Strategy - Phase I in Side 3 of Pentagon 1, and Side 1 of Pentagon 4 on Sustainable and Inclusive Development also specifies the need to continue to strengthen and expand the scope

of reproductive health and sexual health of young people, in particular women and girls, continue to implement social protection programs for pregnant women and children of poor families and continue to promote nutrition for pregnant women and children ⁽⁶⁾.

"Neary Rattanak VI" Strategic Plan 2024-2028 of the Ministry of Women's Affairs aims to contribute to strengthening the foundation for the realization of the Cambodia Vision 2050 through the promotion of gender equality and exploitation of gender dividend in relevant sectors in order to contribute to accelerating the economic growth, strengthening the social welfare and resilience of the people, and implementing governance at all levels in an inclusive manner ⁽⁷⁾. Within the framework of the Cambodian Sustainable Development Goals (CSDG), there are Target 5.3 on the Elimination of Harmful Acts such as forcing children into marriage (Indicator 5.3.1: Proportion of women aged 20-24 who were married or in-union before the age of 18) and Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights based on the International Conference on Population Development and Beijing Program of Action and related documents (Indicator 5.6.1: Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care and Indicator 5.6.2: : Number of laws and regulations that guarantee full and equal access to all women to sexual and reproductive health care, information and education ⁽³⁾).

The Ministry of Health, currently, has guidelines on increasing primary health care across the country through integration of leadership and management to sub-national administration, and that is a good opportunity for transforming gender and reproductive health and sexual health education to target teenage population (aged 15 to 19), particularly in provinces where the percentage of child marriages is high. The sub-national administration has a budget package for implementing the priority activities, which contribute to promoting training process and enhancing well-being of people, especially promoting the delivery of reproductive health and sexual health services to target teenage population (aged 15 to 19).

2.3.2. Policy Recommendation Option 2

The Ministry of Health, the Ministry of Women's Affairs and other stakeholders need to strengthen the monitoring and evaluation system on the status of child marriage and teenage pregnancy through:

- Strengthening the monitoring and evaluation system on the implementation of delivery of quality reproductive health and sexual health services and education to target teenage population;
- The Ministry of Health and the primary health care promotion working group at the capital/provincial and municipal/district/Khan levels are required to encompass a specific strategy and an action plan for effective monitoring and implementation;
- The primary health care promotion working group at the capital/provincial and municipal/district/Khan levels and set up working groups to follow up, monitor and evaluate and prepare the monitoring and evaluation tools and prepare reports to submit to national level; and
- Setting up a digital system to monitor and evaluate the status of child marriage and teenage pregnancy.

This Policy Recommendation can be applicable based on the Royal Government's Circular on the Establishment of a Working Group to Monitor And Evaluate The Implementation Of Strategies, Development Plans And Policies No. 09SR dated 04 July 2024 ⁽¹¹⁾, which is a good opportunity for sub-national level to set up a working group to monitor and evaluate the implementation of delivery of quality reproductive health and sexual health services and education to target teenage population (aged 15 to 19).

This Policy Recommendation is cost-effective through the use of inter-sectorial coordination mechanisms at the sub-national level to expand and promote reproductive health and sexual health education for teenagers (aged 15 to 19) in keeping with the Ministry of Health's primary health care implementation mechanism. The Ministry of Health, currently, has guidelines on increasing primary health care across the country through integration of leadership and management to sub-national administration, and that is a good opportunity for transforming gender and reproductive health and sexual health education to target teenage population (aged 15 to 19), particularly in provinces where the percentage of child marriages is high.

2.3.3. Policy Recommendation Option 3

The Ministry of Health and key stakeholders to promote additional capacity building associated with reproductive health and sexual health to health officials of health facilities

at all levels across 25 capital and provinces through:

- Taking into account and paying attention to the number of staff in certain health facilities, in particular in the provinces and remote areas which have not met the staff standards as set out in the Guidelines for Complementary Package of Activities (CPA) ⁽⁸⁾ and Operational Guidelines on Minimum Package of Activities (MPA) ⁽⁹⁾;
- Conducting additional training on reproductive health, sexual health and facilitation skills for health officials at health facilities and primary health care promotion working group at the capital/provincial and municipal/district/Khan levels; and
- Enhancing cooperation between line institutions in health sector at all levels aiming at promoting, bolstering and upgrading gender equality in the health sector, focusing on providers and users of health services, especially on reproductive health and sexual health.

This Policy Recommendation can be applicable to contribute to reducing the risk of life-threatening issues caused by teenage pregnancy and maternal and infant mortality towards the realization of the Sustainable Development Goals 2030 ⁽³⁾ and in line with health programs in place, including health infrastructure, social protection for pregnant women, strengthening quality of services and mechanisms for the implementation of primary health care of the Ministry of Health, and the Neary Rattanak VI's Strategic Plan 2024-2028 of the Ministry of Women's Affairs ⁽⁷⁾ to contribute to strengthening social welfare and resilience of people and implementation of governance at all levels in an inclusive manner.

At present, under the leadership of the Ministry of Health, health facilities, which include hospitals and health centers, are equipped with organizational structures to provide services in response to Pentagon 1, Side 3 (Promoting people's health and well-being) of the Pentagonal Strategy – Phase I ⁽⁵⁾ of the 7th Legislature of the Royal Government and the National Strategic Development Plan 2024-2028 ⁽¹⁰⁾. Sources of fund for the execution of this work are readily available in the health programs that are being implemented in the Kingdom of Cambodia, and at present, sub-national administration has a financial package to implement priority activities, which is one of the factors that helps to promote the training process and improve the people's well-being, particularly to improve the delivery of reproductive health and sexual health services to the target teenage population.

2.3.4 Policy Recommendation Option 4

The Ministry of Health, the Ministry of Women's Affairs and other stakeholders reinforce the implementation of laws, policies and plans by increasing the implementation of plans related to the prevention of child marriage and teenage pregnancy through:

- Advocating for the review and amendment of existing legal procedures to fill the loopholes in legal procedures, in particular in Paragraph 2 of Article 948 of the Civil Code which allows minors to marry with the informed consent of their parents and guardians ⁽⁵⁾;
- Amendment to Article 948 of the Civil Code is very important for the establishment of Marriage Law, allowing people to get married at the age of 18 at minimum in order to eliminate the requirement for recognition of age of consent; and
- Providing support on legal and mental health counseling to women and girls affected by child marriage, forced marriage, and teenage pregnancy.

This Policy Recommendation can be applicable, but it is time-consuming and requires active engagement of all stakeholders, particularly judiciary councils and decision makers, and a large amount of money during its implementation process. This work requires all stakeholders to review the existing documents, discuss, consult and advocate with all concerned parties, along with specific evidence as well as effective and comprehensive strategies and action plans.

2.3.5 Analysis of Policy Recommendations

Based on the findings and identified challenges, as well as key points encompassed in each of the Policy Brief Recommendation Options as described above, it is clearly seen that each point is of importance and each has its own strengths and weaknesses in the context of child marriage and teenage pregnancy in Cambodia. The prioritization of each policy relies on the political and operational capabilities whether it can be effectively carried out in keeping with the policies and strategic plans of the Royal Government. In addition, translating the chosen strategies into action must be satisfied with the various needs of concerned parties, in particular, the target groups.

Based on the findings and identified challenges, the **Policy Recommendation Option**

1 (Fortify and enhance reproductive health and sexual health education in the community by consolidating reproductive health and sexual health education into the Ministry of Health's Primary health care Mechanism) is a high priority and strongly contributes to the promotion of health and well-being of the people, which is a priority on the development of human capital, as embedded in the Pentagonal Strategy - Phase I in Side 3 of the Pentagon 1, and Side 1 of the Pentagon 4 on Sustainable and Inclusive Development also specifies the need to continue to strengthen and expand the scope of reproductive health and sexual health of young people, in particular women and girls, continue to implement social protection programs for pregnant women and children of poor families and continue to promote nutrition for pregnant women and children ⁽⁶⁾. It is cost-effective, and on the other hand, the sub-national administration has a budget package for implementing priority activities, which contribute to promoting the training process and enhancing well-being of the people, especially promoting the delivery of reproductive health and sexual health services to the target teenage population (aged 15 to 19).

The Policy Recommendation Option 2 (strengthen the monitoring and evaluation system on the status of child marriage and teenage pregnancy) is also a high priority as this strategy plays an important role in monitoring, evaluating and reporting, as well as measuring the situation of child marriage and teenage pregnancy and helps guide the effective implementation of health action plans and strategies to be in line with the Royal Government's Circular ⁽¹¹⁾ on "The Establishment of a Working Group To Monitor And Evaluate The Implementation Of Strategies, Development Plans And Policies in Ministries and Institutions", which is a good opportunity for sub-national level to set up a working group to follow up, monitor and evaluate the execution of the Policy Recommendation as mentioned above.

The results of the analysis and classification of Policy Recommendations based on the political feasibility and operational feasibility in the Cambodian context suggest that the Policy Recommendation Options 1 and 2, as mentioned above, are the most likely as these are much needed and they are interconnected and complementary to each other and respond to the policies as well as strategic plans of the Royal Government.

The Policy Recommendation Options 3 and 4 are likewise important, but they are more difficult and complicated to be executed as they require high costs and time for consultations, as well as advocacy support for the review and amendment of existing legal

procedures.

Prioritization of Policy Recommendations

Policy Recommendations	Political feasibility	Operational feasibility
Policy Recommendation Option 1	High possibility	High possibility
Policy Recommendation Option 2	High possibility	High possibility
Policy Recommendation Option 3	Some possibilities	Some possibilities
Policy Recommendation Option 4	Impossibility	Impossibility

Feasibility

High possibility



Some possibilities



Impossibility



4. Policy Recommendations

Based on the results identified, the following are good recommendations which can be executed in order to address the issues and minimize the rate of Child marriage and teenage pregnancy, especially for those in the provinces in the northeastern region.

Ministry of Health, Ministry of Women's Affairs and concerned parties strengthen and promote reproductive health and sexual health education in the community by mainstreaming the reproductive health and sexual health education into the Primary health care Mechanism of the Ministry of Health by:

- Collaborating with line ministries and institutions and the sub-national administration to develop guidelines for the integration of the Policy Recommendation on the Establishment of Inter-sectorial Coordination Mechanisms at the Sub-national Level to expand and improve the provision of reproductive health and sexual health services and education to target teenage population (aged 15 to 19) to be in line with the Ministry of Health's Primary health care Mechanism;
- Promoting and increasing the dissemination of reproductive health and sexual health education to the target teenage population (aged 15 to 19), in particular in provinces where the percentage of child marriages is high;
- Continuing to strengthen and expand the implementation of parent-youth linkage program on reproductive health and sexual health in remote rural areas, especially in the provinces where the percentage of child marriage and teenage pregnancy is high; and
- Strengthening the monitoring and evaluation system on the implementation of quality reproductive health and sexual health services and education for the target teenage population (aged 15 to 19).

The Ministry of Health cooperates with the Capital and Provincial Administration to develop an action plan to expand the scope of implementation of the Policy Recommendations by:

- Organizing a working group to review and revise the guidelines on increasing primary health care, consulting with relevant ministries and institutions, approval and formal promulgation, and monitoring and evaluation;

- Organizing training of trainers to train the community on reproductive health and sexual health;
- Developing educational dissemination materials on reproductive health and sexual health; and
- Developing a monitoring and evaluation framework, in particular, the formulation of a digital system to monitor the promotion of reproductive health and sexual health.

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