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## Background Paper

H.E Mrs. Khuon Sudary, 2nd Vice President of the  
National Assembly

# The Empowerment of Women in Cambodia

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## Acronyms

ANC	Antenatal Care
ASEAN	Association of Southeast Asian Nations
BEmONC	Obstetric and Newborn Care Units
CEDAW	Elimination of All Forms of Discrimination Against Women
DV	Domestic Violence
FTIRM	Fast Track Initiative Roadmap for Reducing Maternal and New-born Mortality
HEF	Health Equity Fund
HSP	Health Strategic Plan
ICT	Information, Communication, and Technology
ILO	International Labour Organization
MMR	Maternal Mortality Ratio
MoWA	Ministry of Women's Affairs
Mol	Ministry of Interior
MoP	Ministry of Planning
MoEYS	Ministry of Education, Youth and Sports
MDGs	Millennium Development Goals
NIS	National Institute of Statistic
NSDP	National Strategy Development Plan
OECD	Organization Economic Cooperation and Development
PISA	International Student Assessment
PNC	Postnatal Care
SDGs	Sustainable Development Goals
SDG 3	Sustainable Development Goals 3
SDG 4	Sustainable Development Goals 4
SDG 5	Sustainable Development Goals 5
SDG 9	Sustainable Development Goals 9
TVET	Technical and Vocational Education and Training
VAWG	Violence Against Women and Girls
WEE	Women's Economic Empowerment
WHO	World Health Organization
RGC	Royal Government of Cambodia
STEM	Science, Technology, Engineering and Mathematics
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific

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## Introduction

The Global Sustainable Development Goals (SDGs) identified Gender Equality and Women's Empowerment as one of the 17 Goals and stated that it was an effective means to end poverty, protect the planet and ensure that all people enjoy peace and prosperity by 2030[1]. Sustainable Development Goal 5 (SDG 5) was established to "achieve gender equality and empower all women and girls no later than 2030" through ending all forms of discrimination against women and girls[2]. Promoting gender equality and empowering women is a critical step to speed up sustainable development that all state members could take action on [2]. A significant step to achieving gender equality is ending all forms of discrimination of women by empowering women through education, employment and political representation, as well as by ensuring women's access to reproductive health services [3].

In response to SDG 5, the Royal Government of Cambodia has recognized that sustainable development and good governance depend on women taking part in all sectors [4]. Therefore, building the capacity of women to be more competitive and innovative in the job market to promote the well-being of women and girls is a fundamental step. In light of this, and in order to provide more information and capacity building of the women's caucus as well as women commune/sangkat counselors, H.E Mrs. Khuon Sudary, 2nd Vice President of the National Assembly, requested PIC to provide technical support on preparing a comprehensive and concise paper on "the empowerment of women in Cambodia".

The overarching objective of this paper is to highlight the key trends, challenges, laws and policies to promote gender equality and empowerment of women. It first discusses the importance of empowerment of women in education which is covered by Ms. Ros Bandeth. Women's access to maternal health services is presented in part II and covered by Dr. Kem Sothorn. The economics, labor participation and women's entrepreneurship sections are covered by Mr. Florent P.B. Zwiers and the section on violence against women and girls including domestic violence is presented by Ms. Kem Keothyda, followed by some key policies for moving forward. The paper will also provide some comparative analysis on ASEAN and other lower middle income countries similar to Cambodia.

### I. Empowerment of Women in Education

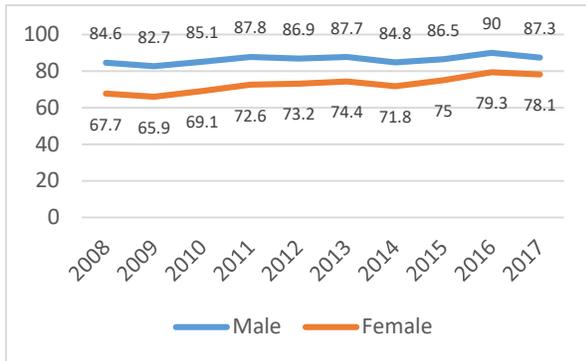
Woman's access to education is a human right and is targeted under Goal 4 of the 2030 agenda on Sustainable Development on inclusive and equitable quality education and promotion of lifelong learning opportunities for all. As a signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Cambodia has endeavored to promote the empowerment of women in education since 2007 through gender mainstreaming in education policies and action plans. The section below describes the trend and progress, key challenges, laws and policies concerning the empowerment of women in education in Cambodia.

#### 1. Trend and progress

##### 1.1. Adult literacy rate

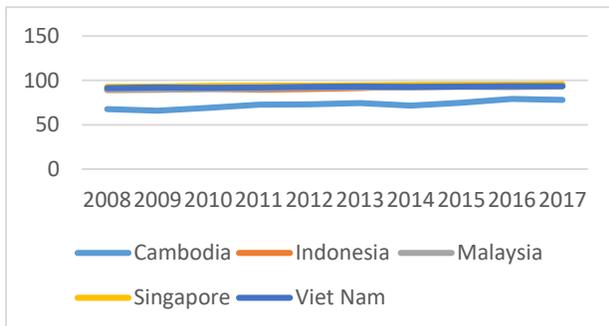
In Cambodia, the adult literacy rate had been improved for both men and women from 2008 to 2017, but literacy gaps remain by sex, geographical areas and between the regions. Figure 1 shows woman's literacy was still less than that of men at 16.9 percent in 2008 and 9.2 percent in 2017 and according to Figure 2, woman's literacy was lower than that of a man in all geographical areas in Cambodia in 2017[5].

Figure 1: Adult literacy rates by sex in Cambodia from 2008-2017 (%)



Source: Cambodia-Socio Economic Survey 2008-2017, NIS/MoP

Figure 2: Adult female literacy rate by countries from 2008-2017 (%)

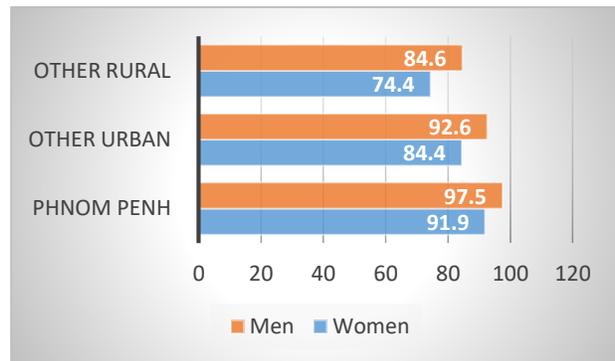


Source: ASEAN Secretariat, 2018; Cambodia-Socio Economic Survey 2008-2017, NIS/MoP

### 1.2. School enrolment

Gender parity was gradually achieved in Cambodia at the primary and secondary levels in basic education from 2008 to 2016. However, the net enrolment ratio of both male and females was still low at the secondary level compared to the primary level (less than 40 percent) (see Figure 4)[6]. Compared to other ASEAN countries, the net enrolment ratio of Cambodian females at the secondary level was the lowest when compared to Myanmar, Malaysia and Singapore from 2008 to 2016 (Figures 5)[6].

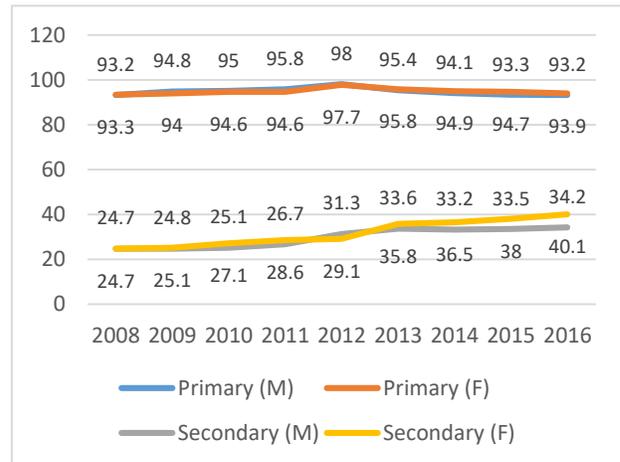
Figure 3: Adult literacy rate by sex and geographical domains in Cambodia in 2017 (%)



Source: Cambodia-Socio Economic Survey 2008-2017, NIS/MoP

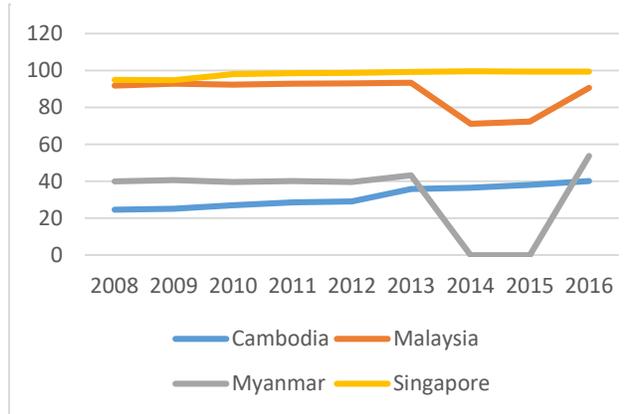
Although the literacy gap was reduced, compared to other ASEAN countries, the adult literacy rate among women in Cambodia still lagged behind other countries such as Indonesia, Malaysia, Singapore and Vietnam (Figure 3)[6].

Figure 4: Net enrolment ratio by sex at primary and secondary levels in Cambodia from 2008- 2016 (%)



Source: ASEAN Secretariat, 2018

Figure 5: Net female enrolment ratio at secondary level by countries in ASEAN from 2008- 2016 (%)



Source: ASEAN Secretariat, 2018

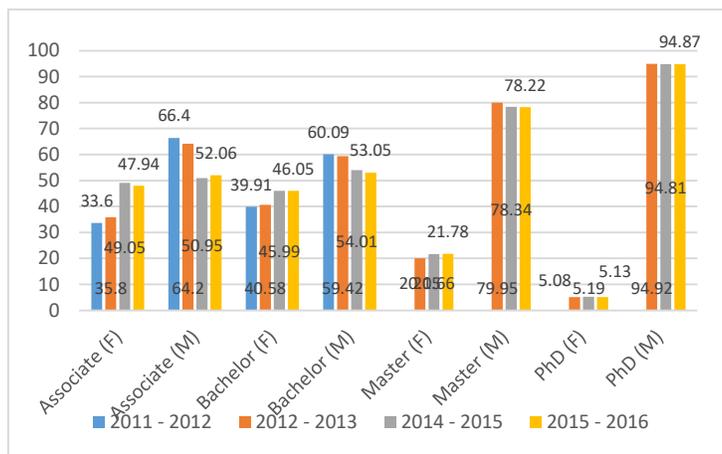
At the higher education and university levels, there was good progress in woman’s enrollment from 2011 to 2016, but gender disparity remained high, especially at the Masters and PhD levels (See Figure 6) [7, 8, 9, 10]. Therefore, efforts to improve gender equality in higher education are still needed in Cambodia.

### 1.3. School dropout rate

The school dropout rate gradually decreased for both males and females at the primary and lower secondary levels from 2007 to 2017. However, at the upper secondary level, the school dropout rate of women fluctuated; it gradually decreased from 13.1 percent in 2007-2008 to 9.8 percent in 2011-2012 but then increased to 25.4 percent in 2013-2014 and decreased again to 17 percent in 2016-2017 [11, 12, 13, 14, 15, 16, 17] (See Figure 7).

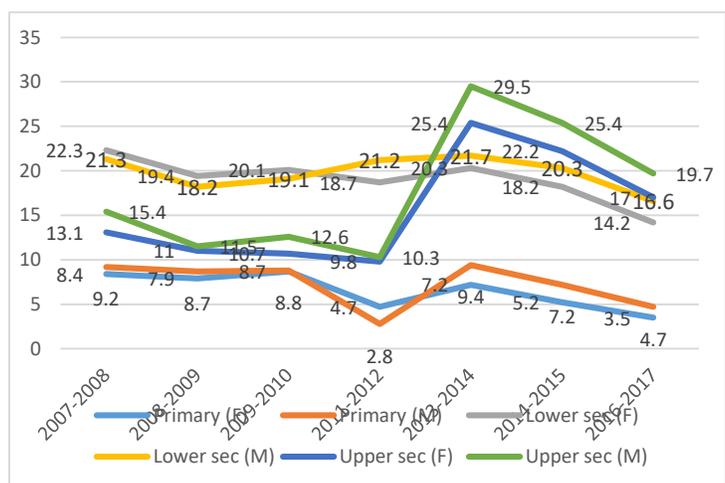
This indicates that Cambodian females still had challenges in pursuing studies in higher education. Even though females had lower dropout rates than males, a high dropout rate of females at the upper secondary level put Cambodia at risk of having more women with lower education than other countries in ASEAN.

Figure 6: Female and male enrolment at higher education level in Cambodia from 2011- 2016



Source: MEYS, 2012; MEYS 2013; MEYS, 2015; MEYS 2016

Figure 7: National dropout rate by sex at primary, lower and upper secondary levels from 2007-2017 in Cambodia (%)



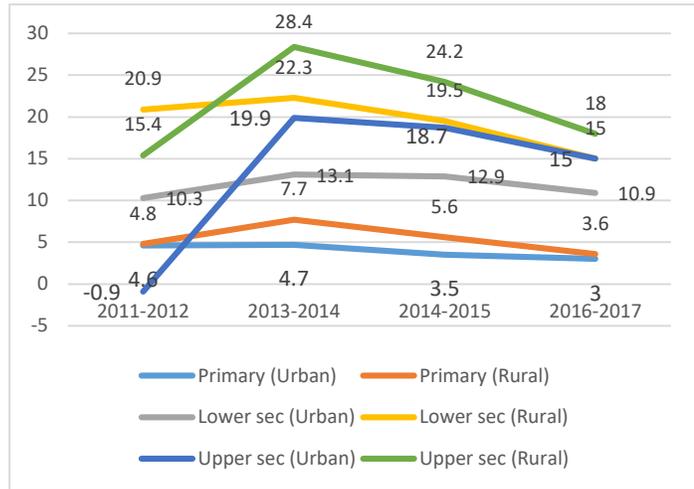
Source: Education Statistics and Indicators, 2011-2017, MoEYS

According to Figure 8, the dropout rate of females at primary, lower and upper secondary levels in Cambodia varied by geography. The dropout rate of women in rural areas tended to be higher than those in urban areas from 2011-2017[14, 15, 16, 17]. This suggests more interventions to address school dropouts among women in rural areas are needed.

#### 1.4. Technical and Vocational Education and Training (TVET)

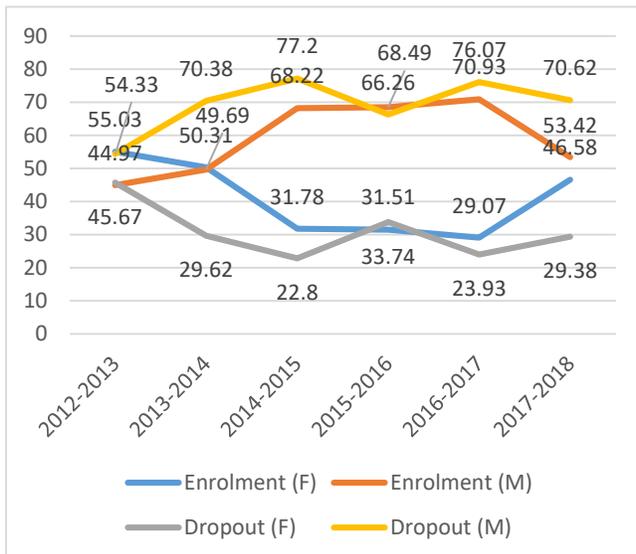
In Cambodia, the enrollment rate for men in Technical and Vocational Education and Training (TVET) was higher than that of women in almost every year from 2012-2018, but the dropout rate of men was also higher than that of women (See Figure 9) [18, 19, 20, 21, 22, 23]. In terms of skills selection, there was a gender gap in the uptake of Science, Technology, Engineering and Mathematics (STEM) subjects; for example, at the Associate and Bachelor's degree levels of TVET, men were more likely to enroll in electricity, engineering, automobile, information technology and electronic subjects whereas women tended to enroll in accounting and finance, English language, electricity and information technology in 2017-2018 (See Figure 10).

Figure 8: National dropout rate of female by geographical regions at primary, lower and upper secondary levels from 2011-2017 in Cambodia (%)



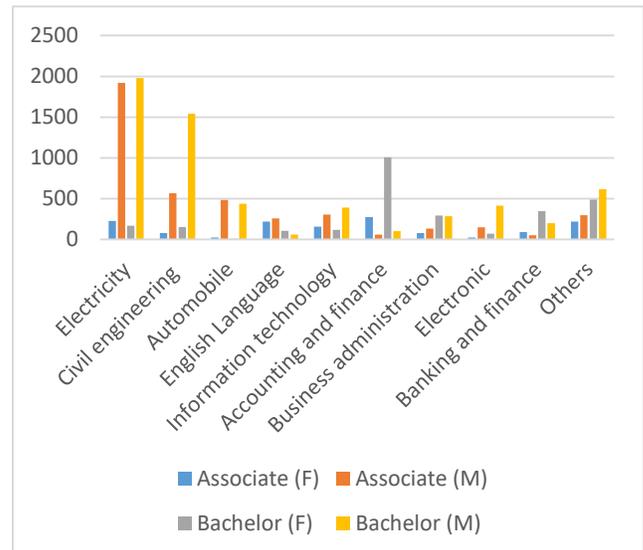
Source: Education Statistics and Indicators, 2007-2017, MoEYS

Figure 9: National enrolment and dropout rates of female and male at TVET from 2012-2018 in Cambodia (%)



Source: MoLVT 2014-2019

Figure 10: Enrolment rate of female and male by subjects at TVET Associate and Bachelor degrees in 2017-2018 in Cambodia



Source: MoLVT 2014-2019

A survey by the Organization Economic Cooperation and Development (OECD) of 15 year-old students on the Program for International Student Assessment (PISA) in 2015 showed that Singapore was ranked number one for science and mathematics with mean scores of 556 and 564 respectively, outperforming Japan, Estonia, Finland and Canada while Vietnam was ranked number eight for science and 20<sup>th</sup> for mathematics, followed by Thailand and Indonesia. Cambodia did not participate in this survey as the country just started implementing the New Generation School Policy Guideline in 2016 to focus on STEM [24]. However, Cambodia could still learn from other countries in ASEAN to improve in science and mathematics in preparation for the 4<sup>th</sup> Industrial Revolution.

## 2. Challenges

Despite good progress in primary and secondary level enrollment, gender disparity still exists in Cambodia by geographical areas, adult literacy, higher education and TVET. Compared to other ASEAN countries, women's involvement in education in Cambodia still lagged behind other countries such as Vietnam, Indonesia, Malaysia and Singapore, including the students' capacity in science and mathematics. Factors hindering gender equality in education in Cambodia are as follow:

- **Social and gender norms remain a factor:** Cambodian women are still constrained by social and gender norms to continue their study at a higher level. This is also partly driven by illiteracy and low level of parents' education and their limited awareness of long-term benefits of education for girls, especially in ethnic minority families [25].
- **Poverty :** Several poor families in rural areas could not send their children to schools and the reason for this was poverty within the families[26] and the high opportunity costs of education[25]. Several families had to migrate with their children to other countries to earn their living leaving their children with limited access to education.
- **Parent and community engagement in children's education is still limited:** Parent involvement in children's education at home and at school is important, but in Cambodia the engagement of parents and the community in children's education remains weak and ad-hoc [25]. Parent engagement does not only mean the physical presence of parents, but also their belief system that values the importance of educational achievements of their children[27].
- **Child protection at school and safety for girls is not yet fully achieved:** Even though the Child Friendly School Policy was enacted in 2007, the implementation of this policy was not fully achieved. The issues of installing running water, toilets and hand washing facilities remained a problem in several schools [28]. A baseline survey by the International Center for Research on Women and Plan International in 2014 found that 47 percent of student respondents rated their school as somewhat or totally unsafe and 73 percent reported experiencing at least one form of violence in school[29].
- **TVET is not highly valued and still considered as inappropriate for women:** TVET was still the second priority training selected by female students after they finished upper secondary school. Also, the cultural and social norms still define what the appropriate occupations are for women, and often mechanics and construction are still considered as inappropriate skills for women [30].
- **Women lack information, resources and educational background regarding the benefits of TVET:** Women are not fully aware of job and business opportunities provided by TVET programs. They also lack supporting resources such as safe accommodation and living costs to stay and study at TVET institutions. Some do not receive enough encouragement about how to work in technical fields in industry and businesses sectors. This is partly due to the fact that women and their families did not receive enough education to allow them to think about seeking jobs or undertaking businesses in non-traditional fields [30].

- **Policy implementation and institutional capacity for gender mainstreaming remain weak:** There are several policies and plans being established to support girls going to school, but there remain gaps in the implementation. While basic education is free of charge, in practice, there remain issues related to informal costs involved in children’s education. Institutional and human capacity to support and mainstream gender in the education sector is still limited at the sub-national level[25].

### 3. Policies and Legal Framework

The empowerment of women in education has been supported by several laws and policies in Cambodia since 2007.

- Article 31 of the Education Law in Cambodia enacted in 2007 recognizes the rights of both men and women to access free qualitative education for at least 9 years in public schools[31].
- The Rectangular Strategy IV declares the commitment of the government to strengthen gender equality, which includes reducing the gender gap in education and vocational training[32].
- The National Strategic Development Plan (2019-2023) seeks to increase the number of women and girls enrolled in higher education, especially related to science, technology, engineering, innovation and math [33].
- Neary Ratanak IV of the Ministry of Women’s Affairs aims to promote women’s and girls’ access to education and vocational training by promoting participation, awareness and favorable conditions for women[4].
- In the education sector, the Education Strategic Plan (2014-2018) and the Policy on Higher Education Vision 2030 of MoEYS seek to continue to address gender issues in education at all levels through the use of national scholarship programs and capacity development for females[34, 35].
- The Teacher Policy Action Plan 2015 of MoEYS aims to ensure teacher training curriculum review include principles of inclusive education and gender sensitivity[36].
- The Child Friendly School Policy of MoEYS enacted in 2007 aims to ensure inclusive education for girls and boys, effective learning, safety and protection of children and gender responsiveness[37].
- Gender Policy and Action Plan 2017-2026 of MoLVT seeks to ensure both men and women have equal and equitable opportunities to access and benefit from TVET by increasing their knowledge and changing perceptions about TVET and providing financial resources, accommodations, facilities and career development and mentoring programs to support women [30].

## II. Women’s Access to Maternal Health

### 1. Context

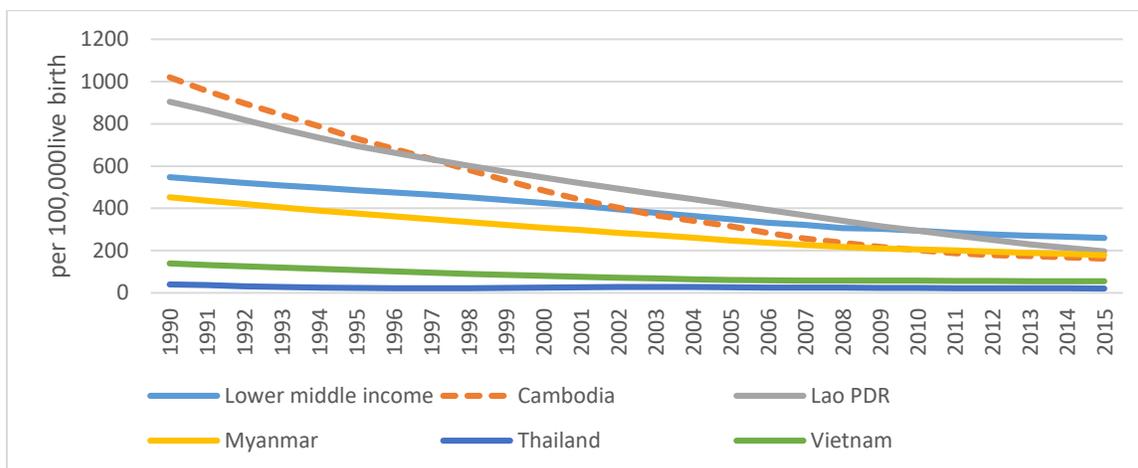
Ensuring access to healthcare, particularly maternal healthcare, is vital aspect of women’s empowerment which is embedded in Sustainable Development Goal (SDG3). Nine out of ten Cambodian women receive Antenatal Care (ANC). However, some women with poor or low education levels still face problems accessing ANC, highlighting some inequality in access to health services. The Government with the support of stakeholders has been implementing a number of policies and programs for the development of maternal healthcare. These are discussed below.

### 2. Current trend

Cambodia has shown significant progress in reducing the Maternal Mortality Ratio (MMR). According to world development indicators, the MMR in Cambodia was 1020 per 100,000livebirth in 1990 - the highest in the region compared to Lao (905 per 100,000 live births), and Myanmar (453 per 100,000 live births)

(See Figure 11). This high MMR is often associated with bleeding, high blood pressure and unsafe abortions, stemming from poor nutrition and lack of sanitation [38]. Vietnam and Thailand show more advancement in lowering the MMR, reflecting their more established healthcare systems. Cambodia's MMR constantly dropped over during the last two decades, overtaking Lao in 1998 and Myanmar in 2010. By 2015 the MMR in Cambodia was reduced to 161 per 100,000 live births, the figure even being slightly below the average of lower-middle income countries.

Figure 11: Trend in maternal mortality in some selected ASEAN countries since 1990 (per 100,000 live births)



Source: World Development Indicators, 2018

The reduction has been attributed to (1) the general improvement of the health sector in terms of availability of services, improved access to healthcare and affordability and improved health education and, (2) the improved socioeconomic condition of households [39, 40, 41]. The Ministry of Health expects that the MMR is likely to drop to 130 per 100,000 live births in 2020 [41]. The challenges that the country is struggling to deal with are (1) the inequality in access to maternal healthcare services between rural and urban households and between rich and poor households and by the education level of the women and, (2) the limited coverage of healthcare services to cover all women who are poor and/or live in remote areas [42, 43, 44, 45].

### 3. Availability of Maternal Health Services

The government has made significant efforts to increase availability of maternal health services through increased funding for the health sector, increasing the number of public health facilities, improving rural road connections, and expansion of the health program for the poor. Between 2008 and 2018, the number of public healthcare facilities including municipal/provincial referral hospitals, and Operational District health centers increased by more than 20 percent from 1161 to 1457 [41]. Government health expenditures have also been increasing from 6.39 percent of total government expenditure in 2015 to 8.5 percent in 2019 [41]. To improve inclusivity of the program to cover poor women, the Midwifery Incentive Scheme, the Health Equity Fund (HEF), maternal health vouchers and other health financing mechanisms such as the Infrastructure Fund have been introduced and progressively expanded. However, the government acknowledges the need to further expand the coverage of health facilities and related social protection programs on health, increase the number of health workers and, improve the quality of health services in order to cope with the rising need for health services from the population [33].

Increasing the number of health facilities was in response to the increasing number of women receiving prenatal care and birth delivery assisted by trained health personnel [46]. The application of Basic and Comprehensive Obstetric and Newborn Care Units (BEmONC)<sup>i</sup> in the operational referral hospital contribute to the promotion in the use of the antenatal and postnatal care among pregnant women. Measures to strengthen maternal and neonatal death surveillance systems have been put in place [46]. As the result of these improvements, the percentage of women receiving prenatal care in Cambodia rose from 37.7percent in 2000 to 95.3percent in 2014, putting the country in a similar position to Vietnam and only 3percent behind Thailand. Both Lao and Myanmar also show good progress in this area, indicated by the fact that around 80percent of women received services (Table-1).

*Table 1: Percentage of women receiving prenatal care*

Country Name	Year		
	2000	2010	2014
Cambodia	37.7	89.1	95.3
Lower middle income	64.0	n/a	82.2
Lao PDR	26.5	71	78.4 (2017)
Myanmar	75.6 (2001)	83.1	80.7 (2016)
Thailand	91.8	99.1 (2009)	98.1 (2016)
Vietnam	68.3	93.7 (2011)	95.8

*Sources: World Development Indicators 2018 and MoH 2019.*

The percentage of births attended by skilled health staff has increased three fold from around 30percent in the year 2000 to 89 percent in 2019 (Table-2). This increase corresponds with the increased availability of services. Cambodia performed better when compared to the average of lower-middle income countries, with the incidence for Lao PDR and Myanmar at 64.4 and 60.2percent respectively.

*Table 2: Percentage of birth attended by skilled health staff*

Country Name	Year		
	2000	2006	2014
Cambodia	31.8	43.8 (2005)	89 (2019)
Lower middle income	45	n/a	74.4
Lao PDR	16.7	18.9	64.4 (2017)
Myanmar	57 (2001)	63.9 (2007)	60.2 (2016)
Thailand	99.3	96.9	99.1 (2016)
Vietnam	58.8	83.8	93.8

*Sources: World Development Indicator 2018 and MoH 2019*

#### **4. Accessibility and utilization of maternal health services**

Accessibility to maternal healthcare services has been made widely available across the country. Increases in the percentage of women in the rural areas who are receiving ANC, using health facilities for delivery babies and postnatal checkups are strong indications of progress in both availability of services and the improvement in rural infrastructure, road connections and household affordability for healthcare services. Despite these achievement, the data shows slight inequality in access to maternal health services between

<sup>i</sup> (BEmONC) refer to basic emergency care provided by health specialists to mother and babies in order to avert maternal and newborn morbidity and mortality.

rural and urban areas, signifying that rural women face a higher degree of maternal risk than those in urban areas. In addition, the use of maternal health services is strongly link to the mother’s level of education, indicating the importance of education for women in order for them to access healthcare [47].

Table 3 summarizes the accessibility of various maternal health services by region, highlighting progress between 2000 and 2014. The percentage of pregnant women receiving ANC has increased significantly in both rural and urban areas. In 2000, about one in four women in rural areas gained the benefit from the services. The improved access was also evidenced from the increased number of vaccinations against tetanus which has been the direct result of the implementation of a national vaccination program [46]. Almost all women in urban areas delivered their baby at state-owned health facilities. The incidence was 81 percent in rural areas – a figure that was once less than 10percent, explaining the reduction of MMR over a period of time. A substantial improvement has been seen in terms of access to Postnatal Care (PNC). In 2000, accessibility to such services was between 20 to 30 percent in both rural and urban areas. By 2014, the incidence rose to 98percent for urban and 89.9 percent for rural areas. The incidence of access to PNC in Myanmar was 71percent in 2015 while in Lao it was at about 41percent for newborns receiving PNC within two days of delivery [48, 49]. In Thailand almost 100 percent had access to maternal healthcare services with high equity between rural and urban regions [50].

*Table 3: Accessibility to maternal health services by region in Cambodia*

Indicator Names	2000		2014	
	Urban	Rural	Urban	Rural
Percentage receiving antenatal care (ANC) from a skilled provider	62.3	33.8	98.6	94.8
Percentage whose last child was protected against neonatal tetanus	45	27.6	92.9	87.8
Percentage able to deliver their babies in health facilities	36.8	6.6	96	81
Percentage of deliveries attended by a skilled provider	57.2	28	97.8	87.6
Percentage of women able to access a postnatal checkup in the first two days after giving birth	26.1	31.8	98.1	89.8

Sources: Demographic and Health Survey 2000 and 2014.

### 5. Affordability of maternal health services

Affordability of maternal health services is positively associated with several economic indicators such as: the cost of services, household income, education level, occupation of women and husband and, social and economic status of the household [51]. Poverty and financial constraints undermine women’s ability to access health services. The use of modest income for healthcare could potentially leads to indebtedness and that family from the lower-socioeconomic group could fall into poverty [52, 53]. Lack of women’s empowerment in financial decision-making and difficulties in using household financial resources for their own maternal healthcare exacerbate the risks women face during pregnancy[54]. Also, in many cases traditional beliefs shape the range of factor that affect women reproductive health including fertility pattern, contraceptive use and access to maternal healthcare services. All of these factors tend to result in negative health outcomes for women [55].

The result from the Cambodia Demographic and Health Survey confirms the inequality in access to maternal healthcare services by women from different socioeconomic group (Table-4). The proportion of access to ANC varies between 89 to 99 percent between lowest to highest socioeconomic group, meaning only about 10percent of the women from lowest socioeconomic group cannot afford the cost of ANC. The majority of pregnant women in the country have received tetanus injections, indicating that 80percent of the lowest

quintile can afford the service compared to 93percent of the highest quintile. When it comes to accessibility to delivery services, the data show large differences in affordability to the services between the lowest and highest quintile. The incidence of delivery in a health facility varies between 68 to 95 percent for the lowest to highest quintile. Meanwhile the incidence of births attended by a skilled provider was 95percent for the women from highest wealth quintile which is about 23percent higher compare to the lowest quintile. The cost of birth delivery and the distance from health facilities explain the lower percentage of poor women accessing maternal health services, especially in remote provinces such as Ratanakiri and Mondulhiri [43, 56]. Inequality in access to maternal healthcare services was also found among women from different groups in ASEAN countries particularly Lao, Myanmar, and Vietnam where poverty and distance to services remain the major hindering factors [49, 57, 58, 59].

*Table 4: Accessibility to maternal health services by wealth quintile in Cambodia*

Indicator Names	2014				
	Lowest	Second	Middle	Fourth	Highest
Percentage of women receiving antenatal care (ANC) from a skilled provider	89.7	94.7	96.2	98.1	99.3
Percentage of women whose last child was protected against neonatal tetanus	83.2	87.5	87.3	92.4	93.5
Percentage delivering their babies in a health facility	68.4	78.8	86.8	90.8	95.9
Percentage of births attended by a skilled provider	75.2	87.0	92.7	96.5	98.4
Percentage of women able to access a postnatal checkup in the first two days after giving birth	84.3	87.5	93.6	92.2	95.6

*Source: Demographic and Health Survey 2014.*

## 6. Policy and Legal Framework

To improve maternal health, a number of policies have been implemented by the government with support from stakeholders. The government adopted SDG3 framework in 2015 with the aim of reducing the maternal mortality rate and SDG5 to promote gender equality and women’s empowerment. Development of the health sector and improvement of maternal healthcare services has been one of the priorities of the National Strategic Development Plan (NSDP). The latest NSDP 2019-2030 focuses on (1) reproductive, maternal, child health and nutrition, (2) reducing morbidity and mortality of communicable and non-communicable diseases, and (3) ensuring equitable access to quality health services for all [33, 46]. The NSDP provided the framework for the formulation of the Health Strategic Plan (HSP).

A series of HSPs has been formulated and implemented. The latest HSP 2016-2020, emphasizes improving health outcomes and increasing financial risk protection for the population [45]. Reproductive and maternal health were among the focus for women health mentioned in the HSP. The focus of the maternal health program was on safe abortions, teenage pregnancy, antenatal and postnatal care and the prevention of mother to child transition of HIV [60]. One of the major component of the HSP, was the Fast Track Initiative Roadmap for Reducing Maternal and New-born Mortality (FTIRM) which was implemented from 2016-2020, aiming to ensure effective implementation for maternal health services. This included; (1) provision of skilled birth attendants, (2) referral to emergency obstetric care and new-born care (3) newborn care (4) family planning, (5) safe abortions (6) elimination of financial barriers in gaining access to

services and (7) behavior change communication<sup>ii</sup> [61]. In addition, the National Policy for Quality in Health has been implemented, serving as guideline for the establishment of minimum standards and benchmarks for the health system [45].

Under HSP, the Ministry of Health has also implemented a number of health financing schemes to benefit the poor. These include; (1) User-fee exemption, (2) the Health Equity Fund, (3) Vouchers for Reproductive Health Services and, (4) Community Based Health Insurance [33, 46]. The Midwifery Incentive Scheme for live births is seen as key factor for increasing the number of deliveries at public health facilities [46]. Ensuring access to maternal health services is also mentioned in related sectoral policy for example, Neary Rattanak IV by the Ministry of Women’s Affairs [4].

### III. Economics: labor participation and women entrepreneurship

This section will look at the economic sector within the theme of “the empowerment of women in Cambodia”. While the theme of this research product is tied in to Sustainable Development Goal (SDG) 5, the interrelatedness of the SDGs means other goals are relevant too to Women Economic Empowerment (WEE): SDG 4 is about inclusive and equitable education and one of its targets is to increase vocational training in ICT and scientific programs, which ties in with the expected changes in the Cambodian labor market and the “fourth industrial revolution”. In addition, SDG 9 is about building resilient infrastructure and promoting inclusive and sustainable innovation industrialisation, which suggests a need to involve women in this area as well as the aforementioned fourth industrial revolution.

Apart from a quick overview of the labor participation of women and women entrepreneurship, this section will look at the “fourth industrial revolution” and what this concept means for women in the Cambodian economy.

#### 1. The Cambodian labour force: young and having to compete with the rest of ASEAN

Cambodia has a young population, which means that every year new potential employees enter the labour market. This can make it difficult to ensure that there is decent work for everyone [62, 63]. Decent work being defined as employment with fair income that offers security. The opposite to decent work is vulnerable employment, which is own-account work or unpaid contributing family work [62]. In addition to a growing labor force, ASEAN is striving to improve regional integration in the future, which means Cambodian workers will have to compete with highly skilled labor from other ASEAN countries [62]. These challenges affect women more than men as women are more likely to be in low-skilled employment and have lower average levels of educational attainment [64]. The OECD listed the uneven levels of education throughout the ASEAN member states as one of the main challenges for policy makers in the region, especially in relation to entrepreneurship in the region [65]. This is important for women especially as women in Cambodia (and in other ASEAN countries too) are more likely to be entrepreneurs than men, albeit for smaller businesses than their male counterparts. See table 1 for an overview of entrepreneurship by gender.

*Table 5: Sectors of entrepreneurs in Cambodia by gender*

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<sup>ii</sup> Referring to improve individual, family and community care practices and care seeking for women and newborns by focusing on increasing the use of ANC and PNC, increase immediate and exclusive breastfeeding, improve appropriate newborn care practices, reduce teenage pregnancy, reduce traditional family planning usage, and reduce unsafe and repeat abortions.

Business activities	Number of enterprises		
	Total	Male owners	Female owners
Total enterprises	505,134 (100%)	176,128 (34.9%)	329,006 (65.1%)
Wholesale and retail trade	289,130 (57.2%)	73,516 (14.6%)	215,614 (42.7%)
Accommodation and food service	69,569 (13.8%)	14,612 (2.9%)	54,957 (10.9%)
Manufacturing	75,031 (14.9%)	39,998 (7.9%)	35,033 (6.9%)
Other	71,404 (14.1%)	48,002 (9.5%)	23,402 (4.6%)

Source: Ministry of Women's Affairs [63] with data from Economic Census of Cambodia, 2011

## 2. The Fourth Industrial Revolution

Another big change for the Cambodian economy, and indeed economies worldwide, is the so-called "Fourth Industrial Revolution". In different academic and policy text the concept is referred to in different terms, including: Industry 4.0, 4IR, FIRe, IIoT (or Industrial Internet of Things). This paper will use the "Fourth Industrial Revolution" as this seems to be most common in policy papers (used by the International Labour Organisation and the World Economic Forum, for example).

An Industrial revolution suggests a disruption of business practices; while some innovations just make current practices more efficient, the suggestion is that recent new technologies and advancements will radically change the way business operate in the economy. Specific advancements that are considered to be part of this are 3D printing; the 'Internet of Things', or IoT, which refers to everyday appliances that are connected to the internet; artificial intelligence (AI); 'big-data', which is the field that deals with analysing complex data from (for example) social media network; and on-demand economy, which is the economy created by a digital market place, an example would be the apps to book taxis or tuk tuks in Cambodia[66].

Academics (as well as the World Economic Forum and OECD) predict that these technologies will lead to a "smart factory"; a virtual copy of a real-world factory. This would allow for decentralized decision-making. This would mean production is more flexible and can respond quickly to business trends and sudden changes and that is more innovative and aimed at customized products for the consumer [67].

While this may come with many opportunities, such drastic changes to the way businesses operate may also come with negative side-effects. As technology gets better at replicating human actions (through artificial intelligence for example), many workers will be displaced, particularly workers who perform routine tasks. This means that offering low-cost labor will be less effective as a strategy to attract investments in manufacturing [66, 68]. there is some indication that a trend has started to move manufacturing back to more affluent countries in North America and Europe[68].

In sum; the Fourth Industrial Revolution is a major change in the way things work, which may bring opportunities as well as challenges. The new technologies might make it easier for women to participate in the labour market. For example, the flexible work patterns of a "smart factory" might allow a woman to better balance work life with personal life [69, 70]. However, there is also some concern that the changes may instead worsen existing inequalities. Since participation in these new forms of work depend on usage and literacy of technology, those without access to technology might not benefit as much and the majority of those without access are women. This is called the 'digital divide', and is caused by a combination of

lack of physical access and a lack of skill to use ICTs. These two gaps reinforce each other, as without physical access you do not get to practice your skills and without skills you are less likely to get physical access [69, 71]. As women have lower education levels and feel less confident about their digital skills, there is the risk that some of them may be “left behind” by the Fourth Industrial Revolution [63, 64].

### 3. Women’s Economic Empowerment (WEE)

Women Economic Empowerment is defined by the OECD as:

*“The capacity of women and men to participate in, contribute to and benefit from growth processes in ways that recognise the value of their contributions, respect their dignity and make it possible to negotiate a fairer distribution of the benefits of growth. Economic empowerment increases women’s access to economic resources and opportunities including jobs, financial services, property and other productive assets, skills development and market information”. [72, p. 6]*

This definition has three components; the participation in growth, benefiting and contributing to that growth, and agency in terms of respect for their dignity and the ability to fairly negotiate. These three aspects can also be found the Neary Rattanak, the five-year strategic plans of the Ministry of Women’s Affairs (MoWA), which have the main aims to put give women access to rights, allow them to make decisions, and to benefit from economic and social developments[62].

While arguments for Women’s Economic Empowerment are often value-based, there are also sound economic reasons to promote it. Research by the International Labour Organisation (ILO) suggested that having more women in supervisory roles could reduce staff turnover and increase productivity [73, 74]. In addition, women participating means there is more talent to choose from when hiring. As a report by the World Economic Forum put it: “female talent remains one of the most under-utilized business resources” [70, p. 1]. Other potential societal benefits are that a higher number of women in management positions is linked to successfully combatting sexual harassment in the work place and that sustainable economic opportunities will make women less vulnerable to human trafficking as well as domestic violence [63].

Below the situation and challenges in Cambodia are briefly outlined in categories relating to the three components of Women’s Economic Empowerment.



- Participation labour rates of women increased a lot between 2000 to at least 2015 [62, 63], but may be stagnating in recent years[74];
- ASEAN countries score high on gender equality measurements when it comes to entrepreneurship [75, 76], this may have a cascading effect on the labor market as research suggests that women entrepreneurs hire more women employees[77];
- However, women entrepreneurs tend to be older than male entrepreneurs, have less access to ICTs and to business networks, less access to information, and run smaller businesses [63, 64];
- The share of women working in ‘vulnerable employment’ is decreasing, but not as fast as men. Similarly, Cambodian men are moving away from the primary sector (agriculture and fishing) much faster than women are [62];
- A key obstacle to labor participation for women is “time poverty”, as they often have domestic or care responsibilities which make it hard to work full time on top of those duties[64].



- Women’s participation in the work force is an opportunity for innovative businesses as it expands the talent pool [70];
- Women on average earn only 80 per cent of men’s wages [62, 63]; in part due to the fact that they are more likely to be in vulnerable employment (70% of women vs. 59% of men) and often work in sectors that pay lower wages [74];
- Women are more likely to migrate for work. Women migrants have lower earnings than men but also send higher remittances home, so are left with less money for themselves [62];
- 65 per cent of businesses are owned by women, but they tend to be small businesses. Of women-owned businesses 51 per cent engages just one person and 96 per cent four persons or fewer [62, 63];
- Women entrepreneurs tend to operate in sectors that add relatively little value to the supply chain and have local (not international) markets [63, 64].



- Women have less access business associations and networks [62];
- Women are more likely to be union members than men, mainly because of the high rate of unionization in the garment sector (about 38%), where more women work than men[62];
- Two big barriers to more women’s economic empowerment are low levels of education and discrimination in employment practices [64];
- Articles 182 and 183 of the Labour Law protect the rights of pregnant women and compliance to the law is high, but an ILO study indicated subtle recruitment tricks are used to discriminate against pregnant women [73];
- Employers with more than 100 women employees must have an operational nursing room and day care centre (labour Law 186). However, an ILO study in factories in Cambodia found that this part of the law has one of the highest non-compliance rates [73]. This is worrying as combining work and care is a huge challenge for many Cambodian working women [64, 73].

#### 4. Policy Options

In all the literature reviewed, different suggestions are made for policy makers to consider when it comes to promoting Women's Economic Empowerment. Below is a brief summary of some of the suggestions for revising or making policy found in the literature reviewed:

- To deal with the challenges and opportunities that come with a growing labor force as well as new technologies, OECD suggests that the ASEAN member states keep investing in education and work towards an integrated education system within ASEAN (to reduce inequalities between ASEAN member states [65];
- The Ministry of Women Affairs (MoWA) suggested that to deal with the growing labour force Growing labor force, it is important to create jobs especially for low-skilled workers [63];
- Both UNESCAP and academic literature suggested that more informed policy could be created with better sex-disaggregated data. In particular, statistics when it comes to ICT usage and ICT skills by gender is lacking at the moment (in all ASEAN countries except Thailand and Singapore) [64, 69];
- MoWA recommends more cooperation between government and stakeholders in the labor market, which includes GMAC, ILO, and private sector organisations [63]. The World Economic Forum report also listed private-public partnerships and cooperation with gender-rights focused civil society actors as a means to improve gender balance in the labor market [70];
- MoWA also listed the possibility of funding support programs to help women make their agricultural practices more commercial or to increase economic activities away from the farm [63];
- Public campaigns to raise awareness on ways to balance work and private or family life were mentioned as an option by MoWA[63]. Related to this are the suggestions by the World Economic Forum report to encourage establishment of appropriate childcare options and to develop guidelines on work-life balance policies [70];
- Finally, UNESCAP stated that training and education of women in emerging economies helps to create jobs and increases revenues. In particular they recommend training on book-keeping, general management skills, financial literacy, human resource management skills, marketing skills[64].

#### IV. Violence Against Women

An important step towards the realization of gender equality is to eliminate all forms violence against women. This is not only a women's problem but it also effects everyone , including men and children[78]. Violence against women and girls (VAWG) has historically been speechless, and excused. However, after decades of advocacy and programming by women's movements and feminist activists, this issue is now the focus of national and international public debate [79]. VAWG is now broadly recognized as a fundamental violation of human rights, and an issue with considerable social and economic cost to individuals, communities and countries[80].

VAWG refers to any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life[78]. Gender-based violence against women and girls continue to be pervasive in all of its forms, namely intimate partner violence, sexual violence -including rape, prostitution, pornography and sexual harassment at the workplace, in public spaces and the Internet-, trafficking in women and girls, feticide and harmful practices -including forced marriage, child marriage and female genital mutilation[81]. The VAWG is one of the main issues that is emerging in modern society and the world and has serious impacts particularly to women and girls as they are vulnerable to abuse and

exploitation. This does not fully allow them access to their freedoms and fundamental rights. The SDG 5 includes two specific indicators for measuring the impact of initiatives designed to reduce the prevalence of violence against women of which intimate partner violence is the main component[2].

The prevalence of VAWG is significant and according to the World Health Organization (WHO), 35 percent of women worldwide have experienced physical and/or sexual violence in their lifetime, including unwanted and early pregnancy[82]. Approximately 33 percent of women who have been in intimate relationships have experienced physical and/or sexual violence by their partners [83]. This can result in women having no-decision making regarding the use of contraceptives to prevent pregnancy and sexually transmitted diseases. Women and girls together account for 71 per cent of all human trafficking victims detected globally, with girls representing nearly three out of every four child trafficking victims; nearly three out of every four trafficked women and girls are trafficked for the purpose of sexual exploitation[84]. And around 120 million girls worldwide (slightly more than 1 in 10) have experienced forced intercourse or other forced sexual acts at some point in their lives[85].

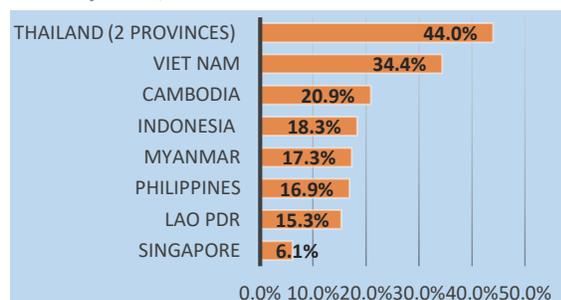
More importantly, violence against women and girls put adolescent girls and young women at high risk[86]. This issue has risen to the forefront of global human rights debates through the efforts of women’s movements, international organizations, governments, and various stakeholders [87]. The World Bank considers women’s rights to be human rights and, in the context of human resource development, includes gender mainstreaming and empowerment of women as a key vehicle for poverty reduction and development [88].

## 1. Current trend and progress

### 1.1. ASEAN

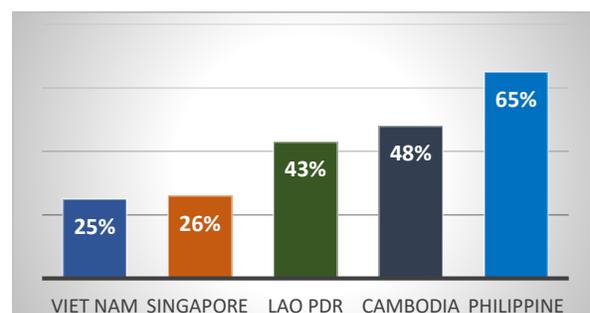
In the 2017 ASEAN Regional Guidelines containing data from eight out of ten member states, WHO and the WHO-informed surveys and Demographic and Health Surveys with a VAWG component were used to measure the prevalence of VAWG [89, p.26]. The data shows the percentage of women who have ever experienced violence from an intimate partner ranging from 6 percent in Singapore to 44 per cent in Thailand (See Figure12). Regardless of efforts to collect data and evidence to eliminate VAWG, data on the proportion of women who experience psychological violence in intimate relationships is still lacking. However, the prevalence of women and girls who experience violence-related physical and/or psychological injuries is high in Cambodia, Lao and the Philippines (See Figure13)[89, p.27].

Figure 12: Proportion of women who experienced intimate partner physical and/or sexual violence in their lifetime, 2003-2017



Source: ASEAN Regional Guidelines on Violence against Women and Girls. Data Collection and Use. 2018.

Figure 13: Proportion of women and girls who experienced violence-related injuries



Source: ASEAN Regional Guidelines on Violence against Women and Girls, Data Collection and Use, 2018.

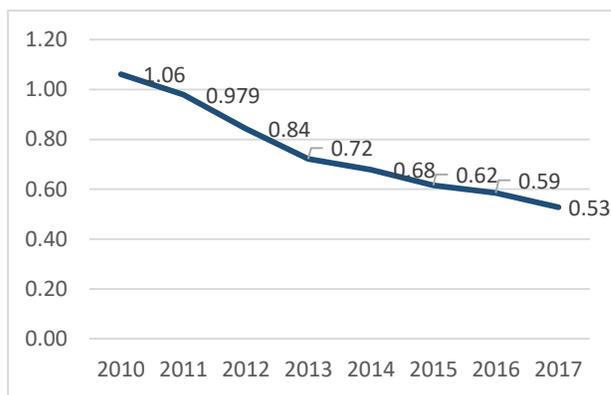
Only a few countries have data on sexual violence by non-partners such as Indonesia where 24 percent of women experienced physical and/or sexual violence by a non-partner and 18 percent by partner, Viet Nam 2 per cent experienced sexual violence by someone other than a husband, and Lao PDR with only 1 percent[89, p.26].

### 1.2. Cambodia

The percentage of families experiencing domestic violence (DV) has fallen from year to year, and has fallen by almost half between 2010 and 2017 from 1 percent to 0.5 percent (See Figure14)[90].

While the trend of families experiencing domestic violence has decreased, VAWG remains an important issue, along with other types of domestic violence that result from gender inequality and traditional norms existing within the Cambodian context. As a result, around 50 percent of women felt that violence by a husband towards his wife can be acceptable if a wife behaves in argumentative, disrespectful or disobedient manner[91]. Moreover, over 54 percent of partnered men reported using at least one act of emotional abuse against an intimate partner in their lifetime and 48 percent of women who experienced physical or sexual violence by an intimate partner were injured[89, p.27].

Figure 14: Trend of families having domestic violence from 2010-2017



Source: Author generated from commune data base, 2010- 2017.

Rape and sexual violence cases remain a concern in Cambodia as the numbers of rapes of minors is increasing. However, evidence to clearly assess the scale and specific nature of sexual violence against children needs to be collected. In 2011, 658 rapes cases against children were reported to NGOs involving 770 offenders[91]. Only 58 percent of the total 224 rape cases and attempted rape were reported to Anti-Human Trafficking and Juvenile Protection Police, and the Department of Ministry of Interior (Mol) in 2012[91].

## 2. Challenges

It should be noted that gender equality and the necessity for gender mainstreaming are prioritized in ASEAN political agenda, and are integrated into key national strategies and policies. However, gender disparity in the form of VAWG still exists in Cambodia. When compare with other ASEAN countries, Cambodia has a high rate of women who experience physical or sexual violence by an intimate partner resulting in injuries[90]. The challenges of eliminating VAWG in Cambodia are as follow:

- Lack of understanding of the unequal power relationship between men and women:** The cultural and structural factors relating to power and control in the family setting, include the rigid division of labour between men and women leading to gender-related stereotypes are the main root causes of VAWG. Culture norms and the traditional beliefs are still deeply rooted in many Cambodian families which result in believing that men are allowed to control women and be the head of the household[78]. The key factors contributing to DV in Cambodia are: heavy alcohol consumption

by the woman's partner, controlling behavior in marriages, high number of children, women coming from a childhood home with a history of domestic violence, and the low educational level of the woman and her partner [92]. Other major contributing factors are societal expectations and norms. Almost 30 per cent of people surveyed believed that it was acceptable for a husband to hit his wife [93, 94].

- **Attitudes of women towards the judicial process:** Even though there are protective measures available under the law, particularly in domestic violence cases, victims, especially women, do not choose to seek the protection that is offered. However, services are not consistently offered throughout the country and services are not accessible for all women[91]. Moreover, traditional beliefs and perceptions in relation to domestic violence or intimate partner violence are still considered an internal family issue. Therefore, some victims fail to complain to the police or local authority. Also, women who are subject to violence often lack a means of transportation to access legal services[91].
- **Lack of understanding of the law:** Cambodia has a Law on the Prevention of Domestic Violence and the Protection of the Victims, called "The Domestic Violence Law", which encourages women to file a complaint for justice if they experience household violence. However, only in rare cases do women sue their partners because they do not understand the objective of the law. Although there have been significant efforts put into training and dissemination of information, it is inadequate both in terms of quality and quantity[95].

### *3. Policy and Legal framework*

#### *3.1 ASEAN*

Since VAWG became a priority at the global and ASEAN level and the UN adopted the Declaration on the Elimination of Violence against Women and Children, ASEAN has committed to take all appropriate measures to prevent and respond to all forms of VAWG[96]. Moreover, most ASEAN member states have legislated dedicated national laws on VAW and/or domestic violence, and some member states have developed National Action Plans to support the implementation of laws and policies. Government and/or civil society actors have provided services for women and girls who have experienced violence, which include shelters, hotlines, One Stop Crisis Centers and dedicated women's and children's desks in police stations that are available in several countries. Many countries have also implemented awareness-raising campaigns to reduce acceptance for VAW. However, progress has been uneven, with some forms of VAWG, such as marital rape and other forms of sexual violence, not always covered in current legislation. Areas that still require further attention include data gaps on the extent and impact of VAWG; limited financial and human resources to support the enforcement of laws and the delivery of support services; and the pervasiveness of discriminatory gender norms and stereotypes that condone VAW. Specifically, highlights of the relevant initiatives undertaken by ASEAN Member States are available in Part II of ASEAN Plan of Action[96].

#### *3.2 Cambodia*

Cambodia has made progress addressing domestic violence through legislative initiatives, national action plans, education programming, and establishing resources for prevention and response[93]. The Ministry of Women's Affairs is leading programs that aim to reduce and eliminate domestic violence. A number of

partnerships with organizations such as UN Women, CARE, GIZ, among others, have led to implementation of projects aimed primarily at education and providing services to address this issue[93].

The UN multilaterally agreed upon Millennium Development Goals (MDGs) were refined by the Royal Government of Cambodia (RGC) in 2004. The addition of four indicators in its national development plan for monitoring targets to reduce VAW were intended to result in a significant reduction of all forms of violence against women and children by 2015[97]. The 2023 Sustainable Development Goals (SDGs) include the elimination of VAW including through the engagement of boys and men. In addition, the RGC also adopted the following legal frameworks to prevent VAW:

- **The 2005 Law on Domestic Violence and the Protection of Victims (DV)** defines violence against women as; “(1) an act that could affect life (including premeditated, intentional or unintentional homicide), (2) an act that affects physical integrity (including physical violence that may or may not result in visible wounds), (3) any torturous or cruel act (including harassment that causes mental/psychological, emotional or intellectual harm to persons within the household) or, (4) sexual aggression (including violent rape, sexual harassment or indecent exposure)”[98].
- **The General Provisions for the Implementation of Criminal Law includes two articles that may be applied to cases of DV if deemed a criminal act:** Article 217 “Intentional acts of violence committed against another person is punishable by an imprisonment from between one to three years and a fine of between two million Riels and six million Riels”[99].
- **The 2009-2014 National Action Plan to Prevent Violence against Women prioritizes** addressing domestic violence, rape and sexual violence, and violence against women with increased risk. VAW with increased risk refers to women who are considered particularly vulnerable because of being subjected to marginalization in society. The following strategies are detailed in the plan: primary prevention (preventing DV before it occurs), expanding legal protection and multi-sectoral services, formulating and implementing policies and laws, capacity building, and reviewing, monitoring, and evaluation[91].
- **The National Strategic Development Plan (NSDP) 2009-2013** identifies 11 priority issues of focus, one of which being The Law on Domestic Violence and Protection of Victims. The Ministry of National Assembly-Senate Relations and Inspection (MONASRI) has five programs in relation to this issue: “(i) law dissemination, (ii) inspection, (iii) monitoring law enforcement, (iv) complaint handling, and (v) institutional strengthening and capacity development, including the promotion of gender in the five key priority programs”[46]. The RGC notes progress in addressing violence against women but also emphasizes a need to increase financial package of DV incidents.
- **The Organic Law on Decentralisation and Deconcentration (2009)** enables more horizontal coordination between line ministries with the intention of enhancing the delivery of social services, such as local level Women and Children Committees [100].
- **The “Rectangular Strategy Phase III” specifically mentioned women, gender equality, and the goal of reducing VAW** (NGO-CEDAW 2011). The subsequent Rectangular Strategy for Growth, Employment, Equity, and Efficiency Phase IV (2018-2023) promised continued efforts to involve women in leadership positions in line ministries and “promoting the implementation of a ‘National Action Plan to Prevent Violence against Women’” as well as fostering a culture of non-violence[32].

- **The Neary Rattanak strategic plan IV (2014-2018)** was a five-year strategic plan for gender equality and women’s empowerment. This plan involved laying out MoWA’s central role working with the RGC to assess, reform, and implement policy related to gender equality, including DV policy[4].

In addition, Cambodia has enacted several international agreements and signed several international declarations related to violence against men, women and children. These international declarations provide a foundation for enforcing laws prohibiting domestic violence, and addressing the needs and concerns of women who have been abused. These include:

- Universal Declaration of Human Right (1948)[101]
- Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (1979)[102]
- UN Declaration on the Elimination of Violence Against Women (1993)[103]
- UN Declaration on the Rights of Indigenous People (UNDRIP) (2010)[104]
- UN Security Council Resolutions (SCR) 1325[105], 1820[106] and 1888 [107]related to women, peace and security

### *3.3 Policy Gaps in Cambodia*

There are a few gaps in DV policy and its implementation in Cambodia, including:

- The 2005 Law on Domestic Violence and the Protection of Victims is not currently being uniformly implemented in compliance with CEDAW [93, 94]. The language of the law does not draw a direct relationship between punitive measures and policy. There is a lack of clarity of what constitutes minor and major misdemeanors, which is important because minor misdemeanors do not elicit the use of the Penal Code [99, 108].
- MoWA is the lead ministry dealing with VAW, but lacks adequate resources and oversight mechanisms to implement policies. Other ministries are, and can be involved in, the policy implementation process but their roles lack clarity and clear responsibilities[95, 109].
- The government’s budget allocation typically favors infrastructure and business development rather than social services. Social service programs often experience delayed disbursement of funds, frequent staff turnover, and manage inaccurate budget projections for programs whose activities do not match the expenses [109].
- Cultural attitudes and societal beliefs about gender norms and normative gender ideologies around Chbap Proh (masculinity) and Chbap Srey (femininity) can be an issue [110]. A 2009 VAW Survey stated that “Acceptance, toleration, and rationalization of such abuse is deeply embedded in traditional sociocultural value systems which must be further explored” [93]. Almost half of women who were surveyed in the Cambodia Demographic and Health Survey (CDHS) named at least one reason they believed a husband could justifiably hit his wife and 27 per cent of men acknowledged feeling that there are circumstances where beating a spouse is acceptable [78]. Traditional gender roles also still persist in the media [78, 94]. These cultural conditions can prove challenging to implementation of DV law.

## *4. The Way Forward*

- Delegate education and programming around DV Law awareness and response to MoEYS as the primary ministry, while MoWA is responsible for monitoring and connecting women to resources [91].

- RGC can strengthen the national budget allocated to MoWA and MoEYS in order to prioritize DV prevention so that the expense of implementing training, incident response, legal services, courts, programs, and educational materials would be accounted for from the national to the sub-national level [91, 111].
- More uniform coordination among national, provincial, and district authorities and easily accessible education materials, trainings, updated monitoring information with clear responsibilities laid out for every ministry's role in implementing DV policies. This can be mandated through compulsory reports to, and monitored by, MoWA [91].
- Improve education by providing more comprehensive and culturally responsive trainings for civilian authorities and local government officials. Trainings should include information about how to recognize signals that DV may be occurring, how to prevent it, and how each individual can support victims at their level. Trainings can be disseminated to line-ministries and passed on to the district level [93, 110].
- Expand education and community programs to involve men advocating for women and refine cultural ideas around gender [111]. Village Health Safety Groups and Women and Men's Groups can utilize materials provided by Community Service Organizations (CSOs) to expand their reach in communities [80].
- Create standardized and centralized data collection and archiving system that tracks DV reports that is accessible at every level of relevant authority [82, 93, 112]
- Continue to expand women's role in the government, justice system, and economy through gender-mainstreaming programs [88, 113].
- Engage in partnerships in ASEAN with other government agencies and international NGOs to produce more research that is region-specific, evaluating primary prevention interventions and progress using best practices [93, 110, 114].

## Conclusion

Despite progress in legislation and policymaking to address all forms of VAWD, implementation of policies, legal enforcement and prosecution of perpetrators remain problematic both locally and in the ASEAN region. Both Cambodia and ASEAN member countries still have some challenges in promoting gender equality and empowerment of women in education, access to maternal health, economics, and elimination all forms of violence against women and girls.

The main challenges in empowering women in education are: (1) social and gender norms remain a factor; (2) poverty, (3) parent and community engagement in children's education is limited, (4) child protection at school and safety for girls is not yet fully achieved, (5) TVET is not highly valued and still considered as inappropriate for women, (6) women lack information regarding the resources and educational background regarding the benefits of TVET and, (7) policy implementation and institutional capacity for gender mainstreaming remains weak.

Labour force participation of women is higher than men, but women are more likely to be in low-skilled employment and have lower average levels of educational attainment. Cultural norms often perpetuate gender-based violence, contributing to victim blaming, justification of violence and impunity of perpetrators. Therefore, promoting gender equality and empowering women still a critical step to speed up sustainable development that all state members could take action on. For the Cambodian context, the

primary gaps in policy and implementation that are still remaining that the government could consider are as follows:

- Communication of clear standards laid out in the 2005 DV law and its connection to the Penal Code.
- Coordination among implementing actors across line ministries
- Awareness and clear, unified handling of national DV law at the subnational level
- Increased resources for programs, services, judicial cases, and educational materials

The challenges surrounding these gaps include:

- Attitudes and beliefs around gender norms in the communities
- Attitudes of women towards the judicial process,
- Lack of understanding of the unequal power relationship between men and women,
- Lack of understanding of the law

To conclude, in order to achieve gender equality, ending all forms of discrimination of women by empowering women through education, employment and political representation, as well as by ensuring women's access to maternal health services is a way forward on this issue. Therefore, improving the role of women as drivers of poverty reduction, promoting female investors and entrepreneurs, and recognizing the link between gender equality and safeguarding the environment all promote inclusive and sustainable industrialization, and directly contribute to SDG 9 on industry, innovation and infrastructure, and to SDG 5 on gender equality.

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