



# 9. RIGHTS

#### **VULNERABLE GROUPS OF WOMEN AND GIRLS**

#### POLICY AND LEGAL CONTEXT FOR VULNERABLE GROUPS OF WOMEN

The Universal Declaration of Human Rights and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) provide the foundation for the protection of women's rights, including women from vulnerable groups or with specific needs. Cambodia ratified CEDAW in 1992 and its Optional Protocol in 2010.

The CEDAW Committee has identified specific vulnerable groups of women that require further research and consideration in Government policies, such as: 1) women with disabilities; 2) ethnic minority women; 3) lesbian and bisexual women, and transgender people; 4) women in detention and in prison; 5) women from rural and remote areas; 6) women engaged in prostitution; 7) women who suffered from sexual violence during the Khmer Rouge regime; 8) women victims of trafficking; 9) garment, domestic and migrant workers; and 10) women with HIV.

The Cambodian Constitution, adopted in 1993, establishes equal rights for all Cambodians: "Every Khmer citizen shall be equal before the law, enjoying the same rights, freedom and fulfilling the same obligations regardless of race, color, sex, language, religious belief, political tendency, birth origin, social status, wealth or other status" (Art. 31).

The National Social Protection Strategy for the Poor and Vulnerable (2011-2015) aims to ensure that all Cambodians benefit from improved social safety nets and social security as an integral part of an effective national social protection system. Its main goal is to protect poor and vulnerable Cambodians from chronic poverty



and hunger, shocks and social exclusion, as well as to maximize their \(^{\text{Cambodia}}\) benefits from investment in their human capital.

#### POLICY AND LEGAL CONTEXT FOR WOMEN WITH DISABILITIES

The Convention on the Rights of Persons with Disabilities (UNCRPD) was signed by Cambodia in 2007 and ratified in 2012. UNCRPD Article 6 addresses the multiple discriminations suffered by women and girls with disabilities, while Article 3 establishes gender equality as a general principle.

The Cambodian Law on the Protection and Promotion of the Rights of Persons with Disabilities, approved by the National Assembly in 2009, has the goal of protecting rights and freedoms of people with disabilities, eliminating discrimination and promoting their full participation in society. However, there are no specific references to women with disabilities, or to their reproductive rights and the eradication of specific forms of violence against them.

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in 1992.

The Disability Action Council (DAC) and the National Strategic Development Plan (NSDP) Inclusive Committee have developed programs to mainstream disability in development policies, targeting the employment, health and education sectors, and gender as a cross-cutting area.

The National Action Plan for Persons with Disabilities, including Landmine/ERW survivors, was developed and led by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) and the Cambodian Mine Action and Victim Assistance Authority. Some of its objectives are gender-responsive and explicitly mention the needs of women with disabilities.

The Policy on Education for Children with Disabilities (2008) and its Master Plan aims to ensure the rights of all children with disabilities to equal education.

Other affirmative measures undertaken by the Royal Government of Cambodia for persons with disabilities include requests for free health services as well as a quota for employment (2 percent at government institutions and 1 percent for companies with more than 100 employees).

#### POLICY CONTEXT FOR ELDERLY WOMEN

The Political Declaration and Madrid International Plan of Action on Ageing (MIPAA) agreed upon by 159 countries in 2002, and signed by Cambodia, is the first international agreement recognizing the needs of elderly people worldwide. It is a resource for policymaking for governments, NGOs and other actors to improve the wellbeing of elderly people and to link questions of ageing to other frameworks for social and economic development and human rights. Gender-disaggregated data and specific measures for empowerment, as well as targeting the specific needs of elderly women, are highlighted in a number of MIPAA's recommendations.

The National Policy for the Elderly (NPE) (2003) was developed to address the growing vulnerability of older people, with the goal of full integration and participation of older people in society. The primary goal of the NPE is to promote the wellbeing of older adults and to ensure their access to opportunities and benefits resulting from national development. The NPE addresses the social welfare, health care, economic needs and inclusion of older adults by creating goals within government to address each of these areas¹.

HelpAge Cambodia (2014), Gender and Emerging Issues with Focus on Ageing Population, Phnom Penh, Cambodia.

#### LEGAL CONTEXT FOR LESBIAN, GAY, BISEXUAL AND TRANSGEN-DER PEOPLE (LGBT)

Homosexuality is not illegal in Cambodia and there are no anti-gay religious traditions<sup>2</sup>.

The Cambodian Law on Marriage and the Family, passed in 1989, defines marriage as an agreement or contract between a man and a woman (Art. 3) while marriage between same-sex partners is specifically prohibited (Art. 6).

The Cambodian Labour Law, enacted in 1997, does not mention sexual orientation or gender identity as grounds on which discrimination is prohibited. Article 12 provides for equality in the workplace but does not effectively or explicitly protect LGBT people.

## LEGAL AND POLICY CONTEXT FOR WOMEN FROM INDIGENOUS GROUPS

Cambodia ratified the International Convention on the Elimination of Racial Discrimination (ICERD) in 1983. In 2007, the Cambodian Government supported the adoption of the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), but has still not ratified ILO Convention 169.

The Cambodian Land Law (2001) lays the groundwork for communal land titling in indigenous communities. It is complemented by the Policy on Registration and Right to Use Land of Indigenous Communities in Cambodia (2009) and the Sub-Decree on Procedures of Registration of Land of Indigenous Communities. The Forestry Law (2002) makes explicit reference to the protection of traditional use rights of indigenous communities and their right to practice shifting cultivation3.

The National Policy on Development of Indigenous Minorities (2009) establishes the priorities of the Government for indigenous peoples in the fields of culture, education, vocational training, health, environment, land, agriculture, water resources, infrastructure, justice, tourism and industry, mines and energy.

<sup>&</sup>lt;sup>2</sup> Cambodian Center for Human Rights (2010), Coming Out in Cambodia, Phnom Penh, Cambodia.

<sup>&</sup>lt;sup>3</sup> International Working Group for Indigenous Affairs (2012), The Indigenous World 2012, Copenhagen, Denmark.

#### **FINDINGS**

## End discrimination against women and girls from vulnerable groups and promote their empowerment and access to productive resources.

Vulnerable groups are members of a society who are socially disadvantaged or at higher risk of suffering from one or more of the problems that afflict that society. Women and girls from vulnerable groups are more likely to experience violations of their fundamental human rights when compared to men, including men from the same vulnerable groups, and to other women.

This is often translated into being at higher exposure to violence and gender-based violence; having more problems in accessing public resources such as health, education and justice; being poorer and at higher risk of poverty and health issues.

Specific and affirmative policy and legal measures are essential to improve the status of women and girls in these vulnerable groups. There is a need for complementary programming that promotes cultural and generational change that considers vulnerable women and girls as valuable contributors and of equal worth.

#### **Identifying Vulnerable Groups of Women and Girls**

The Cambodian Government's National Social Protection Strategy for the Poor and Vulnerable (2011-2015) identifies as vulnerable groups the following persons:

1) infants and children; 2) girls and women of reproductive age; 3) households vulnerable to food insecurity and unemployment; 4) indigenous and ethnic minorities; 5) elderly people; 6) people with chronic illnesses (including HIV); 7) people with disabilities; 8) orphans; 9) at-risk children and youth; 10) victims of violence, abuse and exploitation; 11) families of migrants; 12) homeless people; 13) veterans; 14) single mothers; 15) widows; 16) pregnant women; and 17) child labourers.

From a closer and more gender-responsive approach, there are a number of vulnerable groups of women and girls, or women and girls with specific needs. These include women and girls with disabilities; elderly women; widows and women-headed households; lesbian and bisexual women; transgender people; women and girls from indigenous groups and from ethnic and religious minorities; women survivors of gender-based violence and their children; women



who experienced sexual violence and/or forced marriage during the A The National Khmer Rouge regime; women and girls with HIV, women and girls living in remote areas, women living in prison, and women engaged in prostitution and/or working in the 'men's entertainment' sector<sup>4</sup>.

In many cases, women and girls experience multiple vulnerabilities at the same time (e.g. an elderly woman with disabilities who lives in a remote area; a woman survivor of gender-based violence who lives with HIV, etc.)

#### **Demographics of Vulnerable Groups of Women and Girls**

#### Women with Disabilities

2.1 percent of Cambodians live with at least one disability (308,208 persons)<sup>5</sup>. However global estimates and experts

Further information about women and girl survivors of gender-based violence and women and girls with HIV can be found in the corresponding Policy Briefs on Violence Against Women and HIV of the Cambodia Gender Assessment 2014.

<sup>&</sup>lt;sup>5</sup> National Institute of Statistics, Ministry of Planning (2013) Cambodia Inter-Censal Population Survey. Phnom Penh, Cambodia.

indicate that disability might be under reported in Cambodia.

- 52.2 percent of persons with disabilities are men and 47.8 percent are women<sup>6</sup>.
- Compared to men, women are more likely to have difficulties seeing, at 38.6 percent of women and 31.4 percent of men, difficulties in speech, at 6.5 percent of women and 4.4 percent of men, and mental disabilities, at 14.7 percent of women and 9.8 percent of men. In contrast, more men suffer difficulties in movement, with 41.4 percent of men and 24.7 percent of women<sup>7</sup>. The causes of physical impairment are multiple: birth for 20.4 percent of women with physical impairment and 19.5 percent of men; illness for 46 percent of women and 26.6 percent of men; landmines for 4 percent of women and 16.1 percent of men; guns for 1.6 percent of women and 7.2 percent of men; road accidents for 9.9 percent of women and 10.1 percent of men and 'other accidents' for 18.1 percent of women and 20.2 percent of men<sup>8</sup>.
- Although more men than women are physically impaired in Cambodia, the number of women with physical impairment due to illness is almost double that of men<sup>9</sup>.
- The median age of the population with disabilities is 45.76 years, while the median age for the Cambodian population as a whole is 24.52 years. The median ages of men and women among the population with disabilities are 44.93 and 47.01 respectively<sup>10</sup>.

#### **Elderly Women**

- 6.34 percent of the Cambodian population is more than 60 years old; 58 percent of them are women and 42 percent are men<sup>11</sup>.
- The percentage of the Cambodian population older than 60 is likely to reach 19 percent by 2050 due to a decrease in fertility rates and a rise in life

<sup>6</sup> Ibid.

National Institute of Statistics, Ministry of Planning (2013) Cambodia Inter-Censal Population Survey. Phnom Penh, Cambodia.

<sup>8</sup> National Institute of Statistics, Ministry of Planning, Directorate General for Health, Ministry of Health (2010) Cambodia Demographic and Health Survey. Phnom Penh, Cambodia.

<sup>9</sup> Ibio

National Institute of Statistics, Ministry of Planning (2013) Cambodia Inter-Censal Population Survey. Phnom Penh, Cambodia.

<sup>&</sup>lt;sup>11</sup> National Institute of Statistics, Ministry of Planning (2008) General Population Census of Cambodia. Phnom Penh, Cambodia.

expectancy12.

• 30.5 percent of women with at least one disability or difficulty are older than 60, compared to 25.5 percent of men<sup>13</sup>.

#### Widows and Women-Headed Households

- 13 percent of women are widowed (956,930 women), compared to 2.3 percent of men (161,345 men). This is due to: a) wives are generally younger than their husbands; b) life expectancy is higher for women than men; and c) men tend to remarry more than women<sup>14</sup>.
- 22 percent of households are headed by women (678,040 households). This percentage is higher in Phnom Penh, with 24.9 percent against 20.7 percent in rural areas<sup>15</sup>.

#### Lesbian and Bisexual Women, and Transgender People

- There are no estimates on the number of lesbian women and gay men in Cambodia. Based on an extrapolation from different historical estimates made in a number of countries (including Australia, France, the United States, Canada, New Zealand, Spain and the United Kingdom)<sup>16</sup> between 1 percent and 10 percent of the Cambodian population might be homosexual (between 147,000 and 1.47 million Cambodians).
- While there are no estimates on the number of transgender people in Cambodia, extrapolation of data from clinical studies in the United States and Northern Europe (Sweden, United Kingdom and the Netherlands)<sup>17</sup> indicate that in Cambodia there could be 1 out of 2,900-100,000 man-to-woman transgender people (between 147 and 5,061 Cambodians), and between 1 out of 8,300-400,000 woman-to-man transgender people (between 37 and 1,768 Cambodians).

<sup>12</sup> Ministry of Planning (2013). Ageing and Migration in Cambodia: A CRUMP Series Report, Phnom Penh, Cambodia.

National Institute of Statistics, Ministry of Planning (2012) Cambodia Socio-Economic Survey. Phnom Penh, Cambodia.

<sup>14</sup> Ibid.

<sup>15</sup> Ibi

Smith, A.M., Rissel, C.E., Richters, J., Grulich, A.E., de Visser, R.O., (2003) Sex in Australia: the rationale and methods of the Australian Study of Health and Relationships. AIDS and sexual behaviour in France, ACSF investigators. Nature 360, 1992; Sax on Sex: The emerging science of sex differences, Psychology Today, 3 April 2010; King et al., Canada, Youth and AIDS Study. Kingston, ON: Queen's University, 1988; UK Office for National Statistics (2012), Integrated Household Survey April 2011 to March 2012: Experimental Statistics, London, United Kingdom; Gallardo Linares, Francisco J.; Escolano López, Víctor M. (2009). Informe Diversidad Afectivo-Sexual en la Formación de Docentes. Evaluación de Contenidos LGTB en la Facultad de C.C.E.E. de Málaga. Málaga (Spain).

Landen et al (1996), Prevalence, incidence and sex ratio of trans-sexualism, Acta Psychiatrica Scandinavica, Volume 93, Issue 4.

#### Women from Indigenous Groups and Ethnic and Religious Minorities

- 96.36 percent of Cambodian women speak Khmer as their mother tongue, while 0.52 percent speak Vietnamese, 0.14 percent speak Lao, 0.04 percent speak Chinese, 0.01 percent speak Thai and 2.86 percent speak indigenous minority languages<sup>18</sup>.
- There are 24 groups of indigenous minorities in Cambodia, also called Khmer-Loeu (hill-tribes), with indigenous communities spread over 15 provinces.
- 383,273 Cambodians speak indigenous minority languages as their mother tongue; 196,642, or 51.3 percent of them are women; 53.57 percent of them have Chaam language as mother tongue; 9.61 percent have Phnong; 7.96 percent have Tumpunn; 7.54 percent have Kuoy; 6.82 percent have Charay; 5.18 percent have Kreung; and 9.32 percent have 'others' 19.
- 96.96 percent of Cambodian women are Buddhist; 1.92 percent are Muslim; 0.39 percent are Christian; and 0.79 are 'others'<sup>20</sup>.

## Women who Experienced Sexual Violence and/or Forced Marriage during the Khmer Rouge Regime

- An undetermined high number of women suffered sexual violence during the Khmer Rouge regime, in almost all cases by agents of the Khmer Rouge. This included rape, gang rape (i.e. rape by multiple perpetrators), mass rape (rape of multiple victims), sexual slavery, survival sex (sex in exchange for food, medicine or easier work duties) or rape before execution. During sexual violence, perpetrators often beat and tortured their victims, sometimes leaving them for dead<sup>21</sup>.
- Thousands of women and men were forced by the Khmer Rouge to marry, and to have sex and produce children with their new spouses<sup>22</sup>.

National Institute of Statistics, Ministry of Planning (2008) General Population Census of Cambodia. Phnom Penh, Cambodia.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

Theresa de Langis, "Moral Offenses" and Sexual Violations against Women Under the Khmer Rouge Regime, Code 6, Phnom Penh, Cambodia.

<sup>&</sup>lt;sup>22</sup> Cambodian Defenders Project (2011), The Mystery of Sexual Violence under the Khmer Rouge Regime, Phnom Penh, Cambodia.



#### Women in Prison

• In 2012, the number of people in prison was 15,397, 8.19 percent of them (1,261) women<sup>23</sup>.

## Higher Risk of Discrimination, Stigma, Violence and Gender-Based Violence

Women and girls from vulnerable groups are often subjected to multiple forms of discrimination, blame and verbal and physical abuse by family members, neighbours, community members, work colleagues or even public officials, civil servants and the media. Discrimination and violence faced by women from vulnerable groups contribute to their disempowerment and absence from public life in their communities, including politics and decision-making positions. Affirmative gender-egalitarian quotas for representation of vulnerable groups in civil service and politics do not exist.

Older people have had difficulty saving money during their working lives

<sup>23</sup> Ministry of Interior (2012)

#### Women with Disabilities

- Women with disabilities are more likely to suffer from family non-partner violence, when compared to women without disabilities. According to the Triple Jeopardy study, 25 percent of women with disabilities (participating in the study) experienced physical violence by a household member, compared to 11.4 percent of women without disabilities, while 52.5 percent reported emotional abuse and 5.7 percent reported sexual violence from family members<sup>24</sup>.
- Gender-based violence is a contributing factor for women with disabilities: one-quarter of women suffering domestic violence have a physical illness or experience weight loss as a result of this violence, 66 per cent become anxious, fearful or depressed, 68 per cent are unable to sleep, and 12 per cent admit to feeling suicidal<sup>25</sup>.

#### Lesbian Women and Transgender People

- According to findings from qualitative interviews with 60 LGBT Cambodians, lesbian relationships are particularly susceptible to discrimination and can lead to situations where family members use dramatic means to attempt to breakup same-sex relationships<sup>26</sup>.
- Some reports show that transgender people engaged in prostitution have been subject to discrimination and sometimes violence from police<sup>27</sup>.
- Lesbian women and transgender people experience disproportionately more acts of violence than ever-married women, based on comparisons between data from the 2005 Cambodia Demographic and Health Survey and a study of 149 LGBT persons<sup>28</sup>.

#### Women Engaged in Prostitution

 Some studies have identified that gang rape (bauk), often of women engaged in prostitution, is widely recognized as a recreational sex activity among youth, particularly in urban areas. The 2013 Partners for Prevention

<sup>&</sup>lt;sup>24</sup> Astbury, Jill and Fareen Walji (2013) Triple Jeopardy: Gender-based violence and human rights violations experienced by women with disabilities in Cambodia. Phnom Penh: AusAID.

<sup>&</sup>lt;sup>25</sup> Ministry of Women's Affairs (2010), *Violence Against Women: 2009 Follow-up Survey*, Phnom Penh, Cambodia.

<sup>&</sup>lt;sup>26</sup> Cambodian Center for Human Rights (2010), Coming Out in Cambodia, Phnom Penh, Cambodia.

<sup>&</sup>lt;sup>27</sup> Ibid.

<sup>&</sup>lt;sup>28</sup> Vicente S. Salas, MD, MPH and Srun Sorn (2013) An Exploration of Social Exclusion of Lesbians, Gay and Transgender Persons in Families and Communities in Some Areas of Cambodia and Their Ways of Coping. Phnom Penh: SPCU-CARD Press.

study found that 5 percent of men report perpetrating a gang rape against a woman. This is higher when compared to other countries in the region (1.9 percent in Bangladesh, 2.2 percent in China and 1.6 in Sri Lanka)<sup>29</sup>.

 Another study found that 90 percent of the 33 women engaged in prostitution who were interviewed had been raped in the previous year and most of the rapes were gang rapes. In addition, 20 percent of them were raped prior to entering prostitution<sup>30</sup>.

#### **Lower Economic Status and Lack of Employment Opportunities**

Frequently women from vulnerable groups are more likely to be impoverished or have less income than other women and men, including men from the same vulnerable groups. Jobs and economic activities with decent income are essential to promote economic empowerment of these women and improve their access to quality and public services. On the other hand, economic dependence on male partners can be an additional barrier for women wanting to escape from intimate partner violence.

#### Women with Disabilities

- The economic activity rate for people with disabilities aged 15-64 is 69.29 percent, lower than that of the general population which is 82.2 percent.
   While the economic activity rate for disabled men is lower by 8.36 points, the economic activity rate for disabled women is lower by 19.37 points<sup>31</sup>.
- The gap between the economic activity rates of men, at 76.17 percent, and women, at 60.62 percent, among the disabled population is much greater than the gap between the two rates among the general population, at 84.5 percent for men and 80 percent for women<sup>32</sup>.
- Household wealth of people with disabilities is about half that of non-disabled people<sup>33</sup>.
- 38.5 percent of people with disabilities in Cambodia earn an income, 42.6 percent cannot earn and income and 18.8 percent are under 18 years old.

<sup>&</sup>lt;sup>29</sup> Fulu, E., X. Warner, S. Miedema, R. Jewkes, T. Roselli and J. Lang (2013) Why do some men use violence and how can we prevent it? Bangkok: UN Women.

<sup>30</sup> Jenkins, (2006), Violence and Exposure to HIV among Sex Workers in Phnom Penh, Cambodian Prostitutes Union, Women's Network for Unity, Phnom Penh, Cambodia.

<sup>31</sup> National Institute of Statistics, Ministry of Planning (2013) Cambodia Inter-Censal Population Survey. Phnom Penh, Cambodia.

<sup>32</sup> Ibid.

<sup>33</sup> MRTC (2009), from Briefing Paper: Disability Facts in Cambodia, Handicap International (March 2009), Phnom Penh, Cambodia.

The percentage of women with disabilities who could earn an income is much lower than that of their male counterparts, at 25.8 percent and 44.8 percent respectively<sup>34</sup>.

#### **Elderly Women**

- Women aged 55-64 have significantly lower labour force participation rates when compared to men of the same age, at 65.3 percent and 89.1 percent respectively<sup>35</sup>.
- There is a substantial gender gap in the percentage of people in the labour force aged 55-64 who have no or only some education, at 35.8 percent for women compared to 14 percent for men<sup>36</sup>.
- Older people in Cambodia have had difficulties saving money throughout their working lives. As a result, they move into old age in a state of material and physical vulnerability. Increased numbers of older people are the primary caretakers of grandchildren due to the migration of their adult children, or divorce and death of the parents<sup>37</sup>.

#### Widows and Women-Headed Households

- A woman head of household has an average of 55 percent less land than a
  male head of household. While women-headed households represent 22
  percent of total households, only 12 percent of the agricultural land of
  Cambodia (403,000 hectares) is owned by women-headed households<sup>38</sup>.
- Women-headed households have more economically inactive family members than male-headed households; 4.96 percent of women-headed households have no economically active members, compared to 1.3 percent of male-headed households<sup>39</sup>.

#### Women from Indigenous Groups

No specific data on the status of indigenous women in Cambodia is

<sup>&</sup>lt;sup>34</sup> Ministry of Planning, Commune Database 2008, from Healthcare for vulnerable groups in Cambodia, GTZ, November 2010, Phnom Penh, Cambodia.

<sup>35</sup> National Institute of Statistics, Ministry of Planning (2012) Cambodia Socio-Economic Survey. Phnom Penh, Cambodia.

<sup>36</sup> Ibid.

<sup>&</sup>lt;sup>37</sup> Ministry of Planning (2013). Ageing and Migration in Cambodia: A CRUMP Series Report, Phnom Penh, Cambodia.

<sup>38</sup> National Institute of Statistics, Ministry of Planning (2012) Cambodia Socio-Economic Survey. Phnom Penh, Cambodia.

<sup>39</sup> Ibid.



available. The immediate challenge faced by indigenous communities is the loss of their rights to land and natural resources. Land alienation has contributed to loss of jobs, impoverished livelihoods and health, loss of opportunity to attend school, and loss of traditional and cultural practices. The poverty of indigenous communities also relates to indigenous peoples' lack of representation in decision-making and in formulating and enforcing policies and laws<sup>40</sup>.

There are 24 groups of indigenous minorities living in Cambodia.

#### Higher Risk of Suffering from Poor Health

Women and girls from some vulnerable groups are more likely to suffer from poorer mental and physical health, including depression, post-traumatic stress disorder, HIV and other illnesses associated with poor nutrition and stress. Lack of access to health services or un-responsive health services could cause or exacerbate health problems and contribute to disability.

<sup>40</sup> IFAD (2012), Cambodia's Country Technical Note on Indigenous Peoples' Issues, Phnom Penh, Cambodia.

#### Women with Disabilities

- Women with disabilities have above-average health care needs, with higher use of specialist services and greater health expenditure. They spend more of their income on health care than women without disabilities<sup>41</sup>.
- Women with disabilities experience higher levels of psychological distress than other women<sup>42</sup>.

#### **Elderly Women**

- While prevalence of chronic diseases, such as diabetes and hypertension, is higher in elderly people, the need for quality health services is higher for elderly women and men due to their poorer health<sup>43</sup>.
- Although women have longer life expectancy than men, ageing for women
  often means increased social isolation, economic hardship and a higher
  risk of living to the end of life with impairment and disability<sup>44</sup>.

#### Lesbian and Bisexual Women, and Transgender People

 Despite a lack of systematic data on Cambodian lesbian and bisexual women and transgender people, studies from across the world suggest that lesbian and bisexual women and transgender people are more vulnerable to mental health problems and suicide, often having suffered from years of bullying, verbal abuse, social isolation and expectations to fit into family and cultural norms<sup>45</sup>.

## Women who Experienced Sexual Violence and/or Forced Marriage during the Khmer Rouge Regime

 Research<sup>46</sup> on female survivors of sexual violence during the Khmer Rouge regime indicates that many of them experience ongoing impacts: deep trauma and emotional suffering from rape, such as anger, depression,

<sup>&</sup>lt;sup>41</sup> WHO (2012), from GIZ-Social Health Protection Project, Feb 2013, Phnom Penh, Cambodia.

<sup>&</sup>lt;sup>42</sup> Astbury, Jill and Fareen Walji (2013) *Triple Jeopardy: Gender-based violence and human rights violations experienced by women with disabilities in Cambodia.* Phnom Penh: AusAID.

<sup>43</sup> GIZ Cambodia (Feb 2013), Update on Vulnerable Groups-GIZ Social Health Protection Project, Phnom Penh, Cambodia

<sup>&</sup>lt;sup>44</sup> HelpAge Cambodia (2014), Gender and Emerging Issues with Focus on Ageing Population, Phnom Penh, Cambodia.

<sup>&</sup>lt;sup>45</sup> Cambodian Center for Human Rights (2012), Rainbow Khmer: From Prejudice to Pride, Phnom Penh, Cambodia.

Nakagawa, K. (2008) Gender-based violence during the Khmer Rouge Regime: Stories of survivors from the Democratic Kampuchea (1975-1979). Phnom Penh: Cambodian Defenders Project; Natale, K. (2011) I Could Feel My Soul Flying away from My Body: A Study of Gender-Based Violence during Democratic Kampuchea in Battambang and Svay Rieng Provinces. Phnom Penh: Cambodian Defenders Project; Braaf, R. (2014) Sexual Violence against Ethnic Minorities during the Khmer Rouge Regime. Phnom Penh: Cambodian Defenders Project.

nightmares, suicidal thoughts, difficulty sleeping and mood swings; physical reproductive health problems, such as vaginal pain or bleeding; physical health impacts, such as ongoing injury, pain or physical disability (e.g. trouble walking); emotional turmoil and financial burden of having to raise a child resulting from their rape; difficulty having a normal relationship with a partner; and social stigma and ostracism by their community.

 Research<sup>47</sup> on female survivors of forced marriage during the Khmer Rouge regime shows that many of them are still living with psychological and/or physical trauma because of being forced by the Khmer Rouge to marry and have sex with their new husbands.

#### Women Engaged in Prostitution

 Women engaged in prostitution generally have greater need for sexual and reproductive health services without discrimination, due to their higher abortion rates, higher unmet need for contraception and higher exposure to HIV and other sexually transmitted infections (STIs). For example, 37.8 percent of the 1,246 women engaged in prostitution interviewed for the 2013 Behavioural Sentinel Surveillance reported symptoms of STI in the past year<sup>48</sup>.

#### More Barriers to Public Services such as Health, Education and Justice

Public services do not always meet the needs of women from vulnerable groups. Sometimes public services are not accessible because of their higher levels of poverty, long distance from clients' homes, inappropriate infrastructure or limited capacity and awareness of service providers. As a result, women and girls from vulnerable groups have fewer chances of receiving quality education, access to justice and sexual and reproductive health services. This is especially the case for women and girls with disabilities, women and girls living in remote areas, women from sexual minorities and women and girl survivors of gender-based violence. Awareness, sensitivity and knowledge of civil servants (including health workers, teachers, security guards, police, judges, justice operators, etc.) are key factors that make public services more responsive to the needs of vulnerable groups of women.

<sup>&</sup>lt;sup>47</sup> Braaf, R. (2014) Sexual Violence against Ethnic Minorities during the Khmer Rouge Regime. Phnom Penh: Cambodian Defenders Project; De Langis, T. (forthcoming) Like ghost changes body: A Study on the Impact of Forced Marriage under the Khmer Rouge Regime. Phnom Penh: Transcultural Psychosocial Organization.

<sup>&</sup>lt;sup>48</sup> National Center for HIV/AIDS, Dermatology and STD of the Ministry of Health (2013), Behavioural Sentinel Surveillance 2013, Phnom Penh, Cambodia.

#### Women with Disabilities

- The literacy level of people with disabilities in 2013 was 57.9 percent, much lower than that of the general population, which was 79.8 percent. The literacy rate among men with disabilities was 69.1 percent, very much lower than the male literacy rate among the general population, which was 85.1 percent. The literacy rate of women with disabilities was 45.5 percent, far below women in the general population, which was 74.8 percent<sup>49</sup>.
- Regional research and some small case research studies made in Cambodia indicate that children with disabilities have higher school drop-out rates and lower rates of school enrolment, compared to children without disabilities<sup>50</sup>.
- Only 27 percent of Cambodian people with disabilities access health care services when they are ill compared with 57 percent of non-disabled people. This is often due to accessibility issues and socio-economic barriers<sup>51</sup>.

#### **Elderly Women**

- The illiteracy rate for Cambodians older than 60 is 53.7 percent. There is a very high gender gap here, with 73.1 percent of illiterate people being women and 26.1 percent being men<sup>52</sup>.
- Formal social security is very limited in Cambodia and family support is still the primary safety net for older people. Adult children have a filial obligation to provide and care for their elderly parents. However, this family support system of care for the aged is under pressure and is expected to weaken over time due to rapid urbanization, migration of the labour force, increased participation of working-aged women in paid work, and changes to family structure<sup>53</sup>.

<sup>&</sup>lt;sup>49</sup> National Institute of Statistics, Ministry of Planning (2013) Cambodia Inter-Censal Population Survey. Phnom Penh, Cambodia.

<sup>50</sup> UNESCAP (2012), Disability, Livelihood and Poverty in Asia and the Pacific, Bangkok, Thailand; and Handicap International (2009), Briefing Paper: Disability Facts in Cambodia, Phnom Penh, Cambodia.

Action for Disability in Development (2007), from GIZ Cambodia (Feb 2013), Update on Vulnerable Groups-GIZ Social Health Protection Project, Phnom Penh, Cambodia.

<sup>&</sup>lt;sup>52</sup> National Institute of Statistics, Ministry of Planning (2012) Cambodia Socio-Economic Survey. Phnom Penh, Cambodia.

<sup>&</sup>lt;sup>53</sup> HelpAge Cambodia (2014), Gender and Emerging Issues with Focus on Ageing Population, Phnom Penh, Cambodia.



#### Lesbian Women and Transgender People

 Although Cambodia-specific data is not available, globally, bullying of lesbian and transgender students is a serious problem and poses a threat to the fundamental universal right to education. Bullying not only leads to students dropping out early, but also to depression, suicide and high-risk behaviour, such as drug use and unsafe sex<sup>54</sup>.

Women from sexual minorities are at risk of discrimination and violence.

<sup>&</sup>lt;sup>54</sup> UNESCO (2012), Review of Homophobic Bullying in Educational Institutions, Paris, France; from Cambodian Center for Human Rights (2012), Rainbow Khmer: From Prejudice to Pride, Phnom Penh, Cambodia.

#### **POLICY RECOMMENDATIONS**

#### Policies for Gender Equality and Vulnerable Groups

Ensure that all policies for gender equality and women's empowerment are more inclusive and responsive to the needs of vulnerable groups of women and girls. This particularly applies to Neary Rattanak IV, where some of the measures, key indicators and recommendations from its different strategic areas should address the needs of women and girls from vulnerable groups.

MoWA

Ensure that all policy and legal affirmative measures for vulnerable groups are reinforced, fully implemented and made gender-responsive in order to include the specific needs of women and girls from these groups.

MoSVY, MoH, MRD, MoWA, CNCW, CNCC, Disability Action Council, MoEYS. NIS (MoP), MoI, MoJ

Ensure that data and statistics provide sexdisaggregated data as well as data disaggregated by different types of vulnerabilities (especially by disability status and age).

All government and nongovernment institutions

Undertake further research and capacity development measures to improve understanding about vulnerable groups of women and girls, particularly about women from indigenous groups and from ethnic and religious minorities, widows, lesbian women and transgender people, and women in prison, so their needs can be better addressed and mainstreamed in sectoral policies and programs.

Line ministries and relevant stakeholders

#### Discrimination, Stigma, Violence and Gender-Based Violence

Coordinate a review of legislation, develop and MoWA, MoJ, MoI disseminate guidelines, and provide capacity development measures to justice officials to improve legal protection of women and girls with disabilities who experience gender-based and/or family violence. Include women engaged in prostitution and/or women working in the men's entertainment sector who experience gender-based violence.

Initiate high-level dialogue with relevant stakeholders, including LGBT community members, to develop a national strategy to promote the rights of, and to end discrimination against, LGBT people. This national strategy should address discrimination against LGBT people within families, communities, schools, and in the workplace.

MoSVY, MoWA

Undertake further research to understand the root causes and demand side of prostitution so effective measures to address them, including the provision of exit programs for women who wish to leave prostitution, can be designed and implemented (CEDAW Concluding Observation No. 27, 2013).

MoSVY, MoWA, MoLVT

Initiate dialogue with different stakeholders to develop MoJ, MoI, MoWA, a comprehensive policy to address the demand side of prostitution and consider adopting the use of sanctions against purchasers of sexual services (CEDAW Concluding Observation No 27, 2013).

MoSVY

#### **Politics and Decision-Making**

Promote participation of vulnerable groups of women in politics and decision-making, especially of women with disabilities, indigenous women and women from religious minorities.

National Assembly, MoJ

Promote participation of vulnerable groups of women in the Civil Service, especially for women with disabilities, indigenous women and women from religious minorities. In addition, make existing quotas for vulnerable groups (e.g. those for people with disabilities) gender-egalitarian (50/50).

MoCS

#### **Economic Empowerment**

Encourage employers, educational, training and MEF, MoLVT, MoT, vocational establishments, through tax and other legal incentives, to hire women from vulnerable groups, especially women survivors of gender-based violence, women from ethnic and religious minorities, women with disabilities, women with HIV, lesbian and bisexual women, transgender people, descendants of widows and female heads of households

Improve economic security of older women by enhancing the social pension scheme for elderly people.

MoSVY

MoC, MoJ

#### **Education**

Make available more scholarships at all educational levels for girls from vulnerable groups, especially those with disabilities or living in households with a family member with disabilities, child survivors of parental violence, child survivors of trafficking, children of widows and/or single-parent families, girls from ethnic and religious minorities, girls living in remote areas, and children whose mother is a garment factory worker, a survivor of intimate-partner violence or a prisoner.

MoFYS

Include specific educational content in school curricula to address the socio-cultural diversity of Cambodia and the realities of women and girls from vulnerable groups, as well as to raise awareness about discrimination and rights.

MoEYS, MoWA

Make available more infrastructure and personnel for primary and secondary education in remote areas, areas highly populated by ethnic minorities and for children of women in prison.

MoEYS

Improve accessibility of school infrastructure for girls and teachers with disabilities.

MoFYS

Health and Social Benefits							
•	Develop protocols and train health personnel to properly address women and girl survivors of gender- based violence and women and girls with disabilities, especially in sexual and reproductive health services.	MoH, MoWA					
•	Make available more infrastructure and personnel for basic health and sexual and reproductive health in remote areas, areas highly populated by indigenous groups and ethnic and religious minorities, and in prisons.	МоН					
•	Improve accessibility and availability of sexual and reproductive health services, as well as psychosocial and mental health services for women and girls with disabilities, elderly women, lesbian women and transgender people, women survivors of gender-based violence and their children, women who experienced sexual violence and/or forced marriage during the Khmer Rouge regime, women and girls with HIV, women in prison, and women engaged in prostitution and/or working in the men's entertainment sector.	MoH, MoSVY					
•	Increase safety measures for widows and women when entering old age (e.g. expansion of ID Poor to households with members older than 70 years).	MoI, MoP, MoSVY					

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