

POLICY SNAPSHOT:
CAMBODIAN
SEXUAL AND
REPRODUCTIVE
HEALTH RIGHTS



Klahan
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"...people, irrespective of sex, ethnic background, disabilities, gender identity or sexual orientation, are entitled to make decisions about their own body and sexuality, and should not be subject to discrimination, harassment or violence."

– RFSU¹

Sexual rights and reproductive health rights are closely interrelated, and in many ways indivisible. We have structured the document in two halves for ease of reading, however we acknowledge that sexual rights cannot be achieved without reproductive health rights, and vice versa.

This series of snapshots was developed following a desk review of the available grey and academic literature, along with relevant laws and policies. We hope it provides a useful foundation for more in-depth research on the current status of SRHR and related policies in Cambodia.

What we mean by Sexual Rights

Sexual rights are yet to be explicitly defined in international agreements, due to their perceived controversial nature by some states. Advocates argue that these rights nonetheless form part of the international human rights framework, comprised of UN conventions. [2]

The IPPF's 2011 Sexual Rights Declaration defines sexual rights as simply those human rights that are related to sexuality. [3] According to the Declaration, they comprise a set of entitlements grounded in core international human rights instruments. These include the rights to:

- Freedom
- Equality
- Autonomy
- Integrity
- Privacy
- Dignity

This document applies this declaration as a framework through which Cambodia's performance in relation to equitable access to sexual rights can be assessed.

Klahaan seeks to emphasise that all people are entitled to have a **satisfying*** and **safe** sex life, and that they have the freedom to decide if, when and how often to have sex.

What we mean by Reproductive Rights

Reproductive rights are defined as the right to freely decide the number and spacing of children, and to have the information, education and the means required to exercise this right.

Good reproductive health requires, for example, good maternal healthcare, ie services for maternity and childbirth. This includes emergency obstetric care and knowledge of sexuality and reproduction, as well as access to contraception and safe abortion.

In analysing the state of reproductive health rights in Cambodia, this document applies the 1995 IPPF SRHR Charter.[4] Similarly to the Sexual Rights Declaration, this rights-based document was chosen as Klahaan also seeks to emphasise the importance of making clear the connection between human rights and relevant service delivery issues – drawing the link between, for example, the right to privacy, and the right to confidentiality when seeking health services.

* We use the word 'satisfying' to highlight a key aspect of the sex life of womxn that is commonly overlooked or ignored by policy makers and society at large. We recognise this may not represent members of the asexual community, and it is not our intention to invisibilise them with this language.

1. RFSU "What are SRHR": <<https://www.rfsu.se/om-rfsu/om-oss/in-english/about-rfsu/what-is-srhr/>>

2. IPPF (2008) Sexual Rights Declaration: <https://www.ippf.org/sites/default/files/ippf_sexual_rights_declaration_pocket_guide.pdf>

3. *Supra* note, 2.

4. IPPF (1995) SRHR Charter: <<https://bit.ly/35aQwKZ>>

LEGAL AGE OF CONSENT, MARRIAGE

In Cambodia, Article 948 of the Civil Code sets out that the marriageable age for men and women is 18 (or 16 with parental consent), while the Criminal Code sets the age for sexual majority at the age of 15. [1]

Child Marriage in Cambodia

According to the 2014 Cambodia Demographic and Health Survey (CDHS), on average, the median age at first marriage among women in Cambodia is around 21 years old, two years younger than men at 23 years old.

The same survey reports that rates of child marriage in Cambodia have declined over recent decades. Girls who married below the age of 18 fell from 28% in 1989 to 19% in 2014. The percentage of girls married under the age of 15 has fallen further during the same period, declining from 7 percent in 1989 to 2 percent in 2014.

Despite the sharp decline in the marriage of girls under the age of 15, Plan International reports that child marriage in Cambodia remains stubbornly high. According to UNICEF, rural girls are twice as likely to become pregnant as their urban counterparts.

Local traditions and custom among Indigenous and Minority Ethnic groups reportedly also play a role in girls being married before 18: UNICEF report that it is commonly believed that girls marrying at an early age is “equated with having value and being beautiful,” whereas unmarried women over the age of 18-20 are considered to be too old to marry. [2]

Underage couples are often married without marriage certificates or the required authorisation from the commune, as the bride and groom are still considered as married under the traditional ceremony.

Economic factors also contribute significantly to early marriage, as parents seek labour in the form of young male sons-in-law to help on family farms. This is especially the case in northeastern provinces and areas affected by land and food insecurity. [3]

Finally, early marriage rates are also high in Cambodia due to a lack of education and knowledge on protected sex and contraception, which results in teenage pregnancies and subsequent arranged and/or forced marriages.

Impact

Child marriage has a profound impact on children's lives, especially on young girls' health, education, psychological development, social life and relationships.

Girls married before they are 18 are at increased risk of complications during their pregnancy, and of suffering miscarriage or stillbirth. Surviving infants are also more likely to suffer from low birth weight, undernutrition, and late physical and cognitive development. Babies born to adolescent parents in Cambodia are also less likely to receive a birth certificate, which can lead to serious administrative challenges throughout their lives.

Marriages arranged without the full and informed consent of both parties (which, depending on their ages, may not be possible) constitute a violation of human rights. Child marriage also impacts girls' education and economic autonomy, as many girls are subsequently pressured to quit school to help with farming or chores.

Looking Forward

The Neary Rattanak IV strategic plan (2014-2018) identifies child marriage as a key challenge hindering the expansion of education and training opportunities for girls and women in Cambodia.

However, well-coordinated, culturally sensitive and adequately funded initiatives are still needed in order to further reduce child marriage rates. Such initiatives should also include poverty-reduction and social welfare schemes, and the elimination of ‘land grabs’ which force rural and Indigenous families into situations of such extreme poverty that they are then forced into making difficult choices concerning their daughters' educations and marital status.

1. RGC, Criminal Code of Cambodia, Art 239 - RGC, Civil Code of Cambodia, Art 948

2. UNICEF Cambodia, (2017) "Girls not brides: Ending child marriage in Cambodia", online: <<https://bit.ly/3lgtMPm>>

3. Khmer Times, 'Addressing Child Marriage in Cambodia', *Khmer Times*, 27 August 2020, online: <https://bit.ly/38nLD1V>

EMERGING ISSUE: 'MORALITY'

“...the government cannot tackle high rates of sexual violence and harassment without promoting women as being in control of their bodies and entitled to their own sexual autonomy, and without condemning and prosecuting perpetrators of all forms of sexual violence.”

Joint civil society statement on the Draft Public Order Law, released August 2020.

Context

An increasingly concerning issue related to Cambodian women's sexual rights and freedom of expression is that of 'morality'. This pressure is far from new: The normative values espoused by the 'Chbab Srey', a centuries-old code of conduct for Khmer women, continue to inform attitudes as to what constitutes acceptable behaviour for women.

For instance, the suppression of women's sexuality and sexual autonomy is borne out of and continues to reinforce the idea of a woman's or girl's worth being bound up with her chasteness. This plays out in the levels of blame apportioned to women who experience sexual violence; women who don't take enough 'precautions' to protect their 'honour' are often seen as culpable or complicit in the crimes perpetrated against them.

Targeting of online sellers:

"During a speech on 17 February 2020, Prime Minister Hun Sen ordered the authorities to take immediate action against women who allegedly wear "revealing" clothing while selling products in Facebook Live streams. Hun Sen stated that the women are eroding Cambodian cultural values and that such behaviour is to blame for sexual violence. The Prime Minister further ordered government authorities to find these women and "educate" any women found to engage in such practices." [1]

When women's rights advocates spoke out against this demonisation of women entrepreneurs, they faced harassment and ridicule from social media users as well as from high ranking politicians in the press.

The Draft Law on Public Order

This issue came to a head in July 2020, when a draft version of a Public Order Law was leaked online. The law contains numerous problematic provisions, including several which directly target women's clothing, ostensibly for the sake of Cambodia's 'National Tradition and Dignity.' [2]

Article 36:

Wearing clothes which adversely affect the national tradition and dignity in public and which are stated below are prohibited.

1. *Men who wear trousers but no shirt in crowded places or who wear shorts showing any part of the genital area.*
2. *Women wear items that are too short or too see-[through], or which shows some part of the genital area.*

Draft Public Order Law, Article 36.

In August 2020, Klahaan joined with other civil society organisations in a statement calling on the government to immediately discard the law, and to address gender-based violence and harassment through legislative reforms and policy change. [3]

SEXUAL VIOLENCE: *LEGAL FRAMEWORK*

Despite recent work by the Royal Government of Cambodia (RGC) and civil society organisations to strengthen the legal and policy framework in relation to sexual violence and harassment, such violence remains both widespread and largely unpunished.

According to a 2015 national survey, 20% of Cambodian women reported experiencing physical or sexual violence by an intimate partner. [1] Further, according to CCHR, transgender women are particularly vulnerable to GBV. A report published in 2016 revealed alarming rates of abuse perpetrated against transgender women in public spaces, with 31% reporting experiences of sexual assault, and 25% reporting having been raped. [2]

Such figures indicate that rape is a grave and widespread problem in Cambodia and yet, as Licadho wrote in 2015, "there is a severe shortage of all kinds of services for rape victims, with law enforcement particularly inadequate." [3]

As well as calls to improve arrest, investigation and prosecution rates, women's rights organisations have also called for amendments to a range of legislation, to strengthen the legal framework that is ostensibly there to protect against sexual violence and punish perpetrators.

Rape

As per analysis by NGO CEDAW, "Existing rape legislation fails to adequately define the offence of rape, most significantly by not referring in any way to the issue of consent." Rape is defined in the criminal code as sexual penetration committed through "cruelty, coercion or surprise" – which in practice leads the courts to consider that rape must involve serious violence and injuries. This ignores the fact that many rapes are committed without major injury. The deficiencies in the legal provisions against rape risk reinforcing societal attitudes which tend to blame or shame women who are raped. [4]

While sexual aggression and violence is contained within the 2005 DV Law, research also indicates that law enforcement and society in general fail to recognise spousal rape as a crime. CCHR also highlight this problem with the alarming statistic that 98.5% of Cambodian women believe they must 'obey' their husbands. [5]

Sexual harassment

While prohibited under the Criminal Code and Labour Law, the lack of a clear or comprehensive definition of sexual harassment makes any form of legal redress for survivors highly unlikely in the Cambodian context. Street harassment is also not criminalised under the current law.

Trafficking

Cambodia remains a "source, transit and destination country for the trafficking of women." However, the 2008 Law on Suppression of Human Trafficking and Sexual Exploitation has been widely condemned by rights experts as it criminalises sex work, and is regularly invoked by authorities to exploit and mistreat sex workers, especially those presenting as transgender. [6]

Indecent Assault

Under article 246 of the Criminal Code, indecent assault is punishable by one to three years' imprisonment. This is considerably less than for the offence of rape (between five and 15 years). Licadho reports a problematic misuse of indecent assault convictions in cases where rape was initially alleged by the victim, and a finding of rape should have been made out. In many such cases, "the reason for the change in the charge was unclear but according to the LICADHO monitors, it is most likely to be either a result of a misunderstanding of the law on the part of the judge, or corruption." [7] For instance, medical examiners can be persuaded to downplay the physical evidence of rape, resulting in a finding of the lesser charge of indecent assault – despite the fact that absence of physical injury does not prove that rape did not take place.

“*There is a severe shortage of all kinds of services for rape victims, with law enforcement being particularly inadequate.*”

LICADHO, 2015

Access to Justice

According to CCHR, GBV is enabled and perpetuated in Cambodia by a justice system "widely criticized as ineffective, apathetic and corrupt." Women are invariably underrepresented in the justice sector, making up just 14% of judges and 20% of lawyers. Reports of gender-insensitive courts are not uncommon, with some victims of GBV reporting having been "blamed, ridiculed or re-traumatized by justice professionals." [8]

1. Royal Government of Cambodia, (2015), National Survey on Women's Health and Life Experiences in Cambodia

2. CCHR, (2016) "Discrimination against transgender women in Cambodia's urban centres," online: <<https://bit.ly/38p1T41>>

3. LICADHO (2015) "Getting Away With It: The Treatment of Rape in Cambodia's Justice System," online: <<https://bit.ly/32olw8w>>

4. NGO CEDAW (2007) "Violence Against Women: How Cambodian Laws Discriminate Against Women," online: <<https://bit.ly/3n7yG1L>>

5. CCHR (2018) Fact Sheet: Violence Against Women in Cambodia, online: <<https://bit.ly/35c8o8z>>

6. Supra note, 2.

7. Supra note, 3.

8. Supra note, 5.

SEXUAL VIOLENCE: POLICY FRAMEWORK

Neary Rattanak IV: Five Year Strategic Plan for Gender Equality and Women's Empowerment (2013-2018):

Chapter 7 of this five-year strategic plan contains a set of comprehensive recommendations for policy makers and legislators, including the following related to sexual violence:

- Ensure that forensic examinations are accessible, appropriate and free, and that medical staff have the skills to conduct such examinations.
- Complete an assessment of the successes and challenges in the legal system's response that results in recommendations for improvements and an advocacy strategy on VAW/G. Clarify and/or review [relevant] laws, regulations and procedures.
- Develop a comprehensive legal aid scheme for free legal services for women and girl victims of violence and increase funding to the Bar Association and organizations providing free legal counselling to ensure effective access to justice.
- Promote the use of protection orders and document the number of orders.
- Promote community strategies for safety of women and girls in public places and schools.
- Promote zero-tolerance of sexual harassment in all work settings.

While the above wording is clear and comprehensive, the actual implementation of such recommendations has been mixed throughout this policy period. The next Neary Rattanak Plan (V) is currently being finalised.

National Action Plan on the Prevention of Violence Against Women (NAPVAW 2 2013-2018):

The NAPVAW is the key policy document relevant to preventing and responding to sexual violence in Cambodia. It identifies three issues to be targeted as the highest priorities for prevention:

1. Domestic violence;
2. Rape and sexual violence; and
3. VAW with increased risk, such as women with disabilities, women living with HIV and sex workers.

Points within the second NAPVAW that are particularly relevant to sexual violence include the following:

- Increase knowledge and skills of ... young people to promote and build gender equitable and non-violent relationships ... (including sexual rights)
- Promote effective and safe harassment-free workplaces
- Improve access to justice for VAW survivors.



While laws and policies addressing VAW have been promulgated, implementation remains a challenge.

NAPVAW 2, p. 3.



Village Commune Safety Policy

According to Neary Rattanak IV, "The VCSP identifies rape, domestic violence and anti-trafficking as priority areas for commune, municipal, district and provincial councils to address." The VCSP has been widely criticised by civil society organisations who allege it has led to a dramatic increase in judicial harassment and violence against sex workers, and in particular transgender women in that sector. [1]

Media Code of Conduct for reporting on gender-based violence:

Introduced in 2018, the code is a joint Prakas between the Ministries of Women's Affairs and Information. It forbids the publication of information, including pictures, which reveal victims' or relatives' identities in cases of VAW. It also forbids the publication of images depicting death, injury or nudity. However, the code does not mandate any penalties should media outlets or journalists fail to abide by its recommendations.

HIV / AIDS

Context

Prevalence of HIV/AIDS

HIV infection rates in Cambodia have seen a dramatic decline since the 2000s. Between 2010 and 2017, the percentage of new HIV infections in the country is estimated to have dropped by 63%.[1] In 2017, the national prevalence rate was estimated to be at 0.5 percent (0.6 percent amongst women), while amongst young people aged 15-24, HIV prevalence is 0.2 percent for women[2] and 0.1 percent for men. [3] There are also reduced mother-to-child transmission rates, from 25% in 2005 to 8% in 2014 due to a high coverage of HIV testing in pregnant women and antiretroviral (ARV) therapy in HIV+ pregnant women. Currently over 95% of pregnant women living with HIV are on ARV therapy. [4]

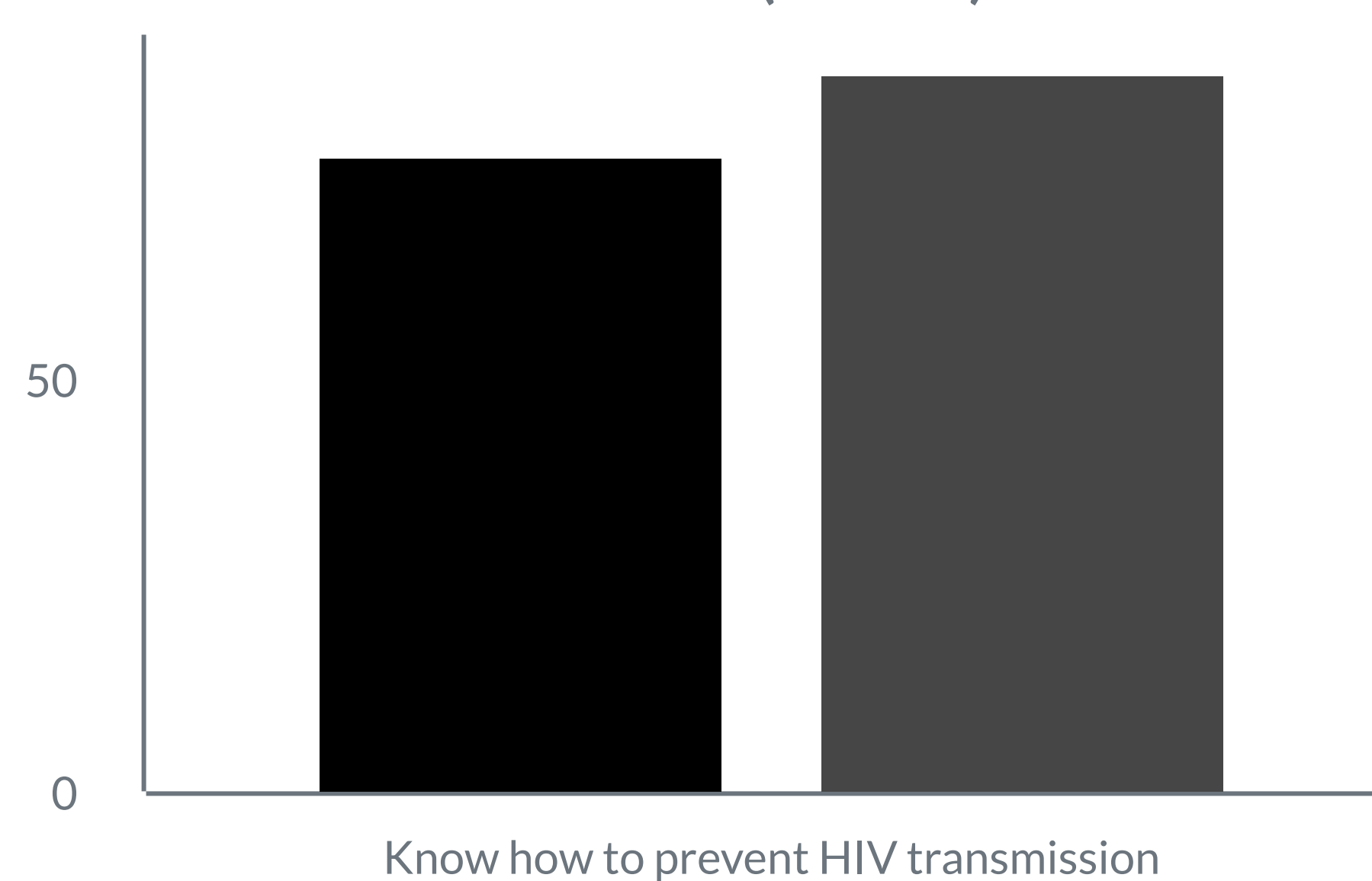
Despite overall gains, young people considered “most-at-risk”– those in the entertainment industry, those who sell sex, young men who have sex with men (MSM) and transgender people, mobile populations, and those who inject drugs – are reportedly between two to five times more likely to acquire HIV than their peers. More work needs to be done to target and adequately support these populations.

Awareness of HIV Prevention methods

According to the 2014 Cambodia Demographic Health Survey, 77 percent of women and 87 percent of men have knowledge of HIV prevention methods including by limiting sex to one uninfected partner who has no other partners, and using condoms. Similarly, more than three-quarters of women and men in Cambodia know where to get an HIV test.

Despite this, many Cambodian adults reportedly lack accurate knowledge about the ways in which the HIV virus can and cannot be transmitted. When asked, only two thirds were aware that a healthy-looking person can have (and thus transmit) the virus that causes AIDS.

Knowledge of HIV prevention methods (2014)



Many women and men also erroneously believe that AIDS can be transmitted by mosquito bites; only 70 percent of women and 73 percent of men reject this common misconception.

Attitudes towards people living with HIV

While progress has been made in preventing the spread of new infections, attitudes towards people living with HIV are slow to change. The 2014 DHS showed that just 3 in 10 women and less than 4 in 10 men express accepting attitudes on all four indicators: Namely, their willingness to buy vegetables from an infected shopkeeper, to let others know the HIV status of family members, to take care of relatives who have the AIDS virus in their own household, and whether an HIV-positive female teacher who is not sick should be allowed to continue teaching.

1. UNAIDS (2018): Cambodia Country Data, Phnom Penh, Cambodia

2. The studies referenced use language reflecting a simple gender binary. We have attempted to use inclusive language where possible, namely where this did not risk distorting findings. For instance, we cannot assume that findings concerning ‘pregnant women’ are the same as or include pregnant trans men, so cannot replace the language to ‘pregnant people.’

3. UNAIDS (2017): HIV Country Factsheet Cambodia, Phnom Penh, Cambodia

4. Kingdom of Cambodia (2019) Cambodia Report On the occasion of the 25th Anniversary of the Fourth World Conference on Women and the adoption of the Beijing Declaration and Platform for Action

5. RHAC (2016) *Cambodia Country Advocacy Brief – Comprehensive Sexuality Education: The Way Forward*

6. RGC. (2014) Cambodia Demographic and Health Survey 2014

HIV / AIDS

Policy landscape

HIV/ AIDS-specific laws and policies:

The Law on the Prevention and Control of HIV/AIDS (2002) This law establishes the responsibility of the state to take measures to address unsafe sex and respond to the spread of HIV.

Importantly, Article 36-42 of the law expressly prohibits all forms of discrimination against people living with HIV (PLHIV).

The National Strategic Plan for Comprehensive and Multi-Sectoral Response to HIV/AIDS (2019-2023):

The goal of the NSP V is to move toward ending AIDS as a public health threat by 2025.

There are four specific objectives of the NSP V:

1. Ensure inclusive delivery of evidence-based HIV interventions through a coordinated, multi-sectoral approach
2. Integrate prevention, care, and treatment within the health system for a more efficient and sustainable HIV response
3. Improve access to social protection mechanisms and social services for people living with HIV (PLHIV)
4. Increase government funding and support delivery of critical services by civil society organizations to strengthen the sustainability of the HIV response

Neary Rattanak IV:

The five-year strategic plan (2014 – 2018) for Gender Equality's Thematic Area 2 concerns Access to Social Services and Protection. Point 2.2, covering Health, HIV, and Nutrition of Women and Girls, states the following:

"Promote gender equality in the health sector... by expanding women's access to information and high quality affordable health care, including reproductive, sexual and psychological health and prevention of communicable diseases such as HIV and STDs, and non communicable diseases." [1]

In order to achieve this objective, the Neary Rattanak IV set out two activities:

1. Coordinate and monitor the implementation of the National Strategic Plan on HIV/AIDS 2011-2015;
2. Implement the Strategic Plan on Women and Girls and HIV/AIDS in Cambodia.

The Ministry of Women's Affairs (MoWA) also updated the National Policy on Women, the Girl Child and HIV/AIDS/STIs in 2015 to reflect changes in the epidemic and policy environment. The updated policy includes 8 policy objectives and measures aimed at reducing HIV-related risks and the impact on women and girls through the National Strategic Plan for the Comprehensive and Multi-Sectoral Response to HIV and AIDS 2015-2020.

Civil society organisations such as NGO CEDAW have called on the Cambodian government to enforce laws that prevent discrimination against both cis- and trans-gender women living with HIV/AIDS, especially those who work as sex workers, and to amend or remove legislation that legitimises judicial harassment against them. [2]

1. RGC (2014) Neary Rattanak IV

2. NGO CEDAW (2013) "Shadow Report Assessing the Royal Government of Cambodia's Progress in Implementing the United Nations Convention on the Elimination of All Forms of Discrimination Against Women"

CONTRACEPTION

AVAILABILITY & ACCESSIBILITY

According to a 2020 study, the growth of family planning services and socio-economic development in Cambodia have resulted in "a spectacular rise in contraceptive prevalence rate... With rising educational levels and increased participation in the modern labour market, Cambodian women are playing an increasingly pivotal role in household decision-making." [1]

Family planning services are important for the improvement of mother and child health. According to the 2014 Cambodian Demographic and Health Survey, the percentage of currently married women with an unmet need for family planning has decreased over the past decade, from 25 percent in 2005 and 17 percent in 2010 to 12 percent in 2014. Fifty-six percent of total demand is now satisfied by modern methods. [2]

However, according to Marie Stopes, "there is still far to go, with many women in need of contraception unsure where to get quality and safe services, or afraid of accessing services because of cultural stigma - which especially affects young, unmarried women." [3]

Indeed, Rizvi et. al (2020) state that an "Unmet need for contraception in Cambodian female adolescents and women is associated with younger age, unemployment and low personal autonomy for accessing healthcare..." According to the same study, there is a need to implement culturally appropriate reproductive and sexual health literacy programs to increase access to modern contraception and to raise women's autonomy. [4]

In a recent study led by RHAC, women were asked if they knew when, during the menstrual cycle, a woman could become pregnant after having intercourse. Only around 14% of women correctly stated that a woman was most likely to conceive if she had intercourse halfway between her two periods. [5]

“Over the past two decades, [we] have seen the contraceptive prevalence rate rise from 7% to 39%.”

Marie Stopes Cambodia, 2018

Nearly all women (98%) in the RHAC study had heard about some form of contraception (defined in the questionnaire as “things that a man or woman can do to prevent pregnancy”). Of these women, all of them had heard of at least one form of modern contraception, with most women knowing an average of three to four modern contraceptive methods.

The most common contraceptive methods known by women were the pill, implant and intrauterine device (IUD); each known by more than half of women that know about contraception. The daily pill is nearly universally recognised in Cambodia, known by around 90% of women in both provinces. Male sterilization, female condoms, and emergency contraception were the least known modern methods; each known by less than 5% of women. [6]

Sexual activity before marriage is not generally accepted in Cambodian culture, and unmarried women can be hesitant to discuss this topic. Just 2.6% of women in RHAC's study who had never been married or partnered reported having sexual activity.

With regard to the decision-making capacity of women and contraceptive choices, the study found the following:

- **70%** of women are completely sure they could tell their husband/partner they want to use family planning
- **67%** of women were completely sure they could use family planning
- **53%** of women were completely sure they could use family planning, even if their husband/partner did not want to. [7]

1. Lai, S, & Nai-Peng T. "Contraceptive use in Cambodia: does household decision-making power matter?" *Culture, Health & Sexuality* (2020): 1-16.

2. RGC. (2014) Cambodia Demographic and Health Survey 2014, p 87.

3. Marie Stopes, "Where We Work: Cambodia" (online): <https://www.mariestopes.org/where-we-work/cambodia/>

4. Rizvi, F, Williams, J, Bove, S. & Hoban, E. (2020) "Factors influencing unmet need for contraception amongst adolescent girls and women in Cambodia."

5. RHAC & ARROW (2019) "National Baseline Research: Abortion related stigma and discrimination in Cambodia", online: <<https://bit.ly/35bx15l>>

6. Ibid. p 24.

7. Ibid. p 26.

MENSTRUAL HYGIENE

Menstrual hygiene is not only about ensuring that women and adolescent girls (as well as trans men, non-binary and other people who menstruate) have access to menstrual management materials and facilities, but also about ensuring that they are living in an environment that allows them to be informed of the basic facts of their menstrual cycle and are able to manage their menstruation with dignity.

Knowledge gap

While regular menstruation is a fact of life for roughly half the population, the term menstruation and discussion of the topic is still surrounded by taboo and seen in many cultures to be “smelly”, “dirty”, “shameful”, “impure”, or “contaminated.”[1] This remains the case in Cambodia, where such stigma stifles open discussion and education on menstrual hygiene. Most information related to MHM received by Cambodian students normally comes from female family members, and tends to be embedded with common misperceptions and myths. These include the notions that one should not shower regularly during a period; sex and swimming are not allowed during menstruation, and one should avoid sour foods, fermented fish, ice water and coconut juice.

In dealing with the knowledge gap on MHM, MoEYS, in partnership with UNICEF, Columbia University, and UNFPA developed a 'Growth and Changes' booklet to provide guidance to students about puberty and MHM. Since 2014, nearly 150,000 copies of the booklet have been distributed to primary schools in 11 provinces.[2]

In addition, important advocacy work has led to the integration of more holistic comprehensive sexuality education (CSE) into the national health education syllabus. However, there is reportedly still much to be desired in terms of implementation at the classroom level. According to RHAC, improvement of the curriculum itself is also needed: “there is a need for improvement of the CSE curricula in order to align with international standards, be responsive to the reality of young people in Cambodia and help them meet the challenges of transition into adulthood.”[3]

In particular, RHAC’s assessment identified that CSE currently “lacks a discussion of the life cycle including physical and social changes at puberty [and] reproductive age.”[4] Further, a study on MHM in Cambodia found that when teaching reproductive health, frequently both male and female teachers were reported to be too shy or lack the confidence necessary to teach the materials in an effective way.[5]

“*Menstruation, without critical supplies and facilities, can cause girls to miss class or even eventually dropping out completely, depriving them of a basic right and their ability to reach their full potential in life and society.*”

UNICEF Cambodia

1. Janet Lee, (2003) Menarche and the (Hetero) Sexualization of the Female Body, in “The Politics of Women's Bodies: Sexuality, Appearance, and Behavior,” 85

2. UNICEF Cambodia (2018) “From taboo to empowerment through menstrual management and education,” <https://bit.ly/311yH6G>

3. RHAC (2016) Cambodia Country Advocacy Brief – Comprehensive Sexuality Education: The Way Forward, <https://bit.ly/2TXmggw>

4. Ibid.

5. Connolly, S., & Sommer, M. (2013). Cambodian girls' recommendations for facilitating menstrual hygiene management in school. Journal of water, sanitation and hygiene for development, 3(4), 612-622. <https://bit.ly/32hgc6S>

MENSTRUAL HYGIENE (continued)

Water & sanitation (WASH) facilities

Access to water and sanitation facilities is an additional MHM challenge in Cambodia, especially in schools. A 2013 study found that the water and sanitation facilities on school grounds in both urban and rural sites are inadequate for students' needs.[6] One issue is that the ratio of toilets to students is insufficient, affecting hygiene quality. Toilet facilities were not regularly cleaned and lacked a reliable water source for hand washing, flushing, or washing of accidental menstrual stains. In addition, trash receptacles were usually located outside toilet stalls, making it difficult to dispose of sanitary materials discreetly. The absence of adequate WASH facilities for girls at school was found to be closely related to school absenteeism of girls, as they preferred to use their toilet at home. Eventually, this can lead to girls dropping out completely.

Access to menstrual products

The unavailability of menstrual products on school grounds is also another challenge related to MHM in Cambodia. While schools in urban areas are located near markets selling pads, schools in rural areas are normally located some distance away from where the pads are sold. Hence, when students need a pad at school, they either have to ask a friend or return home. This can also result in girls disproportionately missing classes.

In addition, the price of sanitary products is another MHM hurdle in Cambodia, especially for those living in rural areas. Because the costs are prohibitive, girls, women and others who menstruate tend to use rags to catch the blood or use the same maxi pad over an extended period of time, which can lead to infections.

Looking forward

There are a growing number of social enterprises providing affordable and sustainable sanitary products for women and girls in Cambodia. One such product includes the menstrual cup, first introduced by Restore One. Another sustainable sanitary product is from the social enterprise called Green Lady that provides women with affordable cloth pads that are reusable for up to three years.

Despite government and civil society efforts, the menstrual hygiene situation in Cambodia requires continuous and long term commitment to address challenges, especially in changing the taboo around periods. MHM education should be further promoted, and children should be encouraged to ask questions on these topics. Second, schools should also consider providing free sanitary products for students, or have them sold on school grounds at a cheaper price in order to improve the accessibility of such products. Third, schools should also redesign their bathroom facilities by equipping buildings with adequate WASH facilities. Children should be taught they can use the bathroom that best fits with their gender identity and needs.

6. Connolly, S., & Sommer, M. (2013). Cambodian girls' recommendations for facilitating menstrual hygiene management in school. *Journal of water, sanitation and hygiene for development*, 3(4), 612-622. <<https://bit.ly/32hgc6S>>

ABORTION

Despite abortion having been legalised in Cambodia in 1997, available information demonstrates that women are hesitant to access abortions and even when they do, they often face strong stigmatisation in society. [1]

The law permits abortion on request up until the 12th week of pregnancy and in certain circumstances during the second trimester. This law was adopted to contribute to reducing the very high maternal mortality ratio at that time. A significant number of maternal deaths were believed to be caused by complications of unsafe abortion. [2]

However, even after the reform of the abortion law, studies show that implementation of safe abortion services has been slow and initiatives to improve access to safe abortion are only recent. According to Petit et al, "Lack of awareness of the law and lack of available safe abortion services means many women continue to induce their own abortions through non-registered abortion medications or seek unsafe services that result in complications requiring post-abortion care." [3]

According to NGO-CEDAW, the main reasons that Cambodian women have abortions are related to ill health, pre-/extra-marital pregnancy, short birth intervals, competing family responsibilities, and poverty. However, the same source also notes that there is still very limited data on abortion in Cambodia. [4]

“*Abortion is not birth control. Women have the right to have an abortion... We do not ban abortions, but we do ban abortion services that have no legal authority to operate*”

Pich Sothy, NMCHC, 2020

Although abortion is more often accessed by older women, NGO-CEDAW also report that a high adolescent fertility rate of 12% remains a key issue, impacting unsafe abortion rates as a result of the conditions placed on access to abortion for young people. There is a strong stigma against women who seek abortions, particularly towards younger women. Service providers are often reluctant to carry out legal abortions due to lack of proper understanding about women's SRHR, and socio-cultural pressures. [5]

Unlicensed abortion

Despite notable progress towards strengthening safe abortion services in recent years, unsafe abortion remains a significant contributor to maternal mortality. Indeed, studies have documented Cambodian women's experiences in accessing “traditional” non-surgical abortifacient methods. In rural areas, women swallow herbal preparations or consume "a concoction of rice wine and herbs sold by the Grù Khmer (traditional healer) and a pill called Tiger11." Cambodian women also increasingly use pharmaceutical products, typically unregistered medications described locally as “Chinese pills.” [6]

Recently, the National Maternal and Child Health Centre (NMCHC) estimated that 40% of all abortions in the past five years were performed by unlicensed practitioners. [7] Due to lack of access to safe reproductive health care, sex workers suffer an unusually high maternal mortality rate, often related to abortion. [8]

Medical abortion

In 2010, following MoH approval, medical abortion combination pack Medabon was made available at pharmacies and in a restricted number of health facilities in Cambodia.

Petit et al have found that while the level of training among the drug sellers and providers varied, their knowledge about medical abortion regimens, correct usage and common side effects was good. Overall, women in the study were satisfied with the services provided. Medical abortion may therefore constitute a positive step toward the prevention and reduction of unsafe abortion practices in Cambodia. [9]

1. RHAC & ARROW (2019) "National Baseline Research: Abortion related stigma and discrimination in Cambodia", online: <<https://bit.ly/35bx15l>>

2. Petit et al, P. H, Ith, L, Cockroft, M, & Delvaux, T (2014) Towards safe abortion access: an exploratory study of medical abortion in Cambodia. *Reproductive Health Matters*, 22(sup44), 47-55.

3. Ibid., p. 47.

4. NGO-CEDAW, (2019) Joint Submission by CSOs for the Pre-session Working Group for the 74th session of the CEDAW Committee, p. 12.

5. Ibid.

6. Supra note 2.

7. Phnom Penh Post, (22 July 2020), "National body finds 40% of abortions illegal" online: <<https://bit.ly/3kdQUwA>>

8. Supra note 4.

9. Supra note 2.



Klahaan is an independent, intersectional feminist organization working for a more equitable and just future where all Cambodian women can fulfil their potential.



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