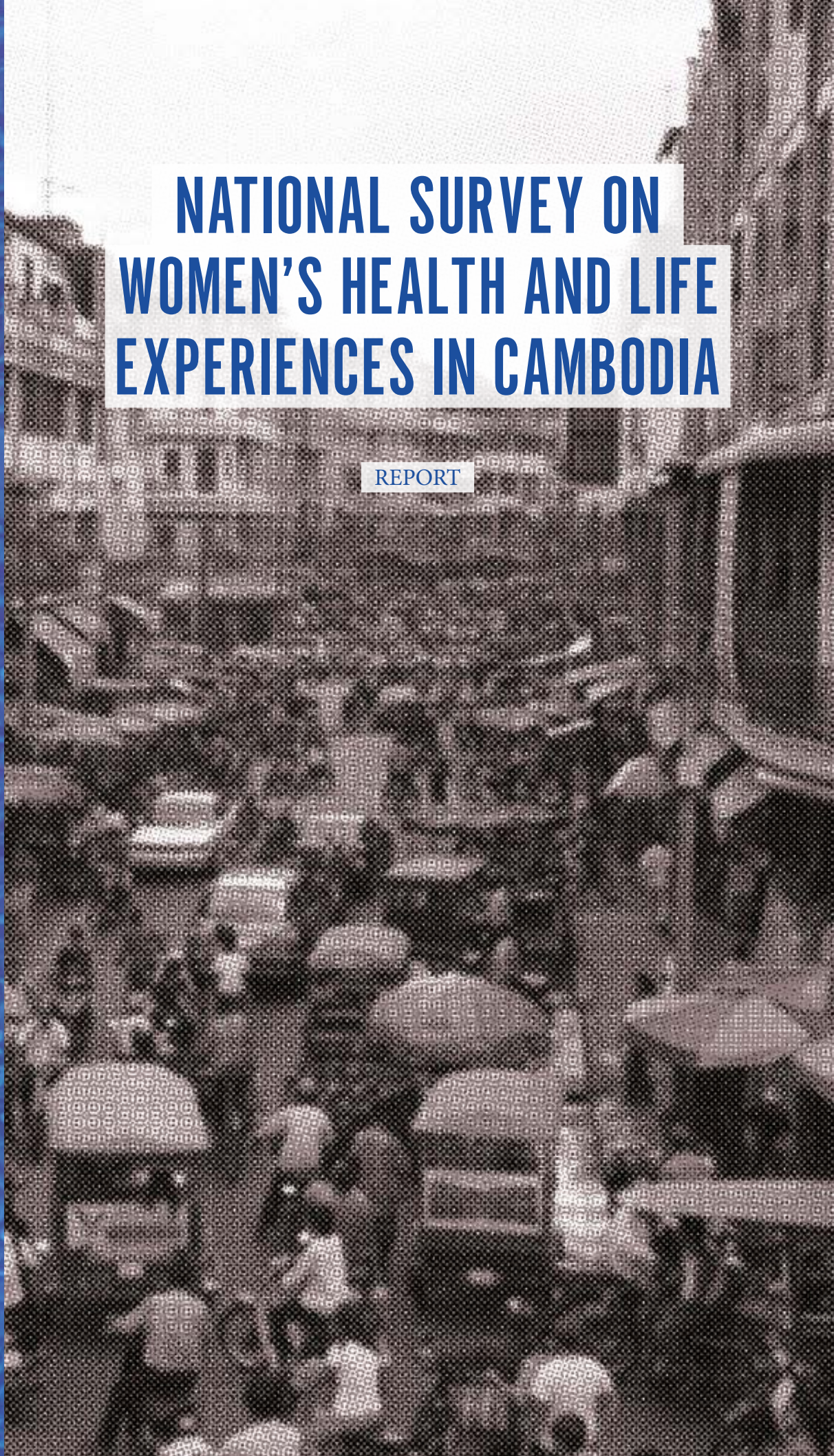
NATIONAL SURVEY ON WOMEN'S HEALTH AND LIFE EXPERIENCES IN CAMBODIA

REPORT



FOREWORD

The Royal Government of Cambodia recognizes that violence against women is a serious social and public health concern and is rooted in gender inequality. The health and social consequences are staggering. Violence not only affects the women who are survivors themselves, but the children who are exposed to it and ultimately the broader community. This calls for a comprehensive and coordinated response across sectors and levels of society that is informed by strong evidence and international best practice.

In recent years, the Royal Government of Cambodia has made important strides in addressing violence against women, including through the Law on Domestic Violence and Protection of Victims (2005) and the Second National Action Plan on Violence against Women (2014-2018). This report is the result of the population-based household survey launched in 2014 to strengthen the evidence base and inform further action, adapting the WHO standardized methodology to collect data and generate national estimates on the prevalence, causes and consequences of violence against women and girls.

The WHO methodology, developed for the Multi-country Study on Women Health and Domestic Violence against women (2005), has become known as the gold standard for the measurement of violence against women. In the last 10 years, the methodology has been implemented in numerous countries and settings globally as well as in the region. The variation in prevalence within and between settings shows that violence is not inevitable, but that it can be prevented and its impact reduced. Valid and comparable data are the basis for sound policy and action.

In Cambodia, the study rigorously documents the magnitude and nature of sexual, physical and emotional violence experienced by women. It finds that women are at greatest risk of violence from their intimate partners, and that this violence is often frequent and severe. Among women who reported that they had been injured by their partner, almost all (90%) reported that they had been hurt badly enough to need health care. While violence against women remains under-reported and its health consequences under-recognized, the study finds that women in Cambodia face significant physical, mental, sexual and reproductive health consequences from such violence. Intimate partner violence is not only a leading public health threat, but one with which many people are familiar. This study confirms that women who disclose their experience of violence most often do so to family members or neighbours. Social mobilization can therefore increase the visibility of this issue and community awareness that it is not acceptable.

We hope that the information presented in this report will strengthen Cambodia's efforts to effectively prevent and respond to violence against women and improve services for all Cambodians, especially women who experience violence.

We appreciate the strong cooperation, partnership and commitment from governmental ministries and other partners behind this study. On behalf of the study's Steering Committee, the Ministry of Women's Affairs is proud to promote dissemination to a wide national and global audience and ensure effective follow up of the study's recommendations.

Let us continue working together to end violence against women and girls.

Dr. ING Kantha Phavi
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The report would not have been possible without the commitment of many people, especially all the Cambodian women who participated in the survey, giving their time and openly sharing their personal stories with us. The high response rates and the quality of the data are a true testament to the dedication of the interviewers and supervisors who carried out the field work.

A number of government ministries, international and non-government organization and individuals also contributed to the development of this research and we are grateful to all of them.

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We would also like to gratefully acknowledge in particular World Health Organization (WHO) who coordinated the study and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) who supported it as part of their Ending Violence Against Women Programme, through generous funding from the Australian Government Aid Program. The achievement of this research would not have been possible, without the expertise, experience and years of preparation that we drew on from WHO and UN Women in their partnership and support to the government agencies leading the study and the technical committees. We would also like to acknowledge the support from United Nation Children Fund (UNICEF) and United Nation Population Fund (UNFPA). Additional support and inputs were provided by Social Services of Cambodia and Indigo Psychological Services. These partners have played a significant part in this project from the beginning and their involvement in the planning and implementation has been extremely helpful.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AOR	Adjusted Odds Ration
AusAID	Australian Agency for International Development
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CDHS	Cambodian Demographic Health Survey
CRC	Convention on the Rights of the Child
DHS	Demographic Health Survey
DV	Domestic Violence
EA	Enumeration Area
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
MDG	Millennium Development Goals
MoH	Ministry of Health
MoWA	Ministry of Women's Affairs
NAPVAW	National Action Plan for Violence against Women
NGO	Non-governmental Organisation
NIS	National Institute of Statistics
PPS	Proportional to population size
RCG	Royal Government of Cambodia
SDG	Sustainable Development Goals
SRQ-20	Self-reporting Questionnaire of 20 Questions
SSC	Social Services of Cambodia
UN	United Nations
UNSC	United Nations Security Council
UNFPA	United Nations Population Fund
UN MCS	United Nations Multi-country Study on Men and Violence in Asia and the Pacific
VAW	Violence Against Women
WHO	World Health Organisation
WHO MCS	World Health Organisation Multi-country Study on Women's Health and Domestic Violence against Women

"A man is gold, a woman is cloth"

Khmer saying

1/ INTRODUCTION

Violence against women (VAW), in its many forms and manifestations, and across all settings, is a violation of human rights and fundamental freedoms. VAW takes place regardless of age, class, race and ethnicity, and impacts women across the world. According to most recent global estimates, 30% of women aged 15 years or older have experienced physical and/or sexual intimate partner violence (IPV) during their lifetime (Devries et al., 2013; Garcia-Moreno et al., 2013). It is the leading cause of homicide death in women globally (Stockl et al., 2013) and has many other major health consequences (Garcia-Moreno et al., 2013). The economic and social costs associated with VAW are significant (García-Moreno et al., 2015c), and global evidence shows that violence consistently undermines development efforts at various levels, driving the depreciation of physical, human and social capital (Garcia-Moreno et al., 2005).

In Cambodia, the current state of research on VAW points toward widespread experiences of VAW across the country. Women are subjected to many forms of physical, psychological, sexual and economic violence, cutting across all divisions of income, culture and class. This includes, but is not limited to, IPV, rape and sexual assault, sexual harassment, acid violence and trafficking (Cambodian Ministry of Women's Affairs, 2008).

The Royal Government of Cambodia (RGC) has made a strong commitment to addressing VAW by introducing a number of legislative and policy documents. Cambodia has demonstrated its strong commitment to promote gender equality and to end VAW by ratifying several core international human rights conventions. In 1999, Cambodia ratified the Convention on the Elimination of All Forms of Violence against Women (CEDAW), and in 2010, signed its Optional Protocol. Cambodia has ratified the United Nations (UN) Convention on the Rights of the Child (CRC 1992), as well as the UN Convention on the Rights of Persons with Disabilities, the UN Declaration on the Rights of Indigenous People, and UN Security Council Resolutions 1325, 1820, and 1888, concerning women, peace and security. These commitments have laid a strong foundation for the establishment of national legal and policy frameworks that tackle gender inequalities and address VAW in Cambodia.

In addition, there is widespread recognition among Cambodian government leaders that VAW is a critical issue requiring quality data on the prevalence, health and other consequences of different forms of VAW. Previous research on VAW has been conducted but has largely focused on limited types of violence (namely IPV) and has generated limited information on the knowledge of, and attitudes towards, violence.

Cambodia's nationwide commune database (CDB) attempts to record the number of families seeking help from local authorities for domestic violence. These reports only capture a limited number, do not reflect the magnitude of the problem and are often unreliable. Data collected from service providers or service statistics (criminal justice system indicators) do not represent the actual situation in the population, and are not easy to interpret and are also unreliable.

This is the first focused study measuring the national prevalence rates for victimisation of VAW and its health consequences in Cambodia's. The lack of reliable data has been a significant barrier to ensuring that efforts to end VAW are evidence based. Accurate prevalence information of the different forms of violence (such as IPV, rape and sexual assault, and sexual harassment,) is essential if a comprehensive picture is to be built of VAW in Cambodia and if effective evidence-based advocacy and responses are to be developed.

As VAW becomes increasingly recognized as both a public health problem and a human rights violation, countries throughout the world are taking action through political and social reforms. The recently adopted Sustainable Development Goals (SDG) include a specific target on the elimination of all forms of violence against women and girls, on which member states will have to report. In addition, in 2011 the Statistical Commission of the United Nations (UNSC) adopted a core set of statistical indicators on VAW (Department of Economic and Social Affairs, 2014). These indicators can only be measured using data collected through surveys. Since UN Member States will be asked to report on these indicators in the near future, Cambodia is well placed to be able to report on these indicators.

Having quality data on the prevalence, health and other consequences of different forms of VAW at the country and sub-national level can serve as an important tool in forging an action plan and monitoring progress on key indicators. Quality data can also contribute to information on the health status of women. Cambodia has opted to carry out a national prevalence study using the WHO multi-country study methodology because of the high level of reliability of data using this methodology, the ability to make cross-country comparisons, and its internationally recognized ethical and safety standards.

OBJECTIVES OF RESEARCH

A structured household questionnaire was administered to a nationally representative sample of women aged 15-64 years. The purpose of the Study is to generate nationally representative data among women about their experiences of different forms of violence. The findings from the Study will be used to further inform programming and advocacy on response and prevention of violence against women and girls.

OBJECTIVES OF THE STUDY

AND FURTHERMORE TO:

ESTIMATE THE PREVALENCE AND FREQUENCY of different forms of VAW: physical, sexual, emotional and economic violence against women by intimate partners, as well as sexual and physical violence by perpetrators other than partners (in this document also referred to as 'non-partners') since the age of 15, and sexual violence before the age of 15;

DETERMINE THE ASSOCIATION of physical and/or sexual intimate partner violence with a range of health and other outcomes;

IDENTIFY FACTORS that may be associated with either reducing (protective factors) or increasing (risk factors) women's risk of physical and/or sexual intimate partner violence;

DOCUMENT THE STRATEGIES and services that women use to cope with violence by an intimate partner.

INCREASE NATIONAL CAPACITY and collaboration among researchers and women's organisations working on domestic violence;

INCREASE AWARENESS about and sensitivity to partner violence among researchers, policy-makers and health care providers;

CONTRIBUTE TO THE DEVELOPMENT of a network of people committed to addressing violence against women.

KEY TERMINOLOGY AND DEFINITIONS

International definitions of violence against women

The UN Declaration on the Elimination of Violence against Women (1993) defines the term 'violence against women' as:

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 in private space.

VAW stems from gender inequality and discrimination. The preamble to the Declaration recognizes that violence "is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women", and that it is "one of the crucial social mechanisms by which women are forced into a subordinate position compared with men."

Key terminology for the National Survey on Women's Health and Life Experiences in Cambodia

Box 1.1: Key terminology

EVER-PARTNERED WOMEN

The definition of 'ever-partnered women' is central to the study, because it defines the population that could potentially be at risk of IPV, and hence becomes the denominator for prevalence figures. For the purposes of this Study, a broad definition of partnership was used, since any woman who had been in a relationship with an intimate partner, whether or not they had been married, could have been exposed to the risk of violence. In general, the definition of 'ever-partnered women' includes women who were or had ever been married or in a common-law relationship. It also covers dating relationships.

INTIMATE PARTNER VIOLENCE

Behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. The definition covers violence by both current and former spouses and partners. This study measured physical, sexual, emotional and economic violence.

PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE

While the study measured physical, sexual, emotional and economic violence, the data presented on consequences and risk and protective factors focuses on women's experiences of physical and/or sexual partner violence which refers to women who have experienced at least one act of physical or sexual violence, or both by an intimate partner.

VIOLENCE BY NON-PARTNERS

The survey also explored the extent to which women report experiencing violence by perpetrators other than a current or former male partner. It included questions on physically abusive behaviour by such perpetrators since the age of 15 years, in different contexts (at school or work, by a friend or neighbour or anyone else). Follow-up questions explored the frequency of violence for each perpetrator.

CHILD SEXUAL ABUSE

The survey also explored the extent to which women had been sexually abused by others before the age of 15. As early sexual abuse is a highly sensitive issue that is particularly difficult to explore in survey situations, one particular method was used to enhance disclosure of different forms of abuse. First, respondents were asked in the interview if anyone ever touched them sexually, or made them do something sexual that they did not want to do, before the age of 15 years. If the respondent answered "yes", follow-on questions asked about the perpetrator, the ages of the respondent and perpetrator at the time, and the frequency of the abuse. Second, respondents were asked how old they were at their first sexual experience, and whether it had been something they wanted to happen, something they had not wanted but that happened anyway, or something in which they had been forced.

PREVALENCE

The prevalence of VAW refers to the proportion of "at-risk" women in a population who have experienced violence. For some kinds of violence, such as sexual violence, all women may be considered "at risk". For others, such as IPV, only women who have or have had an intimate partner could be considered at risk.

PAST 12 MONTHS (PRIOR TO INTERVIEW)

The 12 months prevalence rate shows the proportion of women who experienced one or more acts of violence in the past 12 months and thus close to the point of time of measurement.
It includes violence that has just started, as well as violence that could have been ongoing since many years. It could have stopped in the past 12 months or still be ongoing at the time of measurement, as long as it took place in this 12 months period.

LIFETIME

The prevalence rate shows us the proportion of women in the current population who ever experienced one or more acts of violence at any time in their life (and thus by definition they include women that are also measured in 12 month prevalence). As with 12 month prevalence it does not tell us how long it lasted or how often, it just tells us if it ever happened, even if it was only once.

HOW VIOLENCE WAS MEASURED IN THIS STUDY

The language surrounding VAW can be highly sensitive. Variations in terminology can affect how stakeholders conceptualise the issues and lead to differing interpretations and conclusions. For this reason definitions of terms that were used in this Study are described here and throughout the report to ensure consistent understanding of the findings, conclusions and recommendations that are presented.

The Study focused primarily on "domestic violence" experienced by women, also known as violence by an intimate partner, or intimate partner violence (IPV) because globally this has been shown to be the most pervasive form of VAW. Included in this were acts of physical, sexual and emotional violence by a current or former intimate partner (husband/partner), whether married or not. In addition, the Study also examined controlling behaviours, including acts to constrain a woman's mobility or her access to friends and relatives and extreme jealousy. The focus of this Study was on women's experiences of intimate partner violence by a male partner. Nevertheless, it should be acknowledged that there is evidence that violence also occurs within same-sex couples in Asia, and this area requires further research (Mak et al., 2010). However, this is outside the scope of this population-based study, because it would require a different sample design to collect data from a population of same-sex couples.

The Study also looked at physical and sexual violence against women before and after the age of 15, by perpetrators other than an intimate partner. The acts used to define each type of violence measured are summarised in Box 1.2.

A range of behaviour specific questions related to each type of violence were asked. For the purposes of the analyses, the questions on physical violence were divided into those related to 'moderate' violence and those considered 'severe' violence, where the distinction between moderate and severe violence is based on the likelihood of physical injury (see Box 1.3). For each act of physical, sexual or emotional violence that the respondent reported as having happened to her, she was asked whether it had happened ever or in the past 12 months, and with what frequency.

Box 1.3: Severity scale used for level of violence

"Moderate" violence: respondent answers "yes" to one or more of the following questions regarding her intimate partner (and does not answer "yes" to the c-e below):

a) (Has he) slapped you or thrown something at you that could hurt you?
b) (Has he) pushed or shoved you?

"Severe" violence: respondent answers "yes" to one or more of the following questions regarding her intimate partner:

c) (Has he) hit you with his fist or with something else that could hurt you?
d) (Has he) kicked you, dragged you or beaten you up?
e) (Has he) threatened to use or actually used a gun, knife or other weapon against you

OPERATIONAL DEFINITIONS OF VIOLENCE

USED IN THE NATIONAL SURVEY ON WOMEN'S HEALTH AND LIFE EXPERIENCES IN CAMBODIA

Box 1.2:

PHYSICAL VIOLENCE BY AN INTIMATE PARTNER

- Was slapped or had something thrown at her that could hurt her
- Was pushed or shoved or had her hair pulled
- Was hit with a fist or something else that could hurt
- Was kicked, dragged or beaten up
- Was choked or burnt on purpose
- Perpetrator threatened to use or actually used a weapon against her

SEXUAL VIOLENCE BY AN INTIMATE PARTNER

- Was forced to have sexual intercourse when she did not want to, for example by being threatened or held down
- Had sexual intercourse when she did not want to because she was afraid of what partner might do if she refused
- Was forced to do anything else sexual that she did not want or that she found degrading or humiliating

EMOTIONAL VIOLENCE BY AN INTIMATE PARTNER

- Was insulted or made to feel bad about herself
- Was belittled or humiliated in front of other people
- Perpetrator had done things to scare or intimidate her on purpose (eg by yelling or smashing things)
- Perpetrator verbally threatened to hurt her or someone she cared about

ECONOMIC VIOLENCE

- Prohibited from getting a job, going to work, trading, earning money or participating in income generation projects
- Had her earnings taken from her against her will
- Partner refused to give her money she needed for household expenses even when he had money for other things (such as alcohol and cigarettes)

PHYSICAL VIOLENCE IN PREGNANCY

- Was slapped, hit or beaten while pregnant
- Was punched or kicked in the abdomen while pregnant

CONTROLLING BEHAVIOUR BY AN INTIMATE PARTNER

- He tried to restrict contact with her family of birth
- He tried to keep her from seeing friends
- He insisted on knowing where she was at all times
- He got angry if she spoke with another man
- He was often suspicious that she was unfaithful
- He expected her to ask permission before seeking health care for herself

PHYSICAL VIOLENCE SINCE AGE 15 YEARS BY OTHERS (NON-PARTNERS)

- Since age 15 years someone other than partner beat or physically mistreated her

RAPE SINCE AGE 15 YEARS BY NON-PARTNERS

- Was forced by non-partner into sexual intercourse when she did not want to, for example by threatening her, holding her down, or putting her in a situation where she could not say no.

SEXUAL VIOLENCE (NON-RAPE) SINCE AGE 15 BY NON-PARTNERS

- A non-partner attempted but did NOT succeed in forcing her into sexual intercourse when she did not want to, for example by holding her down or putting her in a situation where you could not say no.
- Touched her sexually against her will. This includes for example touching of breasts or private parts.
- Made her touch their private parts against her will.

CHILDHOOD SEXUAL ABUSE

- Before age 15 years someone had touched her sexually or made her do something sexual that she did not want to.

NATIONAL CONTEXT OF CAMBODIA

The socio-cultural context

Cambodia has a total population of approximately 15.3 million, and around 90% of the population are ethnic Khmer, with some indigenous minorities who account for 3% of the population and the Cham, who are Muslim (Walsh, 2007). Cambodia has a young and heavily rural population: 80% of the population live in rural areas and 60% of the population are below the age of 30.Internal and external conflicts have plagued Cambodia since 1970 and have significantly affected development and progress (Natale, 2011). However, Cambodia currently has a GDP per capita of US$1,036, and 8% growth, and is steadily moving towards becoming a middle-income country. As a result of a growing economy, poverty is steadily declining (UNDP, 2013a), and in 2009 Cambodia achieved its Millennium Development Goal (MDG) of halving poverty (Sobrado et al., 2014). Cambodia continues to prioritise its human development, particularly in the areas of health and education.

Gender inequalities and rigid gender roles remain evident in Cambodia. According to the 2010 CDHS data, 49% of married women earn less than their husbands/partners, and on average Cambodian women earn 30% less than their male counterparts. This is largely due to gendered attitudes towards women's place in the household (Walsh, 2007; LICADHO., 2004). According to recent census data and data collected for the 2013 Human Development Report, female literacy rates are 71%, compared to 85% for men. 55percent of women have not completed primary school, in comparison to 40% of men, and only 12% of adult women have reached a secondary or higher level of education compared to 21% of their male counterparts. Moreover, only 18% of the seats in parliament are held by women (UNDP, 2013b; Cambodian Ministry of Women's Affairs, 2008) .

The Cambodian household is traditionally headed by a man, and as with many other agrarian societies, the family is at the core of society and plays a key role in meeting the economic, social and emotional needs of its members. Women are expected to be responsible for housekeeping and child rearing. Women also play a significant role in managing family finances, and have historically had a long history of economic activity, and more autonomy than many other women in Asia (Ledgerwood, 1994). As a result of the decades of conflict and current migration, at least 25% of households in Cambodia are headed by women. In such households, the traditional division of labour between men and women has become blurred, as women have assumed roles traditionally reserved by men as well as those traditional roles expected of women. Moreover, women have become the sole support for these families and make critical household decisions (Walsh, 2007).

Culture, traditions and beliefs have contributed significantly to the construction of gender identities and social norms in Cambodia. Men are traditionally portrayed as strong, rational and powerful, whereas women are often described as gentle, emotional, weak, and humble (Eng et al., 2009) . The moral codes that underpin such stereotypes, Chhab Srei and Chhab Proh, dictate the ideal masculinity and femininity respectively. These codes have been extensively researched by scholars who have explored their influence on the gendered identities of men and women and their respective impact on VAW (Brickell, 2011) . In accordance with these behavioural codes, Cambodian women are expected to be polite, quietly spoken and weak. Women are trained from a very young age to be good mothers and wives, and to obey and respect their husband/partner. They are furthermore discouraged from sharing domestic problems outside of the home as this will bring conflict to the home (Walsh, 2007; Surtees, 2003). These codes of conduct also extend to female sexuality. A high value is placed on virginity, as it is regarded as a necessary condition for marriage. A Khmer saying, "a man is gold, and a woman is cloth", captures this attitude, implying that gold does not lose its shine or value, but cloth does when it tears or gets dirty. Women must therefore remain pure and compliant with the codes of behaviour (LICADHO., 2006).

VAW is primarily a cause and consequence of gender inequalities. Recent research has further suggested that VAW is not solely a product of inflexible representations of gendered identities and there are in fact more complicated and nuanced factors influencing VAW (Wong, 2010). Such research suggests that there must be more of an emphasis on locating women outside of the confines of the Chhab and instead place them within a space of agency (Brickell, 2011). Furthermore, as Wong (2010) points out, VAW in Cambodia intersects with a number of other social issues which include economic growth and migration, trafficking and prostitution, educational and employment opportunities, HIV/AIDS, trafficking and prostitution and the remnants of the Khmer Rouge Regime legacy (Brickell, 2008; Natale, 2011; Walsh, 2007).

What is known about violence against women in Cambodia from other studies

Within the context of increasing awareness of the problem of VAW, and its linkages to demographic and health outcomes, the Cambodian Demographic and Health Surveys (CDHS) collect data on domestic and some other forms of VAW within the household context. The use of an optional module on IPV – sets of questions on IPV - provides an important complement to the traditional focus areas of the CDHS since it is known that IPV plays a critical role in women's ability to attain other important demographic and health goals.

The CDHS first included the module of questions on women's status and domestic violence ("DV module") in 2000, and replicated the survey in 2005, and again in 2014. According to the 2005 study, 22% of ever-partnered women aged 15-49 had experienced physical violence by current or former husbands/partners (National Institute of Public Health et al., 2006). In comparison to the 2000 survey, these estimates were slightly lower by 3% but it is not clear if this is a significant reduction in violence (Kishor and Johnson, 2004b). The domestic violence module was not added in 2010 to the CDHS, but data from 2014 show a prevalence of physical IPV of 18% (National Institute of Statistics et al., 2015).

In 2005, MoWA the lead ministry for advocacy and implementation of VAW legislation and public policy in Cambodia, initiated a nation-wide baseline survey to gain insight into the attitudes towards, as well as occurrence of, IPV in Cambodia by asking by proxy (that is, if respondents knew people who had experienced such violence). This survey was followed-up in 2009 and revealed that no less than 53% (11% fewer than in 2005) of the population knew a man who abused his wife (Cambodian Ministry of Women's Affairs, 2010).

1 Usually the WHO methodology uses a third method to obtain data on child sexual abuse. An anonymous reporting method is used where respondents are shown a card with a picture of a happy and a sad face. They are asked to mark the happy face if they have never experienced child sexual abuse, and the sad face if they have. Then they place the card in a sealed envelope. In the Cambodia study using CAPI, the face card was administered on the computer device. However, unfortunately due to a technical error this data was not recorded accurately. Therefore, the data from the anonymous face card method is not presented in this report.

2 This piece of research was conducted in partnership with Monash University, International Women's Development Agency (IWDA), CBM Australia /Nossal Institute for Global Health, Banteay Srei and the Cambodian Disabled People's Organisation, with funding from AusAID.

Several initiatives in recent years also aim to respond to the knowledge gap. The 2013 Triple Jeopardy research provides a deeper understanding of the experiences of violence among women with physical and mental disabilities. This small-scale study funded by AusAID on violence against disabled women found that among a small sample of women, both with and without disabilities, 24% had experienced physical IPV, and 17% had experienced sexual IPV. The disabled women in the sample, on average were more likely to have suffered IPV than women without disabilities. Among the respondents, 27% had experienced physical IPV, and 24% had experienced sexual IPV. Moreover, in comparison to ever-partnered women without disabilities, disabled ever-partnered women were 4.2 times more likely to have their activities and whereabouts monitored by their husband/partner, and 2.5 times more likely to have to seek permission from their husband/partner before seeking health care (Astbury and Walji, 2013) .

In addition, the UN Multi-country Study (UN MCS) that was led by a joint UN Program Partners for Prevention in 2013 provides representative prevalence data of perpetration of violence as reported by men aged 18-49. In Cambodia a limited sample of women aged 18-49 was also interviewed. Preliminary findings indicate that men's reporting of rape is some of the highest in the region and 21% of men reported to have ever committed an act of forced or coerced sex against a women. Regarding IPV 33% reported to have committed an act of physical or sexual violence, or both, against a wife or intimate partner, while 4% had done so in the 12 months prior to the interview. Of the 417 ever-partnered women interviewed, 25% reported experiencing physical or sexual violence or both, while 3% of ever-partnered women reported having experienced this during the 12 months prior to the interview (Fulu et al., 2015).

Yount and Carrera (2006) carried out a study of IPV amongst 2074 married women in Cambodia, and found that 16% of women had experienced physical IPV, and 25% had experienced physical, sexual and/or emotional violence by a partner. Four percent of women reported ever experiencing sexual IPV, and 3% reported it within the past 12 months. The most common form of IPV was emotional violence (17%). More than half of all women surveyed agreed that a husband is justified in beating his wife for certain reasons, the most common being neglect of children (32%) and going out without his permission (30%). In particular, Yount and Carrera (2006) found that resources in marriage are important determinants of IPV in Cambodia. Women with a lower household standard of living were at increased risk of experiencing physical violence by an intimate partner, and women who had fewer years of education than their husband/partner were also more likely to experience both physical and emotional violence. Moreover, women with more children were also at greater risk of IPV.

Legal framework for domestic violence in Cambodia

Violence against women constitutes a violation of several fundamental human rights, including the right to health and to physical integrity. It also constitutes a form of gender discrimination, as recognized by CEDAW General Recommendation 19. Cambodia is signatory to CEDAW, among other international human rights treaties. International human rights law requires States to use due diligence in the prevention, protection from and prosecution of human rights violations. The failure to do so constitutes additional human rights violations, including the right to access to justice and to an effective remedy. Failure to exercise due diligence in preventing, protecting and prosecuting incidents of violence against women is also a violation of the prohibition of discrimination based on gender.

The RGC has made a commitment to addressing VAW by introducing a number of legislative and policy documents. In 2005, the *Law on the Prevention of Domestic Violence and the Protection of Victims* was passed. The law aims to ensure institutional infrastructure that allows victims of domestic violence to protect their rights and also to prevent future acts of domestic violence. The Law distinguishes 'serious' acts, which are criminalized, while 'lesser' forms of violence are not seen as legally actionable. Consequently, despite a plethora of awareness raising activities, intimate partner violence is not widely considered as a crime, but rather as a private, family matter. Criminal and civil codes are also used to prosecute cases of intimate partner violence and to seek remedies. Yet, because police do not consider domestic violence to constitute a crime, they do not consider the issue to fall within their jurisdiction. Police respond only to violent incidents causing severe injuries, and do not implement protection orders to prevent future violence.

Moreover, access to justice for victims of violence against women in all its forms remain limited. Most women rely on informal justice mechanisms, such as interventions from family or local authorities, as they are often precluded from access to courts by the cost, distance, lack of legal understanding and concerns over corruption and bias. While informal mediation mechanisms are widespread and often effective, they operate outside of the law, drawing upon rather than challenging traditional social norms on gender. Finally, corruption constitutes a major barrier to justice, as law enforcement, court clerks, judges and prosecutors require "fees", which can be prohibitively costly for the poor.

The National Action Plan to Prevent Violence against Women (NAPVAW) was developed in 2009 and constituted a significant landmark in the RGC's efforts to end VAW. The second NAPVAW was officially launched in February 2015, and sets forth a comprehensive framework for responding to and preventing VAW. It identifies three priority violence issues and five main priority focus areas (Box 1.4). In line with international standards, it contains explicit links to CEDAW and UN Security Council Resolution 1325 and subsequent resolutions, implicitly recognizing the impact of the Khmer Rouge era on VAW. The 2nd NAPVAW foresees implementation through the full range of responsible line ministries, including, inter alia: the Ministries of Health, Justice, Interior, Planning and led by the Ministry of Women's Affairs (MoWA). However, not all ministries have fully assumed their obligation to implement the NAPVAW, considering it to fall solely under MoWA's ambit. Furthermore, to date, limited resources from the national budget have been committed to its implementation. Capacity building is required at all levels, from the national to the commune, on both the content of the NAPVAW as well as the proper means of its implementation. The NAPVAW contemplates significant involvement by civil society, whose work largely contributes to implementation. Greater accountability by national authorities and increased resources from the national budget are needed for any effective efforts to implement the NAPVAW.

Furthermore, there remains a large gap between the responsibilities assumed by national-level actors and the capacity and available resources by staff at the provincial, district and commune levels. There is currently no referral system guided by standards for police protection, the provision of multi-sectoral services, including shelter and healthcare, and access to justice, although a proper referral system is under

3 Partners for Prevention is a regional UN joint programme of UNDP, UN Women, UNFPA and UNV for Asia and the Pacific, focused on primary prevention of gender-based violence.
4 Partners for Prevention undertook research to understand the root causes of gender-based violence (GBV) and their relation to masculinities. Over 15,000 men and women were surveyed in nine sites across Asia and the Pacific (including a national sample in Cambodia) providing a comprehensive and holistic picture of the social structures, underlying norms, attitudes and behaviours related to the use of GBV.

development in two provinces. Rather, sub-national authorities strive to intervene to assist victims despite organizational and budgetary constraints and lack of training: they often approach the police on victims' behalf, provide financial assistance to victims out of their own pockets, travel at their own expense and house them at their own residences. While such individual generosity is commendable, the absence of a functioning system to provide the necessary essential services to victims that puts sub-national staff in the position to use their personal resources to help victims serves as a poignant indication of the gap between policy and practice.

Other relevant policy documents include the Neary Ratanak IV, the fourth National Strategic Plan for Gender Equality, which addresses violence against women and girls, and the Ministry of Interior's Village/Commune Safety Policy, in which ending violence against women is a stated priority.

Box 1.4: Cambodian policies on gender equality and prevention of VAW

Constitution of the Royal Government of Cambodia	Article 31 (rights and freedoms): Every Khmer citizen shall be equal before the law, enjoying the same rights, freedoms and fulfilling the same obligations regardless of race, colour, sex, language, religious belief, political tendency, birth origin, social status, wealth or other status Article 35 (political equality): Khmer citizens of either sex shall be given the right to participate actively in the political, economic, social and cultural life of the nation Article 45 (discrimination against women): All forms of discrimination against woman shall be abolished…and the exploitation of women in employment shall be prohibited in marriages and matters of the family
Law on Domestic Violence and the Protection of Victims (2005)	Jurisdiction: Within the household, and includes any form of domestic violence against husband, wife, children or older people Definition of violence: (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)
National Action Plan to Prevent Violence against Women (2008-2012)	Four strategies of the NAPVAW: (1) Public awareness raising and information dissemination on existing laws; (2) Enhancing social, medical, and legal services to ensure quality care for women who experience violence; (3) Develop and improve policies and laws to enhance the criminal justice response to violence against women (4) Strengthen capacity of government officials
Second National Action Plan to Prevent Violence against Women 2014 - 2018 (2015)	(1) Public awareness raising and information dissemination on existing laws; (2) Enhancing social, medical, and legal services to ensure quality care for women who experience violence; (3) Develop and improve policies and laws to enhance the criminal justice response to violence against women (4) Strengthen capacity of government officials (5) Develop a standardised system for data collection and monitoring, analysis and evidence based reporting on VAW

2/ METHODOLOGY

Questionnaire development and translation

The Cambodia Study Questionnaire was based on the WHO Study Questionnaire which was the outcome of a long process of discussion and consultation. An updated version of the global WHO questionnaire (version 12), which incorporates the experience in the first eight countries, was the one on which the Cambodia Study was based. The questionnaire included questions on women's experiences of violence, socio-demographic characteristics, health related experiences, and help-seeking and coping strategies. Referral and phone counseling services were offered to women who reported experiences of violence or who needed such services.

In Cambodia, a number of stakeholder workshops were held to adapt the questionnaire to the Cambodian context. A number of changes were made including questions related to gang rape, the UN VAW indicators, the cost of violence, alcohol, and violence by Khmer Rouge (including forced marriage) often modifying or adding appropriate response options.

"Thanks for the research project giving me a lot of knowledge and experience." *Interviewer*

Once the English version of the questionnaire had reached an advanced stage it was translated into Khmer, which was a complex and time-consuming process. It was important that the translation from English was extremely accurate so that the results from Cambodia could be compared with the results from other countries that conducted the WHO Study. First, a draft translation was carried out by staff at MoWA who had a thorough understanding of the questionnaire and the issues being addressed. Formative research was used to guide the forms of language and expressions used, with a focus on using words and expressions that were widely understood. The Khmer version of the questionnaire underwent a number of additional stakeholder consultations and workshops to ensure differences in translation did not alter the meaning of any questions. There was only one official Khmer version of the questionnaire, and where terms had local variations, these variations were included in the question-by-question explanation of the questionnaire. The translation of the questionnaire was tested during a pilot survey in the field, and discussed during interviewer training sessions afterwards, on the basis of a question-by-question description of the questionnaire by interviewers to respondents. Following the pilot survey, all necessary amendments were made to the questionnaire and guidelines.

See Annex A for a copy of the questionnaire.

Interviewer selection and training

International research indicates that women's willingness to disclose violence is influenced by a variety of interviewer characteristics, including sex, age, marital status, attitudes and interpersonal skills (Ellsberg, 2001; Jansen et al., 2004). Therefore, paramount importance was given to the selection and training of interviewers. Drawing from the guidelines of the WHO study, the Cambodia study used only female interviewers and supervisors.

Interviewers and supervisors were chosen by the National Institute of Statistics (NIS) for the data collection stage, based on a specific set of criteria. The inter-

view selection criteria included: ability to engage with people of different background in an empathetic and non-judgemental manner; emotional maturity; skills at building rapport; and ability to deal with sensitive issues. A fieldwork manager was also selected to accompany each of the teams during their fieldwork, to ensure data quality and to address any potential technical or logistical issues that would affect the data collection efforts or safety of respondents or the study team.

Given the complexity of the questionnaire and the sensitivity of the issues to be covered, extra training in addition to that normally provided to survey research staff was deemed necessary. Based on the WHO study standardised training course for interviewers, a two-week full time supervisor and interviewer training course was developed and run by the NIS. The training was carried out by a team of national and international experts, supported by WHO, and a psychologist who works with women. WHO course materials including: a training facilitators manual; a question-by-question explanation of the questionnaire; and specific procedural manuals for interviewers, supervisors, and data processes were used and were adapted slightly for the use of electronic devices and translated where necessary. For the first time, a section focusing on the use of a computer using specialized survey collection software CSPro V5.0 for data entry was integrated in the training course. The training included sensitisation on gender, gender based violence, interviewing techniques, ethical and safety considerations and the use and administration of the questionnaire and other relevant survey materials (Box 2.1).

Two additional weeks of training full time were dedicated to supervisor and field manager training. This training included: instructions on household listing; household coding; quality control procedures; fieldwork protocols; responding to cases of serious violence; ethical and safety protocol; and technical training for electronic devices (backing up, uploading, trouble shooting). At the end of the training all trainees were thoroughly assessed using an oral test and a short role-play covering sections seven and 10 of the questionnaire.

"Thanks to the project for bringing this to the world."

Quotes from interviewers during debriefing

The additional gender training for interviewers and supervisors was an important lesson learned for all. In particular, in the post-data collection debriefing, women reported that they had gained much knowledge and understanding of gender, and VAW more specifically. Importantly they learnt that IPV and sexual violence against women can occur in all socioeconomic strata of Cambodia, and it is necessary to treat this as a public concern, rather than a private issue.

"We did not think that such severe forms of violence existed in the community, but we found out that even the killing, raping, everything came out. That was a big surprise for us." *Interviewer*

Box 2.1

GOALS OF INTERVIEWER TRAINING

The goals of the training were to enable interviewers to:

BE SENSITIVE to gender issues at a personal and a community level;

DEVELOP A BASIC UNDERSTANDING of gender based violence, its characteristics, causes, and impact on the health of women and children;

UNDERSTAND the goals of the Study;

LEARN skills for interviewing, taking into account safety and ethical guidelines for research on IPV;

BECOME FAMILIAR with the questionnaire, protocol, and field procedures of the Study (Jansen et al., 2004) .

Sample design and study population

The survey sample design was developed by the NIS in the Ministry of Planning. A multi-stage sampling strategy was used based on a sampling frame that took into consideration the 24 provinces in the country delineated into a total of 225 districts for a total of 14,172 "villages" or 28,701 enumeration areas (EAs) in the country. The sample is self-weighted at the household level.

A sample size of 4000 households was selected with the aim of completing 3087 interviews with women aged 15-64. In fact, a total of 3568 interviews were completed and 6 partially completed, making the total included in the analysis 3574 as detailed in the following chapter. The sample of Enumeration Areas (EA) proportionally represented urban (23%) and rural (77%) areas, covering five regions. Results of the analysis reflect the situation for the national sample as well as the urban and rural regions.

As a first stage, 200 EAs (out of 28,701 EAs) were selected probability proportional to size (PPS) in 24 provinces. To avoid a high sampling density in the smaller EAs, EAs with too few households were combined so that the 20 selected households per EA would not be too close to each other. Listing/mapping of households in EAs was done in advance to select 20 households in each EA. In each selected household only one woman was randomly selected among all eligible women.

This study used a large sample size to allow for comparisons between women with and without experiences of violence with selected health outcomes and to make comparisons between different age groups. In the WHO MCS on Women's Health and Domestic Violence (Garcia-Moreno et al., 2005), most countries included women 15-49 years old. This age range was used in the WHO study because of the special interest in the reproductive health consequences of violence and to compare them with women in other countries and other studies. in Cambodia, it was decided to include all women between 15 and 64 years of age as a study population. The chosen maximum age of 64 years old was to allow documentation of the experiences of women over 49 years old because they may experience difference types and patterns of violence[6].

Research suggests that older women commonly suffer specific forms of elder abuse, and the experiences of older women in their homes cannot be ignored. However, because only one woman was selected per household, there are not large numbers of women in the older age groups represented, and therefore it is difficult to make any conclusions about patterns among this age group.

Table 2.1: Sample allocation of EAs households and women by total, urban and rural (WHS 2014)

Allocation of EAs			Allocation of households			Target number of women aged 15-64 years		
Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
50	150	200	1000	3000	4000	768	2306	3075

See Annex B for details of the sample design

Organisation of the survey and fieldwork procedures

The National Study on Women's Health and Life Experiences was coordinated by WHO in collaboration with MoWA, and UN Women Cambodia's Ending Violence Against Women Program, through funding from the Australian Government's Department of Foreign Affairs and Trade. The research was carried out with the assistance of the Ministry of Planning's NIS. Data collection took place in 2015.

A Steering Committee and technical working groups composed of key partners from the government, the UN, NGO's, and development partners provided guidance to the process and helped to ensure that the results were disseminated and applied to future policy and programmatic decision making. The Steering Committee was managed by MoWA. Membership of the Steering Committee is outlined in Annex C.

The survey was implemented using computer devices, also known as CAPI. Prior to the trainings, field teams composed of women were formed of different sizes (proportional to sample size in the area they had to cover). Each team had one supervisor, and were accompanied by a driver. Women were interviewed in their households in private, using the adapted WHO standardized questionnaire instrument and methodology. The fieldwork took place from February 2015 to June 2015, including the household listing and mapping. Data collection took approximately 6 weeks during April to May.

Mechanism for quality control

In order to ensure high quality of fieldwork an elaborate and hierarchical monitoring and communication system was put in place to monitor all levels of the field implementation. The following mechanisms were used to ensure and monitor the quality of the survey and implementation:

5 PPS sampling is when the samples from different sized subgroups are used and sampling is taken with the same probability. This reduces any bias in the sample because all households have an equal chance of being selected. In this case, EAs with a larger number of households would have a great chance of being selected.
6 It should be noted that those 15-18 years of age fall under the UN's childhood definition and that for some types of violence this group has specific realities and vulnerabilities that need special attention. However, in the context of this report we use the word woman as a synonym for a female person, regardless of age, and thus this includes the group of adolescent girls 15-18 years. Sexual abuse that occurred before the age of 15 years is referred to as childhood sexual abuse in this report.

- Use of detailed standardised training package;
- Clear explanations of the requirements and conditions of employment to each interviewer and supervisor were outlined in a contract with NIS. This gave the option to dismiss staff who were not performing adequately or who had negative attitudes towards the topic of the Study;
- Following ethical and safety requirements that ensured a safe and private space for data collection with a supportive interviewer who had been trained on issues of VAW and had information about resources available in case it was needed;
- Using CAPI which included necessary validation checks and skip patterns so that accurate data are entered into the system;
- Regular data checks by supervisors, field managers, and data analysts who downloaded data and checked data quality on a regular basis;
- Appropriate oversight during the data collection process by adequately trained supervisors and field managers before field work began;
- Compilation of details of eligible members of each household during the survey so that possible sampling biases could be explored by comparing the sample interviewed with the distribution of eligible respondents;
- Close supervision of each interviewer during fieldwork, including having the supervisor observe the beginning of a proportion of the interviews;
- Random checks of some households by the supervisor, without warning, during which respondents were interviewed by the supervisor using a brief questionnaire to verify that the respondent had been selected in accordance with the established procedures and to assess the respondent's perceptions of the initial interview;
- Continuous monitoring of each interviewer in each team using performance indicators such as response rate, number of completed interviews and rate of identification of physical violence (using field-check tables or using the electronic data) (Garcia-Moreno et al., 2005) .

Data processing and analysis

The questionnaire was programmed into electronic format using CAPI software, which allowed interviewers to enter the responses to questions directly into the electronic devises that were uploaded on a daily basis. Data entry was therefore not required. The software directly checked internal consistency, range and error checking, and skip patterns of the responses at the point of entering the answers during the interview. The uploaded files were aggregated at a central level and were immediately available for data analysis.

The data were analysed by WHO using STATA 14. Mean values, frequencies and proportions are presented with exact 95% confidence intervals for binary data. Univariate logistic regression was used and multivariable logistic models were developed to test associations between IPV and different health measures. Variable selection for inclusion in the multivariate models was based on results of bivariate analyses so that variables significant in the bivariate analyses and those with theoretical justification from previous research on the topic and not highly collinear with other variables to be included in the model were included.

Ethical and safety considerations

The Cambodia Study followed the WHO ethical and safety guidelines for research on VAW (Box 2.2). The guidelines emphasise the importance of ensuring confidentiality and privacy, both as a means to protect the safety of respondents and field staff, and to improve the quality of the data. Researchers have a responsibility to ensure that the research does not lead to the participant suffering further harm and does not further traumatise the participant. Furthermore, interviewers must respect the respondent's decisions and choices.

Box 2.2 Ethical and safety guidelines

- Safety of respondents and the research team was taken to be paramount, and guided all project decisions;
- The Study aimed to ensure that the methods used built upon current research experience about how to minimise the underreporting of violence and abuse;
- Mechanisms were established to ensure the confidentiality of women's responses;
- All research team members were carefully selected and received specialised training and support;
- The Study design included actions aimed at minimising any possible distress caused to the participants of the research;
- Fieldworkers were trained to refer women requesting or needing assistance to available local services and sources of support.
  (see Box 3.3)
- *(Garcia-Moreno et al., 2005)*

For women experiencing violence, the mere act of participating in a survey may provoke further violence or place the respondent or interviewer at risk. Therefore, for safety considerations of both the respondents and the research team, the survey was given an innocuous title, or 'safe name', National Survey on Women's Health and Life Experiences in Cambodia, which did not refer explicitly to IPV. This title enabled the respondents to explain the survey to others without raising suspicion. It was also used on all documents related to the Study and by the research team to describe the survey to outside partners and local authorities.

All participation was voluntary and women gave verbal informed consent. Interviews were conducted in private and interviewers were trained regarding how to handle interruptions. Further, a specific response plan was established for all women and in particular to address cases of distress or severe violence, as outlined in Box 2.3.

Box 2.3 Survey referral response plan

A specific response plan was coordinated and led by Social Services of Cambodia (SSC) with the support of the WHO Cambodia. The response plan was designed to lessen gaps in referrals and access to support systems (particularly prominent in certain regions of the country) by addressing some of the barriers that potentially hinder the links between respondents and support services.
At the end of every interview, the respondent was offered an information card summarizing key existing hotline service numbers irrespective of whether or not she had disclosed experiences with violence (pathway A). Women who disclosed experiences with violence and/or showed clear signs of distress were offered a direct referral to phone counselling and information services (pathway B). Due to safety considerations, the respondents were not given information sheets detailing potential sources of support for women experiencing difficulties. This information was only provided over the phone. Where appropriate, respondents were given the opportunity to receive financial support in order to facilitate access to services by subsidizing either service fees (when these are not affordable), and/or transport fees when necessary due to lack of services within their surroundings.
For acute cases – such as if the respondent disclosed experiencing severe physical violence episodes, or injuries that required healthcare in the last 12 months or recent suicidality etcetera – an immediate response was initiated. At the end of the interview, the computerized system prompted the interviewer that this may be an acute case. She then offered a direct referral, contacted her supervisor who immediately referred to SSC who prioritized the case.

"When I finished the interview with her I asked her if she wants urgent support, so she said she wants and then I called my supervisor and then spend a lot of time with her. After that she thanks me a lot, there is no one who comes and ask her, and tries to reveal her secret. It is the first time in her life she has a person like me who asked her, she has a look of relief and she seems very excited to have someone show her care".

Interviewer reported during debriefing

Strengths and limitations of the Study

Special strengths of the Study methodology include its nationally representative sample, the comparability with other countries where the survey was conducted, the use of rigorous interviewer training and the emphasis on ethical and safety concerns (Garcia-Moreno et al., 2005).

While the research methodology and findings are robust and consistent with international findings, as with all research, there are some limitations that should be mentioned. First, the cross-sectional design does not permit proof of causality between violence by an intimate partner and health problem or other outcomes. Nonetheless, the findings give an indication of the types of association and the extent of the associations.

Second, as with any study based on self-reporting, there may be recall bias on some issues. Further, despite all efforts to reduce under-reporting, given the stigma associated with VAW as well as possible safety concerns it is always possible that women underreport their experiences of violence. Both of these issues tend to dilute any associations between violence and health outcomes and/or reduce the prevalence rates rather than overestimate them.

Third, it is possible that the decision to select only one woman per household could introduce bias by under-representing women from households with more than one woman or women from particular age groups.

Finally, the use of CAPI was beneficial because it removed the need for data entry and likely reduced missing data because skip patterns were pre-coded. However, it was the first time that this system had been used for the WHO MCS methodology, and as such there were a couple of technological challenges, that in one case resulted in missing data. The data from the anonymous face card reporting of child sexual abuse did not get recorded properly on the computer system and is therefore not presented in this report. In addition, data on women's age of first sex appears to have been misinterpreted and is therefore not presented either.

3/ RESPONSE RATES AND RESPONDENT'S CHARACTERISTICS

Response rates

Despite initial concerns about possible low rates of response due to the sensitive nature of the questions, an extremely high response rate was achieved. At the household level the response rate was 99.5% (Table 3.1). Refusals were rare and at the individual level, among the households that had an eligible woman, the response rate was 98 % (see Table 3.2). Overall, 3568 women fully completed the questionnaire and six partially completed it. All 3574 interviews were included in the analysis. As such the size of the sample exceeded that for which the methodology originally aimed.. Also, given the high individual response rate any possible participation bias was likely to be low.

Table 3.1: Household response rate

		n	%
household results	hh interview completed	3568	97.0
	hh refused	19	0.5
	hh vacant/not a dwelling	2	0.1
	hh destroyed	5	0.1
	hh not found/inaccessible	2	0.1
	hh absent for extended period	82	2.2
	no hh member at home	1	0.03
	hh speaking strange language	1	0.03
Total households		**3680**	**100.0**
household response rate	hh refused	19	0.5
	hh response rate	**3568**	**99.5**
Total households		**3587**	**100.0**

Household response rate is calculated as: completed interviews/ (hh sampled – empty/destroyed)

Table 3.2: Individual response rate

		n	%
individual results	indiv. Interview complete	3256	91.3
	selected woman refused	18	0.5
	no eligible woman in hh	246	6.9
	selected woman not at home	15	0.4
	woman postponed interview	5	0.1
	selected woman incapacitated	13	0.4
	woman speaking foreign language	9	0.3
	refused to continue	4	0.1
	Postponed interview	2	0.06
Total number of household selected		**3568**	**100.0**
Individual response rates	indiv. refused/absent/not complete	66	2.0
	indiv. response rate	**3256**	**98.0**
Number of eligible women selected		**3322**	**100.0**

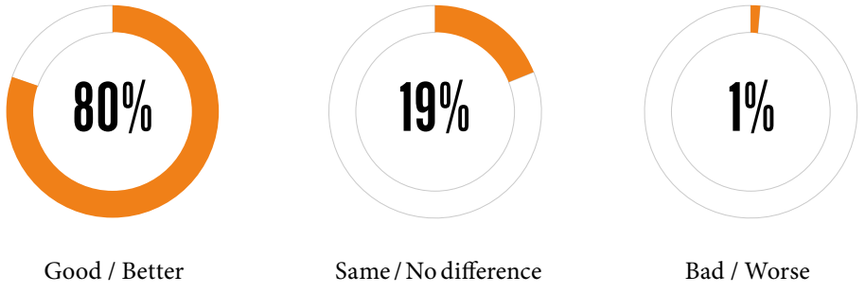
Individual response rate is calculated as: completed interviews/households with eligible women

Garcia-Moreno et al (2005) argue that, "as women are commonly stigmatized and blamed for the abuse they experience, there is unlikely to be over reporting of violence." The main potential form of bias is likely to reflect respondents' willingness to disclose their experiences of violence. However, the standardisation of the Study tools, the careful pre-testing of the questionnaire and intensive interviewer training will have helped to minimise bias, maximise disclosure, and reduce the potential for interviewer variability. Nevertheless, remaining disclosure related bias would likely lead to an underestimation of the levels of violence. Therefore, the prevalence figures should be considered to be minimum estimates of the true prevalence of violence in Cambodia (Garcia-Moreno et al., 2005).

"Women are willing to share their stories, so we can't judge on the surface that this or that person may not have abusive experiences or may not want to tell their stories". *Report from an interviewer during debriefing*

Respondent's satisfaction with interview

Figure 3.1: How respondent felt after completing the interview



Overall, most respondents found participating in the survey to be a positive experience and expressed sincere gratitude that they were able to share their experiences with someone else with the confidence that whatever they said would be confidential. On many occasions, the interviewer was the only person with whom they had ever shared the disclosed information.

When asked at the end of the interview if they felt better, no different or worse after the Interview an overwhelming majority, 80%, said they felt better. Less than one percent of all participants reported that they felt bad or worse after the interview. There was a less than 1% difference between the respondents who reported experiencing intimate partner violence and those who did not.

This confirms that although domestic violence may be considered by some to be a private family matter, women want to, and benefit from, sharing their experiences when asked in a confidential setting and in a respectful and kind manner. This is consistent with what WHO has found in most other countries.

Characteristics of households and respondents

Figure 3.2: Sex of household head, among all households (N=3,574)

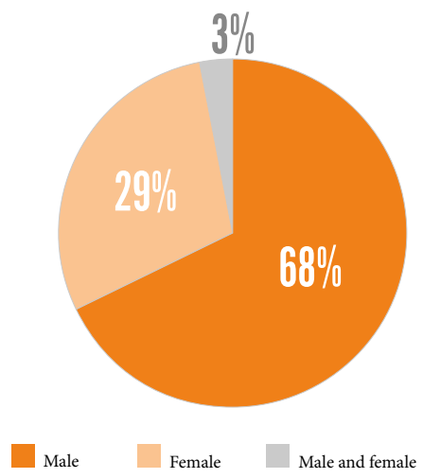


Figure 3.2 shows that two thirds of households were male headed and one third female headed. Very few households identified as being jointly male and female headed. On average, the households included in the sample contained five people, although ranged from one to twenty.

Table 3.3 shows the age, partnership status, employment, and educational characteristics of all respondents who completed the interview.

Table 3.3: Characteristics of respondents

	All respondents (N=3574)		Ever-partnered (N=3043)	
Demographic category	n	%	n	%
Age				
15-19	318	8.9	50	16
20-24	306	8.6	221	7.3
25-29	406	11.4	361	11.9
30-39	966	27.0	914	30.0
40-49	685	19.2	646	21.2
50-59	629	17.6	602	19.8
60-64	262	7.3	249	8.2
Education				
None	1055	29.6	979	32.2
Primary	1410	39.5	1291	42.5
Secondary	1004	28.2	718	23.6
Higher	100	2.8	53	1.7
Employment				
Not working for cash	3308	92.6	2828	92.9
Working for cash	264	7.4	215	7.1
Relationship status				
Ever partnered				
Yes	3043	85.2		
No	529	14.8		
Currently married/ living with husband	2461	68.9	2461	80.9
Currently married/ living apart	288	8.1	288	9.5
Living with man but not married	58	1.6	58	1.9
Regular partner, living apart	25	0.7	25	0.8
Not currently married/ living with a man	710	19.9	190	6.2
Currently having a female partner	30	0.8	21	0.7
Read and write				
Yes	2563	71.8	2107	69.3
No	1008	28.2	935	30.7

Age of respondents

As would be expected from the demographic profile of Cambodia, there were fewer respondents in the older age groups than in the middle age groups. There were also many more youth than older women, which reflects the large youth demographic in Cambodia. In terms of potential sampling bias, comparing the age distribution of the respondents to that of the actual population of women aged 15-64 in Cambodia (according to the most recent census) shows some disparities. The younger age groups were slightly underrepresented in this sample, and those in the middle age groups (25-40) were slightly overrepresented.

However, the distribution of respondents was not unusual compared with other WHO studies, which found similar results. Garcia-Moreno et al. (2005) explain that the disparity most likely results from the sampling strategy used in the study, where, for safety reasons, only one woman per household was interviewed. As a result of this strategy, women in households with fewer eligible women were likely to be over-represented because of their higher probability of being selected. This in turn is likely to have affected the age distribution of respondents, as households with women in the middle age groups were likely to have, on average, fewer eligible women in the same household (daughters still too young and mother too old) while in households with an adolescent woman it was more likely that there were also others who were eligible (her siblings, her mother).

Education of respondents

The education levels of respondents were quite similar to those found in the most recent census data. The majority of respondents (40%) had only primary education, 28% had secondary education and only 3% had achieved higher education. Among ever-partnered women, 43% had achieved primary education, 24% had achieved secondary, and 2% had achieved higher education. 30 percent of all respondents and 32% of ever-partnered women had received no education at all. Literacy rates were slightly higher among all of the respondents (72%) in comparison to ever-partnered women (69%). These are very similar to the national female literacy average at 2013 of 74% (National Institute of Statistics. and Ministry of Planning, 2013).

Financial autonomy of respondents

Table 3.3 shows that nationally only 7% of respondents were currently earning an income from formal paid employment. An additional 18% of women report participating in agricultural work. However, according to census data the majority of Cambodian women engaged in agricultural work are either paid 'in-kind' (60%) or a combination of 'cash and in-kind' (15%) (CDHS 2012).

Partnership status and information on marriage of respondents

Taking into account that the definition of 'ever partnered' includes dating partners, the Study found that only 15% of respondents had never been partnered. 69 percent of all respondents were married at the time of the interview, and 81% of ever-partnered women were currently married. Only 20% of all respondents were not married or living with a partner at the time of the interview, and only 6% of ever-partnered women were not currently partnered. These figures correspond with national statistics taken from the 2013 inter-censal population survey, which indicates that 61% of the female population are currently married, and only 3% were divorced or separated (National Institute of Statistics. and Ministry of Planning, 2013). There was also a very small proportion of women (<1%) who reported being in a same-sex relationship.

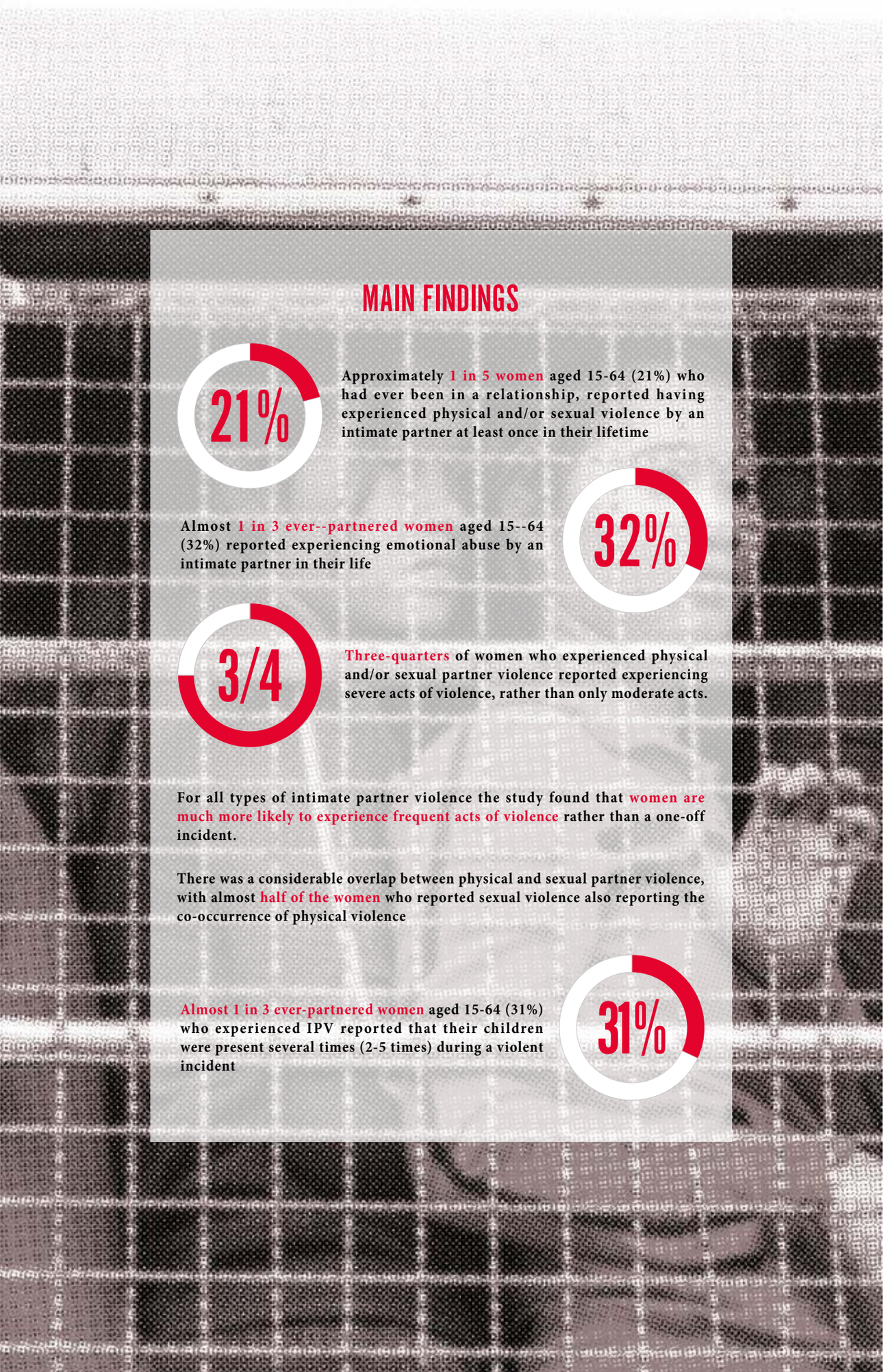
The Study also measured the rate of forced marriage during the Khmer Rouge Regime period. It was found that among those ever-partnered women, 4% had been forced to marry during that period. 57 percent of those women were still married to the same partner at the time of the interview, 9% reported that they had been abandoned by their husbands and 5% had divorced (Table 3.4).

Table 3.4: Information on marriage

	n	%
Women who were forced to marry during Khmer Rouge, among ever-partnered women (N=3043)	127	4.2
Status of marriage today, among those who were forced to marry during the Khmer Rouge (N=127)		
Still together	72	56.7
Formally divorced	6	4.7
Mutually agreed separation	8	6.3
Abandoned	12	9.4
Type of marriage ceremony in most recent union among ever partnered women (N=3041)		
None	229	7.5
With registration	1020	33.5
Without registration	1557	51.1
Marriage ceremony by Khmer Rouge	105	3.5
Other	111	3.7
Who chose current or most recent husband, among ever-married women (N=2778)		
Both chose	1445	52.0
Respondent chose	109	3.9
Respondent's family chose	814	29.3
Husband/partner's family chose	57	2.1
Khmer Rouge Regime chose	269	9.7
Other	80	2.9

The majority of ever-partnered women made a mutual decision with their partner to marry (52%). 29 percent of respondents had their partner chosen for them by their family, and 10% of ever-partnered women were partnered by the Khmer Rouge Regime. Only 2% of respondents had their partner chosen for them by his family.

In Cambodia, a marriage is recognised by law or local tradition or custom, or acknowledged by the act of living together. Among ever-partnered women, 44% were married without registration and 29% had had their marriage registered. The relatively low rate of registration corresponds with census data and local custom. Three percent of ever-partnered women in the survey had their marriage ceremony conducted by the Khmer Rouge Regime.



4/ PREVALENCE AND PATTERNS OF VIOLENCE AGAINST WOMEN BY MALE INTIMATE PARTNERS

This chapter presents the data on the prevalence of different forms of IPV, including acts of physical, sexual, emotional, economic abuse and controlling behaviours, by a current or former intimate partner, whether married or not. In the Study, a range of behaviour-specific questions related to each type of violence were asked (see Chapter 1 for definitions). For each type of act mentioned, the respondent was asked whether she had experienced that act within the past 12 months and about the frequency in which it had occurred.

The results on the extent of physical or sexual violence by current or ex-partners are presented according to the type and severity of violence, when the violence took place, and the extent of overlap of physical and sexual violence. Women were also asked a series of questions on whether their partners tried to control their daily activities.

Of all women who completed the questionnaire, 3043 women were defined as "ever-partnered", that is ever having been married or in an intimate relationship.

Current and lifetime physical and/or sexual violence

Table 4.1 shows the national prevalence rates of different forms of IPV, defined as a woman having experienced at least one act of a specific type of violence, at least once in her life .

- Reports of (at least one act of) emotional partner abuse were the highest at 32%, followed by physical IPV (15%)
- 10% of women reported experiencing some form of sexual violence by an intimate partner.
- Overall, 21% of ever-partnered women aged 15-64 reported experiencing physical or sexual violence, or both, by an intimate partner in their lifetime and 8% had experienced it in the past 12 months.
- Both lifetime and current rates of violence are higher in rural areas, which is consistent with WHO studies in other countries.
(Graph 4.1) (Garcia-Moreno, 2005).

Table 4.1: Percentage of ever-partnered women aged 15-64 reporting different types of intimate partner violence (N=3043)

	Ever experienced physical partner violence			Ever experienced sexual partner violence			Ever experienced physical and/or sexual violence by a partner		
	n	%	95% CI	n	%	95% CI	n	%	95% CI
Life time prevalence	457	15.0	13.8-16.3	310	10.2	9.2-11.3	634	20.9	19.4-22.3
12 M prevalence (current)	143	4.7	4.0-5.5	126	4.1	3.5-4.9	234	7.7	6.8-8.7

Figure 4.1: Percentage of ever-partnered women aged 15-64, reporting different types of intimate partner violence by time period (N=3043)

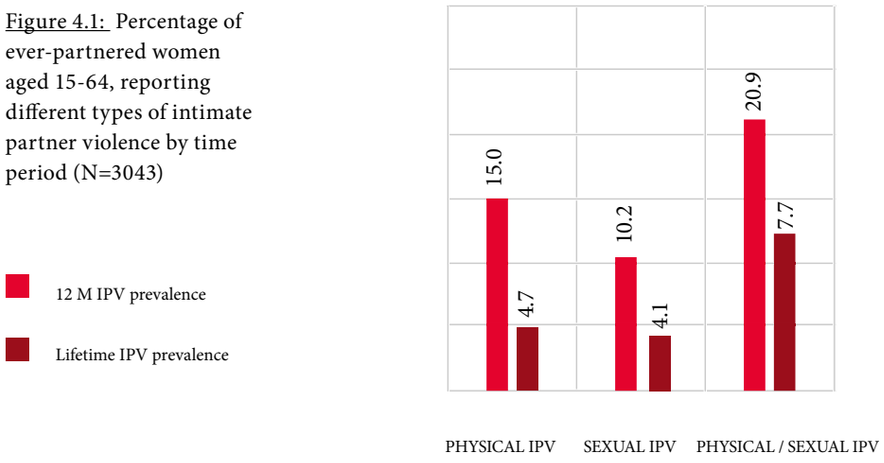


Table 4.2 shows a detailed breakdown of the acts of physical and sexual violence that were reported by respondents. In terms of physical violence, the most common acts of abuse were being slapped (11%), being pushed or shoved (9%) or being hit (7%). Many women however also reported being kicked, dragged or beaten (4%). The majority of women who had experienced sexual abuse reported having sex when they did not want to because they were afraid of what their partner might do if she refused. A similar proportion reported being forced to have sex when she did not want to, that is, raped, by an intimate partner.

7 Percentages for IPV are calculated as a proportion of women aged 15-64 who have ever been in an intimate relationship, whether married or just dating.

Table 4.2: Types of physical and sexual intimate partner violence reported among ever-partner women aged 15-64 (N=3043)

	Lifetime		Past 12 months	
Types of physical violence	**n**	**%**	**n**	**%**
Slapped, threw something at respondent	341	11.2	94	3.1
Pushed or shoved respondent	298	9.8	94	3.1
Hit with a fist or something else	197	6.5	64	2.1
Kicked, dragged, beaten	132	4.3	51	1.7
Choked or burnt on purpose	53	1.7	19	0.6
Threatened or used a gun, knife or weapon	83	2.7	29	1.0
Type of sexual violence				
Physically forced to have sex	214	7.0	72	2.4
Had sex because afraid of what partner may do	216	7.1	86	2.8
Forced to perform degrading or humilliating sexual act	67	2.2	28	0.9

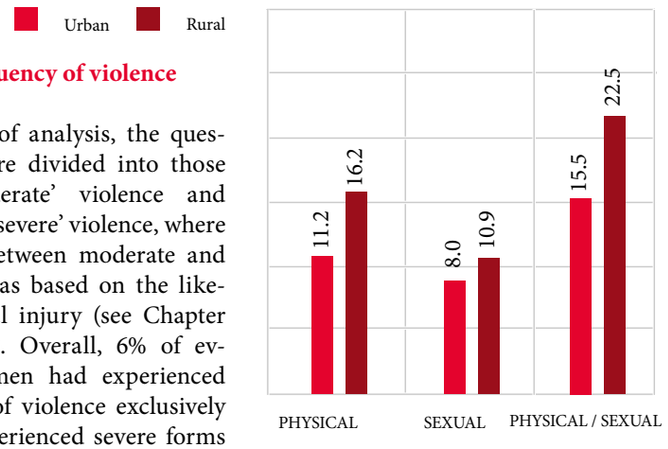
Intimate partner violence by urban and rural sites

Table 4.3 and Figure 4.2 compares the prevalence rates of different types of IPV by urban and rural settings. Rates of IPV were consistently higher in the rural than in the urban settings across Cambodia, even after accounting for confidence intervals. However the Study showed that IPV was still a significant problem in both urban and rural sites across Cambodia.

Table 4.3: Percentage of women aged 15-64, who have ever been in a relationship, reporting different types of intimate partner violence, by urban/rural site (N=3043)

	Urban			Rural		
	n	**%**	**95% CI**	**n**	**%**	**95% CI**
Lifetime physical partner violence	81	11.2	9.1-13.7	376	16.2	14.8-17.8
12 month physical partner violence	21	2.9	1.9-4.4	122	5.3	4.4-6.2
Lifetime sexual partner violence	58	8.0	6.2-10.2	252	10.9	9.7-12.2
12 month sexual partner violence	26	3.6	2.5-5.2	100	4.3	3.6-5.2
Lifetime physical/sexual partner violence	112	15.5	13.0-18.3	522	22.5	20.9-24.3
12 month physical/sexual partner violence	39	5.4	4.0-7.3	195	8.4	7.4-9.6

Figure 4.2:
Percentage of ever-partnered women, reporting different types of IPV by urban/rural site

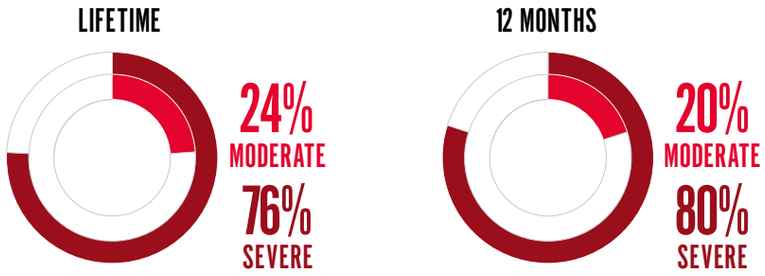


Severity and frequency of violence

For the purpose of analysis, the questions on IPV were divided into those considered 'moderate' violence and those considered 'severe' violence, where the distinction between moderate and severe violence was based on the likelihood of physical injury (see Chapter 1 for definitions). Overall, 6% of ever-partnered women had experienced moderate forms of violence exclusively and 16% had experienced severe forms of physical violence in their lifetime. In the last 12 months, 2% of women had experienced moderate violence compared to 6% who had experienced severe violence.

Figure 4.3 shows the breakdown of severe and moderate violence among those who had experienced any IPV. From this we see that women were much more likely to experience severe forms of violence (about three quarters of ever abused women) rather than just moderate forms (one quarter of ever abused women).

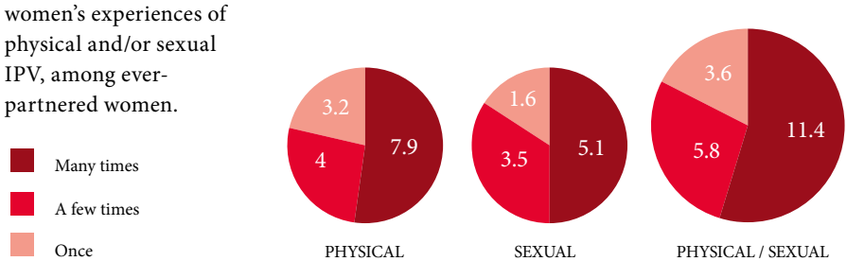
Figure 4.3: Proportion of women who had experienced physical and/or sexual IPV reporting having experienced moderate acts versus severe acts (N=634)



Women who reported that they had experienced any act of IPV were asked if this had happened once, a few times or many times. To calculate the frequency of each type of IPV, a score was created for each respondent summarizing whether she had experienced a particular act of violence one time, a few times, many times or not at all. For each domain of violence—physical, sexual, and physical and/or sexual, a summary score was created, which corresponded to the number of acts and the frequency of those acts experienced. Three categories were created—(1) having one act one time; (2) having one act a few or many times, having two or three acts one time, or having one act one time and 2 acts a few times; (3) having a score of four or above, which is more than one act more than one time, four acts one time, or any other combination of acts that resulted in a score of four or more. The scores were calculated for each type of violence and separate scores were calculated for ever and past 12 months.

Figure 4.4 Shows that 11% of women had experienced physical and/or sexual violence many times, compared to 6% who had experienced such violence a few times and 4% who had experienced it only once. Overall, for all types of violence, the Study found that women were much more likely to experience frequent acts of violence rather than a one-off incident.

Figure 4.4 Frequency of women's experiences of physical and/or sexual IPV, among ever-partnered women.



Intimate partner violence prevalence by age

This section presents IPV prevalence by age group. Overall, the Study found a general pattern of a higher prevalence of lifetime violence by an intimate partner among older women. This is expected because they have been exposed to the risk of violence longer than younger women. Although interestingly, lifetime prevalence tended to decline for women aged 50 to 60 years. It is unclear if the older age cohort experienced less violence or if women were less likely to report experiences that happened in the more distant past (recall bias).

Patterns of current violence (12 months prior to the interview) by age group showed that women aged 30-39 were at the highest risk of IPV: 10% reported current IPV compared with only 2% among women aged 60 and over (see Figure 4.5).

Figure 4.5:
Prevalence of physical and/or sexual IPV among ever-partnered women, by age range

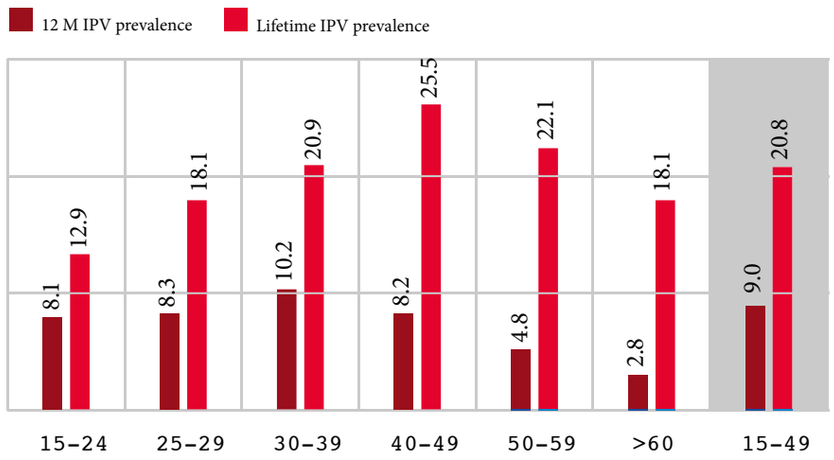


Table 4.4 presents the prevalence rates of different types of intimate partner violence, for ever-partnered women aged 15-64 years and ever-partnered women aged 15-49 years in order to be able to compare data with other studies from Cambodia (discussed in discussion section of this chapter). The table shows that lifetime prevalence rates remain very similar whereas the prevalence rates in the past 12 months are about 1% higher among those 15-49 years old, although within the 95% confidence intervals. That is because current partner violence is likely to be reported less by women over 50 years old.

Table 4.4: Prevalence rates of different types of intimate partner violence, for ever-partnered women 15-49 years and ever-partnered women 15-64 years

	Physical		Sexual		Physical and/or sexual	
	Lifetime % (95% CI)	Current % (95% CI)	Lifetime % (95% CI)	Current % (95% CI)	Lifetime % (9% CI)	Current % (95% CI)
15-64 years	15.0 (13.8-16.3)	4.7 (4.0-5.5)	10.2 (9.2-11.3)	4.1 (3.5-4.9)	20.9 (19.4-22.3)	7.7 (6.8-8.7)
15-49 years	15.0 (13.5-16.5)	5.7 (4. -6.8)	9.8 (8.6-11.1)	4.7 (3.9-5.7)	20.8 (19.2-22.6)	9.0 (7.9-10.3)

Emotional abuse and controlling behaviour[8]

In addition to asking about physical and sexual abuse by a partner, ever-partnered women were also asked about emotional abuse and controlling behaviour and financial control by a spouse. The specific acts of emotional abuse that were asked about included:

- being insulted or made to feel bad about oneself
- being humiliated or belittled in front of others
- being intimidated or scared on purpose; and being threatened with harm.

Table 4.5 shows the percentage of ever-partnered women who have experienced one or more of the emotionally abusive behaviours measured in the survey. 32% of ever-partnered women reported having experienced emotional violence, and 15% reported experiencing emotional abuse in the 12 months prior to the interview. Table 4.5 also demonstrates that among all ever-partnered women, 36% reported having experienced physical, sexual and/or emotional abuse in their lifetime, and 20% in the 12 months prior to the interviews.

Table 4.5: Prevalence of emotional violence, and any form of violence (physical, sexual and/or emotional) by an intimate partner among ever-partnered women aged 15-64 years (N=3043)

	Lifetime		Past 12 months	
	n	%	n	%
Emotional violence	973	32.0	447	14.7
Physical, sexual and/or emotional	1106	36.4	516	20.3

[8] Due to the complexity of defining and measuring emotional abuse in a way that is relevant and meaningful across and within cultures, the results of the study of emotional and controlling behaviour should not be considered a comprehensive measure of all forms of emotional abuse but rather as indicative of the main forms of emotional violence measured thus far.

The Study also collected information on six different controlling behaviours by a woman's intimate partner. Among the behaviours measured were whether the partner:

- Restricts a woman's contact with her family or friends;
- Insists on knowing her whereabouts at all times;
- Ignores her or treats her indifferently;
- Controls her access to health care;
- Constantly accuses her of being unfaithful and;
- Gets angry if she speaks with other men.

The research revealed that 30% of ever-partnered women, aged 15-64, had experienced one or more form of controlling behaviour by an intimate partner. The most common forms of controlling behaviour were expecting her to ask his permission before seeking healthcare for herself, insisting on knowing her whereabouts at all times, and getting angry if she spoke with another man (Table 4.6).

Table 4.6: Percentage of ever-partnered women who had experienced various controlling behaviours by their current or most recent partner (N=3043)

	Lifetime		Past 12 months	
	n	%	n	%
Tries to keep her from seeing her friends	170	5.6	104	16.4
Tries to restrict contact with her family of birth	91	3.0	65	10.3
Insists on knowing where she is at all times	368	12.1	167	26.3
Gets angry if she speaks with another man	389	12.8	197	31.1
Is often suspicious that she is unfaithful	181	6.0	110	17.4
Expects her to ask his permission before seeking health care for herrself	453	14.9	158	24.9
At least one of the above controlling behaviours	895	29.4	483	15.9

Financial abuse

All women who were currently married or living with a man were asked a number of questions relating to financial autonomy and control. Women were asked if:

- Their partner had ever prohibited them from getting a job or earning money;
- Their partner had ever taken their earnings from them against their will;
- Their partner ever refused to give them money for household expenses, even when he had money for other things.

Table 4.7 shows that 14% of ever-partnered women had experienced at least one form of financially controlling behaviour. 10% of women reported that their partner had prohibited them from getting a job or earning money.

Table 4.7: Percentage of ever-partnered women who had experienced financial abuse from their current or most recent partner (N=3043)

Husband or partner has done the following:	n	%
Prohibited her from getting a job, earning money	300	9.9
Taken her earnings against her will	133	4.4
Refused to give her money when he had money for other things	104	3.4
At least one of the above	438	14.4

Overlap of physical and sexual intimate partner violence

Table 4.8 and Figure 4.6 show the overlap of physical and sexual violence among women who reported experiencing IPV. A significant proportion reported experiencing sexual violence on its own and this was greater in the last 12 months. Overall 21% of women who had experienced IPV reported experiencing both physical and sexual violence in their lifetime and 15% in the last 12 months.

Women who reported physical IPV were also asked if their children were ever present during a violent incident. The vast majority of women who had experienced physical IPV (nearly 70%) reported that that their children were present during a violent incident (Figure 4.7). 44 % of women reported that their children had witnessed acts of violence several or many times. The consequences of this are discussed further in Chapter 8.

Table 4.8: Overlap of sexual and physical IPV, among ever-partnered women who reported having experienced physical and/or sexual.

	Lifetime (n=634)		Past 12 months (n=234)	
Type of IPV experienced	**n**	**%**	**n**	**%**
Physical only	324	51.1	108	46.1
Sexual only	177	27.9	91	38.9
Both physical and sexual	133	21.0	35	15.0

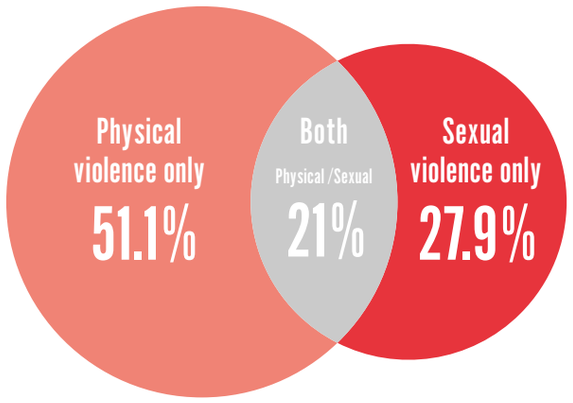


Figure 4.6: Overlap of lifetime physical and sexual partner violence, among ever-partnered women who reported having experienced physical and/or sexual IPV

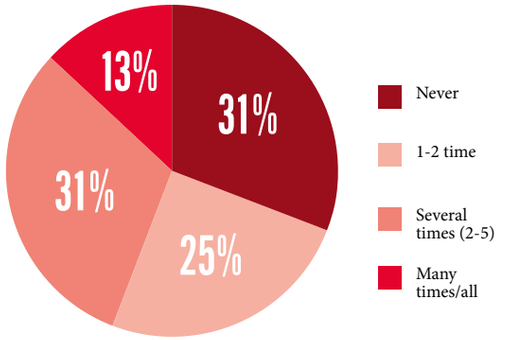


Figure 4.7: How often children were present during violence incidents, among women who had experienced physical partner violence (N=450)

Discussion

This Study provides national prevalence rates of intimate partner violence, from Cambodia's first dedicated study on violence against women and its health consequences. This is a vital step in fully understanding the problem in order to be able to effectively respond to and prevent it. The Cambodia Study found that IPV is a common experience in many women's lives. Fifteen percent of ever-partnered women aged 15-64 reported having experienced physical IPV and 10% reported having experienced sexual IPV. Overall, 21% of ever-partnered women, aged 15-64, reported having experienced at least one act of physical or sexual violence, or both, by an intimate partner at some point in their lives. Eight percent of ever-partnered women reported having experienced physical and/or sexual IPV in the past 12 months.

In order to be able to compare prevalence rates with the (DHS), this report presented disaggregated results among women aged 15-49 years.

21% of ever-partnered women aged 15-49 reported having experienced physical and/or sexual violence by an intimate partner in their lifetime, and 9% in the last 12 months. The lifetime prevalence rate among ever-partnered women aged 15-49 obtained through this Study is slightly higher than the results from the 2014 Cambodia DHS conducted by the National Institute of Public Health (2015) which found that 18% of women aged 15-49 had experienced physical and/or sexual violence by a partner in their lifetime. However, this is to be expected because evidence from other countries has shown that prevalence rates from the DHS are consistently lower than those from dedicated surveys (Ellsberg, 2001), due to methodological differences. The WHO methodology, with its intensive training of interviewers and more rigorous ethical and safety standards is likely to result in higher rates of disclosure of violence against women. Nevertheless, the overall similarity of findings between the 2014 Cambodia DHS and the Cambodia Women's Health and Life Experiences survey help to validate the results presented in this report.

Of the women who reported experiencing violence, three quarters had experienced severe forms of violence by an intimate partner, rather than only moderate forms. Moreover, the Cambodia Study also showed that IPV is rarely a one-off incident, but in fact most women experienced violent acts a few or many times. This is in line with the findings from other comparable studies that suggest women's experiences of violence are often frequent and severe, demonstrating a pattern of violence within relationships marked by violence, rather than isolated incidents (Garcia-Moreno et al., 2005).

The majority of the women interviewed had experienced either a combination of physical and sexual violence by an intimate partner, or physical violence alone. However, a relatively high proportion of women also reported experiencing sexual violence without physical violence. This pattern of the prominence of sexual violence has been found in a

number of other studies in Asia including Cambodia, Thailand and Indonesia, suggesting that it may be a regional pattern (Fulu et al., 2013; Garcia-Moreno et. al., 2005; Hakami et. al. 2002). The Indonesia study which replicated the WHO MCS suggested that higher rates of sexual partner violence might be related to gender norms based on culture and religion that confer absolute sexual control of men over women (Hakami et al., 2002). Further research is needed to explore what cultural elements in South-East Asia, and Cambodia in particular, may help explain this pattern. It highlights the need to move beyond IPV interventions that focus only on physical violence, and address issues around women's ability to refuse sex within marriage, and what consent means in practice. Other studies from Cambodia highlight the need to promote healthy sexual relationships, increase women's sexual autonomy at the same time as addressing male sexual entitlement (Fulu et al., 2013).

Emotional abuse and controlling behaviour by intimate partners was found to be one of the most common acts of violence. 32% of ever-partnered women aged 15-64 reported having experienced emotional violence by a partner, and one in three women reported having experienced at least one form of controlling behaviour. These findings are relatively consistent with the findings from the 2014 Cambodia Demographic Health Survey (NIPH, 2015). This suggests, as other studies have shown, that IPV often reflects a pattern of coercive control (Stark, 2007). The relationship between controlling behaviour and violence is discussed further in Chapter 9.

Women in rural areas were more likely to experience IPV than urban women, which is again consistent with findings from the Cambodia 2014 DHS and other sites where the WHO MCS has been conducted (Garcia-Moreno et al., 2005; Jansen, 2004). The Study found a pattern of increased risk of current intimate partner violence among younger women in their late twenties and thirties. This has also been documented in other WHO studies as well as in Canada and the United States (Harwell and Spence, 2000; Romans et al., 2007; Vest et al., 2002). It therefore seems that violence may start early in a marriage, which may break-up over time. It is also possible that older women in abusive relationships develop strategies that decrease the frequency of violence, or that they are less likely to report violence. The data on men's perpetration of violence in Cambodia also suggests that perpetration starts early in life and reduces with age (Fulu et al., 2013).

The prevalence of IPV in Cambodia is not dissimilar to rates found across the rest of Asia, although positively it is on the lower end of the spectrum. Caution should be taken in directly comparing results from different studies, because even when a similar methodology was used there are some differences such as age range and how partnership status was defined that will effect prevalence rates. Nevertheless, a national study in Vietnam conducted in 2010 with women aged 18-60 found that 32% of ever-partnered women had experienced physical IPV; the lifetime prevalence rate for sexual IPV was 10% (Jansen et al., 2010). The WHO MCS found that in one urban site in Thailand 41% of ever-partnered women aged 15-49 had experienced physical and/or sexual IPV and 57% in urban site in Bangladesh. In Japan, 15% of ever-partnered women aged 18-49 reported physical and/or sexual partner violence (Garcia-Moreno et al., 2005). The UN MCS conducted in four sites in Sri Lanka found that 21% of ever-partnered women had experienced physical IPV in their lifetime, and 18% had experienced sexual IPV (Fulu et al., 2013). Lastly, the recently published WHO report on global and regional estimates on the prevalence and health effects of IPV (2013) estimates the average prevalence of lifetime IPV in South-East Asia to be as high as 38%.

5/PREVALENCE AND PATTERNS OF VIOLENCE AGAINST WOMEN BY PEOPLE OTHER THAN INTIMATE PARTNERS

While the main focus of this Study was on women's experiences of violence by a male intimate partner, the Study questionnaire also included questions about women's experiences of physical and sexual violence from other perpetrators (either male or female). These questions were asked to all women, regardless of whether they had been partnered or not. This chapter presents the results on the extent of physical and sexual violence against women by perpetrators other than an intimate partner, from age 15 onwards. The subject of sexual abuse before the age of 15 years (childhood sexual abuse) and forced first sex, whether by an intimate partner or by another perpetrator is also included here.

Non-partner physical violence after 15 years of age

Women and girls were asked whether, since the age of 15, anyone other than their intimate partner had ever beaten or physically mistreated them in any way. Follow-on questions were used to identify the perpetrators and frequency of the violence.

Table 5.1 shows that, overall 14% of all women reported that they had experienced physical non-partner violence in their lifetime and 3% had experienced it in the last 12 months. Perpetrators were most often known to the victim, for example parents, siblings, and friends/ acquaintances. The significance of friends/acquaintances as frequent perpetrators demonstrates that non-partner violence is not confined to the home environment. The Khmer Rouge Regime was also reported to be responsible for physical violence in 7% of cases, as were complete strangers.

Table 5.1: Prevalence and perpetrators of non-partner physical violence after 15 years of age, among all women

Among all respondents N=3570	n	%
Lifetime physical violence (>15)	487	13.6
Physical violence (>15) in last 12 months	91	2.6
Perpetrators, among all women who reported non-partner physical violence >15 (N=487)		
Friend/acquaintance	135	27.7
Sibling	133	27.3
Parent	130	26.7

Among all respondents N=3570	n	%
Other family member	60	12.3
Khmer Rouge regime	33	6.8
Complete stranger	32	6.6
Parent-in-law	19	3.9
Teacher	14	2.9
Recent acquaintance	13	2.7
Police/soldier	2	0.4
Someone at work	5	1
Other	51	10.5

Non-partner sexual violence after 15 years of age

Respondents were also asked whether, after the age of 15, they had ever been forced to have sex or perform a sexual act when they did not want to, by anyone other than an intimate partner. The results are presented in Table 5.2. Approximately 1% of women reported that they had been raped by a non-partner and 3% reported that they had experienced other forms of sexual violence (not rape). In total 4% had experienced any form of sexual violence by a non-partner.

Table 5.2: Percentage of all women reporting sexual violence by someone other than a partner after 15 years of age (N=3570)

	Rape (>15)		Sexual violence not rape (>15)		Any sexual violence (>15)	
	n	%	n	%	n	%
Lifetime experience	31	0.87	115	3.2	136	3.8

Table 5.3 shows that the most common perpetrators of sexual violence after age 15 were friends/acquaintances, strangers, work colleagues and others. The Khmer Rouge Regime, parents and other family members were also mentioned but only in one or two cases.

Table 5.3: Perpetrators of non-partner sexual violence, among women who reported non-partner sexual violence after 15 years of age.

	Rape >15 (N=31)		Sexual violence >15 (non-rape) (N=115)	
	n	%	n	%
Friend/acquaintance	9	29.0	50	43.5
Complete stranger	5	16.1	21	18.3
Recent acquaintance	3	9.7	14	12.2
Other family member	2	6.5	10	8.7
Parent/step-parent	1	3.2	0	0
Khmer Rouge regime	1	3.2	1	0.9
Someone at work	4	12.9	6	5.2
Sibling	0	0	1	0.9
Police/soldier	0	0	1	0.9
Other	7	22.6	18	15.7

Sexual violence before the age 15 years (child sexual abuse)

Respondents were also asked whether, before the age of 15, they had ever been forced to have sex or perform a sexual act when they did not want to, by anyone other than an intimate partner. Table 5.4 shows that overall 2% of all women aged 15-64 reported that they had experienced sexual abuse before the age of 15. Friends/acquaintances together with other family members were identified as the most common perpetrators of sexual violence. Complete strangers and siblings were also mentioned.

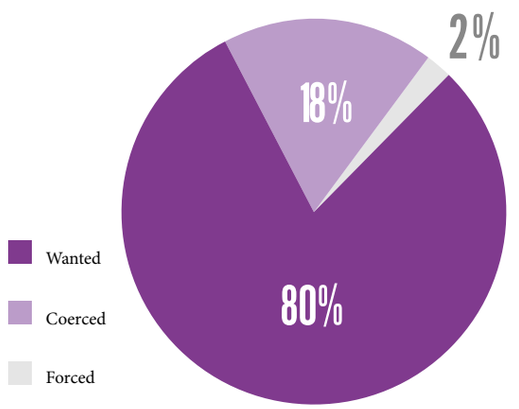
Table 5.4: Prevalence and perpetrators of child sexual abuse

Among all women (N=3570)	n	%
Lifetime sexual abuse (<15)	76	2.1
Perpetrators, among all women who reported having experienced child sexual abuse (N=76)		
Friend/acquaintance	29	38.1
Sibling	17	22.4
Parent	1	0.1
Other family member	28	36.8
Complete stranger	17	22.4
Parent-in-law	1	0.1
Teacher	1	0.1
Recent acquaintance	3	0.4
Someone at work	5	0.6
Other	5	0.6

First Sexual Experience

Respondents were also asked to describe their first experience of sexual intercourse as something that they had wanted to happen, that they had not wanted but that happened anyway (coerced), or that they had been forced to do (rape). Figure 5.1 shows women's responses to this question. The majority of women reported that their first sexual experience was wanted, although 18% reported that their first experience was coerced and 2% reported that it was forced.

Figure 5.1: Percentage of women reporting forced first experience of sexual intercourse (among women who had ever had sex)



Sexual harassment

Women were asked if they had ever experienced sexual harassment under a number of different circumstances, such as:

- Sex demanded at work to get or keep a job, or for a promotion
- Groped or other unwanted sexual contact in public;
- Sex demanded at school to pass
- Electronic sexual harassment

5% of women reported that they had experienced at least one form of sexual harassment. The most common type of sexual harassment experienced reported by respondents was electronic sexual harassment, followed by groping or unwanted sexual contact in public (Table 5.5).

Table 5.5: Percentage of women who have ever experienced sexual harassment (N=3574)

Sexual harassment	n	%
Demand for sex at work to get or keep job, or promotion	15	0.4
Demand for sex at school to pass	4	0.1
Groped or other unwanted sexual contact in public	41	1.2
Electronic sexual harassment	157	4.4
Any sexual harassment	191	5.3

Discussion

The Study found that women were most at risk of experiencing violence from their intimate partners, as is the case in most settings globally (Garcia-Moreno et al., 2013). However, the Study confirms that violence by non-partners is also relatively common. The national prevalence rate for non-partner physical violence was found to be 14%, and 4% for sexual non-partner violence after the age of 15 years. In Cambodia, parents, siblings and friends/acquaintances were identified as the most common group of perpetrators of non-partner physical violence, whereas non-partner sexual violence was most commonly perpetrated by friends/acquaintances and strangers.

The UN study on Men and Violence in Cambodia (4 sites) also found that men's perpetration of sexual violence against non-partners, including gang rape, was of serious concern with 8% of men aged 18-49 reporting that that had perpetrated rape against someone other than an intimate partner. The UN study found that the perpetration of non-partner sexual violence are strongly correlated with gender norms, roles and relations, which are rooted in gender-inequitable constructions of masculinity, including sexual entitlement (Fulu et al., 2015; Jewkes et al., 2011; Knight and Sims-Knight, 2003; Malamuth, 2003). The sense of sexual entitlement is related to the values ascribed to Cambodian men, who are expected to be the breadwinners, fulfil the role of household head, be strong and brave and superior to women and girls, and to dominate over women (Cambodian Ministry of Women's Affairs, 2014b).

In terms of childhood sexual abuse, 2% of women in this Study reported that they had experienced sexual abuse when under the age of 15 years. This is relatively low in comparison to other countries who have undertaken similar research (Garcia-Moreno et al., 2005; Jansen et al., 2010) . However other studies used an anonymous reporting method for childhood sexual abuse because of its highly stigmatised nature, which has consistently yielded higher rates of disclosure. Unfortunately, this method was not used successfully in Cambodia, therefore the reported rate of 2% is likely to be an underestimation. This is supported by the finding in this Study that for one fifth of women who participated in the survey, their first experience of sexual intercourse was not wanted, but rather coerced or forced. Further, the recent violence against children study in Cambodia report that 4% of girls reported at least one incident of sexual abuse before 18, and for girls aged 13-17 years the rate was 6%. The violence against children study was dedicated to this issue and interviewed young people aged 15-24 directly about their childhood experiences which would have reduced recall biases and is likely to be more reliable (UNICEF Cambodia, 2014). Further research on childhood sexual abuse that utilizes anonymous reporting methods would be of benefit.

Sexual harassment in Cambodia is also an issue of concern. This Study found that 5% of women reported experiencing sexual harassment in the workplace, or in school, on the street or electronically. Other studies have found that women are most commonly subjected to sexual harassment in garment factories, in the beer selling industry, and on the street (Cambodian Ministry of Women's Affairs, 2014b) . A baseline study by ActionAid (2014) found that among a small sample of 380 women, 22% had experienced physical and/or sexual harassment on the street, and on average, each woman experienced at least five acts of abuse or harassment.

In this Study, the most common form of sexual harassment reported by women was electronic, which reflects an emerging new form of harassment in Cambodia related to the increase in use of and access to technology. Research indicates however that electronic sexual harassment is not uncommon in many industrialised regions and ranges from overt attacks on a person, to highly sexual comments, visual pornography, electronic stalking and virtual rape (Brail, 1994; Dibbell, 1996; Reid, 1994; Spitzberg and Hoobler, 2002). A 2005 (Fordham) study by World Vision on the links between pornography and VAW in Cambodia found that a significant proportion of boys were accessing pornography around the age of 13 years, which was causing a premature sexualisation of their lives. Furthermore the study found that access to pornography online is teaching male youth violent and abusive sexual scripts, which are presented as normalised forms of sexual interaction with women. The research further suggests that pornography is likely having a detrimental impact on the self-image of young women, whose role as victims of male violence is normalised. For younger youth who are exposed to pornography, the effect of such images, behaviours and sexual sensations may impair their development of a normal sense of sexuality and self.

New strategies may need to be developed to respond to this growing issue of cyber harassment and online pornography in Cambodia, and its impact on young people beliefs about relationships and gender norms.

MAIN FINDINGS

Almost half of all respondents believe that under certain circumstances a husband/partner is justified in hitting his wife/partner

58 % of women who have experienced physical or sexual IPV condone a husband/partner hitting his wife in particular situations

19 % of ever-partnered women did not believe that married women could refuse sex

Ever-partnered women who have experienced physical or sexual IPV are more likely to justify violent acts by their husbands/partners

6/ ATTITUDES TOWARDS VIOLENCE AGAINST WOMEN

This chapter explores women's attitudes towards gender and violence. In order to assess women's attitudes towards IPV and whether such behaviour was normative, a series of questions were asked to all respondents, including those who were never partnered. The Study included two sets of questions to determine the circumstances under which it is acceptable for a husband/partner to hit or physically mistreat his wife, and secondly to determine whether and when a woman may refuse to have sex with her husband/partner.

Women's attitudes towards violence

The first set of questions asked women if they agreed or disagreed with a series of statements designed to determine the circumstances under which it is considered acceptable for a man to hit or mistreat his wife. Table 6.1 shows the percentage of women who believed that a man has the right to beat his wife under certain circumstances, such as not completing housework adequately, disobeying her husband/partner, refusing sex or being unfaithful. Overall, almost half (49%) of all respondents agreed with one or more of the justifications given for a husband/partner hitting his wife. The justifications for violence that women most commonly agreed with were unfaithfulness (37%) and not taking proper care of the children (35%).

Among those women who had reported experiencing physical and/or sexual IPV, 58% agreed with one or more of the justifications given for a man hitting his wife, and 40% agreed with two or more of the justifications. In general, the rate of concordance with these beliefs was higher among women who had experienced physical and/or sexual violence by a partner than those women who had not experienced IPV, which is discussed further in Chapter 9.

Table 6.1: Percentage of women who agreed that a man is justified in hitting his wife under different circumstances

	All women (%) (N=3574)		Women who had experienced physical and/or sexual IPV (%) (N=634)	
	n	%	n	%
She doesn't complete household work satisfactorily	250	7.0	62	9.8
She disobeys him	283	8.0	69	10.9
She refuses to have sex with him	246	6.9	67	10.6
She asks him whether he has other girlfriends	103	2.9	31	4.9
He suspects that she is unfaithful	239	6.8	52	8.3
He finds out that she has been unfaithful	1304	36.5	280	44.5
She does not take care of the children	1249	34.9	251	40.0
At least one of the above beliefs	1743	48.8	365	57.6
Two or more of the above beliefs	1158	32.4	252	39.7

Table 6.2 examines the sexual autonomy of women in intimate relationships. The questionnaire asked women if they believed that a woman has the right to refuse sex with her husband/partner in a number of situations, such as if she does not want to, if she is sick, if he is drunk or if he mistreats her. More than one third (37%) of women believed that it was not 'acceptable' to refuse sex with her husband/partner when she did not want to have sex; 27% of women believed that it was unacceptable to refuse sex when she was sick. Moreover, one quarter of all women believed that it was unacceptable to refuse sex for two or more of the hypothetical conditions mentioned.

Table 6.2: Percentage of women who believed that a married woman can refuse sex with her husband under various circumstances

Belief that a married woman can refuse sex with her husband under the following conditions:	All women (%) (N=3574)		Women who had experienced physical and/or sexual IPV (%) (N=634)	
	Number	%	Number	%
She doesn't want to	2258	63.2	389	62.5
He is drunk	2375	66.5	416	68.1
She is sick	2621	73.3	483	76.4
He mistreats her	2359	66.0	408	65.4
At least one of the above beliefs	2780	77.8	511	80.6
Two or more of the above beliefs	2648	74.1	485	76.5

Discussion

Women's attitudes towards partner violence and sexual autonomy were not unusual for the region, however they are concerning. For example, almost half of all respondents believed that under certain circumstances a husband is justified in beating his wife. Moreover, 58% of women who have experienced physical or sexual partner violence condoned a husband hitting his wife under certain circumstances. These results are almost identical to the 2014 DHS (National Institute of Statistics et al., 2015), which found that 50% of women agreed with at least one of the six specified reasons justifying a husband/partner beating his wife. The widespread acceptability of circumstances under which wife-beating is justified indicates that it is considered by many to be an acceptable form of discipline for female behaviour that transgresses certain societal norms. The relationship between attitudes and practices is discussed further in Chapter 9.

It seems that women make distinctions about the different circumstances under which a husband hitting his wife is justifiable. In Cambodia, the most commonly accepted reasons were unfaithfulness and failing to take proper care of the children. Considering the belief in Cambodia that a woman's primary responsibility is to take care of her family and remain obedient and faithful to her husband/partner (Surtees, 2003; Walsh, 2007) it is unsurprising that these two justifications were found to be the most common. The most commonly cited reasons for justifying violence in the DHS were for neglecting the children, arguing with your partner, or going out without telling her partner. The least likely reasons were for refusing to have sex or requesting a condom. The DHS also measured men's attitudes towards wife beating. Interestingly, in comparison to women's responses, only 27% of men aged 15-49 believed in at least one of the specified reasons justifying abuse. Of those men, most believed that neglect of the children, being disrespectful and argumentative, and going out without telling him justify physical punishment.

In Cambodia, it seems that the social acceptance of IPV is reinforced in literary texts, proverbs and the moral codes of behaviour, and has become institutionalised. Therefore, while IPV is not necessarily encouraged, it is deemed acceptable according to certain social customs and reasons (Surtees, 2003). Brereton and Lim (2009) found that in their discussions with men about the acceptability and use of violence against women, in particular their partners, there was strong consensus among them that women who challenge the traditional role of the male as the household head, or fail to fulfil their duties as household managers, deserve to be physically punished. A 2009 Follow-up survey in Cambodia conducted by MoWA (2010) furthermore found that more than one third of local authorities believed that men were justified in using extreme forms of violence against their partners, under circumstances where his partner disobeyed him, argued with him, or did not show him respect. In comparison, the UN MCS found that in Cambodia while 95% of men and women surveyed agreed that women should obey their husbands/partners, only one third of men agreed that a woman should be punished if she does something wrong (Fulu et al., 2013).

According to other research, men's sexual entitlement over their partner is a deeply rooted belief in Cambodian culture (Surtees, 2003). The Study found that women's views on when it is acceptable to refuse sex with her husband/partner reflect such cultural beliefs. 23% of all women, and 19% of ever-partnered women felt that a wife could not refuse sex with her husband under any of the circumstances given. These results are similar to those found in the 2005 DHS (National Institute of Public Health et al., 2006) where one quarter of women did not agree that any given reasons for refusing sex with their partner. These findings are also supported by the UN MCS in Cambodia, which found that 42% and 50% of men and women respectively, agreed that a woman cannot refuse to have sex with her husband/partner (Fulu et al., 2013). WHO Study (Jansen et al., 2010) in Viet Nam found similar results about women's attitudes towards sex, with most women agreeing that it is their marital obligation to have sex with their partner when he wants.

7/ IMPACT OF INTIMATE PARTNER VIOLENCE ON WOMEN'S PHYSICAL AND MENTAL HEALTH

International evidence shows that physical or sexual violence is a public health problem that affects more than one third of all women globally. The impact of violence on the physical and mental health of women and girls can range from broken bones to pregnancy-related complications, mental problems and impaired social functioning, and even death. The WHO study on global and regional prevalence estimates found that globally, 38% of all women who were murdered were murdered by their intimate partners, and 42% of women who have experienced physical or sexual violence at the hands of a partner had experienced injuries as a result (Garcia-Moreno et al., 2013).

The Cambodia Study explored the impact of physical and/or sexual partner violence in terms of injuries, as well as other general physical, mental and reproductive health outcomes. However, data on homicide is outside the scope of this Study.

Self-reported impact of intimate partner violence

In the questionnaire, women who had reported physical or sexual IPV were asked whether their partner's behaviour had affected their physical or mental health and whether it had affected their work or income-generating activities. The data, as presented in Table 7.1, shows that many women who had experienced physical or sexual IPV considered that the violence affected their health and ability to function normally. Two thirds (66%) of women who had experienced physical or sexual violence by a partner reported that the violence had affected their physical or mental health considerably. The other most commonly reported effects of IPV on women's well-being were interruptions into their work, and being unable to concentrate on their work. These figures were relatively low because only a small proportion of women reported working outside the home.

Table7.1: Self--reported impact of partner's violence on respondent's well--being, among women who had experienced physical and/or sexual intimate partner violence (N=634)

	n	%
Has affected her physical and/or mental health a lot	415	65.5
Has disrupted work or means of making money	132	3.7
Partner interrupted work	304	8.5
Unable to concentrate	144	4.0
Unable to work/sick leave	54	1.5
Lost confidence in own ability	37	1.0
Embarrassed/ashamed to go to work	24	0.7

Injuries as a result of intimate partner violence

Women who reported having experienced physical or sexual intimate partner violence were asked whether their partners' acts had resulted in injuries. Frequency of injuries, type of injuries and use of health services were also explored. Of women who had ever experienced physical and/or sexual partner violence, 25% reported being injured at least once (Table 7.2). Of those who reported injuries, 26% reported being injured in the past 12 months and the same proportion reported being injured many times. Women also reported a variety of injuries. The majority of ever-injured women reported injuries such as scratches, bruises, abrasions, cuts, sprains and dislocations. However, some women reported more serious injuries including 10% who reported a broken eardrum or eye injuries and 11% who reported internal injuries.

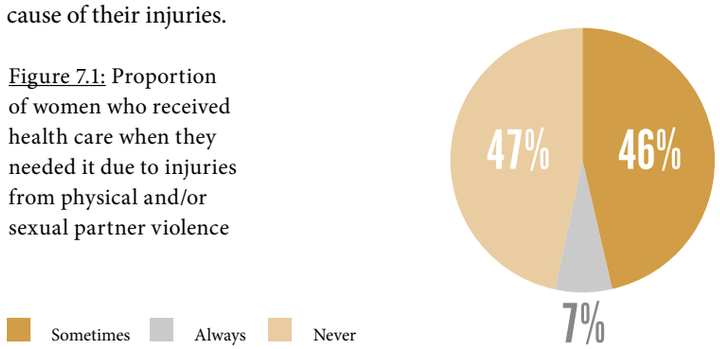
Table 7.2: Women's injuries from intimate partner violence

	n	%
Injuries, among women who had experienced physical and/or sexual IPV (N=634)		
% of women ever injured by an intimate partner	158	25.0
Details of injuries, among ever-injured women (N=158)		
Injured many times	40	25.5
Injured in the past 12 months	41	25.8
Hurt enough that needed health care	142	89.9
Received health care, among those who reported that they needed it (N=142)	76	53.5
Type of injury reported, among ever-injured women (N=158)		
Cuts, puncture, bites	53	33.5
Scratch, abrasion, bruises	103	65.2
Sprains, dislocations	30	19.0
Burns	4	2.5
Penetrating injury, deep cuts, gash	6	3.8
Broken eardrum, eye injuries	15	9.5
Fractures, broken bones	3	1.9
Broken teeth	5	3.2
Internal injuries	18	11.4
Other	20	12.7
Among those who received health care for injuries (N=77)		
Spent a night in hospital	17	22.1
Ever told health personnel the reason of injury	33	42.3

Among women who reported that they had been injured by their partner, almost all (90%) reported that they had been hurt badly enough to need health care. However, as illustrated in Figure 7.1, of those who reported needing health care for an injury, nearly half (47%) never received such care. Only 7% said they always received health care when they needed it, and 46% said they sometimes received health care. This means that many women are not getting the medical treatment that they require.

Of those who had received health care for their injuries, nearly a quarter (22%) said that they had been required to spend at least one night in hospital due to their injuries. Importantly, the Study revealed that of the women who received health care for violence-related injuries, most (58%) did not tell the health worker the real cause of their injuries.

Figure 7.1: Proportion of women who received health care when they needed it due to injuries from physical and/or sexual partner violence



Intimate partner violence and women's general health

All women, regardless of their partnership status, were asked whether they considered their general health to be excellent, good, fair, poor or very poor. They were then asked whether they had experienced a number of symptoms during the four weeks prior to the interview, such as problems walking, pain, or memory loss. Although in a cross-sectional survey it is not possible to demonstrate causality between violence and health problems, the findings give an indication of the associations between IPV and these health problems, adjusted for aged and education.

Table 7.3: Percentage of ever-partnered women reporting symptoms of ill-health, according to their experience of partner violence

	Never experienced physical or sexual IPV (N=2407)		Experienced physical and/or sexual IPV (N=634)		P-value*
	n	%	n	%	
Poor or very poor general health (vs fair, good or excellent)	427	17.7	136	21.5	0.133
Reported health problems in past 4 weeks					
Problems walking	367	15.3	104	16.4	0.898
Problems performing usual activities	352	14.6	112	17.7	0.142
Pain or discomfort	386	16.0	138	21.8	0.005
Problems with memory or concentration	503	20.9	188	29.7	<0.001
Any of the above	845	35.1	272	42.9	<0.004

*Adjusted for age and education

Figure 7.2: Comparison of health outcomes for ever-partnered women who have and have not experienced physical and/or sexual IPV

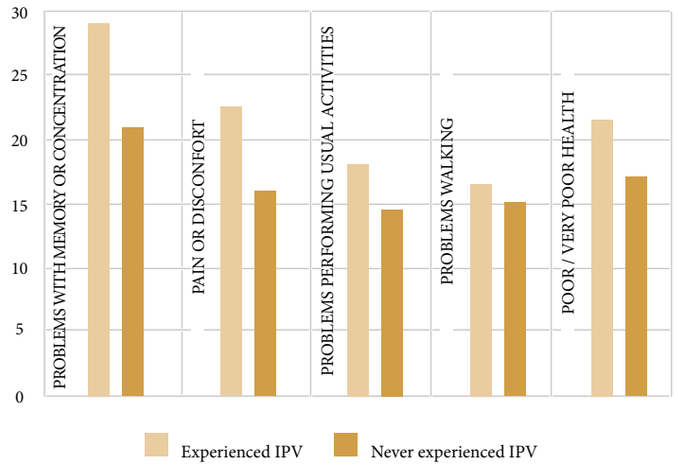


Figure 7.2 shows that there were consistent differences at the bivariate level between women who reported experiences of violence by an intimate partner and those who did not, for all symptoms of ill-health that were asked about. Table 7.3 shows that after adjusting for age and education, we found a statistically significant association between women's experiences of IPV and problems with pain or discomfort, problems with memory or concentration, and experiencing any of the health problems asked about, in the past 4 weeks.

Table 7.4: Comparison of severe health outcomes (hospitalisation and operation) for ever-partnered women according to their experiences of partner violence

	Never experienced physical or sexual IPV (N=2407)		Experienced physical and/or sexual IPV (N=634)	
	n	%	n	%
Had operation in the past 12 months	87	3.6	29	4.6
Spent night in hospital in past 12 months	200	8.3	65	10.3

Table 7.4 shows that 10% of women who had experienced some form of physical or sexual IPV had spent a night in hospital in the past 12 months. In contrast, 8% of women who had never experienced such violence had spent a night in hospital in the past 12 months. Women were also asked if they had had an operation, other than a caesarean section, in the past 12 months. Of women without a history of IPV, 4% reported having had an operation in the past 12 months compared with 5% of women who had experienced physical and/or sexual IPV.

Table 7.5: Drinking and smoking habits of women according to their experience of partner violence

	Never experienced physical or sexual IPV (N=2407)		Experienced physical and/or sexual IPV (N=634)		P-value
	n	%	n	%	
Current smoker	241	10.0	99	15.6	<0.001
Frequently drink alcohol	145	6.0	80	12.6	<0.001

Table 7.5 shows that women who have experienced violence are also significantly more likely to smoke and frequently drink alcohol, which has other serious health consequences (Plitcha, 1992).

Intimate partner violence and mental health

Mental health was assessed using a self-reporting questionnaire of 20 questions (SRQ-20), developed by WHO as a screening tool for emotional distress that has been validated in a wide range of settings. It asks respondents whether, within the four weeks prior to the interview, they had experienced a series of symptoms that are associated with emotional distress, such as crying, tiredness, and thoughts of ending life. The number of items to which women responded yes was added up for a possible maximum score of 20, where zero represents the lowest level of emotional distress and 20 represents the highest.

Table 7.6: Comparison of women who have reported emotional distress in the past 4 weeks (SQR), according to their experience of partner violence

	Never experienced physical or sexual IPV (N=2407)		Experienced physical and/or sexual IPV (N=634)	
SQR-20 score of emotional distress	n	%	n	%
0-5	1044	43.4	153	24.1
6 -10	739	30.7	206	32.5
11-15	465	19.3	170	26.8
16-20	159	6.6	105	16.6

Table 7.7: Odds ratios for the association between emotional distress and experiences of physical and/or sexual partner violence, among ever-partnered women*

	Odds ratio	CI	P-value
SQR-20 continuous variable	2.5	2.0-2.9	P<0.001

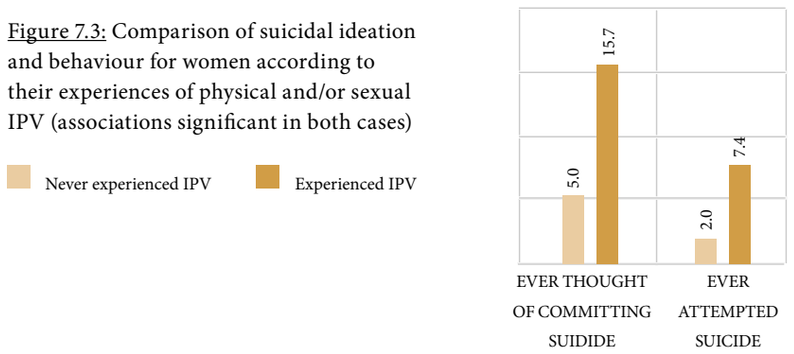
*Multi-variate logistic regression model adjusted for age and education

Table 7.6 shows that women who had experienced IPV were more likely to report scores in the higher ranges of the SRQ (11–20) than women who had not experienced it. Those who had not experienced frequent IPV had an SRQ score of between one and five. This relationship between emotional distress and IPV was found to be highly significant (P<0.001), even after adjusting for age and education levels (see linear regression with continuous variable in Table 7.7).

Table 7.8: Comparison of suicidal ideation and behaviour among ever-partnered women according to their experiences of partner violence

	Never experienced physical or sexual IPV (N=2407)		Experienced physical and/ or sexual IPV (N=634)		P-value
	n	%	n	%	
Ever thought of committing suicide	113	5.0	85	15.7	<0.001
Ever attempted to commit suicide	53	2.0	47	7.4	<0.001

Figure 7.3: Comparison of suicidal ideation and behaviour for women according to their experiences of physical and/or sexual IPV (associations significant in both cases)



Women were also asked whether they ever had suicidal thoughts. In Cambodia, 16% of women who had experienced IPV reported thinking about committing suicide, compared with only 5% of women who had not experienced violence. The results presented in Table 7.8 confirm that women who have experienced physical and/or sexual violence were significantly (P<0.001) more likely to have thought of ending their lives and have attempted suicide than women who had not experienced it.

Discussion

The Cambodia Study showed that experiences of IPV were associated with a wide range of physical and mental health problems among women. Firstly, a quarter of women in Cambodia who had ever experienced physical or sexual IPV reported being injured at least once because of the violence, and 90% of these women reported that the injuries were severe enough that they needed health care. Of concern is the fact that despite this, more than half of those who reported needing health care for injuries did not receive the required health care.

In discussions with interviewers, many women who participated in the Study indicated that they rarely sought medical attention from hospitals or clinics and preferred instead to buy medication from a pharmacy. Only in cases of severe illness or injury, and occasionally pregnancy, did they choose to attend a hospital or health care clinic. Other qualitative and anecdotal research within the health sector in Cambodia suggests that this may be due to a number of barriers in accessing health care including:

- A shortage of qualified care providers in remote areas;
- Lack of medicines and modern medical equipment at health facilities;
- Lack of access to safe shelter (especially for women in rural settings);
- Cultural barriers which discourage discussion of sexual violence;
- Survivors of violence lacking the financial means to access services;
- Inadequate coordination between service providers and other key actors on prevention and response strategies;
- Social, cultural and economic factors that contribute to low levels of awareness, access to information and health care seeking behaviour; and
- Inconsistent levels of services for survivors (Cambodian Ministry of Women's Affairs, 2014b; Cambodian Ministry of Women's Affairs, 2014a)

The findings of this Study demonstrate conclusively that violence is not only a significant health problem because it causes direct injuries, but also because it indirectly impacts on a number of health outcomes. Because of the cross-sectional design of the Study, it was unable to establish whether exposure to violence occurred before or after the onset of symptoms. Theoretically, women who reported ill health could have been more vulnerable to violence. However, as Ellsberg et al(2008) show, previous studies on women's health suggest that reported health problems are mainly outcomes of abuse rather than precursors (Campbell, 2002; Krug, 2002) . The fact that an association was found between self-reported experiences of ill health that occurred in the previous four weeks and lifetime experiences of IPV suggests that the impact of violence may last long after the actual violence has ended. This is supported by reports from interviewers who found that in their discussions with women who participated in the Study, those who had experienced sexual violence by their partner many years ago, continued to suffer from the ongoing effects of that incident.

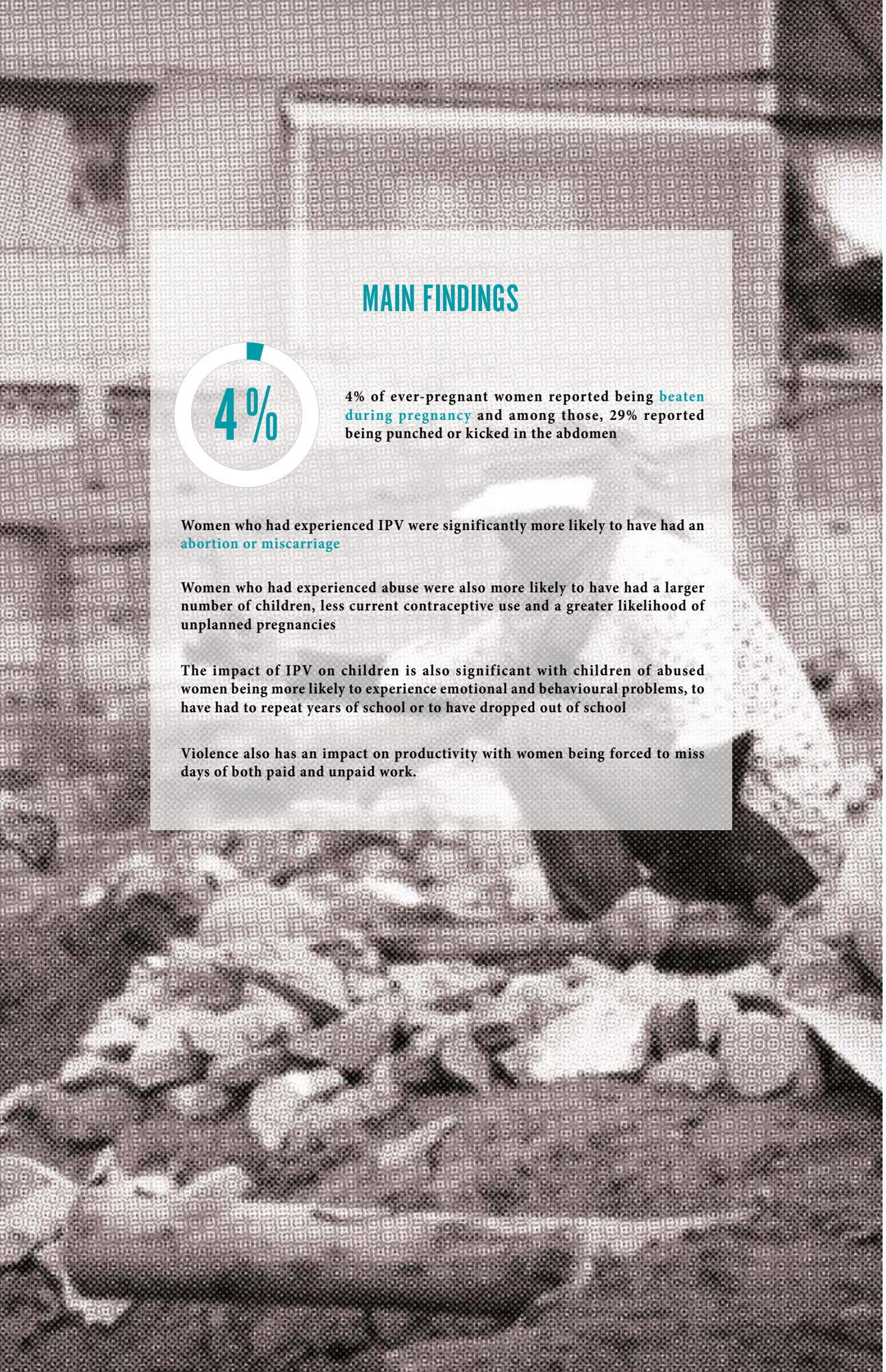
Women who had experienced IPV were significantly more likely to have health problems, emotional distress and suicidal thoughts and tendencies than women who had not experienced IPV. Some respondents who took part in the study, noted in their discussions with interviewers that they continued to suffer from chronic headaches, and recurring illnesses and injuries, and in the post data collection debriefing workshop, interviewers reported that among the women they interviewed, the impacts of IPV that women talk about ranged from low self- esteem and feelings of helplessness and hopelessness, to suicidal ideation and HIV. This is consistent with the experiences of other countries where the WHO MCS was undertaken, as well as studies from around the world showing that women who are physically abused often have many less-defined somatic complaints, including chronic headaches, abdominal and pelvic pain, and muscle aches (Campbell, 2002; Eberhard-Gran et al., 2007; Ellsberg et al., 2008; García-Moreno et al., 2015a; Kishor and Johnson, 2004a; McCaw et al., 2007; Watts et al., 1998).

Similarly, other research shows that recurrent abuse can place women at risk of psychological problems such as fear, anxiety, fatigue sleeping and eating disturbances, depression and post-traumatic stress disorder (Watts et al., 1998). Links have been found in other countries between physical abuse and higher rates of psychiatric treatment, attempted suicide, and alcohol dependence (Plitcha, 1992).

Because of these serious health consequences of violence, health care workers are likely to be treating victims of violence regularly but may be unaware that they have in fact experienced IPV. According to this Study, more than half of the women who received health care treatment for a violence-related injury did not tell the health care provider the real cause of their injuries. This is likely because of the stigma associated with violence, as well as fear women may have in reporting. Other reports suggest that there remains distrust of some institutions in Cambodia as being discriminatory, charging bribes for services and not addressing VAW from a victim-centered rights-based approach. This creates disincentives for women to expose themselves to possible secondary forms of traumatization (Cambodian Ministry of Women's Affairs, 2014b; Walsh, 2007).

Social and cultural attitudes and practices remain significant barriers in speaking openly about sexual health and domestic violence (Cambodian Ministry of Women's Affairs, 2014b). Research suggests that women in Cambodia perceive there to be a lack of confidentiality when reporting cases of VAW to authorities (Walsh, 2007). In addition, participants in this Study reported that they often encountered discrimination from health care professionals which discouraged them from speaking openly about their injuries and experiences. Other women stated that some medical professionals were too afraid to help, for fear of retribution from the victim's husband/partner and/or the authorities. Research also suggests that medical professionals in Cambodia have little access to or knowledge of the resources available for women seeking protection and care, or lack understanding of the law and need for medical forensics for legal prosecutions (Cambodian Ministry of Women's Affairs, 2014b; Walsh, 2007).

Overall the study confirms that VAW is a serious public health issue, as has been recognized globally (Garcia-Moreno et al., 2005) . The role of the health care system is central therefore to a multi-sectoral response to VAW, and must ensure the enabling conditions for providers to address VAW, including well-developed coordination and referral networks and pathways, integrated service delivery, protocols and capacity building. At present, the health care system in Cambodia does not have sufficient protocols in place to specifically address and respond to VAW. As discussed in the recommendations of this report, it is suggested that health sector responses be based upon the WHO clinical and policy guidelines on responding to IPV and sexual violence against women. These guidelines offer health care providers evidence-based guidance on appropriate care, including emotional support and clinical interventions, for women experiencing IPV and non-partner sexual violence (Garcia-Moreno et al., 2013). The Preventive Medical Department of MoH in cooperation with MoWA and other relevant institutions are currently developing and piloting guidelines on clinical responses to VAW, and the MoH has recently developed Cambodia's first National Guidelines for management of violence against women and children in the health sector, which is being guided by the 2014-2018 NAPVAW (Cambodian Ministry of Women's Affairs, 2014b; Cambodian Ministry of Women's Affairs, 2014a; WHO, 2014). Through NAPVAW, the RGC is attempting to mainstream gender into its health sector to highlight and improve first line support, increase gender sensitization among health care providers and relevant stakeholders, and improve coordination between sectors to build a multi-sectoral response to VAW.



MAIN FINDINGS

4% **4% of ever-pregnant women reported being beaten during pregnancy and among those, 29% reported being punched or kicked in the abdomen**

Women who had experienced IPV were significantly more likely to have had an abortion or miscarriage

Women who had experienced abuse were also more likely to have had a larger number of children, less current contraceptive use and a greater likelihood of unplanned pregnancies

The impact of IPV on children is also significant with children of abused women being more likely to experience emotional and behavioural problems, to have had to repeat years of school or to have dropped out of school

Violence also has an impact on productivity with women being forced to miss days of both paid and unpaid work.

8/ IMPACT OF INTIMATE PARTNER VIOLENCE ON WOMEN'S REPRODUCTIVE HEALTH AND CHIDLREN'S WELL-BEING

This chapter explores the impact of IPV on women's reproductive health and their children's well-being. Information was collected about the number of pregnancies and live births, and whether the respondent had ever had a miscarriage, a stillbirth, or an induced abortion. Women were also questioned about their use of contraception. Women who reported a pregnancy were asked whether they had experienced physical violence during pregnancy. In addition, women with children aged 6-12 still living at home were asked questions to determine any emotional behavioral issues their children may have faced, whether they had experienced IPV or not. Women were also questioned about the impact of IPV on productivity.

Violence during pregnancy

Respondents who had been pregnant were asked if they had been physically abused by an intimate partner during the pregnancy. Table 8.1 shows the prevalence and characteristics of women's experiences of physical violence during pregnancy. Overall, 4% of women who had ever been pregnant reported being physically abused during at least one pregnancy. Among those women, 29% reported being punched or kicked in the abdomen whilst pregnant. 63 percent of women reported that they had been assaulted by the father of the child. Of the women who reported being beaten during pregnancy, 69% reported that they had also been beaten by the same person before pregnancy as part of an ongoing pattern. However, less than half of those who had experienced violence both before and during pregnancy reported that the violence had gotten worse during the pregnancy.

Table 8.1: Forms of physical violence among women who had ever been pregnant

	n	%
Violence during pregnancy	112	3.9
Among respondents who had ever been pregnant (N=2893)		
Punched or kicked in abdomen whilst pregnant	32	28.6
Assaulted by father of child	71	63.4
Among respondents who had been beaten during pregnancy (N=112)		
Had been beaten by the same person before pregnancy	77	68.8
Violence got worse during pregnancy, among those who had been beaten before and during pregnancy	15	19.5

Reproductive health outcomes

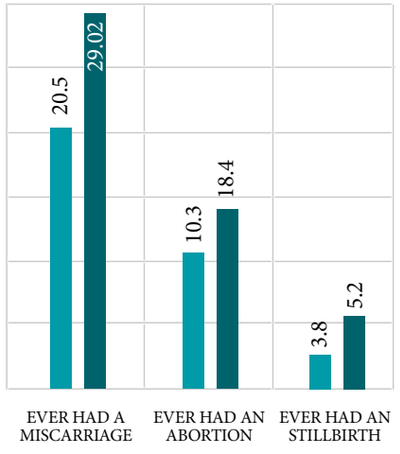
Figure 8.1 shows that women who had experienced IPV, particularly during pregnancy, were more likely to report miscarriages and abortions. For example, 29% of women who had experienced IPV reported having a miscarriage compared with 21% of women who had not experienced abuse. Five percent of women who had experienced IPV reported having a still birth, in comparison to 4% of women who had not experienced violence. Moreover, among women who had experienced abuse, 18% reported having an abortion, compared to only 10% of women who had not experienced abuse.

Table 8.2: Percentage of ever-pregnant women reporting having had a miscarriage, stillbirth or an abortion, according to their experience of partner violence

	Never experienced physical or sexual IPV (N=2271)		Experienced physical and/or sexual IPV (N=621)	
	Number	%	Number	%
Ever had a miscarriage	446	20.5	181	29.2
Ever had a stillbirth	86	3.8	32	5.2
Ever had an abortion	233	10.3	114	18.4

Figure 8.1:
Percentage of ever-pregnant women reporting having had a miscarriage, stillbirth or an abortion, according to their experience of IPV

*Associations between experiences of IPV and miscarriage and abortion found to be statistically significant



In addition, multivariate logistic regression modeling was performed to explore the associations between violence by an physical and/or sexual partner and reproductive health problems, adjusting for potential confounding variables. Women who had experienced IPV were nearly twice as likely to have had an abortion and over 1.6 times more likely to have had a miscarriage, adjusting for age and education. The association with still birth was not significant perhaps because the number of women who reported this pregnancy outcome was low.

Table 8.3: Odds ratios for the association between selected reproductive health outcomes and experiences of physical and/or sexual partner violence, among ever-pregnant women*

	Odds ratio	CI	P-value
Ever had an abortion	1.9	1.5-2.5	P<0.001
Ever had a miscarriage	1.6	1.3-1.9	P<0.001
Ever had a still birth	1.4	0.9-2.1	P=0.129

*Multi-variate logistic regression model adjusted for age and education

Parity

Table 8.4 presents data on the number of children currently alive by women according to their experience of violence by an intimate partner. Women who experienced physical and/or sexual IPV were likely to have had more children than non-abused women. The Study showed that 53% of non-abused women had more than two children compared with 63% of women who had experienced IPV.

Table 8.4: Percentage of ever-partnered women with 1-2 and with 2+ children currently alive, according to their experience of partner violence

	Never experienced physical or sexual IPV (N=2271)		Experienced physical and/or sexual IPV (N=634)	
	Number	%	Number	%
1-2 children	1042	47.1	226	37.5
More than 2 children	1786	52.9	520	62.5

Contraceptive use

Respondents who reported being in a relationship, married or otherwise, were asked if they had ever used a contraceptive method to avoid getting pregnant. Follow-on questions asked if they were currently using contraception.

Table 8.5 shows the results from these questions according to the respondent's experience of IPV. Women who had experienced physical and/or sexual IPV were more likely to have ever used contraception but less likely to be currently using contraception (although this was not significant) than women who had not experienced such violence.

Table 8.5: Use of contraceptives among currently partnered women, according to their experiences of IPV

	Never experienced physical or sexual IPV (N=2373)		Experienced physical and/or sexual IPV (N=634)		P-value*
	Number	%	Number	%	
Never used contraception, among currently partnered women	1228	51.6	263	41.5	<0.001
	Never experienced physical or sexual IPV (N=1154)		Experienced physical and/or sexual IPV (N=371)		P-value*
	Number	%	Number	%	
Currently using contraception, among women who have ever used contraception	430	37.3	164	44.2	0.068

*Adjusted for age and education

Circumstances of the most recent pregnancy

Women who reported having had a live birth in the past five years were asked a number of questions about the circumstances of the pregnancy and their maternal health care, including their antenatal and post-natal care, if the pregnancy was intended, and if they drank alcohol during the pregnancy.

Table 8.6 shows the results of these questions according to the respondent's experience of physical and/or sexual IPV. The Study found that women who experienced partner violence were significantly more likely to have an unintended pregnancy and have consumed alcohol during her last pregnancy, and more likely to have not received antenatal or postnatal care. Associations between IPV and antenatal and post-natal care were not significant.

Table 8.6: Circumstances of last pregnancy, among women who gave birth in the last 5 years, according to experiences of physical and/or sexual IPV

	Never experienced physical or sexual IPV (N=780)		**Experienced physical and/or sexual IPV (N=218)**		**P-value***
	n	%	n	%	
Last pregnancy unintended	158	20.3	68	31.2	0.001
Saw no one for antenatal check up	57	7.3	7.3	26	0.838
Consumed alcohol	64	8.2	8.2	42	<0.001
Received post-natal check up	441	56.5	56.5	115	0.481

*Adjusted for age and education

Effects of intimate partner violence on children

For women who had one or more children aged 7-12 living at home with them, a number of questions were asked that explored emotional behavioural issues that the child/children may have faced. These questions were asked regardless of whether the woman reported experiences of violence or not. While it is impossible to draw a direct correlation between a woman's experience of IPV and the impact on her children, some associations can be drawn.

59 % of women who had not experienced IPV reported no problems with children, in comparison to 48% of women who had experienced physical and/or sexual IPV. The findings from Table 8.7 also show that children of women who had experienced IPV were almost twice as likely to fail or repeat a year at school (27% in comparison to 14%), and to stop attending classes or drop out of school entirely (11% in comparison to 5%).

Table 8.7: Behavioural problems in children, among women with at least one child 6-12 years living at home

	Never experienced physical or sexual IPV (N=949)		**Experienced physical and/or sexual IPV (N=288)**	
Reporting children having nightmares, wetting bed, being timid, being aggressive	n	%	n	%
No (0) reported problems with children	519	59.3	127	47.9
Few (1) reported problems with children	240	27.4	87	32.8
Some (2) reported problems with children	100	11.4	39	14.7
Many (3) reported problems with children	17	1.9	12	4.5
Among respondent who had a child 6-12 years studying at school	Never experienced physical or sexual IPV (N=921)		Never experienced physical and/or sexual IPV (N=276)	
	n	%	n	%
Child has failed/had to repeat a year at school	90	14.0	56	26.7*
Child has stopped school/ dropped out of school	30	4.7	23	11*

* Multi-variate logistic regression models for these show that the associations are statistically significant adjusting for age and education

Impact on loss of productivity

Women who had experienced IPV were asked about the impact of the violence on productivity. One third of ever-partnered women who experienced physical violence by an intimate partner reported missing an average of three days from paid work (Table 8.8).

31% of ever-partnered women who experienced sexual violence by an intimate partner reported missing an average of four days from work. 30% of ever-partnered women who reported experiencing physical and/or sexual violence missed at least one day of paid work because of IPV. On average respondents missed a total of three days of work because of injuries sustained from IPV.

Table 8.8: Impact on loss of productivity, reported by women who had ever experienced physical or sexual violence, or both, by an intimate partner[9]

	Experienced physical IPV (N=366)		Experienced sexual IPV (N=244)		Experienced physical and/or sexual IPV (N=500)	
	n	%	n	%	n	%
Ever missed a day of paid work because of IPV	131	35.8	75	30.7	148	29.5
Unable to carry out regular (unpaid) activities	76	16.6	55	17.7	93	14.7
	n	%	n	%	n	%
	Medium		Medium		Medium	
Medium number of days of paid work missed	3		4		3	
Medium number of days of unpaid work missed	2		2		1	

Discussion

The Study found that women were most at risk of experiencing violence from their This Study found that IPV significantly impacts women's reproductive health and the well-being of their children. Of women who had ever been pregnant, 4% reported being beaten during pregnancy. This is consistent with the 2014 Cambodia DHS results, which also found that 4% of women reported having experienced violence during pregnancy (NIPH, 2015). This study found that among the women who reported violence during pregnancy, 29% were severely abused, that is, punched or kicked in the abdomen. In other studies, women abused while pregnant have reported higher frequencies of severe IPV compared with women who had been abused only before and/or after pregnancy (Campbell, 2004; Campbell et al., 2007; Macy et al., 2007; McFarlane et al., 2002). Studies have also shown that women who experience IPV during pregnancy are at greater risk of having attempts made on their lives by their partner (McFarlane et al., 2002) . Therefore, women who experience violence during pregnancy, particularly those for whom the violence got worse during pregnancy, are at serious risk and need to be offered intensive interventions.

The Study showed that women who experienced violence were significantly more likely to report abortions and miscarriages. Studies in the US indicate that women beaten during pregnancy run twice the risk of miscarriage and four times the risk of having a low birth weight baby compared to women who are not beaten (Watts et al., 1998). In a number of other countries, physical abuse has also been found to be associated with higher rates of abortion, miscarriages, stillbirths and delayed entry into prenatal care (Evins and Chescheir, 1996; García-Moreno et al., 2015c; Heise and Kotsadam, 2015; Kishor and Johnson, 2004a; Pallitto et al., 2013; Velzeboer et al., 2003).

In the Study, women who had experienced IPV were significantly more likely to have ever used contraception. The same was found in New Zealand (Fanslow et al., 2008) and other countries where the WHO study has been conducted (Fulu et al., 2009). Therefore, discussions related to contraception provision may provide an opportunity for health-care professionals to assess the possibility of IPV and provide some intervention. On the other hand, current use of contraception was lower among abused women than non-abused women (although not significant). This may reflect a greater lack of control over contraception among abused women. The 2014 DHS (2015) found that women who were more involved in household decision making were more likely to use contraception, and those who believed IPV was acceptable for five or six specified reasons were least likely to use any method of contraception. Studies in Mexico suggest that women were at increased risk of violence when they became involved in reproductive decision making (Castro et al., 2008). This likely helps to explain why abused women in Cambodia faced a greater risk of unplanned pregnancy. This is supported by other studies in the Asia Pacific region, and relates to the controlling nature of abusive relationships which may limit women's health choices (Fulu et al., 2009; Gao et al., 2008; Kishor and Johnson, 2004a). The fact that women who have experienced partner violence are more likely to have drank alcohol during their last pregnancy suggests that exposure to IPV results in riskier behaviour which can potentially result in adverse health outcomes (Garcia-Moreno et al., 2013).

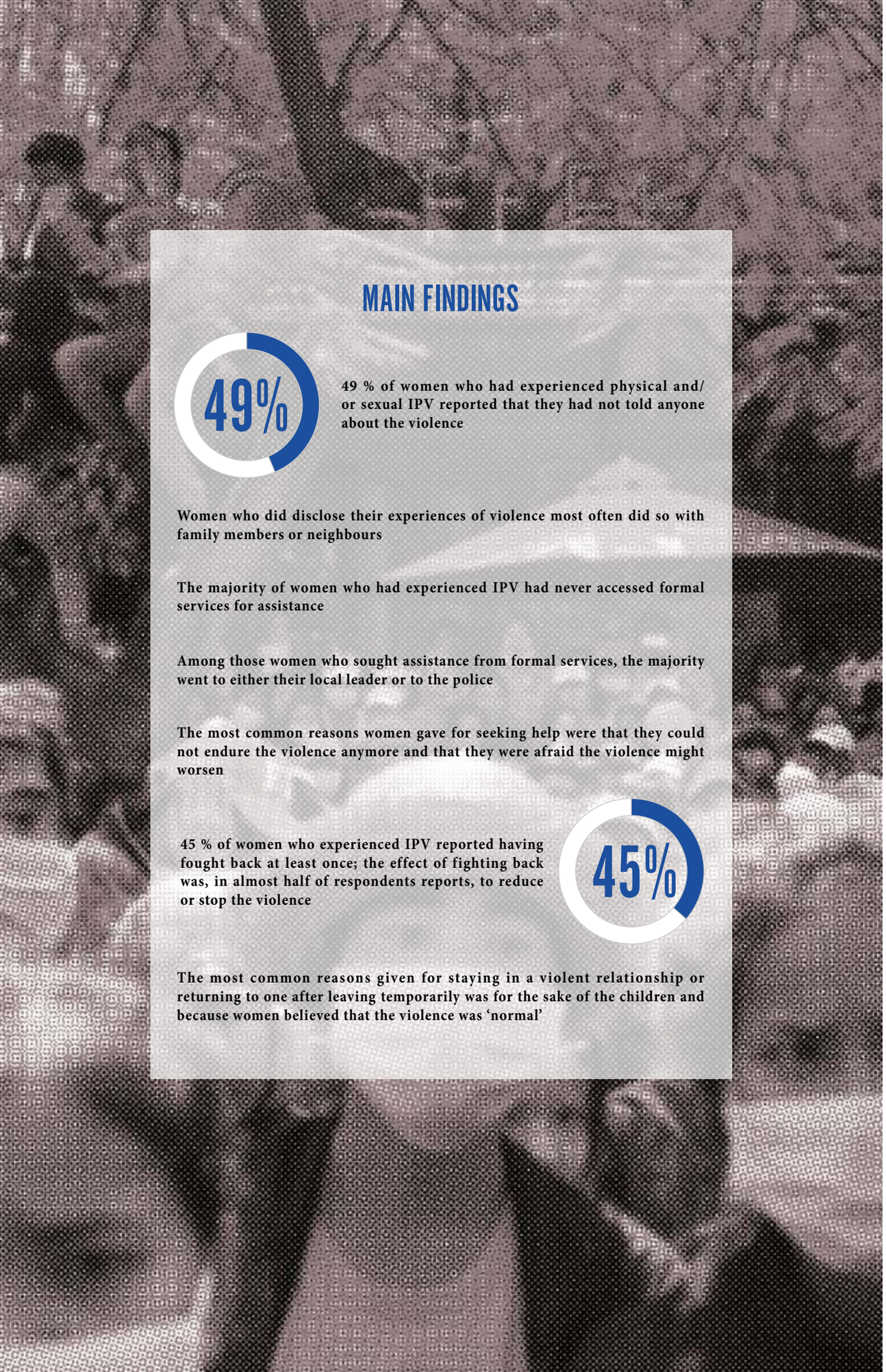
Health-care providers need to consider how IPV may influence their patients' use of reproductive health services, particularly contraceptives, and the potential for a higher risk of unplanned pregnancies and sexually transmitted infections among abused women (Ellsberg, 2000; Fanslow et al., 2008; Williams et al., 2008).

A high proportion of women who had been pregnant received antenatal care. However, post-natal care appeared to be accessed less frequently and even less so by women experiencing violence. For many women, poverty is the main barrier to accessing continuum of care and follow-up visits, as well as certain socio-cultural factors which influence women's health-care seeking practices (Cambodian Ministry of Women's Affairs, 2014a).

Chapter 4 showed that the majority of women who experienced IPV, reported that their children had witnessed violent incidents at least sometimes. This Study further showed that the consequences of women's experiences of violence on their children were significant. The children of women who experienced violence were more likely to have emotional and behavioural problems such as nightmares, wetting the bed, being overly timid or aggressive as well as dropping out of school or having to repeat grades. This finding is supported by results from a 2005 MoWA Baseline Survey (2006) which found that more than one fifth of children of women who had experienced partner abuse missed school between five and 20 times. Children may also sustain either intentional or unintentional physical injuries during attacks against their mother, and in many cases, older children are injured whilst attempting to intervene in violent episodes (Cambodian Ministry of Women's Affairs, 2006). Studies have also suggested that women who suffer depression before or after pregnancy results in a measureable decrease in child survival and slower child development (Patel et al., 2004)

9 These questions were asked of ever-partnered women who reported that their husband/partner's behaviour had disrupted their work

Given all the physical, mental and reproductive health consequences of violence discussed above, the significant impact of IPV on individual and societal productivity should come as no surprise. In fact, women reported that their experiences of violence do directly impact on their paid and unpaid work. Other studies suggest that often economic losses are more extreme for women and have a much greater impact on the poorest respondents, particularly those earning less than 20 US$ a month (Walsh, 2007). The 2009 follow-up study by MoWA (2010) found that 20% of women who had experienced IPV had missed at least one day of work, which consequently resulted in loss of wages, undermining women's economic empowerment. Rural respondents in Cambodia were found to suffer a greater loss of income compared to their urban counterparts, (Cambodian Ministry of Women's Affairs, 2006) and poverty studies in Cambodia indicate that violence against women and girls has contributed to movements into poverty due to lost income and assets, the cost of illness and injury, family breakdown and divorce (Fitzgerald and Sovannarith, 2007). This however is only the tip of the iceberg in a sense, and other studies suggest that overall costs of violence to the economy when one takes into account health costs, policing costs and loss of productivity adds up to a significant proportion of GDP. For example the cost of violence in Australia and the UK is estimated to be in the tens of billions per year and in Viet Nam it has been estimated to cost the state 1.4% of overall GDP (García-Moreno et al., 2015c).



MAIN FINDINGS

49 % of women who had experienced physical and/ or sexual IPV reported that they had not told anyone about the violence

Women who did disclose their experiences of violence most often did so with family members or neighbours

The majority of women who had experienced IPV had never accessed formal services for assistance

Among those women who sought assistance from formal services, the majority went to either their local leader or to the police

The most common reasons women gave for seeking help were that they could not endure the violence anymore and that they were afraid the violence might worsen

45 % of women who experienced IPV reported having fought back at least once; the effect of fighting back was, in almost half of respondents reports, to reduce or stop the violence

The most common reasons given for staying in a violent relationship or returning to one after leaving temporarily was for the sake of the children and because women believed that the violence was 'normal'

9/ WOMEN'S COPING STRATEGIES AND RESPONSE TO INTIMATE PARTNER VIOLENCE

Contextualised analysis of women's experiences of violence reveals that women exercise agency and varying degrees of control over their lives, even within the constraints of multiple forms of subordination (United Nations General Assembly, 2006). It is therefore crucial to acknowledge that women who experience violence are not merely victims but rather, survivors. Despite there being limited formal support services such as shelters available on a limited basis to women in Cambodia, they have developed their own coping strategies and mechanisms which draw on informal networks such as friends and family as well as more formal government and nongovernmental agencies. Many other women however just endure the violence. This chapter explores women's responses to IPV and their coping strategies.

To explore women's coping strategies, respondents who reported having experienced physical or sexual IPV were asked a series of questions about whom they talked to about their partner's behaviour, where they had sought help, who had helped them, how satisfied they were with the help, and whether they had ever fought back or left their partner because of his violence. If a woman had been abused by more than one partner, questions were asked only about the most recent partner who had been violent towards her.

Who women tell about violence and who helps

Women who had experienced IPV were asked whether they had told anyone about their partner's violent behaviour; multiple answers could be given. Women who had been physically or sexually abused were also asked whether anyone had tried to help them. Almost half (49%) of women reported that they had not told anyone about their partner's violence. This suggests that in many cases the interviewer was the first person that they had ever talked to about the violence. It furthermore indicates that half the women found to be suffering IPV in this Study chose to just endure the consequences. Nevertheless, 51% of women had told someone about their partner's behaviour, and often more than one person. As a single category, women most often told their parents about their partner's violent behaviour and secondly their neighbours (22%) and siblings (21%). Very few women told people in positions of authority or reported to support services which reflect women's distrust of official services and institutions in Cambodia. Furthermore, religious and local leaders, counsellors, health personnel, non-governmental and women's organisations were very rarely mentioned by respondents as places where they had sought assistance.
Table 9.1 shows, among women who had ever experienced violence by an intimate partner, the people they had spoken to about the violence. Women who had been

physically or sexually abused were also asked whether anyone had tried to help them. 53 percent of women reported that no one had tried to help them. Women who were likely to reach out to parents, siblings or neighbours were also more likely to report that these people had tried to help them. For example, 25% of women reported that they had told their parents, and 19% mentioned that their parents had tried to help them. Similar results were found with siblings and neighbours.

Table 9.1: People that the respondent told about the violence and who tried to help, reported by women who had ever been physically or sexually abused by a partner (N=634)

	Who told		Who tried to help	
	n	%	n	%
No one	308	48.6	337	53.2
Friends	81	12.8	28	4.4
Parents	158	24.9	117	18.5
Brother/sister	135	21.3	92	14.5
Uncle/ aunt	42	6.6	21	3.3
Partner's parents	51	8.0	39	6.2
Children	58	9.1	47	7.4
Neighbours	138	21.8	105	16.6
Police	41	6.5	33	5.2
Doctor/hw	9	1.4	7	1.1
Priest / monk	0	0	1	0.2
Counsellor	2	0.3	1	0.3
NGO/WO	3	0.5	3	0.5
Local leader	54	8.5	31	4.9
Others	13	2.1	17	2.7

Agencies or authorities to which women turn and their satisfaction with support received

Respondents were asked whether they had ever gone to formal services or people in positions of authority for help, including police, health services, legal advice, shelters, non-governmental organisations or women's organisations, local leaders and religious leaders. Table 9.2 shows that the vast majority of women who had experienced physical and/or sexual partner violence did not go to any formal services for help. In fact, only 24% of women sought help through formal agencies or authorities. In terms of where women most often sought help, 15% went to their local leaders and 11% went to the police. Only 2% of women either sought legal advice or went to the courts for help. This indicates that women in Cambodia feel that the legal system has little to offer them in terms of protection or assistance. Some women also reported seeking assistance at health clinics and shelters.

Women who reported going to at least one service for assistance were also asked how satisfied they were with the support they received. Despite the tiny pool of women who sought assistance from official services, in general, women reported being satisfied with the assistance they received. Given that there is little faith or trust in the services available to women who have experienced IPV, the high satisfaction reported was likely a reflection of their appreciation for any intervention and support received. The lowest level of satisfaction was felt by women who had sought legal advice (55%). Further, despite the fact that the police were the second most common place a small number of women went to for assistance, the satisfaction responses were among the lowest. This indicates that the authorities remain ill-equipped and unable or unwilling to respond appropriately and effectively to cases of VAW.

Table 9.2: Respondent's reporting to agencies and support services, among women who reported physical and/or sexual partner violence (N=634)

	Went to agency		Satisfied with response	
	n	%	n	%
Did not report to any agencies	153	24.1		
Police	70	11.0	48	68.6
Local leader	92	14.5	73	79.4
Hospital/health clinic	33	5.2	32	97.0
Shelter	31	4.9	29	93.6
Court	12	1.9	12	100.0
Legal advice	11	1.7	6	54.6
Women's organisation	11	1.7	7	63.6
Religious leader	6	1.0	4	66.7
Other	7	1.1	6	85.7

Reasons for seeking help and for not seeking support from agencies

Women who reported going to at least one service for assistance were asked what made them go for help. Figure 9.1 shows the reasons women mentioned for seeking assistance. The most frequently given reasons were related to the severity and impact of the violence: she could not endure it any more or she was afraid the violence would worsen. Women also reported that they were encouraged by family or friends to seek help, and because of the suffering of their children.

Women who had not gone for help to any of the services were also asked why this was the case. Their answers are also represented in Figure 9.1. The most common response, that violence was 'normal' or not 'serious' was given by 40% of women who had not sought help. The next most common response was that she was ashamed or embarrassed. Other reasons given by women were fear of losing her children, or bringing shame to the family.

Figure 9.1: Reasons for seeking help (among women who sought help) and not seeking help (among women who had not sought help) in order of the most common responses

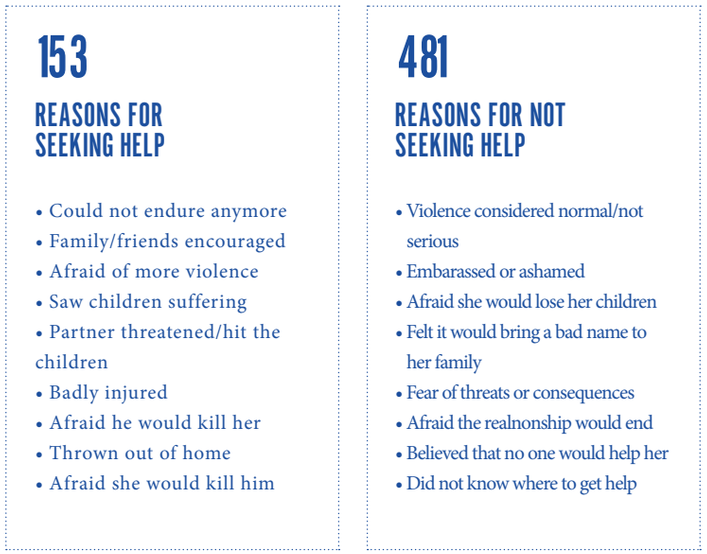


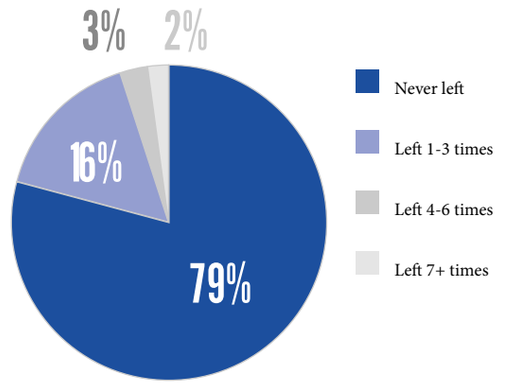
Table 9.3: Reasons for seeking help (among women who sought help) and not seeking help (among women who had not sought help)

Reasons for seeking help (n=153)	n	%	Reason not to seek help (n=481)	n	%
Friend/family encourage	37	24.2	Don't know	59	12.3
Could not endure anymore	75	49.0	Fear of threats/ consequences	30	6.2
Badly injured	19	12.4	Violence normal/not serious	193	40.1
Threatened to kill her	15	9.8	Embarrassed/ashamed	139	28.9
Threatened/hit children	19	12.4	Believed no-one would help	13	2.7
Saw children suffering	28	18.3	Afraid would end relationship	29	6.0
Thrown out of home	8	5.2	Afraid would lose children	58	12.1
Afraid she would kill him	6	3.9	Bring bad name to family	44	9.1
Afraid he would kill her	17	11.1	Did not know options	5	1.0
Afraid he would hit her/ more violence	36	23.5	Other	58	12.1
Other	25	16.3			

Women who left

Women who reported physical or sexual violence by an intimate partner were asked if they had ever left home because of the violence, even if only overnight. Of women who reported experiencing IPV, 79% reported never leaving home because of the violence, 16% reported leaving home one to three times, 3% reported leaving four to six times, 2% reported leaving seven or more times.

Figure 9.2: Frequency of leaving (for at least one night) because of violence among women who had ever experienced physical and/or sexual IPV



Women who did not leave because of the violence gave similar reasons for staying outlined in Table 9.4. The most common reason given by women for never leaving the relationship despite violent incidents was that they did not want to leave the children (39%). Other common reasons women gave for not leaving were because they loved their partner (15%), and for the sake of the marriage (13%). In addition, 17% of women who never left the violence believed the violence was 'normal'.

Table 9.4: Reasons for staying, among women who had experienced physical and/or sexual partner violence but reported never leaving the abusive relationship (n=498)

Reasons to stay	n	%
Didn't want to leave children	247	39.0
Sanctity of marriage	57	9.0
For sake of marriage	84	13.3
Couldn't support children	18	2.8
Love him	92	14.5
Didn't want to be single	36	5.7
Family said to stay	16	2.5
Forgave him	71	11.2
Thought he would change	53	8.4
Threatened her/ children	4	0.6
Nowhere to go	11	1.7
Violence normal	105	16.6
Children need father	53	8.4
Other	43	6.8

Fighting back

Respondents who had reported physical IPV were asked whether they had ever fought back physically against their partner's physical violence in retaliation or self-defence. As Table 9.5 shows, more than half of the women (55%) responded that they had not fought back. In terms of the frequency of fighting back, 21% of women responded that they had fought back 1-2 times, and 18% had fought back 3-5 times. Despite the relatively high number of women who did not retaliate, this means that at least 45% of the women who reported experiencing physical or sexual IPV fought back.

Women who reported fighting back were asked what effect this had on the violence at the time. The reported effects were mixed: 39% reported that the violence lessened, 31% reported that it got worsened, and 19% reported that it stopped (Table 9.5).

Table 9.5: Whether respondent ever fought back when being hit, and the effect on the level of violence of fighting back, among women who reported fighting back

Whether fought back (N=456)	n	%	Result of retaliation (N=205)	n	%
No	251	55.0	No change	23	11.2
1-2 times	93	20.4	Worsened	64	31.2
3-5 times	83	18.2	Lessened	80	39.0
>5 times	29	6.4	Stopped	38	18.5

Discussion

The Study found that most women did not tell anyone about their experiences of IPV nor did they seek help from any agencies. In fact, for many women who participated in the interview, the Cambodia Study was the first time that they had shared their experiences with anyone. This was also the case in many other similar studies (Garcia-Moreno et al., 2005). This highlights the extreme difficulties that women suffering IPV face in seeking and obtaining help in Cambodia and other countries. Barriers to accessing help include.

- The lack of formal services available to women in Cambodia, especially in rural areas, that specifically deal with violence against women
- The difficulty and expense for many women in rural areas to access services in townships
- The lack of sensitisation among agencies such as police, magistrates and health services making women hesitant to approach them
- The current legal system which makes it difficult to prosecute and makes women reluctant to report to the police where there is little they are willing to do
- The lack of sensitisation among authority figures and household heads, who are often dismissive of women who report domestic violence and instead encourage reconciliation for the sake of the family unit
- The isolation and fear of retaliation that women experience
- The shame and stigmatisation women feel (Cambodian Ministry of Women's Affairs, 2014a; Cambodian Ministry of Women's Affairs, 2014b)

Greater effort is needed to increase the resources available to women in need of support. Community-based services are limited and the social work sector is underfunded. There is currently an average of four public social welfare officers per 100,000 people. Moreover, services for women who have experienced violence are scattered and uncoordinated, and largely unavailable in rural areas, making rural women and girls vulnerable to violence because of their inability to access services. The lack of shelters and livelihood support for women who would like to leave violent situations is a significant factor for many Cambodian women. Evidently, more needs to be done to improve access to services for victims of IPV (Cambodian Ministry of Women's Affairs, 2014b).

Effort must also be made to reduce the barriers that women face in accessing the services that are currently available. As the Study showed, only a very small proportion of women reported seeking assistance from official services, such as their local leaders or police. Evidently it is important to enhance the capacity of such places to deal with cases of VAW in a more sensitive and effective manner. Currently, intervention remains undermined by prevailing cultural and social beliefs about the status of women in the private marital sphere, including by public officials charged with addressing the issue (LICADHO., 2006). For example, despite the existing legal framework for gender equality and the IPV legislation in place in Cambodia, out of court settlements are the most common forms of response to cases of VAW (LICADHO., 2006). Reconciliation through mediation is the other most common form of intervention suggested to women in Cambodia, particularly in cases of IPV. However, mediation can contribute to a culture of impunity and send the message that IPV is not a punishable crime. Moreover, reconciliation puts women at increased risk of further and more severe violence (Walsh, 2007).

In the post-data collection debriefing workshop, interviewers also reported that some women chose not to seek support because they were afraid that legal action would be ineffective, and also that if their husband/partner were to be imprisoned, they would have no one to depend on for household support. These points highlight the need to improve the legal response to VAW and tackle the culture of impunity that currently resonates, to increase the services available to women for ongoing support, and also to focus more closely on women's empowerment to ensure that women in abusive relationships are not forced to stay because of financial dependency.

The results of this Study showed that many women felt that the violence they were subjected to was "normal" or "not serious" or they were ashamed by their experiences.

These perceptions prevent them from seeking help. Indeed, several women who participated in the Study, noted in their discussions with interviewers that shame and embarrassment restricted them from seeking help. Significantly, women's attitudes toward IPV are inconsistent with the evidence presented in Chapter 7 on health outcomes associated with IPV, which indicate some very serious consequences. More needs to be done to challenge attitudes of acceptance and the normalization of violence. The most common reasons that women gave for either reporting the abuse (could not endure more, afraid it would worsen) or not reporting (violence normal, ashamed or embarrassed) were consistent with findings of the WHO study in other countries (Garcia-Moreno et al., 2005; Jansen et al., 2010).

The Study found that the first point of contact for women was most often their immediate social networks (family and neighbours) rather than more formal services. It is important therefore to reduce the various existing myths and social stigma surrounding violence and promote supportive and caring responses by people if someone they know reveals their experiences of violence. Support from family and friends can have very positive impacts. Studies suggest that women who have support from their immediate social networks are likely to suffer fewer negative effects on their mental health and are able to cope more successfully with violence (Garcia-Moreno et al., 2005). Hence, these informal networks that women access must be strengthened and cultural beliefs that that discourage women from discussing domestic issues outside of the household must be broken down (Amnesty International, 2010).

Other coping mechanisms include fighting back in response to IPV. Interestingly, almost half of the respondents who had experienced violence reported fighting back, and more than half of those women reported that the violence either lessened or stopped. In other countries where the WHO Study was conducted, similar rates of retaliation were found among women who had experienced IPV (Garcia-Moreno et al., 2005). This indicates that women are not passive victims of violence, but rather actively engage in retaliation and/or self-protection as one coping strategy. Alternatively however, it may also be related to the failure of protection services, as women are often left to defend themselves.

Women also reported leaving their homes for at least one night, some did so on many occasions, because of violence. It is crucial to understand that leaving a violent relationship is a process rather than a one-time event and that many of these actions are steps along the way to successfully leaving a violent relationship (Garcia-Moreno et al., 2005). There are numerous reasons why women stay or take a long time to leave an abusive relationship. Divorce is culturally frowned upon in Cambodia, and so women often chose not to leave violent relationships because they will lose their status of wife, and the relative social power associated with that role. Moreover, in many cases, the division of assets often favours the husband/partner and so women are placed under further economic hardship as divorcees (Surtees, 2003). In the Cambodia Study, most women reported that they stayed in a violent relationship, or returned to one, because of their children. In discussions with interviewers, many participants in the Study confirmed this finding, stating they did so to guarantee them a stable economic future. Victims of IPV often believe that it is in the best interest of the child's wellbeing to remain in the relationship. Although many women also cited their child's safety and security as the reason for leaving a violent relationship, it seemed that many believed in the value of the family unit and the importance of the father figure. However, this assumption failed to consider the impact of violence on children's mental state and wellbeing. As Chapter 7 discussed, there were clear correlations between women's experiences of IPV and their children exhibiting emotional behavioural problems. Moreover, other studies suggest that children who have either experienced violence themselves or witnessed violence when growing up are more likely to end up in a violent relationship, either as the perpetrator or the victim (Ellsberg et al., 1999; Jewkes and Abrahams, 2002; Martin et al., 1999; Wekerle and Wolfe, 1999; Whitfield et al., 2003)

10/ FACTORS ASSOCIATED WITH INTIMATE PARTNER VIOLENCE

This chapter looks at the factors correlated with women's experiences of IPV. We present the findings on the factors associated with experiences of lifetime physical and/or sexual IPV, obtained using multivariate logistic regression modelling and adjusting for age and all other significant variables in the model. Box 10.1 explains what multi-variate logistic regression is and why it is useful.

The drivers of VAW have been considered within a number of different discourses, including feminism, criminology, development, human rights, public health and sociology. Despite some explanations being put forth, there is no one single cause that adequately explains VAW. Instead, VAW emerges from the convergence of a variety of specific factors within the broad context of power inequalities at the individual, group, national and global levels (Fulu and Miedema, 2015; Garcia-Moreno et al., 2005; Heise, 1998; United Nations General Assembly, 2006). The analysis for this study focuses on risk factors at the individual level. However, these factors are informed by and reflect broader social contexts and environments, including gender inequality. Moreover, these factors do not operate in isolation from one another, but rather are interconnected.

Box 10.1: What is multivariate logistic regression and why is it used?

Multivariate logistic regression is a statistical technique used for this analysis to determine which factors (characteristics or experiences of women interviewed) are associated with women's experiences of physical and/or sexual IPV. A statistically significant association (when the p-value is less than 0.05) emerges when the proportion of people who experience violence is significantly greater for those with the factor being considered, compared with people without it. For example, the proportion of women who experience violence is greater among those whose partner has exhibited controlling behaviours, compared with those whose partner has not.

In the tables and figures presented in this chapter, there is reference to odds ratios, which can be directly interpreted as how many times, on average, someone is more likely to experience physical and/or sexual partner violence if they have this factor, compared with someone without this factor. For example, for women whose partners exhibit controlling behaviour, the adjusted odds rations (AOR) = 3.74, meaning that women whose partners exhibit controlling behaviour are nearly four times more likely to experience physical and/or sexual partner violence than those women who have not experienced controlling behaviours by their partners. A multivariate model takes into account all the factors at the same time and accounts for correlations between the different factors, thus it gives a better picture of the complex nature of violence against women than individual factors considered separately.

This type of data analysis provides a 'snapshot' of a situation at a given time and does not provide information on the temporal nature of these factors or 'what happens when'. This means it is not possible to say that a factor 'causes' violence because, technically, it is not known if that characteristic or experience occurred before or after a violent event. The findings suggest, however, that if the multiple associated factors are addressed, it is likely that a decrease in the rates of experiences of violence may result. Thus, this model is extremely useful to inform violence prevention models.

How the model was constructed

This analysis on experiences of physical and/or sexual partner violence are based on responses from ever-partnered women. All data on male partners' characteristics were obtained through the reports of female respondents. The outcome variable considered was whether ever-partnered women had experienced physical or sexual violence, or both, in their lifetime.

The explanatory factors that were explored in the analysis were selected based on findings from previous research showing associations with IPV in Cambodia and globally. Research suggests that the central factors involved with women's experience of IPV include individual socio-demographic characteristics, attitudes and norms that are accepting of violence, exposure to child maltreatment, especially witnessing intra-parental violence, a low level of education, and having a partner who abuses alcohol and is controlling (Abramsky et al., 2011; Heise and Kotsadam, 2015; Jewkes, 2002; Martin et al., 1999; WHO and LSHTM, 2010). In addition, certain variables were tested in the risk factor model because they supported a theoretical explanation of violence perpetration based on beliefs and actions reflecting support for gender inequality, which can manifest itself in the form of violence against women, and variables that indicate unequal power and dominance of the male partner over the respondent.

All candidate independent variables were first tested in relation to the dependent variable—physical and/or sexual partner violence—using logistic regression analysis. Those that were significant at p<=.05 were then included in a multivariate model, testing groups of variables at one time, with her characteristics included first. Next, his characteristics were added. The following variables were tested and found not be be significantly associated with the outcome of interest and therefore not included in the model: if respondent earned an income, socio-economic status, respondent's experience of child sexual abuse, whether respondent had support from her family of birth, and partner's experience of physical violence as a child.

Some variables having a clear correlation with other variables were excluded. The variables that were most strongly supported from a theoretical standpoint (not based on statistical analysis) were kept. For example, there was strong collinearity between education and socio-economic status, and it was decided to keep education in the model because of its relationship to women's empowerment which is expected to relate more directly to experiences of partner violence. The choice of variable to keep in such situations was also confirmed by the Akaike/BIC values, i.e. that the variable kept gave the best model fit compared to keeping the other one.

Factors associated with physical and/or sexual partner violence

The full multivariate model is presented in Table 10.1 (and explained further in Box 10.1), which reflects all the factors that are significantly associated with lifetime experiences of physical and/or sexual IPV, adjusted for all the other variables in the model and for age. The fit of the model is presented in Table 10.2.

Table 10.1: Multivariate logistic regression model of factors associated with women's lifetime experienced of physical and/or sexual IPV*

Characteristic	AOR	95% CI for OR	P value
Respondent's characteristics			
Secondary level education	0.85	0.75-0.98	0.022
Witnessed mother being abused as a child	1.31	1.00-1.70	0.047
Experienced physical violence as a child	1.41	1.15-1.74	0.001
Attitudes – agrees with at least one justification for husband/partner beating wife	1.07	1.00-1.14	<0.001
Male partner's characteristics			
Drinks regularly (at least once or twice a week)	2.77	2.26-3.39	<0.001
Suspected infidelity	2.23	1.69-2.95	<0.001
Has been involved in physical fights with other men	2.86	1.89-4.33	0.001
Witnessed his mother being abused as a child	2.16	1.40-3.34	0.001
Has exhibited controlling behaviour over partner	3.74	3.04-4.58	<0.001
Constant	0.47		<0.001
Number of women	2930		

*adjusted for age

Table 10.2: Model fit: Akaike's information criterion and Bayesian information criterion

Obs	ll(null)	ll(model)	df	AIC	BIC
2930	-1510.781	-1251.616	16	2535.232	2630.956

Age: As discussed in Chapter 3 women in the 30-39 age groups reportedly had the highest risk of IPV for current violence. This correlates with research that suggests that older age is associated with lower rates of current IPV because as couples age, a woman's position in the household changes. Younger women are more likely to sustain injuries within their marriages than their older counterparts (Dasgupta, 1996; Bookwala et al., 2005).

Education: Women's education was found to be an important protective factor against experiences of IPV. In Cambodia, women who had secondary or higher levels of education were less likely to experience IPV.

Witnessed mother being abused: A central theory of domestic violence causation relates to the intergenerational cycle of violence. All respondents were asked whether

their mother had been hit or beaten by her husband/partner. They were also asked if their partner's mother had been hit or beaten by her husband/partner. This Study found that women who witnessed their mother being abused as a child were 1.3 times more likely to experience IPV compared with those women who had not witnessed abuse as a child. Furthermore, women whose partner's mother had been beaten were more than twice as likely to experience IPV.

Experience of abuse as a child: Childhood exposure to violence is commonly noted as an explanation of the origins of violence in intimate relationships. Women were asked if they had experienced physical and/or sexual abuse as a child (under age 15). The Study found that women who had been beaten as a child were nearly one and half times as likely to experience IPV compared to those who had not experienced such abuse.

Attitudes toward IPV: The underlying construct of gender inequality and violence-condoning norms are related to experiences of IPV. As discussed in Chapter 6, the Study included a set of questions designed to determine whether respondents considered it acceptable for a man to beat his wife under certain circumstances. Women who agreed with at least one justification for a husband/partner hitting his wife were more likely to experience IPV than women who did not agree with any justifications.

Violent with other men: Respondents were asked if, since they had known their current/most recent partner, he had ever been involved in a fight with another man. Respondents who answered yes were also questioned about the frequency of their partner's involvement in such behaviour. Having a partner who has been violent with other men was positively associated with physical and/or sexual IPV, and those women were almost three times more likely to experience IPV compared with those women whose partners were not involved in this type of antisocial behaviour.

Partner had an affair: Women who reported that their partner had or was suspected of having a relationship with another woman while with her were two times more likely to report IPV than women whose partner had not had an extramarital relationship.

Controlling behaviour: As discussed in Chapter 4, controlling behaviours by the respondent's current/most recent partner that were examined in this Study included: restricting her contact with family or friends; insisting on knowing her whereabouts at all times; ignoring or treating her indifferently; controlling her access to health care; frequently accusing her of being unfaithful; getting angry if she speaks with other men. If respondents answered yes to any of these questions they were defined as having a partner who exhibited controlling behaviour. Women who reported that their partner exhibited at least one act of controlling behaviour were nearly four times more likely to experience IPV than those women who did not report controlling behaviour.

Partner's alcohol consumption: A partner's drinking patterns have been found to have a strong relationship with IPV in a variety of settings. Respondents were asked a number of questions related to their current/most recent partner's alcohol use. The analysis found that women whose partners drank regularly (at least once or twice a week) were almost three times more likely to experience IPV in comparison to women whose partners did not drink alcohol regularly.

In addition to the above analysis, the Cambodia questionnaire also included questions about whether incidents of IPV ever took place while their partner was under the influence of alcohol. Among the women who reported experiencing physical IPV, 74% reported that they had experienced violence at least once whist her partner was under the influence of alcohol. 30 percent of those women reported that physical violence under the influence of alcohol had occurred more than five times. 64 percent of women who had ever experienced sexual IPV reported that at least one act had taken place whilst their partner was under the influence of alcohol. Almost a quarter of those women reported a frequency of at least 2 -5 times.

Box 10.2: Causes of violence versus associated factors

From a technical perspective, individual factors found to be correlated with violence against women cannot be interpreted as providing the 'causes' of violence against women. This is because it is not always clear whether the specific characteristic or experience being measured occurred before or after such a violent event. Further, while one factor, such as childhood experiences of violence, may be strongly correlated with violence perpetration, not all men who experience child abuse will go on to use violence against women.

However, clusters of strongly correlated factors point to broader underlying causes, such as gender inequality and patriarchy. Further, if the multiple associated factors, and the societal forces that influence them, are addressed, it is likely that a decrease in the rates of violence perpetration may result.

Discussion

This analysis shows that there are a number of broad drivers of violence that contribute to women's experiences of IPV in the Cambodian context. It is necessary to recognise that the individual factors presented in this analysis do not necessarily cause violence and do not function in isolation. Indeed, a number of individual factors together reflect a broader underlying concept of gender inequality and power imbalances between women and men. Within a broad social context, these individual factors reproduce and imitate social norms, structures, beliefs and values related to gender and power, and remain the underlying, foundational drivers of violence against women. Therefore, it is more relevant to understand the drivers of violence as clusters of interconnected factors.

In terms of men's characteristics, the controlling behaviour, involvement in fighting with other men, suspected infidelity, and alcohol abuse, were found to be strongly associated with women's experiences of violence. These factors combined reflect a model of masculinity that relates to dominance and control over women, toughness and strength, and heterosexual performance. Men's attitudes and practices are often

shaped by prescribed narratives within society of 'what it means to be a man', or masculinities. The patterns of behaviour associated with this model of masculinity therefore reinforce gender inequalities and facilitate VAW. In Cambodia, the social conditioning which occurs at home and at school supports gender inequalities and power imbalances. In Cambodia Eng (2009) also found strong correlations between controlling behaviours and physical and emotional partner violence. In particular, women who engaged in spousal confrontation, and perceivably transgressed their prescribed gender roles, were more likely to experience more partner control and emotional violence, compared with women who remained silent and obedient. Traditional gender ideologies justify male use or threat of violence against their wives/partners as a means to exercise their control over women (Eng et al., 2009).

There has been some debate as to whether controlling behaviour should be considered a part of the violence experience rather than as a risk factor; and it is true that control is often an integral part of abusive relationships. However other major studies have identified it as a potential factor associated with violence (Abramsky et al., 2011; Jewkes, 2002; Heise, 2012; Rani and Bonu, 2009). Further, the model was tested and found to have the best fit when controlling behaviour was included. Controlling behaviour is closely conceptually related to emotional abuse, however it does not always exist alongside physical or sexual violence. Moreover, through educational programs, which can teach relationship skills and promote gender equality and respect, it is possible to reduce these behaviours.

Having a partner who had an affair was also a significant risk factor for IPV. This is likely because having affairs highlights a belief about the sexual availability of other women and reflects an unequal dynamic within the relationship (Fulu et al., 2013). In Cambodia, extra-marital affairs for women are strongly condemned under the codes of conduct; men however are not held to similar sexual standards (Surtees, 2003; Walsh, 2007). Furthermore, having a partner who had an affair also places the respondent at increased risk of contracting HIV/AIDS or other sexually transmitted diseases. Other literature has suggested that men having multiple sex partners including with sex workers reflects a combination of individual men's preoccupation with demonstrating (hetero)sexual performance or sexual dominance over women, and/or their desire for emotionally detached sex (Decker et al., 2010; Dunkle et al., 2007; Nduna et al., 2010; Malamuth, 2003). These patterns of behaviour are also found to be linked with masculinities that emphasise strength, toughness and dominance over other men, demonstrated by participation in gangs, fighting with weapons and associated drug use (Knight and Sims-Knight, 2003) .

Regular alcohol use by the respondent's partner was found to be a risk factor for IPV. Studies across various countries and settings have found associations between men's drinking patterns and marital violence (Cocker et al., 2000; Jewkes and Abrahams, 2002; Koenig et al., 2003; Moraes and Reichenheim, 2002; Rao, 1997; Scott et al., 1999; White and Chen, 2002) and that the influence of alcohol usually results in greater injuries (Brecklin, 2002). The role of alcohol however must be placed within a broader context of gender inequality and power imbalances between men and women, as the culture around drinking is connected with models of masculinity that promote violence against women (Alcarez and Suárez, 2006; Brickell, 2008; McIlwaine and Moser, 2004). The literature on women's experiences of violence indicate that the role of alcohol is context specific, and combined with a number of other factors, it can become a trigger of violent episodes, rather than the cause of them. Alcohol is seen to contribute to violence by provoking conflicts, reducing inhibitions and providing a social space for punishment at the family level (Jewkes et al., 2002; Lee, 2007). It is necessary to remember, however, that the use of alcohol does not explain the underlying imbalance of power within relationships where one partner exercises coercive control. Prevention programs aimed at VAW therefore should not be solely aimed at reducing alcohol consumption in the hope that it will eliminate VAW.

The underlying construct of gender inequality and violence-condoning norms are related to the perpetration and experience of violence. The Study found an association between individual gender inequitable attitudes and IPV. Women in Cambodia who believed that under some circumstances a man is justified in beating his wife were more likely to experience IPV, compared with women who do not share that belief. These findings are supported by other studies that also found links between gender-based attitudes and the experience of IPV. For example, in eight of a total 15 sites, the WHO MCS found a strong positive correlation between women's attitudes that supported a man beating his wife and experiences of IPV (Heise and Kotsadam, 2015) . Other studies have also found that men are more likely to use violence if they have hostile and negative attitudes towards women and identify with traditional images of masculinity and male privilege (Alder, 1992; Anderson et al., 2004; Heise, 1998; O'Neil and Harway, 1997).

Women who had witnessed their mother being abused or had experienced physical violence themselves as a child were more likely to experience IPV. Furthermore, women who had a partner whose mother was abused were also more likely to experience IPV. Other literature supports this, suggesting that children who have either experienced violence themselves or witnessed violence when growing up are more likely to end up in a violent relationship, either as the perpetrator or the victim (Ellsberg et al., 1999; Jewkes and Abrahams, 2002; Martin et al., 1999; Wekerle and Wolfe, 1999; Whitfield et al., 2003) . The association between physical punishment in childhood and adult domestic violence implies that the beating of children normalises violence as a form of conflict resolution and punishment. Children in violent homes are thus more likely to learn to use violence instead of more constructive and peaceful methods to resolve conflict, and they are also more likely to experience a range of other behavioural and emotional problems later in life (Lee, 2007). This emphasises the need for greater prevention of child abuse, in order to promote positive and non-violent family and school environments.

Education was found to be protective against IPV and reflects the importance of women's social and economic empowerment. Yount and Carrera (2006) also found positive correlations between Cambodian women's experiences of IPV and their level of education.

The findings of this Study reflect broader social patterns of gender inequality that promote male dominance and power over women. Addressing gender inequalities and power imbalances within relationships and social inequalities within society, alongside alcohol abuse, child maltreatment, and women's education are crucial for tackling forms of IPV.

11/ CONCLUSIONS AND RECOMMENDATIONS

The *National Study on Women's Health and Life Experiences* is the first population-based survey that measures the prevalence of women's experiences of VAW and their health consequences in Cambodia. Previous studies have indicated the widespread nature of violence against women in Cambodia, and this study confirms that earlier research (National Institute of Statistics et al., 2015; Fulu et al., 2013).

The findings of this comprehensive study show that women are at greatest risk of violence from their intimate partners, and that this violence is often frequent and severe. IPV includes physical, sexual, emotional and economic violence, and therefore effective prevention and response to violence against women and girls requires more inclusive strategies, long-term commitment and coordination among key stakeholders. Women also experience violence by non-partners, although it is still often by people known to them.

The study conclusively shows that violence against women is a major public health issue with long-term physical, mental and reproductive health consequences. Further, women's experiences of violence have serious negative impacts on their children's well-being and on their productivity and ability to participate fully in society.

The analysis of factors related to women's experiences of violence shows that ending violence against women requires women's full empowerment, via the elimination of gender inequalities and discrimination, particularly exercised through social norms that encourage a model of manhood premised on dominance and undermine women's rights. Alongside this, addressing child maltreatment and alcohol abuse, and ensuring women's education are crucial for tackling violence against women. It is necessary to develop programs that promote positive and non-violent family, home and community environments based on gender equality and respect.

The Royal Government of Cambodia has already made important strides in addressing violence against women and girls including through the Law on Domestic Violence and Protection of Victims, the National Action Plan on Violence Against Women, and the Second National Action Plan on Violence against Women. The following recommendations reflect the specific key findings of this study, but build on the Government's achievements so far. The recommendations below draw strongly from NAPVAW and are intended to complement and support the existing national frameworks and approaches for prevention and response. Overall, violence prevention and response plans should be multi-sectoral, interlinked, and coordinated in a strategic manner. They should also be incorporated into the larger social development, gender equality and human rights frameworks and plans.

These recommendations are informed by international mechanisms and normative frameworks, such as the Convention on the Elimination of Violence against Women (CEDAW), the International Conference on Population and Development Platform for Action and the Convention on the Rights of the Child and the new Sustainable

Development Goals. They are also informed by the latest evidence globally including the Plan of Action recently published in the Lancet (García-Moreno et al., 2015b).

The following recommendations first present the key findings from the analysis and what needs to change, based on those findings. Examples of programs and approaches are then presented for each recommendation. The suggested programs and approaches are just some of the many possible interventions required, and are based on existing evidence of which interventions are promising or effective for the prevention of, and response to, violence against women (Fulu and Kerr-Wilson, 2015; Ellsberg et al., 2015).

01 Recommendation 1: Promote gender equality and women's empowerment

KEY FINDINGS

- Violence against women is driven by gender inequality.

- Women with higher levels of education were less likely to experience IPV, which highlights the importance of women's empowerment through education.

- Direct access to economic resources is an important contributor to women's empowerment and the breakdown of social norms that facilitate inequality. The Study found that the majority of respondents reported that they were not working for cash and a significant proportion of women indicated that they have been subject to financial abuse from their male partners.

EXAMPLES OF PROGRAMMES AND APPROACHES

- Ensure national laws, policies, and institutions in all sectors promote equality for women and men and eliminate all forms of discrimination against women.

- Promote girls' education and implement strategies to address barriers to girl's education, particularly in rural areas.

- Enhance capacity of education institutions to respond to VAW through effective primary prevention interventions (as seen in the NAPVAW)

- Develop skills and income generation programmes that enhance women's economic empowerment to women's access to and control over financial resources, including increasing financial decision-making power and economic independence. Evidence suggests that economic empowerment programmes when combined with gender transformative training can be effective in reducing rates of violence.

- Integrate women's empowerment programming into different sectors, including microfinance, agriculture, water and sanitation, and other development programming for women.

02 Recommendation 2: Challenge social norms related to the acceptability of violence against women

KEY FINDINGS

- More than half of all women believed that a man is justified in beating his wife under some circumstances. Moreover, women who condoned a man hitting his wife were at increased risk of experiencing physical and/or sexual partner violence.

- The most common reason for women who had experienced partner violence not seeking help was because they thought the violence was normal.

EXAMPLES OF PROGRAMMES AND APPROACHES

- Implement long-term and comprehensive community mobilization interventions that work with women and men, girls and boys, to change the social norms that perpetuate gender inequality, violence against women and girls, with priority given to interventions that foster collaboration between programmes.

- Implement facilitated community conversation approaches that make violence against women prevention a community-owned and led issue.

- Work intensively with cultural influencers, including local leaders (with whom most women seek help), religious leaders and those revered in the media or popular culture to educate them on VAW and how to effectively respond to cases.

03 Recommendation 3: Strengthen the role of the health sector in responding to and preventing violence against women

KEY FINDINGS

- Health-care providers are likely to be one of the first professional points of contact for survivors of intimate partner violence or sexual assault. More than a quarter of women who reported experiencing intimate partner violence sustained injuries from the violence.

- Women who experienced intimate partner violence were significantly more likely to experience poor physical, mental and reproductive health.
However, half of the women who had suffered injuries from intimate partner violence had not sought medical attention, highlighting that a number of barriers to accessing health care remain in Cambodia.
When women did seek medical attention, many did not reveal the true cause of their injuries to health-care providers.

EXAMPLES OF PROGRAMMES AND APPROACHES

- Increase gender sensitisation among health-care providers, policy makers and other stakeholders and raise awareness of the significant health burden of VAW and the important role of the health sector in addressing VAW (the results of this report can be a key advocacy tool in this regards).

• Mainstream gender responsive services in the health sector. Specifically, integrate violence against women response and prevention into the mandate of the health sector including initiatives related to RH, maternal health, child health, mental health, substance abuse prevention.

• Integrate continuing supervision, training and mentoring on VAW into health sector curricula.

• Develop and implement clinical guidelines and protocols for responding to intimate partner violence and sexual violence against women in health settings, including free access to services and referral. Protocols should be based on the WHO clinical and policy guidelines : http://bit.ly/1PMxihB

04 Recommendation 4: Enforce the domestic violence law and strengthen the capacity of the justice sector

KEY FINDINGS

• Most women who had experienced IPV do not report the abuse to the relevant authorities. Other research suggests this is because of a culture of impunity, a lack of transparency, and a failure by police and officials to recognise the sensitivity and severity of violence against women.

EXAMPLES OF PROGRAMMES AND APPROACHES

• Integrate gender sensitisation and comprehensive training on violence against women, including marital rape, into police, law enforcement and other legal authorities training curricula.

• Invest in community programming which focuses on educating men and women about laws and legislation regarding violence against women, violence prevention, and individual risk factors.

• Establish a comprehensive monitoring system to ensure the effective administration of justice.

05 Recommendation 5: Promote non-violent ways of being a man that are oriented towards equality and respect

KEY FINDINGS

• Men are the primary perpetrators of violence against women. The Study found strong correlations between women's experiences of violence and men's controlling behaviour, antisocial behaviour and sexual relationships with other women. While not all men use violence, the prevalence of male violence against women reflects narratives of masculinity that rationalize and celebrate male strength, the use of violence, and men's control over women.

EXAMPLES OF PROGRAMMES AND APPROACHES

• Implement sustained school-based and out-of-school interventions with boys and girls to promote respectful relationships, and social norms that value, respect and empower all women and girls.

• Use peer group approaches to work with teenage boys to promote a more positive understanding of consent and condemn rape beliefs and practices.

• Work with male role models and local leaders in a long-term and comprehensive ways to promote positive ways 'to be a man'.

06 Recommendation 6: Address child abuse and promote healthy families and violence free environments for children

KEY FINDINGS

• Violence against women can have long-term effects on victim's children. The Study found that children of women who had experienced IPV suffered from greater emotional and behavioural problems. VAW also impacted children's education and development.

• Women who had witnessed or experienced IPV, or who had partners who had witnessed violence as children, were more likely to experience violence later in life. This suggests that violence is partly socially learnt in childhood.

EXAMPLES OF PROGRAMMES AND APPROACHES

• Implement positive parenting programmes that provide skills, tools, resources and support to foster healthy, non-violent and safe homes and non-violent discipline.

• Implement comprehensive communications campaigns to address the social tolerance of violence against children.

• Implement programmes to improve conflict resolution, problem solving skills, relationship building, and promote healthy communication skills within relationships.

• Promote child participation in family decision making and raise children's awareness and knowledge on child rights, and child protection services.

07 Recommendation 7: Address alcohol abuse and other anti-social behaviours that link male culture to violence

KEY FINDINGS

• Although alcohol is not a direct cause of violence, it appears to trigger violent incidents. The Study found that women whose partners drank regularly (at least once or twice a week) were almost three times more likely to experience IPV in comparison to women whose partners did not drink regularly.

• The Study also found that a high proportion of women experienced physical and/or sexual violence when their partner was under the influence of alcohol.

EXAMPLES OF PROGRAMMES AND APPROACHES

• Implement peer based education programmes with young boys to address social norms that promote a drinking culture linked to violence.

• Implement gender-sensitive approaches to alcohol control.

• Consider structural interventions that reduce the availability of, or increase cost of, alcohol to reduce binge drinking.

08 Recommendation 8: Make public environments safer for women

KEY FINDINGS

• Sexual harassment including unwanted touching, fondling and coerced sex is an issue in Cambodia.

• Women are often subject to such harassment on the street and in the workplace, and according to this Study, women are increasingly being harassed via electronic devices such as phones or online.

EXAMPLES OF PROGRAMMES AND APPROACHES

• Implement more clearly defined sexual harassment, as well as school and workplace harassment laws.

• Introduce training into school curricula that addresses emerging areas of harassment including cyber-bullying and online sexual harassment.

• Identify the places where women are most at risk of sexual harassment and improve infrastructure such as lighting and implement other strategies to promote women's and girls safety in public spaces (for example through Safe City programmes).

09 Recommendation 9: Coordinate

KEY FINDINGS

• Violence against women is widespread, cuts across all groups of society and has major health and social consequences. It is also driven by a number of interconnected factors that operate at the individual, family, community and societal levels. Therefore, a comprehensive and coordinated approach is needed to respond to and prevent violence against women.

EXAMPLES OF PROGRAMMES AND APPROACHES

• Promote a coordinated gendered response mechanism at the national and sub-national levels between ministries, institutions, service providers, private sector and other key stakeholders for a prevention and response strategy, and for the development of knowledge and skills.

• Ensure adequate resources are available to support the implementation of national action plans in all relevant sectors, and for the engagement of community based support networks and women's movement and women's organisations.

• Support mechanisms to promote collaboration and coordination between all sectors to nurture coherence and efficient use of resources, so as to improve services for survivors of violence. For example, establish a multi-sectoral Coordinated Response Mechanism (CRM) at the sub-national level in cooperation with provincial and district institutions.

10 Recommendation 10: Conduct further research, monitoring and evaluation

KEY FINDINGS

• Research and evidence have been important in highlighting the prevalence and severity of violence against women.

• However the field of violence prevention is relatively new and there is a strong need to monitor and evaluate programmes to determine what is working, what is not, and continually improve efforts.

EXAMPLES OF PROGRAMMES AND APPROACHES

• Continue to monitor the prevalence of VAW through the DHS and other population-based surveys.

• Use a comprehensive system of data collection and monitoring to regularly collect data from relevant stakeholders to monitor and evaluate programs aimed at prevention.

• Document the cost and cost-effectiveness of violence programming to inform resource planning and priority setting.
Carefully monitoring women's use of services to promote greater access and improve response systems.

World Health Organization
Western Pacific Region

CAMBODIA
WOMEN'S HEALTH AND LIFE EXPERIENCES

VERSION 12.0

(REV. 28 MARCH 2015)

Acknowledgements with WHO questionnaire Version 10:

This questionnaire was developed by Dr Henrica A.F.M. Jansen (WHO, Geneva) and Dr Charlotte Watts (London School of Hygiene and Tropical Medicine, UK) with input from other members of the Core Research Team: Dr Mary Ellsberg and Lori Heise (Program for Appropriate Technology in Health, Washington DC), and Dr Claudia García-Moreno (WHO Geneva) for the WHO multi-country study on women's health and domestic violence.

Early drafts of the questionnaire were reviewed by the following members of the study expert steering committee: Jacquelyn Campbell, Johns Hopkins University; LucienneGillioz, Bureau d'Egalite, Geneva; Rachel Jewkes, Medical Research Council; South Africa; Ivy Josiah, Women's Aid Organisation, Malaysia. Further there were inputs from experts in the different areas covered in the questionnaire.

The questionnaire was pre-tested by the country research teams involved in the WHO Study:
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Between 1999-2002, Version 9 has been used during the implementation of the WHO Multi-country study in the countries mentioned above. Version 10 incorporates a number of improvements based on extensive experience with and feedback on Version 9. It also contains a few new questions which enable measurement of associations between partner violence and HIV/AIDS risk.

Version 10 was the last version used in the actual WHO multi-country study.

Version 11.0-11.5 were updated by Henriette Jansen for the studies that replicated the WHO methodology:

- Version 11.0(2009 – 2010) included modifications (in red font) based on the lessons learned from the use of version 10 in the WHO multi-country study.
- Versions 11.1, 11.2, 11.3 and 11.4(in green, blue, purple and orange font for respectively) reflect updates made during 2012 and 2013. They include minor changes in section 7 and major changes in section 10 (more details on non-partner violence, including data for past 12 months and sex of the perpetrator), in particular to enable computation of the UN statistical indicators on violence against women (UNSD 2013). This version incorporates (further improved) questions from the UNECE questionnaire module developed for these indicators, without compromising the comparability with earlier versions. These versions have been used in a number of studies in the Pacific and South-Asian Region.
- Version 11.5 (June 2014, changes in dark purple) includes some new minor edits, plus a number of additional questions on sexual violence by non-partners, as proposed by WHO, to capture more aspects of sexual violence. This version has not been used in the field but predeced the expert meeting in Geneva.

The generic Version 12.0 (October 2014, changes in red with yellow highlight) includes major changes, incorporating suggestions of the expert meeting that took place at WHO in Geneva 24 June 2014 (mention participants and summarize changes).

Cambodia adaptation of the questionnaire:

This Version 12.0 has been adapted for Cambodia and incorporates a number of improvements based on experiences and pre-testing between January and March 2015 by the Cambodia research team involved in the WHO Study: the Techncial Working Group of the Cambodia Study, Debbie Gray (WHO Cambodia), Christina Pallitto (WHO HQ), Britta Baer (WHO Western Pacific Regional Office), Henrica A.F.M. Jansen (UNFPA APRO).

The study in Cambodia was the first to develop and test an EDC (Electronic Data Capture) system for the WHO questionnaire.

ADMINISTRATION FORM

IDENTIFICATION	
COUNTRY CODE	___
REGION/PROVINCE	[ ]
DISTRICT/WARD/VILLAGE	[ ][ ][ ]
CLUSTER NUMBER/EA	[ ][ ][ ]
HOUSEHOLD NUMBER	[ ][ ]
NAME OF HOUSEHOLD HEAD : _____	
URBAN = 1 / RURAL = 2	[ ]

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ][ ]
				MONTH [ ][ ]
				YEAR [ ][ ][ ][ ]
INTERVIEWERS NAME	_____	_____	_____	INTERVIEWER [ ][ ]
RESULT***	_____	_____	_____	RESULT [ ][ ]
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER
TIME	_____	_____		OF VISITS [ ]
LOCATION	_____	_____		

QUESTIONNAIRES COMPLETED?	*** RESULT CODES		CHECK HH SELECTION FORM:
[ ] 1. None completed ⇒	Refused (specify): _____ 11		TOTAL IN HOUSEHOLD (Q1) [ ][ ]
	Dwelling vacant or address not a dwelling....12		
	Dwelling destroyed....13		
	Dwelling not found, not accessible....14		
	Entire hh absent for extended period....15		
	No hh member at home at time of visit....**16**	**⇒Need to return**	
	Hh respondent postponed interview....**17**	**⇒Need to return**	TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [ ][ ]
	Entire hh speaking only foreign language. 18		
[ ] 2. HH selection form (and in most cases HH questionnaire) only ⇒	Selected woman refused (specify): _____ 21		
	No eligible woman in household....22		
	Selected woman not at home....**23**	**⇒Need to return**	
	Selected woman postponed interview....**24**	**⇒Need to return**	
	Selected woman incapacitated....25		LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [ ][ ]
	Selected woman speaks foreign language .26		
[ ] 3. Woman's questionnaire partly ⇒	Does not want to continue (specify) : ____ 31		
	Rest of interview postponed to next visit .**32**	**⇒Need to return**	
[ ] 4. Woman's questionnaire completed ⇒	41		

LANGUAGE OF QUESTIONNAIRE	[ ][ ]
LANGUAGE INTERVIEW CONDUCTED IN	[ ][ ]

FIELD SUPERVISOR/EDITOR	OFFICE EDITOR	ENTERED BY
NAME [ ][ ]	NAME [ ][ ]	ENTRY 1: _____
DAY [ ][ ]	DAY [ ][ ]	
MONTH [ ][ ]	MONTH [ ][ ]	ENTRY 2: _____
YEAR [ ][ ][ ][ ]	YEAR [ ][ ][ ][ ]	

HOUSEHOLD SELECTION FORM

Hello, my name is _____. I am visiting your household on behalf of National Institute of Statistics. We are conducting a survey in Cambodia to learn about women's health and life experiences.

1	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as domestic servants, lodgers or friends who live here and ~~share food~~eat together? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL.	TOTAL NUMBER OF PEOPLE IN HOUSEHOLD [ ][ ]
2	Is the head of the household male or female?	MALE ....1 FEMALE ....2 BOTH 3

	FEMALE HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HH	RESIDENCE	AGE	ELIGIBLE
3 LINE NUM.	Today we would like to ~~talk~~ discuss to one woman or girl from your household. To enable me to identify whom I should talk to, would you please give me the first names(clarify) of all girls or women who usually live in your household (and share food).	What is the relationship of NAME to the head of the household.* (USE CODES BELOW)	Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW. YES NO	How old is NAME? (YEARS, more or less)	SEE CRITERIA BELOW (A +B) YES NO
1			1 2		1 2
2			1 2		1 2
3			1 2		1 2
4			1 2		1 2
5			1 2		1 2
6			1 2		1 2
7			1 2		1 2
8			1 2		1 2
9			1 2		1 2
10			1 2		1 2

CODES

01 HEAD	06 MOTHER	12 DOMESTIC SERVANT
02 WIFE (PARTNER)	07 MOTHER-IN-LAW	13 LODGER
03 DAUGHTER	08 SISTER	14 FRIEND
04 DAUGHTER-IN-LAW	09 SISTER-IN-LAW	98 OTHER NOT RELATIVE
05 GRANDDAUGHTER	10 OTHER RELATIVE	_____
	11 ADOPTED/FOSTER/STEP DAUGHTER	

(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD:
- DOMESTIC SERVANTS IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD.
- VISITORS IF THEY HAVE SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS.

(B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 64 YEARS LIVING IN HOUSEHOLD.

MORE THAN ONE ELIGIBLE WOMEN IN HH:
- **RANDOMLY SELECT** ONE ELIGIBLE WOMAN FOR INTERVIEW. THIS WILL BE AUTOMATICALLY DONE BY THE EDC COMPUTER PROGRAM, **PUT CIRCLE AROUND LINE NUMBER OF WOMAN SELECTED. ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE** IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT.
- **CONTINUE WITH HOUSEHOLD QUESTIONNAIRE**

NO ELIGIBLE WOMAN IN HH:
- **CONTINUE WITH HH QUESTIONNAIRE AND AT THE END SAY "I cannot continue because I can only interview women 15–64 years old. Thank you for your assistance." FINISH THERE.**

* If both (male and female) are the head, refer to the male.

ADMINISTERED TO ANY RESPONSIBLE ADULT IN HOUSEHOLD

HOUSEHOLD QUESTIONNAIRE

	QUESTIONS & FILTERS	CODING CATEGORIES	
1	If you don't mind, I would like to ask you a few questions about your household. What is the main source of drinking-water for your household?	TAP/PIPED WATER IN RESIDENCE ..... 01 OUTSIDE TAP (PIPED WATER) WITH HH..... 02 PUBLIC TAP ..... 03 WELL WATER, WITH HOUSEHOLD ..... 04 OUTSIDE/PUBLIC WELL ..... 05 SPRING WATER ..... 06 RIVER/STREAM/POND/LAKE/DAM ..... 08 RAINWATER ..... 09 TANKER/TRUCK/WATER VENDOR ..... 10 OTHER: _____ ..... 96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
2	What kind of toilet facility does your household have?	OWN FLUSH TOILET ..... 01 SHARED FLUSH TOILET ..... 02 VENTILATED IMPROVED PIT LATRINE ..... 03 TRADITIONAL PIT TOILET/LATRINE ..... 04 RIVER/CANAL ..... 05 NO FACILITY/BUSH/FIELD ..... 06 OTHER: _____ ..... 96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
3	What are the main materials used in the roof? RECORD OBSERVATION	ROOF FROM NATURAL MATERIALS ..... 1 RUDIMENTARY ROOF (PLASTIC/CARTON) ..... 2 TILED OR CONCRETE ROOF ..... 3 CORRUGATED IRON ..... 4 OTHER: _____ ..... 6 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
4	Does your household have: a) Electricity b) A radio c) A television d) A telephone e) A refrigerator	YES NO DK a) ELECTRICITY 1 2 8 b) RADIO 1 2 8 c) TELEVISION 1 2 8 d) TELEPHONE 1 2 8 e) REFRIGERATOR 1 2 8	
5	Does any member of your household own: a) A bicycle? b) A motorcycle? c) A car?	YES NO DK a) BICYCLE 1 2 8 b) MOTORCYCLE 1 2 8 c) CAR 1 2 8	
6	Do people in your household own any land?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
7	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS ..... [ ][ ] DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
8	Are you concerned about the levels of crime in your village/commune(like robberies or assaults)? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED ..... 1 A LITTLE CONCERNED ..... 2 VERY CONCERNED ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
9	In the past 4 weeks, has someone in this household been the victim of a crime in this village/commune, such as a robbery or assault?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
10	NOTE SEX OF RESPONDENT	MALE ..... 1 FEMALE 2	

Thank you very much for your assistance.

INDIVIDUAL CONSENT FORM FOR WOMAN'S QUESTIONNAIRE

Hello, my name is *. I work for *. We are conducting a survey in CAMBODIA to learn about WOMEN'S HEALTH AND LIFE EXPERIENCES. You have been chosen by chance to participate in the study.

I ~~want to~~ assure you that all of your answers will be kept strictly confidential. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the ~~topics~~issues may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women inCAMBODIA.

I will use this computer to write down your answers instead of using pen and paper.

Do you have any questions?

(The interview takes approximately 45-60 minutes to complete.) Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

[ ] DOES NOT AGREE TO BE INTERVIEWED → THANK PARTICIPANT FOR HER TIME AND END

[ ] AGREES TO BE INTERVIEWED

↓

Is now a good time to talk?
It's very important that we talk in private. Is this a good place to hold the interview, or is there somewhere else that you would like to go?

TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT PROCEDURE TO THE PARTICIPANT.

SIGNED:

_____

DATE OF INTERVIEW: day [ ][ ] month [ ][ ] year [ ][ ][ ]

100. RECORD THE START TIME OF THE WOMAN'S INTERVIEW (24H SYSTEM)	HH:MM [ ][ ]:[ ][ ] (00-24 h)	

SECTION 1 RESPONDENT AND HER COMMUNITY

	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
	If you don't mind, I would like to start by asking you a little about your village.		
101	Do neighbours in COMMUNITY NAME generally tend to know each other well?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
102	If there were a street fight in COMMUNITY NAME would people generally do something to stop it?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
103	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
104	I would now like to ask you some questions about yourself. What is your date of birth (day, month and year that you were born)?	DAY ..... [ ][ ] MONTH ..... [ ][ ] YEAR ..... [ ][ ][ ][ ] DON'T KNOW YEAR ..... 9998 REFUSED/NO ANSWER 9999	
105	How old are you (completed years)? approx.	AGE (YEARS) ..... [ ][ ]	
106	How long have you been living continuously in COMMUNITY NAME?	NUMBER OF YEARS ..... [ ][ ] LESS THAN 1 YEAR ..... 00 LIVED ALL HER LIFE ..... 95 VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD) ..... 96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
108 a	What is your religion?	NO RELIGION ..... 01 BUDDHIST ..... 05 CATHOLIC ..... 03 PROTESTANT ..... 04 ISLAM ..... 02 HINDU ..... 06 OTHER : _____ ..... 96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	

108 b	What is your NATIONALITY?	KHMER ..... 01 CHINESE ..... 02 VIETNAMESE ..... 03 OTHER (SPECIFY) _____ ..... 96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
109	Can you read and write? PROBE: IN A LANGUAGE?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
110	Have you ever attended school?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒111c**
111	a) What is the highest level of education that you achieved? MARK HIGHEST LEVEL. *b) CONVERT TOTAL YEARS IN SCHOOL.*	PRIMARY _____ year ..... 1 SECONDARY _____ year ..... 2 HIGHER _____ year ..... 3 NUMBER OF YEARS SCHOOLING . [ ][ ] DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
111 c	What is your main daily occupation? PROMPT: Do you earn money by yourself? [MARK ONE]	NOT WORKING ..... 01 HOUSEWIFE ..... 02 STUDENT ..... 03 AGRICULTURAL WORK ..... 04 GOVERNMENT ..... 05 CLERICAL ..... 06 SMALL BUSINESS ..... 07 PROFESSIONAL ..... 08 RETIRED ..... 09 SEASONAL WORK ..... 10 SELLING/TRADING ..... 11 OTHER(SPECIFY) .... 96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
111 d	What is now the main source of income for you and your household? [MARK ONE]	NO INCOME ..... 1 MONEY FROM OWN WORK ..... 2 SUPPORT FROM HUSBAND/PARTNER ..... 3 SUPPORT FROM OTHER RELATIVES ..... 4 PENSION ..... 5 SOCIAL SERVICES/WELFARE ..... 6 OTHER (SPECIFY) ..... 7 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS VILLAGE/COMMUNE ..... 1 ANOTHER RURAL AREA/VILLAGE ..... 2 ANOTHER TOWN/CITY ..... 3 ANOTHER COUNTRY ..... 4 ANOTHER VILLAGE/COMMUNE IN SAME TOWN ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
113	Do any of your family members~~of birth~~ live close enough by that you can easily see/visit them? PROBE: We mean your blood family.	YES ..... 1 NO ..... 2 LIVING WITH FAMILY MEMBER ..... **3** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒ 115**

114	How often do you see or discuss with a member of your family of birth? Would you say at least once a week, once a month, once a year, or never?	DAILY/AT LEAST ONCE A WEEK ..... 1 AT LEAST ONCE A MONTH ..... 2 AT LEAST ONCE A YEAR ..... 3 NEVER (HARDLY EVER) ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
115	When you need help or have a problem, can you usually count on family members for support?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
117	Are you currently married, living together? IF NO: are you *involved in a relationship with a man without living together*? *IF NEEDED PROBE: Such as a regular boyfriend or a fiancé?* IF NEEDED PROBE: Do you and your partner live together?	CURRENTLY MARRIED, LIVING TOGETHER ..... 1 **CURRENTLY MARRIED, NOT LIVING TOGETHER** ..... 2 LIVING WITH MAN, NOT MARRIED ..... 3 *CURRENTLY HAVING A REGULAR MALE PARTNER (ENGAGED OR DATING) NOT LIVING TOGETHER* ..... 4 NOT CURRENTLY MARRIED OR HAVING A MALE PARTNER ..... 5 *CURRENTLY HAVING A FEMALE PARTNER* 6	⇒123 ⇒123 ⇒123 ⇒123
120 a	Have you ever been married or lived with a male partner?	YES, MARRIED ..... 1 YES, LIVED WITH A MAN, BUT NEVER MARRIED ..... 3 NO 5	⇒121 ⇒121
120b	Have you ever been involved in a relationship with a man without living together (such as being engaged or dating)?	YES ..... 1 NO ..... 2 REFUSED/NO ANSWER 9	 ⇒S2 ⇒S2
121	Did the last partnership with a man end in divorce or separation, or did your husband/partner die?	DIVORCED ..... 1 SEPARATED/BROKEN UP ..... 2 WIDOWED/PARTNER DIED ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	 ⇒123
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 BOTH (RESPONDENT AND PARTNER) ..... 3 OTHER: _____ ..... 6 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
123	How many times in your life have you been married and/or lived together with a man? (INCLUDE CURRENT PARTNER IF LIVING TOGETHER)	NUMBER OF TIMES MARRIED OR LIVED TOGETHER ..... [ ][ ] NEVER MARRIED OR LIVED TOGETHER ..... 00 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	 ⇒S2
	AGE FILTER: CHECK Q107 IF AGE 55 OR MORE CONTINUE WITH 123aCAM	IF AGE LESS THEN 55	⇒124
123a CAM	Were you ever forced to marry during the Khmer Rouge regime?	YES ..... 1 NO ..... 2 REFUSED/NO ANSWER 9	 ⇒124 ⇒124

123b CAM	What is the status today of the marriage that was forced by the Khmer Rouge regime?	STILL TOGETHER ..... 1 FORMALLY DIVORCED ..... 2 MUTUALLY AGREED SEPARATION ..... 3 ABANDONMENT ..... 4 WIDOWED ..... 5 REFUSED TO ANWER 9	
124	The next few questions are about your current or most recent partnership. Do/did you live together (in the same home) with your husband/partner's parents or any of his relatives?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
125	IF CURRENTLY WITH HUSBAND/PARTNER: Do you currently live with your parents or any of your relatives? IF NOT CURRENTLY WITH HUSBAND/ PARTNER: Were you living with your parents or relatives during your last relationship?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
126	Did you have any kind of marriage ceremony to formalize the union? What type of ceremony did you have? MARK ALL THAT APPLY THIS IS ABOUT THE CURRENT/MOST RECENT UNION	NONE ..... A MARRIAGE WITH REGISTRATION ..... B MARRIAGE WITHOUT REGISTRATION ..... C MARRIAGE CEREMONY BY KHMER ROUGE REGIME ..... E OTHER: _____ X	⇒S.2
127	In what year was the ceremony performed? (THIS REFERS TO CURRENT/MOST RECENTRELATIONSHIP)	YEAR ..... [ ][ ][ ][ ] DON'T KNOW ..... 9998 REFUSED/NO ANSWER 9999	
128	Did you yourself choose your current/most recent husband, did someone else choose him for you, or did he choose you? IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your current/most recent husband for you?	BOTH CHOSE ..... 1 RESPONDENT CHOSE ..... 2 RESPONDENT'S FAMILY CHOSE ..... 3 HUSBAND/PARTNER CHOSE ..... 4 HUSBAND/PARTNER'S FAMILY CHOSE ..... 5 KHMER ROUGEREGIMECHOSE ..... 6 OTHER: _____ ..... 7 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	⇒133 ⇒133
129	Before the marriage with your current /most recent husband, were you asked whether you wanted to marry him or not?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
130	Did your marriage involve bride price payment?	~~YES/DOWRY ..... 1~~ YES/BRIDE PRICE ..... 2 NO ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	 ⇒S.2 ⇒S.2
131	Overall, do you think that the ~~dowry~~bride price ("breastmilk") payment has had a good or bad impact or no impact?	POSITIVE IMPACT ..... 1 NEGATIVE IMPACT ..... 2 NO IMPACT ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	 =>S2 => S2 =>S2
136CAM	Can you please describe?	_____ _____ _____ _____	

BEFORE STARTING WITH SECTION 2:
REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.

SECTION 2 GENERAL HEALTH

201	I would now like to ask a few questions about your health and use of health services. In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT ..... 1 GOOD ..... 2 FAIR ..... 3 POOR ..... 4 VERY POOR ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
202	Now I would like to ask you about your health in the past 4 weeks. How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS ..... 1 VERY FEW PROBLEMS ..... 2 SOME PROBLEMS ..... 3 MANY PROBLEMS ..... 4 UNABLE TO WALK AT ALL ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
203	In the past 4 weeks did you have problems with performing usual activities, such as work, study, household, social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS ..... 1 VERY FEW PROBLEMS ..... 2 SOME PROBLEMS ..... 3 MANY PROBLEMS ..... 4 UNABLE TO PERFORM USUAL ACTIVITIES ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
204	In the past 4 weeks have you been in pain or physical discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT ..... 1 SLIGHT PAIN OR DISCOMFORT ..... 2 MODERATE PAIN OR DISCOMFORT ..... 3 SEVERE PAIN OR DISCOMFORT ..... 4 EXTREME PAIN OR DISCOMFORT ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
205	In the past 4 weeks have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS ..... 1 VERY FEW PROBLEMS ..... 2 SOME PROBLEMS ..... 3 MANY PROBLEMS ..... 4 EXTREME MEMORY PROBLEMS ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
206	In the past 4 weeks, have you taken medication: a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?	a) FOR SLEEP — NO 1 — ONCE OR TWICE 2 — A FEW TIMES 3 — MANY TIMES 4 b) FOR PAIN — NO 1 — ONCE OR TWICE 2 — A FEW TIMES 3 — MANY TIMES 4 c) FOR SADNESS — NO 1 — ONCE OR TWICE 2 — A FEW TIMES 3 — MANY TIMES 4	

207	In the past 4 weeks, did you consult a doctor or other professional or traditional health worker because you yourself were sick? IF YES: Whom did you consult? PROBE: Did you also see anyone else?	NO ONE CONSULTED ..... A DOCTOR ..... B NURSE (AUXILIARY) ..... C MIDWIFE ..... D COUNSELLOR ..... E PHARMACIST ..... F TRADITIONAL HEALER ..... G TRADITIONAL BIRTH ATTENDANT ..... H OTHER: X	

208	The next questions are related to other common problems that may have bothered you in the past 4 weeks. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.		YES	NO	
	a) Do you often have headaches?	a) HEADACHES	1	2	
	b) Is your appetite poor?	b) APPETITE	1	2	
	c) Do you sleep badly?	c) SLEEP BADLY	1	2	
	d) Are you easily frightened?	d) FRIGHTENED	1	2	
	e) Do your hands shake?	e) HANDS SHAKE	1	2	
	f) Do you feel nervous, tense or worried?	f) NERVOUS	1	2	
	g) Is your digestion poor?	g) DIGESTION	1	2	
	h) Do you have trouble thinking clearly?	h) THINKING	1	2	
	i) Do you feel unhappy?	i) UNHAPPY	1	2	
	j) Do you cry more than usual?	j) CRY MORE	1	2	
	k) Do you find it difficult to enjoy your daily activities?	k) NOT ENJOY	1	2	
	l) Do you find it difficult to make decisions?	l) DECISIONS	1	2	
	m) Is your daily work suffering?	m) WORK SUFFERS	1	2	
	n) Are you unable to play a useful part in life?	n) USEFUL PART	1	2	
	o) Have you lost interest in things that you used to enjoy?	o) LOST INTEREST	1	2	
	p) Do you feel that you are a worthless person?	p) WORTHLESS	1	2	
	q) Has the thought of ending your life been on your mind?	q) ENDING LIFE	1	2	
	r) Do you feel tired all the time?	r) FEEL TIRED	1	2	
	s) Do you have uncomfortable feelings in your stomach?	s) STOMACH	1	2	
	t) Are you easily tired?	t) EASILY TIRED	1	2	

209	Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you ever thought about ending your life?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒212**
210	Have you ever tried to end your life? *NOTE: END LIFE MEANS COMMIT SUICIDE*	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒212** **⇒212** **⇒212**
211 a	Have you tried to end your life in the past 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
211 b	At the time when you tried to end your life, did you require medical care or hospitalization? *NOTE: END LIFE MEANS COMMIT SUICIDE*	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
211	In the past 12 months, have you had an operation (other than a caesarean section)?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

212	In the past 12 months, did you have to spend any nights in a hospital because you were sick (other than to give birth)? IF YES: How many nights in the past 12 months? (IF DON'T KNOW GET ESTIMATE)	NIGHTS IN HOSPITAL ..... [ ][ ] NONE ..... 00 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
213	Do you now smoke or chew tobacco..... 1. Daily? 2. Occasionally? 3. Not at all?	DAILY ..... **1** OCCASIONALLY ..... **2** NOT AT ALL ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒216** **⇒216**
214	Have you ever smoked in your life? Did you ever smoke or chew tobacco.... 1. Daily? (smoking at least once a day) 2. Occasionally? (at least 100 cigarettes, but never daily) 3. Not at all? (not at all, or less than 100 cigarettes in your life time)	DAILY ..... 1 OCCASIONALLY ..... 2 NOT AT ALL ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
215	How often do you drink alcohol? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never/Stopped more than a year ago	EVERY DAY OR NEARLY EVERY DAY ..... 1 ONCE OR TWICE A WEEK ..... 2 1 – 3 TIMES IN A MONTH ..... 3 LESS THAN ONCE A MONTH ..... 4 NEVER ..... **5** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒219**
216	On the days that you drank in the past 4 weeks, about how many alcoholic drinks did you usually have a day?	USUAL NUMBER OF DRINKS ..... [ ][ ] NO ALCOHOLIC DRINKS IN PAST 4 WEEKS 00	
218	In the past 12 months, have you experienced any of the following problems, related to your drinking? a) money problems b) health problems c) conflict with family or friends d) problems with authorities (bar owner/police, etc) x) other, specify.	YES NO a) MONEY PROBLEMS 1 2 b) HEALTH PROBLEMS 1 2 c) CONFLICT WITH FAMILY OR FRIENDS 1 2 d) PROBLEMS WITH AUTHORITIES 1 2 x) OTHER: _____ 1 2	
219	Did you ever use drugs (e.g. yama, cocaine, glue, ice)? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never/Stopped more than a year ago	EVERY DAY OR NEARLY EVERY DAY ..... 1 ONCE OR TWICE A WEEK ..... 2 1 – 3 TIMES IN A MONTH ..... 3 LESS THAN ONCE A MONTH ..... 4 NEVER ..... **5** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

SECTION 3 REPRODUCTIVE HEALTH

Now I would like to ask about all of the children that you may have given birth to during your life.

301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN ..... [ ][ ] **IF 1 OR MORE ...⇒** NONE 00	**⇒303**
302	Have you ever been pregnant?	YES ..... **1** NO ..... **2** MAYBE/NOT SURE ..... **3** DON'T KNOW/DON'T REMEMBER ..... **8** REFUSED/NO ANSWER **9**	**⇒303** **⇒310** **⇒310** **⇒310** **⇒310**
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN ..... [ ][ ] NONE 00	
304	Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age. IF NO, PROBE: Any baby who cried or showed signs of life but survived for only a few hours or days?	YES ..... 1 NO **2**	**⇒306**
305	a) How many sons have died? b) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD ..... [ ][ ] b) DAUGHTERS DEAD ..... [ ][ ] IF NONE ENTER '00'	
306	Do (did) all your children have only one biological father, or more than one father?	ONE FATHER ..... 1 MORE THAN ONE FATHER ..... 2 N/A (NEVER HAD LIVE BIRTH) ..... **7** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒ 308**
307	How many of your children receive financial support from their father(s)? Would you say none, some or all? IF ONLY ONE CHILD AND SHE SAYS 'YES,' CODE '3' ('ALL').	NONE ..... 1 SOME ..... 2 ALL ..... 3 N/A ..... 7 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) **TOTAL** NO.OF PREGNANCIES ..... [ ][ ] b) PREGNANCIES WITH TWINS ..... [ ] c) PREGNANCIES WITH TRIPLETS ..... [ ]	
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? Or an abortion? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?	a) MISCARRIAGES ..... [ ][ ] b) STILLBIRTHS ..... [ ][ ] c) ABORTIONS ..... [ ][ ] IF NONE ENTER '00'	
310	Are you pregnant now?	YES ..... **1** NO ..... **2** MAYBE **3**	**⇒ A** **⇒ B** **⇒ B**

DO EITHER A OR B:

IF PREGNANT NOW ==>

A. [301] ____ + [309 a+b+c] _____ + 1 =
[308a] _____+ [308b] ____ + [2x308c] ____ = ___

IF NOT PREGNANT NOW ==>

B. [301] ____ + [309 a+b+c] _____ =
[308a] _____+ [308b] ____ + [2x308c] ____ = ___

VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.

311	Have you ever used anything, or tried in any way, to delay or avoid getting pregnant?	YES ..... 1 NO ..... **2** N.A. (NEVER HAD INTERCOURSE) ..... **7** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒315** **⇒S.5**
312	Are you currently doing something, or using any method, to delay or avoid getting pregnant?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒315**
313	What (main) method are you currently using? IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL/TABLETS ..... 01 INJECTABLES ..... 02 IMPLANTS (NORPLANT) ..... 03 IUD ..... 04 DIAPHRAGM/FOAM/JELLY ..... 05 CALENDAR/MUCUS METHOD ..... 06 FEMALE STERILIZATION ..... 07 CONDOMS ..... **08** MALE STERILIZATION ..... **09** WITHDRAWAL ..... **10** HERBS ..... 11 OTHER: _____ 96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	~~**⇒315**~~ ~~**⇒315**~~ ~~**⇒315**~~
314	Has/did your current/most recent husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	YES ..... 1 NO ..... **2** N.A. (NEVER HAD A PARTNER) ..... **7** DON'T KNOW/DON'T REMEMBER ..... **8** REFUSED/NO ANSWER **9**	~~**⇒317**~~ **⇒S.4** ~~**⇒317**~~ ~~**⇒317**~~
315	Has your current/most recent husband/partner ever refused to use a condom?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... **8** REFUSED/NO ANSWER **9**	~~**⇒S.4**~~ ~~**⇒S.4**~~ ~~**⇒S.4**~~

BEFORE STARTING WITH SECTION 4:
REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.

SECTION 4 ABOUTCHILDREN

	CHECK: **Ref. Sheet, box B, point Q** *(elbir)*	**ANY LIVE BIRTHS** [ ] ⇓ *(1)*	**NO LIVE BIRTHS** [ ] ⇒ *(2)*	**⇒S.5**
401	I would like to ask about the last time that you gave birth (Live birth, regardless of whether the child is still alive or not). What is the date of birth of this child?	DAY ..... [ ][ ] MONTH ..... [ ][ ] YEAR ..... [ ][ ][ ][ ]	
402	What name was given to your last born child? Is (NAME) a boy or a girl?	NAME: _____ BOY ..... 1 GIRL 2	
403	Is your last born child (NAME) still alive?	YES ..... 1 NO **2**	**⇒405**
404	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS CHECK AGE WITH BIRTH DATE	AGE IN YEARS ..... [ ][ ] IF NOT YET COMPLETED 1 YEAR **00**	**⇒406** **⇒406**
405	How old was (NAME) when he/she died?	YEARS ..... [ ][ ] MONTHS (IF LESS THAN 1 YEAR) ..... [ ][ ] DAYS (IF LESS THAN 1 MONTH) ..... [ ][ ]	
406	CHECK IF DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN 5 YEARS AGO	5 OR MORE YEARS AGO ..... **1** LESS THAN 5 YEARS AGO 2	**⇒417**
407	I would like to ask you about your last pregnancy. At the time you became pregnant with this child (NAME), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way?	BECOME PREGNANT THEN ..... 1 WAIT UNTIL LATER ..... 2 NOT WANT CHILDREN ..... 3 NOT MIND EITHER WAY ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
408	At the time you became pregnant with this child (NAME), did your husband/partner want you to become pregnant then, did he want to wait until later, did he want no (more) children at all, or did he not mind either way?	BECOME PREGNANT THEN ..... 1 WAIT UNTIL LATER ..... 2 NOT WANT CHILDREN ..... 3 NOT MIND EITHER WAY ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
409	When you were pregnant with this child (NAME), did you see anyone for an antenatalcheck? IF YES: Whom did you see? Anyone else? MARK ALL THAT APPLY *USE 'PRENATAL' IF BETTER UNDERSTOOD*	NO ONE ..... A DOCTOR ..... B OBSTETRICIAN/GYNAECOLOGIST ..... C NURSE/MIDWIFE ..... D AUXILIARY NURSE ..... E TRADITIONAL BIRTH ATTENDANT ..... F OTHER: _____ X	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received antenatalcare for your pregnancy?	STOP ..... 1 ENCOURAGE ..... 2 NO INTEREST ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

411	When you were pregnant with this child (NAME), did your husband/partner have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?	SON ..... 1 DAUGHTER ..... 2 DID NOT MATTER ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
412	During this pregnancy, did you consume any alcoholic drinks?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	YES ..... 1 NO ..... 2 NO, CHILD NOT YET SIX WEEKS OLD ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
415	Was this child (NAME) weighed at birth?	YES ..... 1 NO ..... **2** DON'T KNOW /DON'T REMEMBER ..... **8** REFUSED/NO ANSWER 9	**⇒417** **⇒417**
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD [ ][ ] ..... 1 KG FROM RECALL [ ][ ] ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
417	Do you have any children aged between 6 and 12 years? How many? (include 5-year-old and 12-year-old children)	NUMBER ..... [ ][ ] NONE **00**	**⇒S.5**
418	a) How many are boys? b) How many are girls? MAKE SURE ONLY CHILDREN AGED 6-12 YEARS.	a) BOYS ..... [ ] b) GIRLS ..... [ ]	
419	How many of these children (ages 6-12 years) currently live with you? PROBE: a) How many boys? b) How many girls?	a) BOYS ..... [ ] b) GIRLS ..... [ ] IF "0" FOR BOTH SEXES ==== **GO TO ⇒**	**⇒S.5**

		YES	NO	DK
420	Do any of these children (ages 6-12 years): a) Have frequent nightmares? b) Wet their bed often? c) Are any of these children very timid or withdrawn? e) Are any of them aggressive with you or other children?	a) NIGHTMARES 1 c) WET BED 1 d) TIMID 1 e) AGGRESSIVE 1	2 2 2 2	8 8 8 8

421	Of these children (ages 6-12 years), how many of your boys and how many of your girls have ever run away from home?	a) NUMBER OF BOYS RUN AWAY ..... [ ] b) NUMBER OF GIRLS RUN AWAY ..... [ ] IF NONE ENTER '0'	
422	Of these children (ages 6-12 years), how many of your boys and how many of your girls are studying/in school?	a) BOYS ..... [ ] b) GIRLS ..... [ ] IF "0" FOR BOTH SEXES ==== **GO TO ⇒**	**⇒S.5**
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 56-12 YEARS.	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
424	Have any of these children stopped school for a while or dropped out of school? MAKE SURE ONLY CHILDREN AGED 56-12 YEARS.	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

SECTION 5 CURRENT OR MOST RECENT HUSBAND/PARTNER

CHECK: Ref. sheet, Box A (≤5mar)	CURRENTLY MARRIED, OR LIVING WITH A MAN/ENGAGED OR DATING A MALE *PARTNER* (Options K, L) [ ] ⇓ (1)	FORMERLY MARRIED/LIVING WITH A MAN/ENGAGED OR DATING A MALE *PARTNER* (Option M) [ ] ⇓ (2)	NEVER MARRIED/NEVER LIVED WITH A MAN *(NEVER MALE PARTNER)* (Option N) [ ] ⇒ (3)	⇒S.6

501	I would now like you to tell me a little about your current/most recent husband/partner. How old is your husband/partner (completed years)? PROBE: MORE OR LESS IF MOST RECENT HUSBAND/PARTNER DIED: How old would he be now if he were alive?	AGE (YEARS) ..... [ ][ ]	
502	In what year was he born?	YEAR ..... [ ][ ][ ][ ] DON'T KNOW/DON'T REMEMBER ..... 9998 REFUSED/NO ANSWER 9999	
502 a	Where is he from? Is he from the same village or commune as you?	SAME COMMUNITY/NEIGHBOURHOOD 1 ANOTHER RURAL AREA/VILLAGE ..... 2 ANOTHER TOWN/CITY ..... 3 ANOTHER COUNTRY ..... 4 OTHER: _____ ..... 6 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
503	Can (could) he read and write? PROBE: IN A LANGUAGE?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
504	Did he ever attend school?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒506**
505	a) What is the highest level of education that he achieved? MARK HIGHEST LEVEL. ~~b)~~ *CONVERT TOTAL YEARS IN SCHOOL.*	PRIMARY _____ year ..... 1 SECONDARY _____ year ..... 2 HIGHER _____ year ..... 3 DON'T KNOW ..... 8 NUMBER OF YEARS SCHOOLING .. [ ][ ] DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
506	IF CURRENTLY WITH HUSBAND/PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH HUSBAND/PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	WORKING ..... 1 LOOKING FOR WORK/UNEMPLOYED ..... 2 RETIRED ..... 3 STUDENT ..... 4 DISABLED/LONG TERM SICK ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒508** **⇒508** **⇒509**
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)	IN THE PAST 4 WEEKS ..... 1 4 WKS - 12 MONTHS AGO ..... 2 MORE THAN 12 MONTHS AGO ..... 3 NEVER HAD A JOB ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	 **⇒509**

508	What kind of work does/did he normally do? SPECIFY KIND OF WORK	PROFESSIONAL: ____ 01 SEMI-SKILLED: ____ 02 UNSKILLED/MANUAL: ____ 03 MILITARY/POLICE: ____ 04 FARMER/PADDI FIELD 05 OTHER: ____ 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
509	How often does/did your husband/partner drink alcohol? 1. Every day or nearly every day 2. Once or twice a week 3. 1–3 times a month 4. Occasionally, less than once a month 5. Never/	EVERY DAY OR NEARLY EVERY DAY 1 ONCE OR TWICE A WEEK 2 1–3 TIMES IN A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER **5** DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	**⇒512**
510	In the past 12 months (In the last 12 months of your last relationship), how often have you seen (did you see) your husband/partner drunk? Would you say most days, weekly, once a month, less than once a month, or never?	MOST DAYS 1 WEEKLY 2 ONCE A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
511	In the past 12 months (In the last 12 months of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking? a) Money problems b) Family problems x) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 x) OTHER: ____ 1 2	
512	Does/did your husband/partner ever use drugs (e.g. yama, cocaine, glue, ice)? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never	EVERY DAY OR NEARLY EVERY DAY 1 ONCE OR TWICE A WEEK 2 1 – 3 TIMES IN A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5 IN THE PAST, NOT NOW 6 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
513	Since you have known him, has he ever been involved in a physical fight with another man?	YES 1 NO **2** DON'T KNOW /DON'T REMEMBER **8** REFUSED/NO ANSWER 9	**⇒515** **⇒515**
514	In the past 12 months (In the last 12 months of the relationship), has this happened once or twice, a few times, many times or never?	NEVER (NOT IN PAST 12 MONTHS) 1 ONCE OR TWICE 2 A FEW (3-5) TIMES 3 MANY (MORE THAN 5) TIMES 4 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
515	Has your current/most recent husband/partner had a relationship with any other women while being with you?	YES 1 NO **2** MAY HAVE 3 DON'T KNOW /DON'T REMEMBER **8** REFUSED/NO ANSWER 9	**⇒S.6** **⇒S.6**

516	Has your current/most recent husband/partner had children with any other woman while being with you?	YES 1 NO 2 MAY HAVE 3 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

SECTION 6 ATTITUDES

In this community and elsewhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers.

601	A good wife obeys her husband even if she disagrees	AGREE 1 DISAGREE 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
603	It is important for a man to show his wife who is the boss	AGREE 1 DISAGREE 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	

607	In your opinion, does a man have a good reason to hit his wife if:		YES	NO	DK
	a) She does not complete her household work to his satisfaction	a) HOUSEHOLD	1	2	8
	b) She disobeys him	b) DISOBEYS	1	2	8
	c) She refuses to have sexwith him	c) NO SEX	1	2	8
	d) She asks him whether he has other girlfriends	d) GIRLFRIENDS	1	2	8
	e) He suspects that she is unfaithful/cheating	e) SUSPECTS	1	2	8
	f) He finds out that she has been unfaithful/cheating	f) UNFAITHFUL	1	2	8
	g) She does not take care of the children	g) DOESN'T CARE FOR CHILDREN	1	2	8
608	In your opinion, can a married woman refuse to have sex with her husband if:		YES	NO	DK
	a) She doesn't want to	a) NOT WANT	1	2	8
	b) He is drunk	b) DRUNK	1	2	8
	c) She is sick	c) SICK	1	2	8
	d) He mistreats her	d) MISTREAT	1	2	8

SECTION 7 RESPONDENT AND HER HUSBAND/PARTNER

CHECK: Ref. sheet, Box A (s7mar)	EVER MARRIED/EVER LIVING WITH A MAN/MALE *PARTNER* (Options K, L, M) [ ] ⇓ (1)	NEVER MARRIED/NEVER LIVED WITH A MAN/*NEVER MALE PARTNER* (Option N) [ ] ⇒ (2)	⇒S.10

When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of our discusssion~~conversation~~. I would again like to assure you that your answers will be kept confidential, and that you do not have to answer any questions that you do not want to. May-I we continue?

701 In general, do (did) you and your (current or most recent) husband/partner discuss the following topics together:

		YES	NO	DK
a) Things that have happened to him in the day	a) HIS DAY	1	2	8
b) Things that happen to you during the day	b) YOUR DAY	1	2	8
c) Your worries or feelings	c) YOUR WORRIES	1	2	8
d) His worries or feelings	d) HIS WORRIES	1	2	8

702 In your relationship with your (current or most recent) husband/partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often?

RARELY 1
SOMETIMES 2
OFTEN 3
DON'T KNOW/DON'T REMEMBER 8
REFUSED/NO ANSWER 9

703 I am now going to ask you about some situations that are true for many women. Does your current or most recent husband/partner generally do any of the following?:

	A)	YES	NO	B) ONLY ASK IF 'YES' IN 703A Has this happened in the past 12 months? YES	NO
a) Tries to keep you from seeing your friends	a) SEEING FRIENDS	1	2	1	2
b) Tries to restrict contact with your family of birth	b) CONTACT FAMILY	1	2	1	2
c) Insists on knowing where you are at all times	c) WANTS TO KNOW	1	2	1	2
d) Gets angry if you speak with another man					
e) Is often suspicious that you are unfaithful	e) GETS ANGRY	1	2	1	2
f) Expects you to ask his permission before seeking health care for yourself	f) SUSPICIOUS	1	2	1	2
	g) HEALTH CARE	1	2	1	2

703 N Does your current or most recent husband/partner generally do any of the following?

	A)	YES	NO	B) ONLY ASK IF 'YES' IN 703A Has this happened in the past 12 months? YES	NO
h) Prohibits you from getting a job, going to work, trading, earning money or participating in income generation projects?	h) PROHIBITED WORK	1	2	1	2
i) Takes your earnings from you against your will?	i) TAKEN EARNING	1	2	1	2
j) Refuses to give you money you needed for household expenses even when he has money for other things (such as alcohol and cigarettes)?	j) REFUSED MONEY	1	2	1	2

704 The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you.

Has your current husband/partner, or any other partner ever....

	A) (If YES continue with B. If NO skip to next item) YES	NO	B) Has this happened in the past 12 months? (If YES ask C and D. If NO ask D only) YES	NO	C) In the past 12 months would you say that this has happened once, a few times or many times? One	Few	Many	D) Did this happen before the past 12 months? IF YES: would you say that this has happened once, a few times or many times? No One	Few	Many
a) Insulted you or made you feel bad about yourself?	1	2	1	2	1	2	3	0	1	2	3
b) Belittled or humiliated you in front of other people?	1	2	1	2	1	2	3	0	1	2	3
c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?	1	2	1	2	1	2	3	0	1	2	3
d) Verbally threatened to hurt you or someone you care about?	1	2	1	2	1	2	3	0	1	2	3

CHECK: Question 704	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [ ] ⇓	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) [ ]	⇒705

704 e	Who did the things you just mentioned? (MENTION ACTS REPORTED IN 704) Was it your current or most recent husband/partner, any other husband or partner that you may have had before or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER ... 1 PREVIOUS HUSBAND/PARTNER ... 2 BOTH ... 3 DON'T KNOW/DON'T REMEMBER ... 8 REFUSED/NO ANSWER ... 9
704 f CAM	Did any of this ever happen when your husband/partner was under the influence of alcohol? IF YES: Was it once, few times, many times?	NEVER ... 1 ONCE ... 2 FEW (2-5) TIMES ... 3 MANY (> 5) TIMES ... 4 DON'T KNOW/DON'T REMEMBER ... 8 REFUSED/NO ANSWER ... 9

705 Has he or any other partner ever....

	A) (If YES continue with B. If NO skip to next item) YES	NO	B) Has this happened in the past 12 months? (If YES ask C and D. If NO ask D only) YES	NO	C) In the past 12 months would you say that this has happened once, a few times or many times? One	Few	Many	D) Did this happen before the past 12 months? IF YES: would you say that this has happened once, a few times or many times? No One	Few	Many
a) Slapped you or thrown something at you that could hurt you?	1	2	1	2	1	2	3	0	1	2	3
b) Pushed you or shoved you or pulled your hair?	1	2	1	2	1	2	3	0	1	2	3
c) Hit you with his fist or with something else that could hurt you?	1	2	1	2	1	2	3	0	1	2	3
d) Kicked you, dragged you or beaten you up?	1	2	1	2	1	2	3	0	1	2	3
e) Choked or burnt you on purpose?	1	2	1	2	1	2	3	0	1	2	3
f) Threatened with or actually used a gun, knife or other weapon against you?	1	2	1	2	1	2	3	0	1	2	3

CHECK: Question 705	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [ ] ⇓	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) [ ]	⇒706
705 g	Who did the things you just mentioned? (MENTION ACTS REPORTED IN 705) Was it your current or most recent husband/partner, any other husband or partner that you may have had before or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER 1 PREVIOUS HUSBAND/PARTNER 2 BOTH 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
705 h CAM	Did any of this ever happen when your husband/partner was under the influence of alcohol? IF YES: Was it once, few times, many times?	NEVER 1 ONCE 2 FEW (2-5) TIMES 3 MANY (> 5) TIMES 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

706		A) (If YES continue with B. If NO skip to next item) YES NO	B) Has this happened in the past 12 months? (If YES ask C and D. If NO ask D only) YES NO	C) In the past 12 months would you say that this has happened once, a few times or many times? One Few Many	D) Did this happen before the past 12 months? IF YES: would you say that this has happened once, a few times or many times? No One Few Many
	a) Did your current husband/partner or any other husband/partner ever force you to have sexual intercourse when you did not want to, for example by threatening you or holding you down? IF NECESSARY: We define sexual intercourse as vaginal, oralor analpenetration.	1 2	1 2	1 2 3	0 1 2 3
	b) Did you ever have sexual intercourse you did not want to because you were afraid of what your partner or any other husband or partner might doif you refused?	1 2	1 2	1 2 3	0 1 2 3
	c) Did your husband/partner or any other husband or partner ever force you to do anything else sexual that you did not want or that you found degrading or humiliating?	1 2	1 2	1 2 3	0 1 2 3

CHECK: Question 706	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [ ] ⇓	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) [ ]	⇒707
706 d	Who did the things you just mentioned? (MENTION ACTS REPORTED IN 706) Was this your current or most recent husband/partner, any other husband or partner that you may have had before or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER PREVIOUS HUSBAND/PARTNER BOTH DON'T KNOW/DON'T REMEMBER REFUSED/NO ANSWER	
706 e CAM	Did any of this ever happen when your husband/partner was under the influence of alcohol? IF YES: Was it once, few times, many times?	NEVER 1 ONCE 2 FEW (2-5) TIMES 3 MANY (> 5) TIMES 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
707	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE, **SEE QUESTION 705**	YES, PHYSICAL VIOLENCE 1 NO PHYSICAL VIOLENCE 2	**MARK IN BOX C**
708	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE, **SEE QUESTION 706**	YES, SEXUAL VIOLENCE 1 NO SEXUAL VIOLENCE 2	**MARK IN BOX C**
708a	Are you afraid of your current/most recent husband or partner (in the present)? Would you say never, sometimes, many times, most/all of the time? MAKE SURE YOU REFER TO HER SITUATION NOWADAYS EVEN IF SHE IS NO LONGER WITH HER HUSBAND/PARTNER	NEVER 1 SOMETIMES 2 MANY TIMES 3 MOST/ALL OF THE TIMES 4 IN THE PAST (NO LONGER AFRAID NOW) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

905	Have you ever, hit or beatenyour husband/partner when he was nothitting or beatingyou? IF YES: How often? Would you say once, several times or many times?	NEVER ..... 1 ONCE ..... 2 2-5 TIMES ..... 3 > 5TIMES ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
CHECK : Ref. sheet, Box B *(s7preg)* *(s7prnum)* *(s7prcur)*	**EVER BEEN PREGNANT (option P)** *(1)* [ ] ⇓ **NUMBER OF PREGNANCIES (option T)** [ ][ ] ⇓ **CURRENTLY PREGNANT? (option S)** YES....1 NO.... 2 ⇓	**NEVER PREGNANT** *(2)* [ ] ⇒	⇒s8
709	You said that you have been pregnant TOTAL times. Was there ever a time when you were pushed, slapped, hit, kicked or beaten by (any of) your husband/partner(s) while you were pregnant?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... **8** REFUSED/NO ANSWER 9	⇒S8 ⇒S8 ⇒S8
710	IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "01" IF RESPONDENT WAS PREGNANT MORE THAN ONCE. Did this happen in one pregnancy, or more than one pregnancy? In how many pregnancies did this happen (in how many pregnancies were you pushed, slapped, hit, kicked or beaten)?	NUMBER OF PREGNANCIES IN WHICH THIS HAPPENED ..... [ ][ ]	
710 a	Did this happen in the last pregnancy? IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
711	Were you ever punched or kicked in the abdomen while you were pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
IF VIOLENCE REPORTED IN ONE PREGNANCY, REFER TO THAT PARTICULAR PREGNANCY IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED			
712	During the most recent pregnancy in which you were beaten, was the husband/partner who did this to you the father of the child?	YES ..... 1 NO ..... 2 DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
713 a	Was the man who did this your current or most recent husband/partner?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
714	Had the same personalso done such things to you before you were pregnant?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... **8** REFUSED/NO ANSWER 9	⇒S8 ⇒S8
715	Compared to before you were pregnant, did the slapping/beating (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe.	GOT LESS ..... 1 STAYED ABOUT THE SAME ..... 2 GOT WORSE ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

SECTION 8 INJURIES

CHECK: Ref. sheet Box C *(S8phsex)*	**WOMAN EXPERIENCED PHYSICAL AND/OR SEXUAL VIOLENCE ("YES" TO Option U or V)** [ ] ⇓ *(1)*	**WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" to BOTH Option U and V)** [ ] ⇒ *(2)*	⇒S.10

I would now like to learn more about the injuries that you experienced from (any of) your husband/partner's acts that we have ~~talked~~discussedabout (MAY NEED TO REFER TO SPECIFIC ACTS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.

801	Have you ever been injured as a result of these acts by (any of) your husband/partner(s). Please think of the acts that we ~~talked~~discussedabout before.	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	⇒ ~~804a~~ 805a
802 a	In your life, how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once, several times or many times?	ONCE ..... 1 SEVERAL (2-5) TIMES ..... 2 MANY (MORE THAN 5) TIMES ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
802 b	Has this happened in the past 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

803 a	What type of injury did you have? Please mention any injury due to (any of) your husband/partners acts, no matter how long ago it happened. MARK ALL PROBE: Any other injury?		b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened in the past 12 months? YES	NO	DK	
		CUTS, PUNCTURES, BITES ..... A	1	2	8	
		SCRATCH, ABRASION, BRUISES ..... B	1	2	8	
		SPRAINS, DISLOCATIONS C	1	2	8	
		BURNS(FIRE, CIGARETTES, ETC) ..... D	1	2	8	
		PENETRATING INJURY, DEEP CUTS, GASHES ..... E	1	2	8	
		BROKEN EARDRUM, EYE INJURIES ..... F	1	2	8	
		FRACTURES, BROKEN BONES ..... G	1	2	8	
		BROKEN TEETH ..... H	1	2	8	
		INTERNAL INJURIES I	1	2	8	
		ACID (specify part of body and nature of injury) _____ ..... J	1	2	8	
		OTHER (specify): _____ X	1	2	8	

804 a	In your life, were you ever hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)? IF YES: How many times? IF NOT SURE: More or less?	TIMES NEEDED HEALTH CARE ..... [ ][ ] REFUSED/NO ANSWER ..... 99 NOT NEEDED **00**	⇒S.9
805 b	Has this happened in the past 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

805	In your life, did you ever receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	YES, SOMETIMES ..... 1 YES, ALWAYS ..... 2 NO, NEVER ..... **3** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒S.9**
806	In your life, have you ever had to spend any nights in a hospital due to the injury/injuries? IF YES: How many nights? (MORE OR LESS)	NUMBER OF NIGHTS IN HOSPITAL..[ ][ ] IF NONE ENTER '00' DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	**⇒808**
807a CAM	In the past 12 months did you spend any nights in hospital due to the injuries? IF YES, How many nights?	NUMBER OF NIGHTS IN HOSPITAL..[ ][ ] IF NONE ENTER '00' DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
807	Did you tell a health worker the real cause of your injury?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

SECTION 9 IMPACT AND COPING

THIS SECTION IS FOR WOMEN WHO REPORT PHYSICAL OR SEXUAL VIOLENCE BY HUSBAND/PARTNER.

I would now like to ask you some questions about what effects your husband/partner's acts has had on you . With acts I mean... (REFER TO SPECIFIC ACTS THE RESPONDENT HAS MENTIONED IN SECTION 7).

IF REPORTED MORE THAN ONE VIOLENT HUSBAND/PARTNER, ADD: I would like you to answer these questions in relation to the most recent/last husband/partner who did these things to you.

CHECK: **Ref. sheet Box C** *(S9p6ys)*	**WOMAN EXPERIENCED PHYSICAL VIOLENCE** **("YES" TO Option U)** [ ] ⇓ *(1)*	**WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY** **("NO" to Option U and "YES" to option V)** [ ]⇒ *(2)*	**⇒906**
901	Are there any particular situations that tend to lead to (or trigger)your husband/partner's behaviour? REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE. PROBE: Any other situation? MARK ALL MENTIONED	NO PARTICULAR REASON ..... A WHEN MAN DRUNK ..... B MONEY PROBLEMS ..... C DIFFICULTIES AT HIS WORK ..... D WHEN HE IS UNEMPLOYED ..... E NO FOOD AT HOME ..... F PROBLEMS WITH HIS OR HER FAMILY ..... G SHE IS PREGNANT ..... H HE IS JEALOUS OF HER ..... I SHE REFUSES SEX ..... J SHE IS DISOBEDIENT ..... K HE WANTS TO TEACH HER A LESSON, EDUCATE OR DISCIPLINE HER ..... L HE WANT TO SHOW HE IS BOSS ..... M OTHER (specify): _____ X	
CHECK: **(Ref. sheet, Box B, option R)** *(s9child)*	**CHILDREN LIVING** [ ] ⇓ *(1)*	**NO CHILDREN ALIVE** [ ] ⇒ *(2)*	**⇒904**
902	For any of these incidents, were your children present or did they overhear you being beaten? IF YES: How often? Would you say once ~~or twice~~, several times or most of the time?	NEVER ..... 1 ONCE ~~OR TWICE~~ ..... 2 SEVERAL (2-5)TIMES ..... 3 MANY TIMES/MOST OF THE TIME ..... 4 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
903	During the times that you were hit, did you ever fight back physically or to defend yourself? IF YES: How often? Would you say once, several times or most of the time?	NEVER ..... **1** ONCE ..... 2 SEVERAL(2-5)TIMES ..... 3 MANY TIMES/MOST OF THE TIME ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒906**
904 a	What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.	NO CHANGE/NO EFFECT ..... 1 VIOLENCE BECAME WORSE ..... 2 VIOLENCE BECAME LESS ..... 3 VIOLENCE STOPPED ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

906	Would you say that your husband /partner's behaviour towards you has affected your physical or mental health? Would you say, that it has had no effect, a little effect or a large effect? REFER TO SPECIFIC ACTS OF **PHYSICAL AND/OR SEXUAL VIOLENCE** SHE DESCRIBED EARLIER	NO EFFECT ..... 1 A LITTLE ..... 2 A LOT ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
907	In what way, if any, has your husband/partner's behaviour (IF NEEDED MENTION SPECIFIC ACTS) disrupted your work or other income-generating activities? MARK ALL THAT APPLY	N/A (NO WORK FOR MONEY) ..... A WORK NOT DISRUPTED ..... B HUSBAND/PARTNER INTERRUPTED WORK ..C UNABLE TO CONCENTRATE ..... D UNABLE TO WORK/SICK LEAVE ..... E LOST CONFIDENCE IN OWN ABILITY ..... F OTHER (specify): _____ X	**⇒907c**
907a CAM	Did you ever miss days of paid work because of what your husband/partner did?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... **8** REFUSED/NO ANSWER 9	**⇒907c** **⇒907c**
907b CAM	In the past 12 months how many days of paid work did you miss because of this?	NUMBER OF DAYS ..... [ ][ ][ ] NONE ..... '00' MISSED WHOLE YEAR ..... 85 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
907c CAM	Were you ever prevented to carry out any other unpaid activities ~~(such as home work, church activities)~~ because of what he did? For example did it interfere with your homework, community service, etc.	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒908** **⇒908**
907d CAM	In the past 12 months how many days of other activities did you miss because of this?	NUMBER OF DAYS ..... [ ][ ][ ] NONE ..... '00' MISSED WHOLE YEAR ..... 85 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
908	Who have you told about his behaviour? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE ..... A FRIENDS ..... B PARENTS ..... C BROTHER OR SISTER ..... D UNCLE OR AUNT ..... E HUSBAND/PARTNER'S FAMILY ..... F CHILDREN ..... G NEIGHBOURS ..... H POLICE ..... I DOCTOR/HEALTH WORKER ..... J PRIEST/RELIGIOUS LEADER ..... K COUNSELLOR ..... L NGO/WOMEN'S ORGANIZATION ..... M LOCAL AUTHORITY/LEADER ..... N OTHER (specify): _____ X	

909	Did anyone ever try to help you? IF YES, Who helped you? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE ..... A FRIENDS ..... B PARENTS ..... C BROTHER OR SISTER ..... D UNCLE OR AUNT ..... E HUSBAND/PARTNER'S FAMILY ..... F CHILDREN ..... G NEIGHBOURS ..... H POLICE ..... I DOCTOR/HEALTH WORKER ..... J PRIEST/RELIGIOUS LEADER ..... K COUNSELLOR ..... L NGO/WOMEN'S ORGANIZATION ..... M LOCAL LEADER ..... N OTHER (specify): _____ X	

910 a Did you ever go to any of the following for help? READ EACH ONE		YES	NO	910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given? YES	NO
a) Police	a) POLICE	1	2	1	2
b) Hospital or health centre	b) HOSPITAL/ HEALTH CENTRE	1	2	1	2
c) Legal advice centre	c) LEGAL ADVICE CENTRE	1	2	1	2
d) Court	d) COURT	1	2	1	2
e) Shelter	e) SHELTER	1	2	1	2
f) Local leader	f) LOCAL LEADER	1	2	1	2
g) Women's organization (Women's Crisis Centre)	g) WOMEN'S ORGANIZATION: _____	1	2	1	2
j) Priest/Religious leader	j) PRIEST, RELIGIOUS LEADER	1	2	1	2
x) Anywhere else? Where?	x) ELSEWHERE (specify) _____	1	2	1	2
		*	**		

CHECK: Question 910a * ** (s9check)	MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *) [ ] (1)	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **) [ ] (2)	**⇒912**

911	What were the reasons that made you go for help? **MARK ALL MENTIONED AND GO TO 913**	ENCOURAGED BY FRIENDS/FAMILY ..... A COULD NOT ENDURE MORE ..... B BADLY INJURED ..... C HE THREATENED OR TRIED TO KILL HER ..... D HE THREATENED OR HIT CHILDREN ..... E SAW THAT CHILDREN SUFFERING ..... F THROWN OUT OF THE HOME ..... G AFRAID SHE WOULD KILL HIM ..... H AFRAID HE WOULD KILL HER ..... I AFRAID HE WOULD HIT HER/MORE VIOLENCE ..... J OTHER (specify): _____ X	**FOR ALL OPTIONS GO TO 913**

912	What were the reasons that you did not go to any of these? MARK ALL MENTIONED	DON'T KNOW/NO ANSWER ..... A FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCE ..... B VIOLENCE NORMAL/NOT SERIOUS ..... C EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMED ..... D BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPED ..... E AFRAID WOULD END RELATIONSHIP ..... F AFRAID WOULD LOSE CHILDREN ..... G BRING BAD NAME TO FAMILY ..... H DID NOT KNOW HER OPTIONS ..... I OTHER (specify): _____ _____ .X	
913	Is there anyone that you would like (have liked) to receive (more) help from? Who? MARK ALL MENTIONED	NOONE MENTIONED ..... A HIS RELATIVES ..... B HER RELATIVES ..... C FRIENDS/NEIGHBOURS ..... D HEALTH CENTRE ..... E POLICE ..... F PRIEST/RELIGIOUS LEADER ..... G SOCIAL WORKER ..... I OTHER (specify): _____ X	
914	Did you ever leave, even if only overnight, because of his behaviour? IF YES: How many times? (MORE OR LESS)	NUMBER OF TIMES LEFT ..... [ ][ ] NEVER ..... **00** N.A. (NOT LIVING TOGETHER) ..... **97** DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	**⇒919** **⇒S.10**
915	What were the reasons why you left the last time? MARK ALL MENTIONED	NO PARTICULAR INCIDENT ..... A ENCOURAGED BY FRIENDS/FAMILY ..... B COULD NOT ENDURE MORE ..... C BADLY INJURED ..... D HE THREATENED OR TRIED TO KILL HER ..... E HE THREATENED OR HIT CHILDREN ..... F SAW THAT CHILDREN SUFFERING ..... G THROWN OUT OF THE HOME ..... H AFRAID SHE WOULD KILL HIM ..... I ENCOURAGED BY ORGANIZATION: _____ ..... J AFRAID HE WOULD KILL HER ..... K OTHER (specify): _____ X	
916	Where did you go the last time? MARK ONE	HER RELATIVES ..... 01 HIS RELATIVES ..... 02 HER FRIENDS/NEIGHBOURS ..... 03 HOTEL/LODGINGS ..... 04 STREET ..... 05 CHURCH/TEMPLE ..... 06 SHELTER ..... 07 OTHER (specify): _____ ...96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
917	How long did you stay away the last time? RECORD NUMBER OF DAYS OR MONTHS	NUMBER OF DAYS (IF LESS THAN 1 MONTH) ..... [ ][ ] ..1 NUMBER OF MONTHS (IF 1 MONTH OR MORE) ..... [ ][ ] ..2 LEFT HUSBAND/PARTNER/DID NOT RETURN/ NOT WITH HUSBAND?PARTNER **3**	**⇒S.10**

918	What were the reasons that you returned? MARK ALL MENTIONED AND GO TO SECTION 10	DIDN'T WANT TO LEAVE CHILDREN ..... A SANCTITY OF MARRIAGE ..... B FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR) ..... C COULDN'T SUPPORT CHILDREN ..... D LOVED HIM ..... E HE ASKED HER TO GO BACK ..... F FAMILY SAID TO RETURN ..... G FORGAVE HIM ..... H THOUGHT HE WOULD CHANGE ..... I THREATENED HER/CHILDREN ..... J COULD NOT STAY THERE (WHERE SHE WENT) ..... K VIOLENCE NORMAL/NOT SERIOUS ..... L THE CHILDREN NEED A FATHER/BOTH PARENTS ..... M OTHER (specify): _____ X	**FOR ALL OPTIONS GO TO Section 10**
919	What were the reasons that made you stay? MARK ALL MENTIONED	DIDN'T WANT TO LEAVE CHILDREN ..... A SANCTITY OF MARRIAGE ..... B DIDN'T WANT TO BRING SHAME ON FAMILY ..... C COULDN'T SUPPORT CHILDREN ..... D LOVED HIM ..... E DIDN'T WANT TO BE SINGLE ..... F FAMILY SAID TO STAY ..... G FORGAVE HIM ..... H THOUGHT HE WOULD CHANGE ..... I THREATENED HER/CHILDREN ..... J NOWHERE TO GO ..... K VIOLENCE NORMAL/NOT SERIOUS ..... L THE CHILDREN NEED A FATHER/BOTH PARENTS ..... M OTHER (specify): _____ X	

SECTION 10 OTHER EXPERIENCES

N01 — **READ TO RESPONDENT:**
In their lives, many women have unwanted experiences and experience different forms of maltreatment and violence from all kinds of people, men or women. These may be relatives, other people that they know, and/or strangers. If you don't mind, I would like to ask you about some of these situations. Everything that you say will be kept confidetntial. I will first ask about what has happened since you were 15 years old (from age 15 onwards until now), and thereafter during the past 12 months.
FOR WOMEN WHO WERE EVER MARRIED OR PARTNERED ADD: These questions are about people other than your husband/partner(s).

N02 — **A.Since the age of 15 until now**, has anyone ever done any of the following to you:

	A. YES	A. NO	B.IF YES: Has this happened in the past 12 months? YES	NO	DK
a) Slapped, hit, beaten, kicked or done anything else to hurt you?	1	2	1	2	8
b) Thrown something at you? Pushed you or pulled your hair?	1	2	1	2	8
c) Choked or burnt you on purpose?	1	2	1	2	8
d) Threatened with or actually used a gun, knife or other weapon against you?	1	2	1	2	8

CHECK N02: **AT LEAST ONE '1' MARKED IN COLUMN A. [ ]** ⇓ | **ONLY '2' MARKED [ ]⇒** **⇒ N06**

N03

a) Who did this to you? PROBE: Anyone else?How about a relative? How about someone at school or work? How about a friend or neighbour?A stranger or anyone else? How about a peson from the Khmer Rouge regime? DO NOT READ OUT THE LIST MARK LETTER FOR ALL MENTIONED	b) INDICATE SEX FOR EACH PERSON MENTIONED: MALE	FEMALE	c) ASK ONLY FOR THOSE MARKED in N03 a). How many times did this happen since you were 15? Once, a few times, or many times?: ONCE	FEW	MANY	d) ASK ONLY FOR THOSE MARKED in a). How many times did this happen in the past 12 months? Once, a few times, or many times?: NO	ONCE	FEW	MANY
PARENT ..... A	1	2	1	2	3	0	1	2	3
PARENT-IN-LAW ..... B	1	2	1	2	3	0	1	2	3
SIBLING (BROTHER OR SISTER) C	1	2	1	2	3	0	1	2	3
OTHER FAMILY MEMBER ..... D	1	2	1	2	3	0	1	2	3
SOMEONE AT WORK ..... E	1	2	1	2	3	0	1	2	3
FRIEND/ACQUAINTANCE ..... F	1	2	1	2	3	0	1	2	3
RECENT ACQUAINTANC ..... G	1	2	1	2	3	0	1	2	3
COMPLETE STRANGER ..... H	1	2	1	2	3	0	1	2	3
TEACHER I	1	2	1	2	3	0	1	2	3
DOCTOR/HEALTH STAFF ..... J	1	2	1	2	3	0	1	2	3
RELIGIOUS LEADER ..... K	1	2	1	2	3	0	1	2	3
POLICE/ SOLDIER L	1	2	1	2	3	0	1	2	3
KHMER ROUGE PERSON ..... M	1	2	1	2	3	0	1	2	3
OTHER (specify) _____ W	1	2	1	2	3	0	1	2	3
OTHER (specify) _____ X	1	2	1	2	3	0	1	2	3

N06a — Now I would like to ask you about other unwanted experiences you may have had. Again, I want you to think about any person, man or woman.
FOR WOMEN WHO EVER HAD A PARTNER ADD IF NECESSARY: except your husband/male partner.
Since the age of 15 until now, has anyone ever **forced you into sexual intercourse** when you did not want to, for example by threatening you, holding you down, or putting you in a situation where you could not say no. Remember to include people you have known as well as strangers. Please at this point exclude **attempts** to force you.
IF NECESSARY: We define sexual intercourse as vaginal, oral or analpenetration.

NOTE THAT THIS QUESTIONS IS ABOUT RAPES THAT ACTUALLY HAPPENED

YES 1
NO .....2 **⇒ N08** ~~**(or N07a if optional questions included)**~~

N06b — Has this happened in the past 12 months?
YES 1
NO 2
DON'T KNOW.....8

N06c CAM — Did this incident, or any of the incidents take place before, during or after Cambodia's periods of conflict? Please describe the period or, if you know, the year(s) in which this happened. If there was more than one incident please indicate all periods in which this happened.

MARK ALL MENTIONED

REFUSED/NO ANSWER. .....A
BEFORE 1970 (SIHANOUK REGIME) .....B
BETWEEN 1970-1974 (LON NOL REGIME).....C
BETWEEN 1975-1979 (KHMER ROUGE REGIME) ...D
BETWEEN 1980-1992 (HENG SAMRIN REGIME).....E
AFTER 1992.....F
DON'T KNOW/DON'T REMEMBER.....X

N07	a) Who did this to you? PROBE: Anyone else? How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else? How about a person from the Khmer Rouge regime? DO NOT READ OUT THE LIST MARK LETTER FOR ALL MENTIONED	b) INDICATE SEX FOR EACH PERSON MENTIONED		c) ASK ONLY FOR THOSE MARKED in N03 a). How many times did this happen since you were 15? Once, a few times, or many times?			d) ASK ONLY FOR THOSE MARKED in a). How many times did this happen in the past 12 months? Once, a few times, or many times?				
		MALE	FEMALE	ONCE	FEW	MANY	NO	ONCE	FEW	MANY	
	PARENT ..... A	1	2	1	2	3	0	1	2	3	
	PARENT-IN-LAW ..... B	1	2	1	2	3	0	1	2	3	
	SIBLING (BROTHER OR SISTER) C	1	2	1	2	3	0	1	2	3	
	OTHER FAMILY MEMBER ..... D	1	2	1	2	3	0	1	2	3	
	SOMEONE AT WORK ..... E	1	2	1	2	3	0	1	2	3	
	FRIEND/ACQUAINTANCE ..... F	1	2	1	2	3	0	1	2	3	
	RECENT ACQUAINTANC ..... G	1	2	1	2	3	0	1	2	3	
	COMPLETE STRANGER ..... H	1	2	1	2	3	0	1	2	3	
	TEACHER I	1	2	1	2	3	0	1	2	3	
	DOCTOR/HEALTH STAFF ..... J	1	2	1	2	3	0	1	2	3	
	RELIGIOUS LEADER ..... K	1	2	1	2	3	0	1	2	3	
	POLICE/ SOLDIER L	1	2	1	2	3	0	1	2	3	
	KHMER ROUGE PERSON ..... M	1	2	1	2	3	0	1	2	3	
	OTHER (specify) _____ W	1	2	1	2	3	0	1	2	3	
	OTHER (specify) _____ X	1	2	1	2	3	0	1	2	3	

N07e	When was the most recent incident that you were forced to have sex?	LESS THAN ONE YEAR AGO ..... 1 BETWEEN ONE AND FIVE YEARS AGO ..... 2 LONGER THAN FIVE YEARS AGO ..... 3 REFUSED/NO ANSWER 9	
N07f	I am now going to ask you about your experience of **forced sex**. Please respond about the most recent incident. Did you report the incident to the police?	YES ..... 1 NO ..... **2** REFUSED/NO ANSWER 9	⇒N07i
N07g	How did the police respond? COUNTRY SPECIFIC CODING	THEY OPENED A CASE ..... 1 THEY SENT ME AWAY ..... 2 OTHER ..... 3 REFUSED/NO ANSWER 9	
N07h	Was the person who did this to you arrested and convicted?	NOT ARRESTED ..... 1 ARRESTED BUT NOT CONVICTED ..... 2 CONVICTED ..... 3 REFUSED/NO ANSWER 9	
N07i	Did you report it to a health service (doctor or nurse)?	YES ..... 1 NO ..... **2** REFUSED/NO ANSWER 9	⇒N07l
N07j	Were you offered any medication/treatment for preventing pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
N07k	Were you offered any medication/treatment for preventing transmission of HIV (PEP)?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	

N07l	Did you receive (formal) counselling with regards to the incident that you experienced?	YES ..... 1 NO ..... 2 REFUSED/NO ANSWER 9	
N07m	Did you tell anyone in your family about the incident? Anyone else, such as a friend or neighbour?	NO ONE ..... **A** FEMALE MEMBER OF YOUR FAMILY OF BIRTH .. B MALE MEMBER OF YOUR FAMILY OF BIRTH ..... C FEMALE MEMBER OF YOUR IN-LAWS ..... D MALE MEMBER OF YOUR IN-LAWS ..... E YOUR CHILD/CHILDREN ..... F FRIEND/NEIGHBOUR ..... G OTHER, SPECIFY: _____ X	⇒N07o
N07n	How did they respond? Anything else?	BLAMED ME FOR IT ..... A SUPPORTED ME ..... B WERE INDIFFERENT ..... C TOLD ME TO KEEP IT QUIET ..... D ADVISED TO REPORT TO POLICE ..... E OTHER, SPECIFY: _____ X	
N07o	Have you ever been forced to have sex with a man who was not a husband or boyfriend when you were too drunk or drugged to refuse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
N07p	Have you ever been forced to have sex against your will with more than one man at the same time?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	

N07q	Have you ever had sex with a man because he:	YES	NO	
	a) Provided you with drugs, food, cosmetics, clothes, cell phone, transportation or anything else you could not afford by yourself	1	2	
	b) Provided you with somewhere to stay	1	2	
	c) Gave items or did something for your children or family	1	2	
	d) Gave you cash or money, for example to pay your bills or school fees	1	2	

N08	Again, I want you to think about any person, man or woman. FOR WOMEN WHO EVER HAD A PARTNER ADD: except your husband/male partner. Apart from anything you may have mentioned, can you tell me if, **since the age of 15 until now**, any of the following has happened to you? Remember to include people you have known as well as strangers.	A.		B.IF YES: Has this happened in the past 12 months?			
		YES	NO	**YES**	**NO**	**DK**	
	a) Has anyone **attempted but NOT succeed to force** you into sexual intercourse when you did not want to, for example by holding you down or putting you in a situation where you could not say no?	1	2	1	2	8	
	b) Touched you sexually against your will. This includes for example touching of breasts or private parts?	1	2	1	2	8	
	c) Made you touch their private parts against your will	1	2	1	2	8	
CHECK N08	**AT LEAST ONE 'YES' ('1') MARKED IN COLUMN A. [ ]** ⇓			**ONLY 'NO' ('2') MARKED [ ]⇒**			**⇒ N09e**

N09	a) Who did this to you? PROBE: Anyone else? How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else? How about aperson from the Khmer Rouge regime? DO NOT READ OUT THE LIST MARK LETTER FOR ALL MENTIONED	b) INDICATE SEX FOR EACH PERSON MENTIONED MALE FEMALE	c) ASK ONLY FOR THOSE MARKED in N03 a). How many times did this happen since you were 15? Once, a few times, or many times? ONCE FEW MANY	d) ASK ONLY FOR THOSE MARKED in a). How many times did this happen in the past 12 months? Once, a few times, or many times? NO ONCE FEW MANY
	PARENT ..... A	1 2	1 2 3	0 1 2 3
	PARENT-IN-LAW ..... B	1 2	1 2 3	0 1 2 3
	SIBLING (BROTHER OR SISTER) C	1 2	1 2 3	0 1 2 3
	OTHER FAMILY MEMBER ..... D	1 2	1 2 3	0 1 2 3
	SOMEONE AT WORK ..... E	1 2	1 2 3	0 1 2 3
	FRIEND/ACQUAINTANCE ..... F	1 2	1 2 3	0 1 2 3
	RECENT ACQUAINTANC ..... G	1 2	1 2 3	0 1 2 3
	COMPLETE STRANGER ..... H	1 2	1 2 3	0 1 2 3
	TEACHER I	1 2	1 2 3	0 1 2 3
	DOCTOR/HEALTH STAFF ..... J	1 2	1 2 3	0 1 2 3
	RELIGIOUS LEADER ..... K	1 2	1 2 3	0 1 2 3
	POLICE/ SOLDIER L	1 2	1 2 3	0 1 2 3
	KHMER ROUGE PERSON ..... M	1 2	1 2 3	0 1 2 3
	OTHER (specify) _____ W	1 2	1 2 3	0 1 2 3
	OTHER (specify) _____ X	1 2	1 2 3	0 1 2 3

N09e	Have you ever been asked to perform sexual acts against your willin order to get a job or keep your job, or to get promoted?	YES ..... 1 NO ..... 2 N/A NEVER WORKED ..... 7 REFUSED/NO ANSWER 9	
N09f	Have you ever been asked to perform sexual acts against your will in order to pass an exam or get good grades at school?	YES ..... 1 NO ..... 2 NEVER WENT TO SCHOOL ..... 7 REFUSED/NO ANSWER 9	
N09g	Have you ever been groped, sexually touched or had someone rubbing against you in the bus or another public space?	YES ..... 1 NO ..... 2 REFUSED/NO ANSWER 9	
N09h	Have you ever received personal electronic messages with sexual content (e.g. remarks, invitations, pictures) that were hurtful to you or made you feel uncomfortable? For example, via Facebook, cellphone, e-mail, excluding spam	YES ..... 1 NO ..... 2 DOES NOT USE ELECTRONIC MEDIA ..... 7 REFUSED/NO ANSWER 9	

1003	<u>When you were a girl, before you were 15 years old</u>, do you remember if any-one in your family ever touched you sexually, or made you do something sexual that you didn't want to? For example, has any of these things ever happened to you? - touching of breasts or private parts - making sexual remarks or showing sexual explicit pictures against your will - making you touch their private parts - having sex or trying to have sex with you IF NO: CONTINUE PROMPTING: How about someone at school? How about a friend or neighbour? Has anyone else done this to you? IF YES CONTINUE WITH 1003a	YES ..... 1 NO 2	**⇒1004**

1003 a)	a)IF YES: Who did this to you? We do not need to know the name of this person. CONTINUE: How about someone at school? How about a friend or neighbour? Has anyone else done this to you? How about a person from the Khmer Rouge regime? DO NOT READ OUT THE LIST MARK LETTER FOR ALL MENTIONED	INDICATE SEX OF EACH PERSON MENTIONED MALE FEMALE	ASK ONLY FOR THOSE MARKED IN 1003a b) How old were you when it happened with this person for the first time? (more or less)	c) How old was this person? PROBE: roughly (more or less).	d) How many times did this happen? Once	Few times	Many times
	PARENT.....A	1 2	[ ][ ]	[ ][ ]	1	2	3
	PARENT-IN-LAW.....B	1 2	[ ][ ]	[ ][ ]	1	2	3
	SIBLING (BROTHER OR SISTER).....C	1 2	[ ][ ]	[ ][ ]	1	2	3
	OTHER FAMILY MEMBER .....D	1 2	[ ][ ]	[ ][ ]	1	2	3
	SOMEONE AT WORK.....E	1 2	[ ][ ]	[ ][ ]	1	2	3
	FRIEND/ACQUAINTANCE .....F	1 2	[ ][ ]	[ ][ ]	1	2	3
	RECENT ACQUAINTANC .....G	1 2	[ ][ ]	[ ][ ]	1	2	3
	COMPLETE STRANGER.....H	1 2	[ ][ ]	[ ][ ]	1	2	3
	TEACHER I	1 2	[ ][ ]	[ ][ ]	1	2	3
	DOCTOR/HEALTH STAFF.....J	1 2	[ ][ ]	[ ][ ]	1	2	3
	RELIGIOUS LEADER .....K	1 2	[ ][ ]	[ ][ ]	1	2	3
	POLICE/ SOLDIER.....L	1 2	[ ][ ]	[ ][ ]	1	2	3
	KHMER ROUGE PERSON.....M	1 2	[ ][ ]	[ ][ ]	1	2	3
	OTHER (specify) _____ W	1 2	[ ][ ]	[ ][ ]	1	2	3
	OTHER (specify) _____ X	1 2	[ ][ ]	[ ][ ] DK = 98	1	2	3

1003e	During any of the instances you mentioned before of sexual things that happened before you were 15 years, did this person put his penis or something else into your vagina, your backside (anus), or mouth ?	YES .....1 NO .....2 DON'T KNOW .....8 REFUSED/NO ANSWER 9	

1004	How old were you when you first had sexual intercourse? IF NECESSARY: We define sexual intercourse as vaginal, oral or anal penetration.	AGE YEARS (MORE OR LESS) .....[ ][ ] NOT HAD SEX.....**95** REFUSED/NO ANSWER.....99	**⇒ 1006**
1005	How would you describe the first time that you had sexual intercourse? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?	WANTED TO HAVE SEX .....1 NOT WANT BUT HAD SEX .....2 FORCED TO HAVE SEX .....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
1005c	The first time you had sexual intercourse, was this with your (future) husband/cohabiting partner, or was it with someone else?	(FUTURE) HUSBAND/PARTNER.....1 SOMEONE ELSE MORE OR LESS YOUR OWN AGE .....2 SOMEONE ELSE WHO WAS OLDER.....3 REFUSED /NO ANSWER 9	
1005a	The number of sexual partners women have had differs a lot from person to person. Some women report having had one sex partner, some 2 or more, and still others report many, even 50 or more. In your life how many different men have you had sex with? IF NEEDED PROBE: More or less; I do not need to know the exact number.	PARTNERS.....[ ][ ][ ] DON'T KNOW/DON'T REMEMBER998 REFUSED/NO ANSWER..... 999	
1005b	IF ONE PARTNER IN 1005a; ASK: Did you have sex in the past 12 months? IF YES, ENTER "01" IF NONE ENTER "00" IF MORE THAN ONE PARTNER IN 1005a, ASK With how many of these men did you have sex in the past 12 months? INCLUDE CURRENT PARTNER IN TOTAL	PARTNERS.....[ ][ ] DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER..... 99	
1006	When you were a child, was your mother hit by your father (or her husband or boyfriend)?	YES .....1 NO .....**2** PARENTS DID NOT LIVE TOGETHER .....**3** DON'T KNOW .....**8** REFUSED/NO ANSWER 9	

1007	When you were a child, did anyone in your family ever: a) Slapped or spanked you (with hand)? b) Beat or kicked you or hit you with fist? c) Hit you with a belt, stick, broom or something else? d) Tied you with a rope? x) Anything else? Specify:		YES	NO	DK
		a) SLAPPED	1	2	8
		b) BEAT, KICKED	1	2	8
		c) HIT WITH OBJECT	1	2	8
		d) TIED WITH ROPE	1	2	8
		x) ANYTHING ELSE	1	2	8

*** CHECK: Ref. sheet Box A** *(s10msar)*	**EVER MARRIED/EVER LIVING WITH A MAN/DATING *PARTNER*** **(Options K,L,M) [ ]** ⇓ *(1)*	**NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER DATING** **(Option N) [ ] ⇒** *(2)*	**⇒S.11**

1008	As far as you know, was your mother-in-law (most recent) hit or beaten by your father-in-law or her partner? NOTE: ?	YES .....1 NO .....2 PARENTS DID NOT LIVE TOGETHER .....3 DON'T KNOW .....8 REFUSED/NO ANSWER 9	
1009	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family, when he was a child?	YES .....1 NO .....2 DON'T KNOW.....8 REFUSED/NO ANSWER 9	

SECTION 11 FINANCIAL AUTONOMY

Now I would like to ask you some questions about things that you own and your earnings. We need this information to understand the financial position of women nowadays.

1101	Please tell me if you own any of the following, either by yourself or with someone else. a) Land b) Your house c) A company or business d) Large animals (cows, horses, etc.) e) Small animals (chickens, pigs, goats, etc.) f) Produce or crops from certain fields or trees g) Large household items (TV, bed, cooker) h) Jewellery, gold or other valuables j) Motor car k) Savings in the bank? l) Moto, (motorcycle, moped) ? x) Other property, specify FOR EACH, PROBE: Do you own this on your own, or do you own it with others?	YES Own by self / YES Own with others / NO Don't own				
		a) LAND	1	2	3	
		b) HOUSE	1	2	3	
		c) COMPANY	1	2	3	
		d) LARGE ANIMALS	1	2	3	
		e) SMALL ANIMALS	1	2	3	
		f) PRODUCE	1	2	3	
		g) HOUSEHOLD ITEMS	1	2	3	
		h) JEWELLERY	1	2	3	
		j) MOTOR CAR	1	2	3	
		k) SAVINGS IN BANK	1	2	3	
		l) MOTORCYCLE	1	2	3	
		x) OTHER PROPERTY: _____	1	2	3	

*** CHECK: Ref. sheet, Box A** *(s11mar)*	**CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN (Option K)** [ ] ⇓ *(1)*	**NOT CURRENTLY MARRIED OR LIVING WITH A MAN/*CURRENT OR PAST MALE DATING PARTNER*** **(Options L, M, N)** [ ] ⇒ *(2)*	**⇒S.12**
CHECK 111c	**OPTIONS 04, 05, 06, 07, 08, 10, 11, 96** ⇓	**OPTIONS 01, 02, 03, 09, 98 or 99**	**⇒S.12**
1102	Are you able to spend the money you earn how you want yourself, or do you have to give all or part of the money to your husband/partner?	SELF/OWN CHOICE ..... 1 GIVE PART TO HUSBAND/PARTNER ..... 2 GIVE ALL TO HUSBAND/PARTNER ..... 3 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
1103	Would you say that the money that you bring into the family is more than what your husband/partner contributes, less than what he contributes, or about the same as he contributes?	MORE THAN HUSBAND/PARTNER ..... 1 LESS THAN HUSBAND/PARTNER ..... 2 ABOUT THE SAME ..... 3 DO NOT KNOW ..... 8 REFUSED/NO ANSWER 9	

SECTION 12 COMPLETION OF INTERVIEW

1201	I would now like to give you a card. On this card are two pictures. No other information is written on the card. The first picture is of a sad face, the second is of a happy face. No matter what you have already told me, I would like you to put a mark below the sad face if someone has ever touched you sexually, or made you do something sexual that you didn't want to, before you were 15 years old (when you were a girl younger than 15 years old). For example, has any of these things ever happened to you? - touching of breasts or private parts - making sexual remarks or showing sexual explicit pictures against your will - making you touch their private parts - having sex or trying to have sex with you Please put a mark below the happy face if this has never happened to you. Once you have marked the card, please fold it over and put it in this envelope. This will ensure that I do not know your answer. GIVE RESPONDENT CARD AND PEN. MAKE SURE THAT THE RESPONDENT FOLDS THE CARD; PUTS IT IN THE ENVELOPE; AND SEALS THE ENVELOPE BEFORE GIVING IT BACK TO YOU. ON LEAVING THE INTERVIEW SECURELY ATTACH THE ENVELOPE TO THE QUESTIONNAIRE (OR WRITE THE QUESTIONNAIRE CODE ON THE ENVELOPE).	CARD GIVEN FOR COMPLETION.....1 CARD NOT GIVEN FOR COMPLETION.....2	
1202	We have now finished the interview. Do you have any comments, or is there anything else you would like to add?		
1202 a	Do you have any recommendations or suggestions that could help to stop domestic violence against women in this country?		
1203	I have asked you about many difficult things. How has talking about these things made you feel? WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT	GOOD/BETTER.....1 BAD/WORSE.....2 SAME/ NO DIFFERENCE . 3	

1204	Finally, do you agree that we may contact you again if we need to ask a few more questions for clarification? COUNTRIES TO SPECIFY TIME PERIOD DEPENDING ON WHEN THEY PLAN TO DO QUALITY CONTROL VISITS	YES ..... 1 NO 2	

FINISH ONE – IF RESPONDENT HAS DISCLOSED PROBLEMS/VIOLENCE

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about their health and experiences of violence.

From what you have told us, I can tell that you have had some very difficult times in your life. No one has the right to treat someone else in that way. However, from what you have told me I can see also that you are strong, and have survived through some difficult circumstances.

Here is a card with a list of phone numbers for support, legal advice, medical and counselling services to women in Cambodia. Please do contact the WHS Hotline if you would like to talk over your situation with anyone. They will keep anything that you say confidential. You can call whenever you feel ready to do so.

FINISH TWO - IF RESPONDENT HAS NOT DISCLOSED PROBLEMS/VIOLENCE

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about women's health and experiences in life.

In case you ever hear of another woman who needs help, here is a card with a list of phone numbers for support, legal advice, medical and counselling services to women in Cambodia. The WHS Hotline listed however is only for women who participated in the survey. Please do contact them if you or any of your friends or relatives need help. They will keep anything that anyone says to them confidential.

1205 RECORD TIME OF END OF INTERVIEW: HH:MM [ ][ ]:[ ][ ] (00-24 h)

1206 ASK THE RESPONDENT. How long did you think the interview lasted? THIS SHOULD BE HER OWN ESTIMATE
Hours [ ] Minutes [ ][ ]

INTERVIEWER COMMENTS TO BE COMPLETED AFTER INTERVIEW

FOR OFFICE USE ONLY:
1 SAD
2 HAPPY
3 NOT CLEAR
4 CARD EMPTY
5 NO CARD

Syntax for bringing up message to remind of referral/support after question 1204

If S209q=1 or 211a=1 => A
If S705cc=3 or S705dc=3 or S705eb=1 or S705fb=1 or S805b=1 => B
If S708a=3 or S708a=4 => C

1.If any of above conditions: Bring up popup screen
Respondent reported suicidal thoughts, severe partner violence or living in fear of her partner. Discuss with respondent if she wants referral. If yes, fill in form and mark 'acute'. Inform your supervisor urgently. If no, give her card with hotline services

2. If none of above conditions but any of the following:

S707=1 or S708=1 => A
N06a=1 or S1003=1 => B

Bring up popup screen
Respondent reported partner or sexual violence. Discuss with respondent if she wants referral. If yes, fill in referral form. Inform your supervisor. If no, give her card with hotline services

For all others:
Bring up popup screen
If respondent is in distress or you have the impression that the respondent is in danger or needs support, discuss with respondent if she wants referral. If yes, fill in referral form. Inform your supervisor. If no, give her card with hotline services

World Health Organization
Western Pacific Region

A NATIONAL SURVEY OF WOMEN'S HEALTH AND LIFE EXPERIENCE IN CAMBODIA

(WHS 2014)

National Institute of Statistics/Ministry of Planning

I. INTRODUCTION

Cambodia is responding to the need for a population-based survey to better understand the magnitude and nature of different forms of intimate partner violence against women. The aim of the first National Survey on Women's Health and Life Experiences in Cambodia 2014 (WHS) is to collect quantitative data about intimate partner violence and other forms of violence against women from a representative sample of women aged 15-64 years, regardless of whether they had a partner or not.

A nationally representative sample size of 4,000 households proportionally representing both urban and rural areas will be used with the aim of interviewing up to 4,000 women aged 15-64 years who are eligible household members. A sample of enumeration areas (EAs) will be proportionally representing urban (23%) and rural (77%) areas, covering 5 regions. Results of the analysis will be representative at the national level as well as for urban and rural regions. The use of a large sample will allow sufficient woman over the whole age range to present data for the specific age groups on its own and to ensure meeting the survey objectives, as follows.

The survey has been designed to provide reliable estimates of the prevalence of physical, emotional, sexual and economic violence again women in the Cambodia society; to determine the association of intimate partner violence with a range of health and other outcomes; identify risk and protective factors; and document

II. SAMPLE SIZE COMPUTATION

The WHS is a household survey, though it will be collecting data of only one woman aged 15-64 years per household. Data from the women in this age group will be used to produce estimates for the prevalence of intimate partner violence during the 12 months prior to the survey and over her lifetime. To ensure comparability of findings with other studies that use the 15-49 age range, results for the age range 15-49 years will also be extracted separately. The data will be collected with the questionnaire from the WHO multi-country study on women's health and domestic violence, Version 12, adapted for Cambodia.

The following parameters will be used:

- National survey of 15-64 years old females.
- All villages (Enumeration Areas).
- Sample size - Sample Size Formula: n = Z2 *[P(1-P) / e2] * DEFF

Where:

n = sample size
Z = 95% Confidence Interval (1.96)
P = 0.30 (estimated prevalence of the risk factor)
E = Margin of Error (2.291%) (Calculated backwards, starting with sample size of households)
DEFF = Design Effect (2.0)

n = 3074 (number of completed interviews required of female for both sectors urban and rural.

Sample size calculations:

Z (95% Confidence Interval), the value of 1.96
P = 30%. In many countries were data are available, lifetime intimate partner sexual violence often reaches 25-30% and lifetime intimate partner physical violence is 65-70%. In a normal distribution the highest variance for a factor would be at the 50% level (resulting in needing a very large sample) and the lowest variance would be at the extremes (needing the smallest sample). We compromise at 30% which is identical to assuming 70% so the resulting sample size is large, but not unmanageable.

DEFF = 2. We have used this value for all the national surveys, to date.
E = 0.02291. We calculate the sample size using margin of error 2.291%.

The sample size results are as follow:

Confidence Level	1.96
Margin of Error (MOE)	0.02291
Baseline levels of the indicator	0.3
Design effect (Deff)	2
Sample size (n) - Female	3074

Number of Households Required = Household, Individual Response Rate Adjustments and Screening Rate Adjustment (example)

Samples	n	Individual Eligibility Rate	Individual Response Rate	Household Eligibility Rate	Number Households to Select
Margin of Error 0.02291					
Females	3074	0.98	0.9	0.98	4001

Notes:

- We have used e = 0.02291 with an estimated 3074 completed interviews for females because we can obtain sufficient numbers for analysis and report reliable results.

- Having a large number of completed interviews is desired however there is a trade-off – larger samples cost more and require more staff and time.

The following option for the Cambodia National Sample Design is being considered:
Option 1 – National (Female age 15-64 years)

- Using the above Sample Size formula (and assuming e = 0.02291) will be completed for females for a total of 3074 completed interviews required.

- Number of Households to contact to obtain the completed interviews was computed based on assumed response rates at the individual levels and percent of households with eligible females age 15-64 (screening rate).

Estimated Screening Rate, or proportion of households with women age 15-64 years

	Female
Total	.77

Screening Rate estimated from 2005 Cambodia Demographic Health Survey. This is not used in the formula for the sample size but given for comparison.

Number of Cluster Needed with Cluster Size

Margin of Error	Gender	Number of Households Required around	Number of Enumeration Area (EAs) Required	Cluster Size
0.02291	Female	4000	200	20

III. SAMPLING FRAME

A multi-stage sampling strategy will be used based on a sampling frame that takes into consideration the 24 provinces in the country delineated into a total of 225 districts for a total of 14,172 "villages" or 28,701 enumeration areas (EAs) in the country. As a first stage 200 EAs (out of 28701 EAs) will be selected in 24 provinces with clusters of 20 households per EA. Listing/mapping of households in EAs will be done in advance to select 20 households in each EA. Since one EA can have at the most 120 households it was discussed that to avoid a high sampling density in the smaller EAs the cluster of 20 households could spill over into neighbouring EAs that would be merged for the sake of this survey.

The sampling frame used for WHS 2014 is the same as the one used for CDHS-IV which is the complete list of all Enumeration Areas (EA) created for the Cambodia General Population Census conducted in 2008 (GPC 2008) but partially updated. The update consists of transferring some communes in Kandal province which are close to Phnom Penh to Phnom Penh province. The frame file is provided by the Cambodia National Institute of Statistics (NIS), which has 28,696 EAs covering completely the whole country. An EA is either a village or a part of a large village; it carries the information about its administrative belonging and its locality, number of residential households, and type of residence (urban/rural). A cartographic map delimitating its boundaries was also created at the moment of the GPC 2008. Among the 28,696 EAs, 4,307 are urban and 24,389 are rural residential areas. Some of the EAs are special settlement areas which are not ordinary residential areas therefore are not eligible for the WHS 2014 surveys and should be excluded from the sample selection. There are in total 241 special EAs which are excluded from the sampling frame. So the frame for WHS 2014 has 28,455 EAs. The average size of the EAs (the number of residential households residing in the EA) are 119 households in urban areas and 95 households in rural areas, with an overall average of 99 households per EA. Table 2.1 below shows the distribution of the households and the number of EAs by province and by type of residence. In Cambodia, 25% percentage of women who are 15-64 years old live in urban areas and 75 % live in rural areas according to (population projection 2008-2030). The largest province is Kampong Cham which represents 13.1% of the total households in the country; the smallest province is Kep which represents only 0.3% of the total households in the country.

Province code	Province name	Percentage of households		Number of EAs		
		Urban	Total	Urban	Rural	Total
1	Banteay Meanchey	25.7	5.1	338	1138	1476
2	Battambang	17.0	7.4	331	1736	2067
3	Kampong Cham	6.8	13.1	225	3426	3651
4	Kampong Chhnang	8.3	3.6	72	940	1012
5	Kampong Speu	7.1	5.3	110	1631	1741
6	Kampong Thom	5.0	4.8	62	1342	1404
7	Kampot	7.6	4.6	86	1184	1270
8	Kandal	10.2	7.7	187	2050	2237
9	Koh Kong	30.6	0.9	65	185	250
10	Kratie	11.4	2.3	69	573	642
11	Mondul Kiri	7.6	0.4	9	132	141
12	Phnom Penh	85.8	10.2	2015	443	2458
13	Preah Vihear	6.3	1.2	18	308	326
14	Prey Veng	3.1	8.0	63	2343	2406
15	Pursat	6.5	3.0	58	833	891
16	Ratanak Kiri	13.6	1.0	27	291	318
17	Siemreap	19.0	6.4	235	1503	1738
18	Preah Sihanouk	41.1	1.6	115	240	355
19	Stung Treng	15.3	0.7	27	206	233
20	Svay Rieng	3.1	4.1	34	1214	1248
21	Takeo	1.5	6.5	23	1935	1958
22	Oddar Meanchey	9.4	1.4	34	378	412
23	Kep	13.4	0.3	9	57	66
24	Pailin	22.3	0.5	33	122	155
Cambodia		18.0	100.0	4245	24210	28455

Table 2.2 Percentage distribution of woman 15-64 and number of EAs by Total, Urban and Rural

Cambodia	Percentage of women (15-64)		Number of EAs		
	Urban	Rural	Urban	Rural	Total
	25.0	75.0	4245	24210	28455

III. SAMPLING METHODOLOGY AND SAMPLING PROCEDURE

The sample for WHS 2014 will be a stratified sample selected in three stages. Stratification is achieved by separating into sectors urban and rural. Samples will be selected independently in every stratum, by a three stages random selection according to the sample allocation given in Table 3.1 below.

Stage 1 - The 200 sample EAs will be selected with probability proportional to the EA size according to the sample allocation given in table 3.1 below. The EA size is the number of households residing in the EA. After the sample selection of EAs and before the main survey, a household listing operation will be carried out in all of the selected EAs, and the resulting lists of households will serve as sampling frame for the selection of households in the second stage. The list of selected EAs will be scrutinized as follows:

a) Some of the selected EAs may be of large size. In order to reduce the task of household listing, for the selected EAs which have more than 200 households will be segmented only one segment will be selected randomly to include in the survey, with a selection probability proportional to the segment size. Household listing will be conducted only in the selected segment1. Therefore a WHS 2014 cluster is either an EA or a segment of an EA.

b) EAs that were selected in the recent Demographic Health Survey will be replaced by the next on the list, ensuring they are in same geographical area and of the same type (urban/rural). This is to avoid survey fatigue and bias by those communities who have just been surveyed, as well as confusion between the two different surveys.

c) EAs that are known to consist of only households that are speaking a language other than Khmer or a dialect that is not mastered by any of the trained enumerators2 should be excluded and replaced by the next on the list, ensuring they are in same geographical area and of the same type (urban/rural).

Stage 2 - A fixed number of 20 households will be selected from every urban and rural cluster by an equal probability systematic sampling. The sample households for WHS 2014 will be pre-selected in central office before the main survey. A household selection spreadsheet is prepared to facilitate the household selection in central office. During the survey, the interviewers are asked to interview only the pre-selected households, no replacement is allowed for households that are not found or for households that refuse to participate in order to prevent bias. All women found in the selected households are eligible for selection for the individual survey, and will be listed in a household list in the household questionnaire.

Stage 3 - Based on the listing of eligible household members, one eligible woman between 15-64 years of age who is a usual member of household will be selected from every sampled household. Sampling will be done by, randomly using CSPro program on the field netbooks or Personal Digital Assistants.

1 Segments should be large enough to avoid high sampling density.
2 It is highly discouraged to use interpreters due to the confidentiality of the interview and the sensitivity of the topics.

Table 3.1 below shows the expected number of EAs, Households and Women interviews by total and by type of residence. The number of sample EAs from urban and rural areas will be 50 and 150, respectively, with a total sample size of 200 EAs. The number of sample households from urban and rural areas will be 1,000 and 3,000 respectively, with a total sample size of 4,000 households. The expected numbers of completed women interviews are 768 and 2,306 for urban and rural areas, respectively, with the total number of completed women interviews being 3,074 women.

Table 3: Sample allocation of EAs households and women by Total, Urban and Rural (WHS 2014)

Allocation of EAs			Allocation of Households			Allocation of Expected numbers of women 15-64 will complete interviews		
Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
50	150	200	1000	3,000	4,000	768	2,306	3,074

IV. HOUSEHOLD SELECTION IN CENTRAL OFFICE

Once the central office receives the complete listing information for a cluster, they must firstly assign a unique serial number for all the listed occupied residential households in the cluster, in the second column of the form with label "Serial Number of Household". Only occupied residential households (including the ones who have refused to cooperate at the time of the listing, and the occupants that were absent at the time of listing but were confirmed by neighbors that they have not left for long periods and will be at home during the period of household interview, by referencing the observations given in column 6 of the form) will be numbered. This is a continuous serial number from 1 to the total number of occupied residential households listed in the cluster. The cell in the second column is left blank if the corresponding household is vacant, or the structure is not a residential structure, until another occupied residential household appears, and ensure that the numbering continues with the previously numbered household.

After numbering the household listed in the whole cluster, **the total number of households listed in the cluster** is copied to the column **"Num of HHs listed"** to the prepared household selection spreadsheet. We ensure this number is copied to the correct place or to the correct cluster number. We copy also the segmentation information in the column **"% Segment selected"** the proportion of the selected segment if it is related to a segmented cluster. The segmentation information is important for correctly calculating the sampling weights. After entering the number of households listed in a cluster, the numbers of the selected households will appear automatically in the reserved place. After finishing the household selection in the Excel template, the numbers of the selected households is copied to the first column of the form, corresponding to the serial number of the households in the listing form. These are the households that the household interviewers must interview. It is recommended to put colors on the listing forms with a marker to mark the selected households for interviewing. It is also very helpful to put colors on the cluster's sketch map to mark the structures where the selected households are located. This will save time for the interviewers to locate quickly the sampled households in the field.

For logistical and safety reasons the households should not be too close to each other. In some circumstances it is advisable that all interviews in one enumeration area should be finished in one day. The design must meet the requirement of low sampling density. This plan may need to be adjusted in view of final decisions in terms of team size and compositions, and length of field work.

V. SAMPLING PROBABILITIES

Due to the non-proportional allocation of the sample to the different urban and rural areas, and the possible difference in response rates, sampling weights will be required for any analysis using WHS 2014 data to ensure the actual representative of the survey results at national level and as well as at urban and rural level. Since WHS 2014 sample is a three-stage stratified cluster sample, sampling weights will be calculated based on sampling probabilities separately for each sampling stage and for each cluster. We use the following notations:

P_{1hi}: first-stage sampling probability of the i^{th} EA in stratum h

P_{2hij}: second -stage sampling probability of the j^{th} sample household in ith EA in stratum h

P_{3hijk}: third -stage sampling probability of the k^{th} sample women in j^{th} sample household in i^{th} EA in stratum h

Let n^h be the number of EA selected in stratum h, M_{hi} the number of households according to the sampling frame in the i^{th} EA, and Σ M_{hi} the total number of households in the stratum h.

The probability of selecting the i^{th} EA in the WHS 2014 sample is calculated as follows:

$$P_{2hij} = \frac{t_{hi}}{L_{hi}}$$

Let h_{ij} K be the number of women listed in the sampled household listing operation in i^{th} EA in stratum h, let h_{ij} m be the number of women will be selected from sampled household in ith EA. The third stage's selection probability for each woman is calculated as follows:

The overall selection probability is the production of the three stages selection probabilities:

$$P_{3hijk} = \frac{m_{hij}}{L_{hij}}$$

$$P = P_{1hi} \times P_{2hij} \times P_{3hijk}$$

The sampling weight for each household in i^{th} EA of stratum h is the inverse of its overall selection probability of one and two stages:

The sampling weight for individual women in each sample household in ith EA of stratum h is the inverse of its overall selection probability of all stages:

$$W_{hij} = 1/(P_{hi} \times P_{hij})$$

$$W_{hijk} = 1/(P_{hi} \times P_{hij} \times P_{hijk})$$

Sampling weights will be adjusted for household non-response and as well as for individual non-response in order to get the survey weights. A spreadsheet containing all sampling parameters and selection probabilities will be prepared to facilitate the calculation of survey weights. Several sets of survey weight will be calculated:

- Individual women weight
- Households weight

The differences between the household weights and the women weights are introduced by individual non-response. The violence against women weight takes the number of eligible women in the household into account because of the selection of only one woman per household. The final survey weights will be normalized in order to give the total number of unweighted cases equal to the total number of weighted cases at national level.

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United Nations Children Fund (UNICEF)
United Nation Population Fund (UNFPA)
Social Services of Cambodia (SSC)
Indigo Psychological Services

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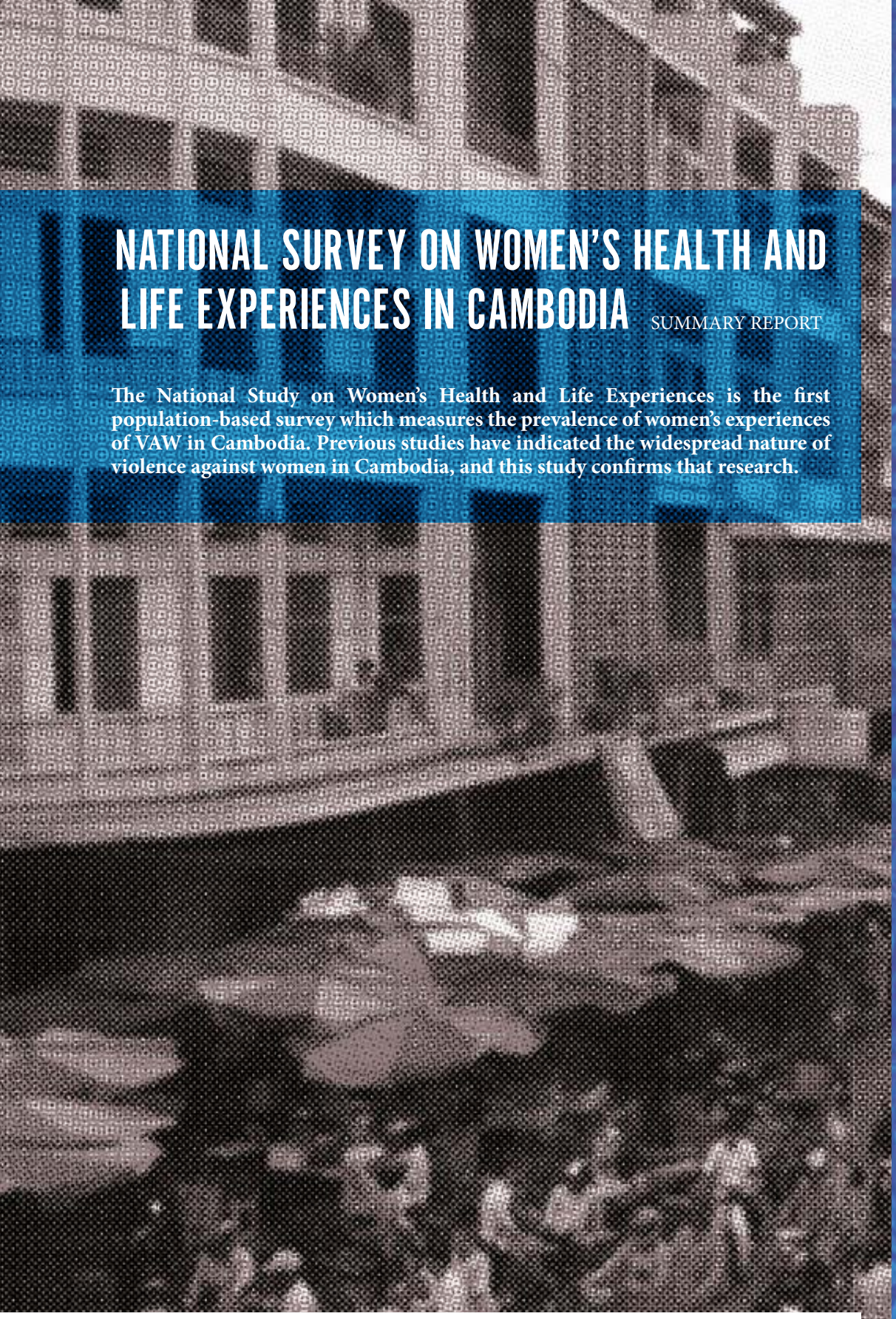

NATIONAL SURVEY ON WOMEN'S HEALTH AND LIFE EXPERIENCES IN CAMBODIA

SUMMARY REPORT

The National Study on Women's Health and Life Experiences is the first population-based survey which measures the prevalence of women's experiences of VAW in Cambodia. Previous studies have indicated the widespread nature of violence against women in Cambodia, and this study confirms that research.

World Health Organization
Western Pacific Region

UN WOMEN
United Nations Entity for Gender Equality and the Empowerment of Women

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