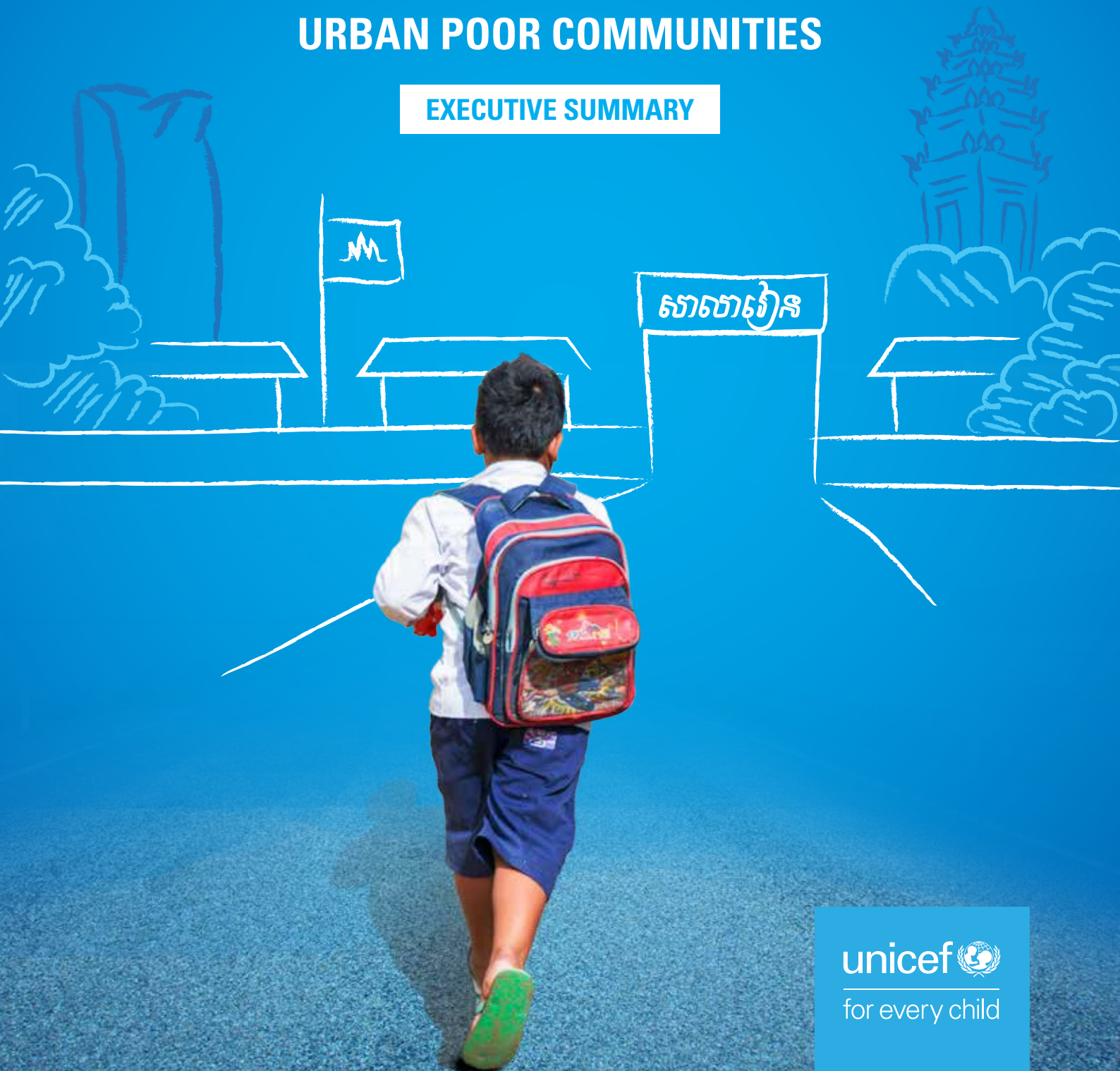


CHILD PROTECTION AND EDUCATION

NEEDS FOR THE CHILDREN AND ADOLESCENTS
OF PHNOM PENH'S
URBAN POOR COMMUNITIES

EXECUTIVE SUMMARY



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Study Objectives

The objectives of this study are to identify child protection risks faced by preschool age children (3-5 years old) and adolescents (10-14 years old) and determine the interconnectivity between such risks and education. The study also seeks to identify bottlenecks and enabling factors that facilitate or constrain their access to quality education. Existing services or gaps in services related to child protection and education needs as well as capacity of the government and CSOs are also examined in this study.

Key findings

KEY CHILD PROTECTION RISKS



Key child protection risks identified within the community-and directly linked to poverty and the absence of adequate parental care-are substance abuse, participation in youth gangs and thereby conflict with the law, corporal punishment, domestic violence, trafficking, sexual abuse, child marriage and child labour. In addition to these risks, children and adolescents have limited access to healthcare and proper sanitation, often denied basic facilities such as toilets and safe drinking water. Children and adolescents with disabilities, who are typically excluded from the societal framework, and orphaned and abandoned children who are devoid of basic shelter are even more vulnerable.

THERE IS A STRONG INTERLINK BETWEEN POVERTY AND THE KEY RISKS



There is a strong interlink between poverty and the key risks faced by children and adolescents in urban poor communities. Low family income correlates to the absence of adequate parental care as parents invest most of their time towards generating disposable income to meet the family's basic needs. Substance use among adolescent respondents was seen to be prevalent, with about 81.4 per cent (75.2 per cent girls and 88.2 per cent boys) of them reporting that they consume alcohol (largely beer). More importantly, 43.8 per cent (26.6 per cent girls and 61.0 per cent boys) of adolescents have consumed drugs (mostly marijuana, heroin and methamphetamines) at least once over the past year. Substance abuse is also interlinked with membership in youth gangs, which are typically characterized by violence and turf wars. Over half (52.4 per cent) of the adolescents living in Phnom Penh's urban poor communities have a friend or an acquaintance (of the same age group) who is a part of a gang. Instances of domestic violence are also common. About 65.9 per cent of boys and 65.3 per cent of girls reported that they have witnessed instances of domestic violence (over the last 12 months) at home or within the community. Child marriage is another key risk and 4.9 per cent of households reported that they married off an adolescent from the family before the age of 14. While prevalence of child labour found in this study was lower than the national average, this was a result of hesitation on the part of the respondents to answer the question as they are aware that child labour is illegal.



KEY BARRIERS TO ACCESSING EDUCATION AND CHILD PROTECTION WITHIN SCHOOLS



Key barriers to accessing education and child protection within schools include poor quality of teaching, the need to pay teachers informal fees, corporal punishment, bullying and the absence of facilities to meet the needs of children with disabilities. This leads to a variety of consequences such as low preschool enrolment, poor attendance, and high dropout at the secondary level. While educational aspirations among both children and parents is high, the level of preschool enrolment within urban poor communities is low, with only about 29 per cent of children aged 3 to 5 years enrolled in some form of schooling. While enrolment rates of children from urban poor communities improve at higher age groups, with about 85.0 per cent of adolescents aged 10 to 14 enrolled in formal schools, the dropout rate at the secondary level also rises. Of the adolescents who are currently out of school, 87.5 per cent stated that they had previously attended school. The lack of attention from teachers as well as the need to pay informal fees to teachers emerged as important barriers to enrolment and continuous participation in schools. Already living below the poverty line, parents cannot afford to pay an informal fee. Insufficient teacher training, coupled with low salaries, results in poor teaching quality which in turn is a key barrier to quality education. Additionally, the gap in training to interact with students with disabilities is a key challenge to the development of an inclusive school environment. Corporal punishment and bullying are also widespread in schools in urban poor communities: 25.7 per cent of students reported having faced bullying at school and about 30.5 per cent of school-going adolescents reported receiving some form of corporal punishment.

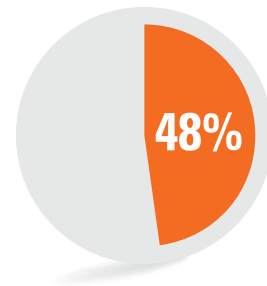


CHILD PROTECTION AND EDUCATION NEEDS FOR THE CHILDREN AND ADOLESCENTS OF PHNOM PENH URBAN POOR COMMUNITIES



PARENTAL CARE

Children and adolescents of Phnom Penh's urban poor communities face multiple risks and deprivations triggered by poverty. The report shows a strong interlink between poverty and exposure to various risks. With parents or caregivers having to devote most of their time toward earning an income, there is little time left to provide a proper care for their children. Coupled with their limited understanding on proper care for children, this results in the family's reduced ability to protect children from risks, send them to school, and ensure they receive nutritious diet, as well as other essential services.

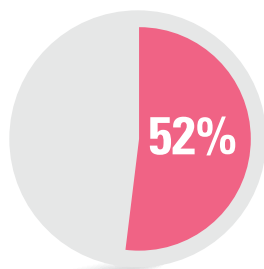


48% of adolescents said They have limited interaction with parents

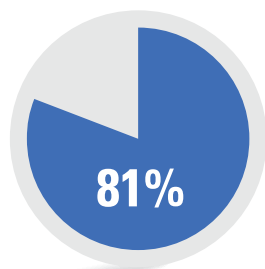


CHILD PROTECTION

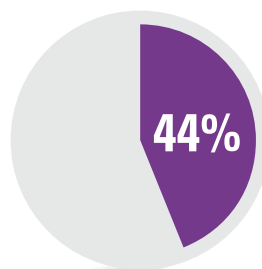
Substance abuse, participation in youth gang, corporal punishment, domestic violence, sexual abuse, violence against children, child marriage, and child labour are all risks found in the study as being faced by children and adolescents in Phnom Penh's urban poor communities.



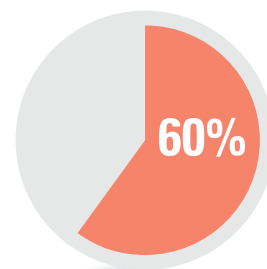
52% of adolescents have a friend part of a gang



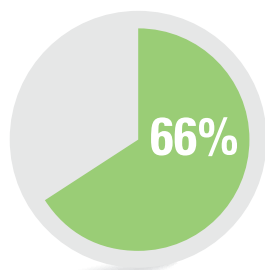
81% (75% girls and 88% boys) of adolescents reported having consumed alcohol



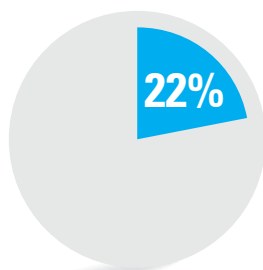
44% (26.6% girls and 61% boys) of adolescents have consumed drugs at least once over the last year



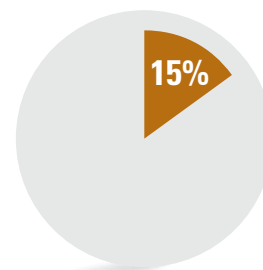
60% of parents use corporal punishment to discipline child



66% of adolescents (65% girls and 66% boys) have witnessed domestic violence



22% of families aware of cases of sexual violence against children



15% of families reported being aware of abandoned children/adolescents who now live on streets

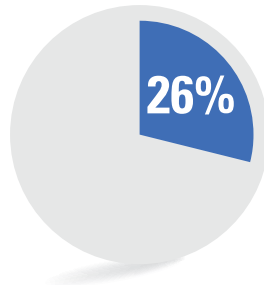


EDUCATION

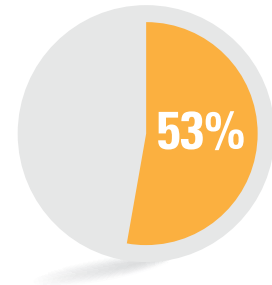
Various challenges prevent children and adolescents in urban poor communities from receiving quality education. Barriers include poverty, health conditions, disability, family's limited awareness, teachers' low motivation, and hidden cost of education.



29% of children aged 3 to 5 years are enrolled in preschool classes, higher for girls (32%)



26% of adolescents experienced bullying at schools

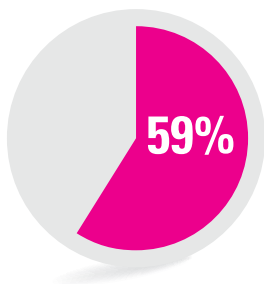


53% of adolescents are paying informal fee to teachers

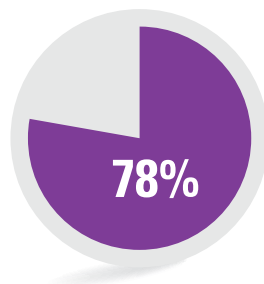


DISABILITY

Children and adolescents with disabilities are among the most vulnerable and marginalized in the urban poor communities. School enrolment rates of children with disabilities are low and the schools lack infrastructure and resources, such as trained teachers, to support children and adolescents with disabilities in their learning.



59% of children and 28.6% of adolescents with disabilities are currently not enrolled in any form of schooling



78% of parents of children with disability and 82% of parents of adolescents with disability think that their child's teachers do not have skills required to meet the child's educational needs



89% of parents of children with disability and 90% of parents of adolescents with disability think that schools lack infrastructure and facilities required to support the needs of students with disabilities.

Findings of this study highlight that proper parental care and more frequent interactions between parents or caregivers and their children is key to ensuring that children are protected from risks and that they receive basic services. Interventions that promote proper parental care and their closer interactions should be seriously considered to address most of the issues found in this study.

Recommendations

The recommendations focus on building capacity and strengthening key areas at the school, community and national levels.

- School curriculum-based interventions to address violence, bullying, sex education and substance use.
- Community-based behaviour change campaigns to address substance use, corporal punishment, teenage marriages, violence against children and trafficking.
- Establishment of community-based safety groups to promote safety and security in communities.
- Training for members of judicial enforcement agencies on handling of cases of children in conflict with the law.
- Demand-side and supply-side initiatives that improve access to safe drinking water.
- Open-defecation free status.
- Registration and regulation of 'orphanages', or residential care facilities.
- Social audits and regulatory compliance by civil society organizations.
- A cadre of child counselors and social workers.
- Career progression planning for teachers.
- Increased performance of school monitoring committees.
- Improved teacher training machinery.
- Training school leadership.
- A child rights monitoring framework for Phnom Penh Capital.

Assessment methodology

The needs assessment employed a mixed-methodology approach that combined qualitative and quantitative data. The assessment team used structured household questionnaires, semi-structured interviews and focus group discussions that were tailor-made for specific stakeholders. Household questionnaires were used as a quantitative tool administered to the key stakeholders: parents or caregivers of children aged 3 to 5 years and adolescents aged 10 to 14 years. The responses received from this survey founded the data points that were substantiated and analyzed with the help of qualitative tools like focus group discussions with community members, parents or caregivers and adolescents aged 10 to 14

years, as well as semi-structured interviews with representatives from NGOs or civil society organizations (CSOs), teachers from schools in the urban poor communities and government officials from key ministries.

Questionnaires were administered to a target sample of 1,140 respondents, namely 380 parents or caregivers of children and 380 parents or caregivers of adolescents, which included 190 adolescent girls and 190 adolescent boys in the 10 to 14 age group. A household listing was conducted beforehand to identify households and ensure that information gathered for children in the 3 to 5 age group and adolescents in the 10 to 14 age group was not from the same household.