

PART ONE: Brief Overview of the Country*:

For more than three decades, Cambodia, because of its unique situation, has had no official census since 1962. The first phase of a government census (1997-99) was interrupted by another violent change of power in July 1997. To what extent the turmoil and uncertainty damaged the reliability of information gathering will be difficult to ascertain but they undoubtedly affected the initial phase of the census.



CAMBODIA

WATERED BY WOMEN'S SWEAT AND TEARS

By Nancy Pearson Arcellana

Nevertheless, Cambodia currently estimates the population at 10.7 million with approximately 53 percent being female. The female population is higher at 58 percent for the over-40 age group. The population is believed to be increasing at a rate of 2.8 percent per year. Cambodia continues to be primarily an agrarian society with an overwhelming 86 percent of the people residing in rural areas.

The burdens of trauma, war, and on-going civil disturbances rest heavily on the shoulders of Cambodian women with nearly every fourth household headed by a female. Interestingly, a World Bank survey which assessed poverty — **based on food consumption** — found that female-headed households fare much better than their male-headed counterparts. According to the survey, the female-headed households “account for 23 percent of population but they account for only about 15 percent of poor.” The World Bank report naively concludes: “Overall, it does not appear to be the case that female-headed households are generally more vulnerable to poverty than those headed by males; in fact the opposite seems to be the case. In this respect gender and poverty patterns by household headship are similar to those observed in other East Asian countries such as Vietnam and Indonesia.” The report should have acknowledged that despite women’s severe disadvantages and poverty — often to their own physical detriment — they prioritize the food security of their children and families over expenditures common to men (i.e., alcohol, gambling, entertainment, etc.).



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Literacy Rates: Aged 15 and above

	<u>Total</u>	<u>Male</u>	<u>Female</u>
<u>Total</u>	68.7	81.8	58.0
Urban	80.2	90.6	71.5
Rural	66.8	80.3	55.7

These burdens are aggravated by a very low literacy rate among Cambodian women. (See box on Literacy Rates.) Among those who are literate, aged seven and above, 96 percent have NOT completed even secondary level education. To make matters worse, almost 62 percent of females have not even completed the primary level. The legacy of the Khmer Rouge regime has resulted in only 1.5 percent of the population achieving levels beyond secondary education. The girl-child is significantly disadvantaged and represents more than half of the child labor force, estimated to be about 10 percent of all children aged 7-14.

To bring the reality of the situation closer to home, basic services such as potable water, toilet facilities, and electricity are unavailable to more than 90 percent of the population. This inevitably results in additional time-consuming labor for women and young girls. The pervasive lack of access to basic education, primary health care, immunization and social welfare services has resulted in a high child (under five) mortality rate of 181 per 100,000 live births—estimated at over 80,000 deaths per year. Malnutrition is cited as a major underlying cause of such deaths. In addition, Cambodia has the highest maternal death rate in Asia—600-900 per 100,000 live births. The high rate of anemia among pregnant women (50 percent) certainly contributes to the incidence of birth complications resulting in death.

The *First Socio-economic Development Plan 1996-2000* of the Ministry of Planning of the Royal Government of Cambodia (February 1996) states: **"For some, the rapid liberalization of the economy has resulted in exploitation. The psycho-social conditions of a nation recovering from**

massive destruction adds to the vulnerability of people, many of whom are isolated from the traditional networks of social protection. The breakdown of many nuclear and extended family units has had a significant impact on the protection of individuals, most notably for children." This is clearly an understatement considering the alarming rise of street children, forced prostitution, trafficking in women and children, and domestic violence. These will be further discussed in the second section of this article.

Economic liberalization in Cambodia began in 1985. Prior to that the economy was organized primarily along centrally-planned lines. Private property rights were restored and government control of prices was abolished in 1989. After the signing of the Paris Peace Accord in 1991, economic liberalization went in full swing.

Perhaps due to the massive influx of investments and consumer needs of the international donor and service agencies, the fastest growing sectors in the country were industry—especially construction—and services, with the hotel and restaurant component expanding by the widest margin (21 percent a year).

Unfortunately but not surprisingly, agriculture—by far the largest sector—was considered the main drag on economic growth. It grew at a mere 2.6 percent during the period (1990-95), slightly below the rate of population growth. Rice production in particular did not increase at all over the same period. The government acknowledges that food shortages were common in many areas and aggravated by the difficulties surplus producers faced in transporting their produce. The government admits that, "This points to food insecurity in the rural areas as a major problem and demonstrates that economic welfare is not directly proportional to the level of GDP per capita." In fact, "considerable inequality exists, both across

and within regions."

Cambodia seems to be following the footsteps of many other Asian governments. Rather than focus on sustainable agriculture, food self-sufficiency, and security, the government is advocating and focusing on the expansion of more commercial or cash crop diversification, especially rubber plantations. In addition, the scale of deforestation in Cambodia is massive and alarming. A principal government objective is the "controlled, managed exploitation of the forests" and more accurate GDP calculations in the future taking into account "resource depletion...[and] the destruction of non-renewable resources."

PART TWO: The following section highlights government statements+ and reality as perceived by a number of Cambodians working in various areas of development and social services regarding issues of domestic violence; forced prostitution; the girl-child; and mental health.

DOMESTIC VIOLENCE

"The manifestations of violence within many households and within society are evidence of the isolation and insecurity felt by manyDomestic violence and rape are also critical problems. Preliminary findings of a recent survey indicate that domestic violence is much more pervasive than originally thought; and that the levels of violence are extremely high and occur across socio-economic classes and geographical regions."

In the words of a young male Cambodian development worker regarding the incidence of domestic violence: "Violence has been used to change each regime and government in Cambodia. This has been seen as the way to resolve problems. It is not, surprising that it has been carried down to the family level." Surprising or not, understandable or not given Cambodia's history, the situation is appalling.

The Cambodian Women's Crisis Center (CWCC) was set up less than a year ago to change that pattern and work toward the elimination of all forms of violence against women (domestic violence, forced marriage, prostitution, rape, etc.—See side story). In such a short time, it has already served almost 150 women and won a landmark civil law case.

The CWCC assisted in a civil suit against an abusive husband—who happens to be an employee of the UNDP in Cambodia—for both wife battery and child abuse. The court awarded the wife a divorce, custody of the children, the family home, and entitlement to child support and alimony. Unfortunately, the husband did not agree to appear or abide by the court's decision. He refuses to vacate the family home, continues to hold one child, and has hired armed men to secure the compound. This forced the judge to issue arrest warrants for all parties standing in the way of the implementation of the judgement.

The UNDP was requested to garnish the employee's wages and remit it directly to the wife. The UNDP, however, claims it cannot do this without the consent of the employee or permission from the head office in New York. This is indeed unfortunate given the fact that the husband has been convicted of severe abuse of his wife and children. Certainly, it is not in the interest of the woman for the UNDP to fire the employee but the UNDP could set a strong example and certainly bring pressure to bear upon the employee to comply with the court's judgement. This could be a strong example of the UN's commitment and would be a tremendous support and service to the advancement of women's human rights.

FORCED PROSTITUTION

"An alarming aspect of the lives of too many young girls and women is their 'commoditisation.' Anxious to do what they can to provide finan-

cial support for their families, some of them are tricked into lives of debt and virtual slavery. Many have few alternatives but prostitution, with the high risks of contracting HIV/AIDS which such a life entails.

In November 1997 alone, CWCC helped rescue 200 women from a brothel where they had been forced into prostitution. Brothels have become rampant and the supply of young women from the poor rural provinces is unending. As a way to raise community awareness and stop

CAMBODIA SEEMS TO BE FOLLOWING THE FOOTSTEPS OF MANY OTHER ASIAN GOVERNMENTS. RATHER THAN FOCUS ON SUSTAINABLE AGRICULTURE, FOOD SELF-SUFFICIENCY, AND SECURITY, THE GOVERNMENT IS ADVOCATING AND FOCUSING ON THE EXPANSION OF MORE COMMERCIAL OR CASH CROP DIVERSIFICATION, ESPECIALLY RUBBER PLANTATIONS.

the recruitment cycle, the CWCC asks women if they are willing to return to their communities to share their stories. Many of the women have risked social isolation and prejudice in doing so. They often find that they are not the only victims from their community. In one village, as many as 27 young women "disappeared" and families have not heard from their daughters or seen the "job recruiters" again.

The prostitution of women and teenagers has been growing at alarming rates. In 1990, there were an estimated 1,500 prostitutes; by late 1994, the figure rose to an estimated 17,000-20,000. The Cambodian Women's Development Association conducted a survey in an attempt to gauge the extent of the problem. They found that sophisticated networks for abduction, sale, and trafficking of women have been established both domestically and across international borders. The

survey also showed that 50 percent of commercial sex workers had been deceived or sold, 86 percent of them by their parents, relatives, neighbors or friends whom the girls/women had initially trusted. Most often, the reasons were to pay debts or help the family survive. Among the young prostitutes under 18 years, half were sold with the understanding that they would be placed into domestic service.

In addition to the blatant abuse of women and girls as a result of forced prostitution, the high incidence of HIV/AIDS positive cases is horrible. The CWCC provides education to women regarding HIV/AIDS and offers women the choice to be tested. They provide counseling services before, during, and after the testing process. HALF of each batch of women tested so far have come up HIV positive. This includes a group of women rescued from a "high-class" brothel.

Commonly held views among Cambodians are that only Vietnamese women are prostitutes, not Khmer women, and they voluntarily chose the profession. From a group of 103 women rescued from a brothel, **only one said she had voluntarily entered prostitution** because her family desperately needed the money. About 35 percent of these women were under 18 years. There were 10 Vietnamese women in this group, all of whom had been tricked by recruiters and brought across the border illegally. Clearly the public perception is having a hard time catching up with reality.

The GIRL-CHILD

"The main problem faced by rural female-headed households is lack of labour...These women face problems of child care, having nobody to look after their young children while they work. The elder daughters in such families usually have to take much of the responsibility for caring for their younger siblings, so that they often drop out of school."

Survival often requires being inconspicuous. The Cambodian Women's Crisis Center (CWCC) has had to balance this need for privacy with an equal need for public visibility. Yet their PUBLIC office is a lesson in quiet but intense existence.

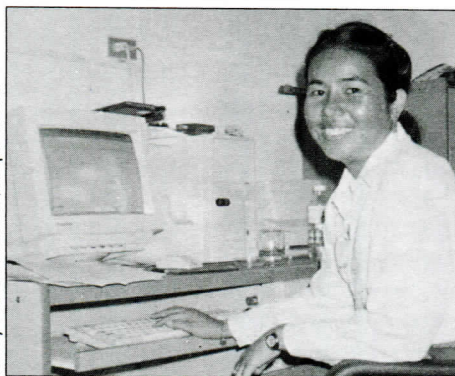
I'm sitting in a small room of their center with Executive Director Chanthol Oung while she tells me about the inner workings of their fledgling organization. The going hasn't always been smooth and they've sometimes had to learn lessons the hard way. At the same time they have had exceptional success by anyone's standards. The CWCC has already served almost 150 women since opening their doors in March 1997.

Chanthol has a license of law and public administration — AND she finds good lawyers. Recently, one of the CWCC clients won a landmark domestic violence case in civil court with the help of the Cambodian Defender Project. (See main story.) I was so absorbed in the stories of the women and how the center is able to provide services that I completely forgot to ask her what brought her into this line of work. Whatever her motivation, she exudes passionate interest and perhaps that passion sparks hope in the women who enter the CWCC's doors.

I say doors — plural — because the CWCC has two places: the public office and the women's shelter. The shelter, as women know, must be absolutely confidential in order to protect women from abusive husbands, pimps, brothel owners, and even law enforcement personnel and high level government officials who are involved in the prostitution and

trafficking of women and children. In order to maintain this confidentiality, the public office serves as the intake center and has a capacity to house 10 women. During the first week, CWCC does intake assessment, counseling, and screening of the women before moving them to the shelter.

The shelter has been "home" to an average of 50 women a month since it opened even though the ideal capacity is about thirty. The women always make room for more. The women can stay in the shelter for up to six months. The CWCC provides food, medical assistance, clothing, literacy training, counseling — both psychological as well as legal — and make referrals for various kinds of vocational training with other NGOs. In the first nine



Nancy Pearson Arcellanis photobank

Chanthol Oung, Executive Director of the Cambodian Women's Crisis Center

months alone, 10 women have availed of vocational training and five were already placed in factory jobs which CWCC located. Some women do want to reintegrate into their communities and CWCC helps them return. Thirty-one women so far have taken that difficult step.

Community education is a critical concern and aspect of CWCC's efforts. Four months ago, the CWCC launched a TV video and radio spots on sex trafficking which are still being aired. One of the immediate results was the

Hope Amidst Despair:

the Cambodian Women's Crisis Center

By Nancy Pearson Arcellana

awakening of the vice-mayor of Phnom Penh. Last 5 November, he brought district police chiefs from all city districts for an orientation where the CWCC showed their video, presented the issues, and asked for support in stopping the trafficking of women. The results in the last weeks have been dramatic with a significant rise in rescues of women from brothels and arrests of people involved in trafficking. How are they able to trust the police? Chanthol calmly replied, "We only trust those who have been referred by our husbands, friends and former classmates." So far, that policy seems to have been a good one.

In addition to the terrible emotional and physical scars inflicted upon women and girls — many forced into prostitution are between the ages of 12 and 17 — the incidence of those testing positive for HIV/AIDS is astounding. It confirms the UNDP assessment that Cambodia has the highest HIV transmission rate in the world. It is highly unlikely that the new and expensive treatments now available in the West for prolonging life will be available to these poor women and girls. This fact, among others, makes places like the CWCC even more remarkable in their ability to spread hope in the midst of despair. ☺

The legacy of the Khmer Rouge regime continues to wreak havoc on the social fabric. The unusually high number of orphaned and abandoned children in Cambodia is but another of these tragic testaments. It is difficult to assess their numbers although a "study in 1991 in the 11 most populous provinces, [found that] one out of every 13 children was reported to have lost one or both parents. Forty-five percent of these had lost both." These are the children most at risk of many forms of abuse—child labor, physical and sexual abuse, and exploitation. Girl-children suffer with long hours of work and lose opportunity to attend school. They are also at high risk of being sold to supplement family income.

MENTAL HEALTH: An entire nation affected by a legacy of armed conflict.

"Cambodians are not only living with the dangers of continued localized armed conflict but also with the consequences of two decades of civil war. The direct consequences of this include the dangers of land mines, of being displaced, of losing family members, and of living with violence as a way of life."

The decades of war have scarred the land and countless numbers of people—both visibly and invisibly. It is estimated that one in 236 persons is an amputee and that there are an average of 300-500 victims of land mines per month. The vast majority of victims are men (18 to 35 years old). Five to eight percent of those maimed are women, seven percent children. These are the visible scars. The mental health of an entire nation is difficult to gauge but the high rate of domestic and civil violence is clearly an indication of the invisible scars left on the psyches of millions.

Isis had the opportunity to interview seven of the first 10 Cambodian psychiatrists who will graduate in February 1998 after three and a half years of training through the International Organization on Migration

(IOM) and the tutelage of Dr. Ang Sarun. Dr. Lavrantz Kyrдалen, head of the Department of Psychiatry of Gjøvik Fylkessykehus of Norway, was just completing one year with the candidates and stressed the huge demand in Cambodia for mental health services.

THE CAMBODIA WOMEN'S DEVELOPMENT ASSOCIATION SURVEY SHOWED THAT 50 PERCENT OF COMMERCIAL SEX WORKERS HAD BEEN DECEIVED OR SOLD, 86 PERCENT OF THEM BY THEIR PARENTS, RELATIVES, NEIGHBORS OR FRIENDS WHOM THE GIRLS/ WOMEN HAD INITIALLY TRUSTED. COMMONLY-HELD VIEWS AMONG CAMBODIANS ARE THAT ONLY VIETNAMESE WOMEN ARE PROSTITUTES, NOT KHMER WOMEN, AND THEY VOLUNTARILY CHOSE THE PROFESSION.

Dr. Ka Sunbaunat, one of the Cambodian psychiatrists and chairman of the Mental Health Sub-Committee, Ministry of Health, will be taking over the leadership of the group after February. He said that though they are young, they are very committed to strengthening their competency to transfer knowledge to the next generations. Their challenge is tremendous.

In spite of the fact that the social stigma against people with mental health problems is very high in Cambodia, they are not abandoned by their family members. Ironically, this could be one of the "benefits" of not having any in-patient mental health facilities in the entire country. Families literally have nowhere to put their ailing family members. The outpatient clinic can provide a room and sedate a severely psychotic patient until he or she is able to go home.

As in most other parts of the world, two-thirds of the patients are

women and one-third are men. However, there is a dearth of research related to the mentally ill, let alone the impact on women, as mentally ill or care-givers. With such significant numbers of women patients, it is encouraging that one of the psychiatrists, Dr. Ang Sody (the only woman in the batch of ten), is doing her research on the high incidence of post-partum depression disorders in Cambodian women and possible treatments.

The most common reported problems are depression, anxiety disorders, and severe psychosis. Men are more likely to exhibit acute psychosis. The main problems for women are generally due to their husbands, namely, domestic violence and economic difficulties. The doctors believe that they will undoubtedly begin to see more mental health problems in women associated with the rise in forced prostitution and the resulting incidence of HIV/AIDS.

It is deeply encouraging to witness the dedication and commitment shown daily by these people who are stemming the tide of violence to build a healthier society. ☺

* Information was culled from the following published sources in addition to personal interviews cited above:

+ Ministry of Planning, The Royal Government of Cambodia. *First Socioeconomic Development Plan 1996-2000.* [1996]

UN Population Fund in coordination with the National Institute of Statistics, Ministry of Planning, Cambodia. *Demographic Survey of Cambodia, 1996 General Report,* October 1996. [1996]

Pradham, Menno and Prescott, Nicholas. World Bank Discussion Paper No. 373, October 1997, *A Poverty Profile of Cambodia.* [1997]

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