

Intimate Partner Violence in Cambodia: Is Women's Empowerment a Protective Factor?*

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Abstract

One of the key agendas of the Sustainable Development Goals is to eliminate all forms of discrimination and violence against women and girls. Intimate Partner Violence (IPV) is a human rights violation that has severe health, social, and economic consequences. While there is a sizable body of literature on IPV in South Asia, research on this topic in Southeast Asia is lacking. This study examines whether women's empowerment is protective against physical, sexual, and emotional IPV in Cambodia, the least developed country in Southeast Asia, and where IPV is higher than in its regional peers. Despite the Cambodian government's commendable efforts to uplift women's status, there was an increase in all forms of IPV among married women between 2005 and 2014: from 17.5% to 23.9% for emotional abuse, 11.9% to 14.9% for physical violence, and 2.5% to 4.8% for sexual violence. There was also evidence of the intergenerational transmission of physical violence against women. The data for this study were obtained from the 2014 Cambodia Demographic and Health Survey. A total of 3,223 married women aged 15–49 years were interviewed for the domestic violence module. Cross-tabulations, the Chi-square/Fisher's exact test, and binary logistic regression were used to examine the association between women's empowerment and the three different forms of IPV. Household decision-making power, attitude against wife beating, higher education (of both women and husbands), women's earnings, delayed marriage, and having fewer children were associated with less IPV. Men's controlling and drinking behaviors are risk factors for IPV in Cambodia. More efforts must be made to raise the educational level of the population, provide more job and earnings opportunities, and promote gender equality in the family and society to eradicate IPV.

Key words

Intimate Partner Violence (IPV), emotional violence, sexual violence, physical violence, women's empowerment

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Introduction

Violence against women refers to any act that leads to or is likely to lead to physical, sexual, or psychological harm to women, including threats and coercion or arbitrary deprivation of liberty, whether occurring publicly or in private life (United Nations, 1993, 1995). According to the World Health Organization (2012), violence against women includes intimate partner violence (IPV), female genital mutilation (FGM), femicide, and much more. This study focused on IPV, one of the most prevalent human rights violations. Globally, 35% of women experienced either physical and/or sexual violence from their intimate partner or non-partner sexual violence in 2013 (World Health Organization, 2013). The actual figure is probably higher because many women choose not to report it. Reasons for underreporting IPV include embarrassment and fear of revenge from the husband or partner (Birdsey & Snowball, 2013; Bosch-Fiol & Ferrer-Perez, 2020; Gracia, 2004). Consequently, many IPV victims do not report their suffering (Hamberger, Larsen, & Ambuel, 2020), which has inhibited efforts to raise awareness and prevent IPV.

In 2017, approximately 87,000 women were intentionally killed worldwide. More than half (58%) of these women were killed by intimate partners or family members due to their role and status (United Nations Office on Drugs and Crime, 2018). IPV victims suffer from various sexual and reproductive health consequences such as unwanted pregnancies and sexually transmitted infections (STIs). Women who have experienced IPV are more than twice as likely to have an induced abortion and almost twice as likely to suffer from depression (World Health Organization, 2013). Children who grow up in a family with a history of violence are more likely to experience a variety of behavioral and emotional disturbances (World Health Organization, 2021).

One of the key agendas under the Sustainable Development Goals (SDGs) is to eliminate all forms of discrimination and violence against women and girls, namely, SDG5.2 (eliminate all forms of violence against all women and girls in public and private spheres) and SDG16.1 (reduce all forms of violence and related death rates) by 2030. This study examines the association between IPV and women's empowerment in Cambodia among different segments of the population. Past studies conducted in Cambodia on gender-based violence did not focus on the effects of women's empowerment (Eisenbruch, 2018; Eng, Li, Mulsow, & Fischer, 2010; Eng, Szmodis, & Grace, 2020; Yount & Carrera, 2006). Hence, this study uses the latest round of Demographic and Health Survey (DHS) data to fill this re-

search gap.

This study focuses on Cambodia, the least urbanized and least developed country in Southeast Asia (Human Development Index 0.594, ranked 144 in 2019). The Cambodian government has made commendable efforts to uplift the status of women, in line with Millennium Development Goal 3 (MDG3) (to promote gender equality and empower women) and SDG5 (to achieve gender equality and empower all women and girls). Primary education has been universal since 2000. While Cambodia has the lowest gross tertiary enrolment ratio for females in Southeast Asia, it did increase modestly from 1.2% in 2000 to 12.2% in 2017 (World Bank, 2020). The female labor force participation rate in Cambodia increased from 70% to 80% during the same period, and this level is among the highest in the world. While the proportion of female workers engaged in the agriculture sector decreased considerably from 61% in 2007 to 39% in 2017, it was still higher than the percentages involved in the industry (25.1%) and services (35.9%) sectors. In contrast, women's share of wage employment in the agriculture sector (35.1%) was lower than in the services sector (37.6%) (National Institute of Statistics & Ministry of Planning, 2008, 2018). The Cambodia Inter-censal Population Survey 2013 showed that slightly over half of working women were unpaid family workers (National Institute of Statistics & Ministry of Planning, 2013).

Despite the government's efforts to raise the status of women, IPV has been on the rise in Cambodia. Between 2005 and 2014, the percentage of married women who experienced various forms of IPV increased from 17.5% to 23.9% for emotional abuse, 11.9% to 14.9% for physical violence, and 2.5% to 4.8% for sexual violence. A United Nations Population Fund report (2016) stated that more than 30% of Cambodian women had at some time experienced physical, sexual, emotional, or economic violence. According to the 2020 Human Development Report, 20.9% of Cambodian women aged 15 and older had experienced IPV, higher than comparable figures for other Southeast Asian countries, such as Indonesia (18.3%), Myanmar (17.3%), Laos (15.3%), and the Philippines (14.8%) (United Nations Development Programme, 2020).

The Cambodian government has undertaken several initiatives to promote gender equality. Policies such as the 2005 Law on the Prevention of Domestic Violence and Protection of Victims, the 2007 Criminal Procedure Code, the 2008 Law on Suppression of Trafficking in Humans and Sexual Exploitation, the 2nd National Action Plan to Prevent Violence Against Women (NAPVAW II) 2014-2018, and the Neary Rattanak IV 2014-2018 Five-Year Strategic National Plan were implemented to protect women's rights and address IPV in Cambodia

(Ministry of Women's Affairs, 2015, 2017; World Health Organization, 2015). Positive parenting approaches, providing training to public health workers on the health sector's response to IPV, and the piloting of the One-Stop Services Center (OSSC) for IPV victims are some of the intervention strategies implemented to tackle IPV in the country. The successful implementation of these policies lowered the gender inequality index from 0.598 in 2000 to 0.474 in 2019 (United Nations Development Programme, 2020). However, there are still many challenges, including the low capacity to implement policies, and inadequate coverage of and access to services, particularly for women and girls from marginalized groups (World Health Organization, 2015). Yount and Carrera (2006) found that adverse childhood experiences and socioeconomic dependence on marriage perpetuate violence against married women in Cambodia. Power and control wheel theory postulates that perpetrators employ violence to maintain power and control over their partners (Chavis & Hill, 2009; Pence & Paymar, 1993). One study found that Cambodian men act violently against their wives to assert their authority in this highly patriarchal country (Eng et al., 2010).

Cambodia faces severe structural impediments to sustainable development, and is highly susceptible to economic shocks with a low level of human assets (United Nations, 2021) and IPV further hinders the country's social development. This study highlights how women's empowerment can reduce IPV. It is hoped that these findings can contribute to the literature on IPV in developing countries and provide useful insights for policymakers to strengthen policies in promoting gender equality and empowering women in Cambodia, corresponding to the objectives of the SDGs.

Literature Review

Past studies on IPV focused mainly on case studies in South Asia, where the problem is most severe in Asia (Ackerson, Kawachi, Barbeau, & Subramanian, 2008; Murshid & Critelli, 2017; Murugan, Khoo, & Termos, 2021; Rashid, Kader, Perera, & Sharma, 2014; Sanawar, Islam, Majumder, & Misu, 2018; Schuler & Nazneen, 2018) and African countries (Antai & Antai, 2008; Doku & Asante, 2015; Musonera & Heshmati, 2017; Ogum Alangea, Addo-Lartey, Sikweyiya, Chirwa, Coker-Appiah, Jewkes, & Adanu, 2018; Wekwete, Sanhokwe, Murenjekwa, Takavarasha, & Madzingira, 2014; Žukauskienė, Kaniušonytė, Bakaitytė, & Truskauskaitė - Kunevičienė, 2021). Studies found that the prevalence of IPV is negatively associated with women's education (Ackerson et al., 2008; Antai & Antai, 2008; Doku & Asante, 2015; Friedemann-

Sanchez & Lovaton, 2012; Murugan et al., 2021; Rashid et al., 2014), age (Kabir & Khan, 2019; Wekwete et al., 2014; Žukauskienė et al., 2021), and family wealth (Doku & Asante, 2015; Kabir & Khan, 2019; Žukauskienė et al., 2021). Women residing in cities have better job opportunities, thereby enhancing their economic independence, and decreasing their willingness to tolerate IPV (McIlwaine, 2013). Contrary to general belief, several past studies discovered that working women are at a higher risk of experiencing violence (Putra, Pradnyani, & Parwangsa, 2019; Sanawar et al., 2018). This phenomenon may be explained by the patriarchal system and structure of society, in which working women are perceived as posing a challenge to the husband's authority at the household level (Sanawar et al., 2018). Husbands' controlling behavior and childhood exposure to violence were also found to be positively associated with IPV (Ogum Alangea et al., 2018).

In Cambodia, married women with limited educational access and lower control of resources are more likely to be physically and emotionally abused (Yount & Carrera, 2006). Yount and Carrera (2006) found that the odds of women experiencing IPV increased significantly with a history of family violence or exposure to intergenerational IPV, while Eng et al. (2010) found that Cambodian women whose husbands exhibit controlling and alcohol abuse behaviors are more likely to be abused. IPV also adversely affects the health of women and children in Cambodia. One study found that IPV impedes women from utilizing reproductive healthcare services (Mai & Phyu, 2019). Nakphong and von Ehrenstein (2020) suggested that maternal experience of IPV increases children's susceptibility to illnesses such as diarrhea and fever. Eisenbruch (2018) proposed that any interventions to combat violence against women in Cambodia should work with tradition and culture instead of only highlighting it in problematic terms.

Women may choose to remain in a violent relationship due to low self-esteem or feeling disempowered (Gefter, Rood, Valentine, Bankoff, & Pantalone, 2017). Hence, empowering women is one of the critical drivers for achieving SDGs targets related to combating violence against women. The effects of women's empowerment on the prevalence of IPV have been widely studied in South Asia (Murshid & Critelli, 2017; Sanawar et al., 2018; Schuler & Nazneen, 2018; Wei, Sarker, Żukiewicz-Sobczak, Roy, Alam, Rabbany, Hossain, & Aziz, 2021). However, there is a dearth of relevant research in Southeast Asia and the concept of women's empowerment is complex and multifaceted. Variables such as women's mobility, women's household decision-making power, and women's attitudes toward wife beating are often used as indicators of women's empowerment in the literature (Donta, Nair, Begum, & Prakasam, 2016; Malhotra & Schuler, 2005;

Musonera & Heshmati, 2017; Sanawar et al., 2018; Wekwete et al., 2014). Phan (2016) used women's socioeconomic characteristics, such as educational level and work status, as proxies for women's empowerment. Few studies have explored women's sexual negotiation power (De Coninck, Feyissa, Ekström, & Marrone, 2014), women's ownership of assets (Pereira, Peterman, Yount, & United Nations Children's Fund, 2017), and relative gender earning power (Malapit, Quisumbing, Meinzen-Dick, Seymour, Martinez, Heckert, Rubin, Vaz, Yount, & Gender Agriculture Assets Project Phase 2 (GAAP2) Study Team, 2019) as proxies for women's empowerment. In this study, women's empowerment is defined as the "process whereby women can organize themselves to increase their self-reliance, to assert their independent right to make choices, and to control resources that will assist in challenging and eliminating their subordination" (Keller & Mbewe, 1991), focusing on women's status at the household level.

Theoretical Framework

Feminist theory regarding the causes of IPV emerged in the early 1970s to examine violent relationships in a sociocultural context. This theory ascribed the occurrence of IPV to gender inequality and the male oppression of women within a patriarchal system (Dobash & Dobash, 1979; Walker, 1979). However, Heise (1998) argued that feminist theory is inadequate to explain all the causes of IPV as there are many other confounding factors.

Heise (1998) advanced an ecological approach, conceptualizing IPV as a multifaceted phenomenon in the interplay between personal, situational, and socio-cultural factors that explain men's violent behavior and why women are often the target of violence. She categorized factors related to IPV into four levels: ontogenic (individual), microsystem, exosystem, and macrosystem. Individual factors refer to the history and development of an individual's personality, such as witnessing marital violence or experiencing abuse during childhood. Microsystem factors are defined as interactions where a person engaged with others directly or indirectly, such as male dominance in the family and alcohol use, which resulted in an increased risk of sexual coercion, childhood sexual abuse, and/or physical violence against adult women. Exosystem factors refer to the social structure of society, such as the unemployment status of the husband, family wealth, and isolation of the women and family by the husband. Finally, macrosystem factors are defined as the cultural values and beliefs that permeate and informing the other three layers of social ecology. Macrosystem factors include the patriarchal system in society, a sense of male ownership of fe-

males, gender roles, attitudes toward interpersonal violence, and physical punishment. This ecological framework was widely adapted in subsequent studies (Abramsky, Devries, Michau, Nakuti, Musuya, Kiss, Kyegombe, & Watts, 2016; Abramsky, Watts, Garcia-Moreno, Devries, Kiss, Ellsberg, Jansen, & Heise, 2011; Tandrayen-Ragoobur, 2020; Wekwete et al., 2014; Zegenhagen, Ranganathan, & Buller, 2019), and has been validated in the context of developing countries (Weitzman, 2018; Wekwete et al., 2014).

Materials and Methods

Study Design

The data for this study came from the fourth wave of the Cambodia Demographic and Health Survey (CDHS) (National Institute of Statistics, Directorate General for Health & ICF, 2015). The CDHS is a nationally representative, population-based survey with a large sample size. The 2014 CDHS sample was selected using a two-stage stratified sampling design based on the sampling frame derived from the list of enumeration areas (EAs) developed for the 2008 Cambodia General Population Census. In the first stage, 611 EAs (188 in urban areas and 423 in rural areas) were chosen, with a probability proportional to size. Systematic sampling was used to select 24 households from each urban cluster and 28 households from each rural cluster in the second stage (National Institute of Statistics et al., 2015). A total of 11,668 married or in-union women aged 15–49 years were interviewed face-to-face by trained interviewers. The IPV module was administered to a subsample, where only one woman per household was chosen using the Kish selection method. A total of 4,307 women completed the module, with a response rate of 99.4%. A weighted adjustment to select one woman per household for the domestic violence module was applied to yield a nationally representative sample. The sample selected for this study comprised 3,223 married or in-union women. The data supporting the findings of this study is available on the DHS Program website.

Conceptual Framework and Study Variables

The conceptual framework was constructed based on feminist perspectives and Heise's framework, incorporating women's empowerment indicators, and using available variables from the CDHS. The CDHS domestic violence assessment is based on a shortened and modified version of the Conflict Tactics Scale (National

Institute of Statistics et al., 2015). The dependent variables for this study are the three different forms of violence that currently married or in-union Cambodian women have ever experienced: i) emotional abuse (ever been humiliated, threatened with harm, or insulted by husband/partner), ii) physical violence (ever been punched, pushed, slapped, strangled, licked, threatened with a weapon or had arm twisted or hair pulled by husband/partner), and iii) sexual violence (ever been physically forced to perform sexual response, perform unwanted sexual acts, or engage in unwanted sex by husband/partner). Respondents who answered in the affirmative in relation to any one or more of the categories listed were classified as having experienced IPV. The independent variables for this study were divided into four dimensions: demographic background, women's socioeconomic status, women's empowerment, and husband's characteristics. A detailed list of variables and their categories is presented in Figure 1.

Women's exposure to mass media (reading newspapers or magazines, listening to the radio, and watching television) was recoded as "not at all" if they had no exposure to any mass media, and "yes" otherwise. Women's asset ownership (house and land) was grouped as "does not own," "joint ownership" if they own a house or land or both jointly with their husband, and "sole ownership" if they solely own a house or land or both. Women were deemed to have "high empowerment" in household decision-making if they had a say in all decision-making (control over their own earnings, own health care, large household purchases, visits to family and relatives, and control over their husbands' earnings), and "low empowerment" otherwise. Similarly, those who answered "no" to all wife beating justifications (goes out without telling husband, neglects the children, argues with husband, refuses to have sex with husband, and burns the food) were considered not condoning wife beating. Women who could refuse sex and ask their partners to use a condom were categorized as having "high empowerment" in sexual rights and "low empowerment" otherwise. The husband's controlling behavior was categorized as "not at all" if they answered "no" to all control issues and "yes" otherwise. The control issues included being jealous if the respondent talked with other men, accusing the respondent of unfaithfulness, not permitting the respondent to meet female friends, trying to limit the respondent's contact with family, insisting on knowing her whereabouts, depriving her of money for household expenses, and not trusting her with money.

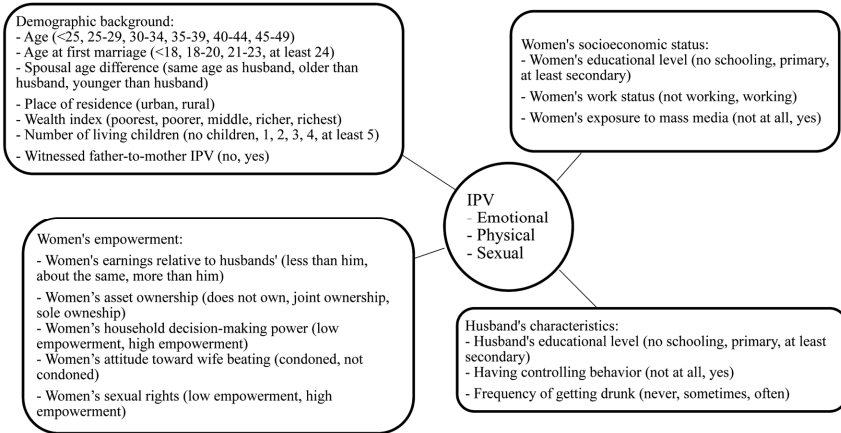


Figure 1. Conceptual framework and list of study variables.

Data Analysis

The data was analyzed using SPSS version 25.0. Descriptive statistics are presented to portray the profile of the respondents. Cross-tabulations were used to examine the bivariate associations between each type of IPV and the independent variables, and the significance of associations was assessed using Chi-square tests (Fisher's exact tests for 2×2 contingency tables). A binary logistic regression was used to investigate the net and combined effects of the selected independent variables on each type of IPV. The binary logistic regression model was as follows:

$$\pi(x) = P(Y = 1 | X = x) = \frac{\exp(\beta_0 + \beta_1 x_1 + \dots + \beta_p x_p)}{1 + \exp(\beta_0 + \beta_1 x_1 + \dots + \beta_p x_p)}, \quad 0 \leq \pi(x) \leq 1 \quad (1)$$

where Y = dependent variable with two possible outcomes (never versus ever experienced violence), X = independent variable, $\pi(x)$ = the probability of the dependent variable being equal to one of the selected independent variables, and β_p = coefficient of independent variable x_p , where $p = 1, 2, \dots, p$.

Results

Sample Characteristics and Bivariate Analysis

Approximately half of the married women interviewed were below 35 years of

age (18.3% aged < 25 years and 22.7% aged 30–34) (Table 1). Over six in ten married before age 18 (30.2%) or at 18–20 years (32.6%), and 16% married after age 23. Close to three-quarters of women married men who were older than themselves. The majority (85.2%) of respondents came from rural areas. Family wealth was evenly distributed across quintiles, ranging from 18.9% (poorer) to 21.0% (middle). Nearly half of the married women had 1–2 children, while only 9.9% were childless. About two in ten respondents reported that their fathers had at some time beaten their mothers.

More than half of the married women had only primary education, about one-third had at least secondary education, and only 14.6% had never attended school. More than 73% of married women were currently employed. About 18% of married women had no exposure to mass media such as newspapers, magazines, radio, or television. Nearly half of the women earned less than their husbands, and only 17.8% earned more than their husbands did. Cambodian women have considerable authority within their households. For instance, over 80% of women had an asset, 85.7% had a say in all household decisions, and 81.0% had sexual rights. However, it is somewhat surprising that more than half of Cambodian women condoned wife beating.

Less than 10% of the women's husbands had never attended school, and 44.7% had at least a secondary education. About a quarter of the women opined that their husbands had control over them. Only 4% of respondents reported that their husbands never got drunk, while 18.5% reported that their husbands often did so.

Overall, about a quarter of these women had experienced emotional violence, which was the highest among the three types of IPV (Table 1). On the other hand, the prevalence of physical violence was 14.9%, and 4.8% reported that they had experienced sexual violence.

Bivariate analyses showed that the prevalence of emotional and physical IPV was positively correlated with age, and negatively correlated with age at marriage and urban residence. The prevalence of all forms of IPV was higher among those from poorer families, with many children and those who had ever witnessed father-to-mother IPV. The prevalence of all forms of IPV decreased significantly as education levels rose (for both women and husbands). Married women with no mass media exposure were more likely to experience all forms of violence than were those with media exposure. The prevalence of experiencing all forms of IPV was lower among women with approximately the same earnings as their husbands. Women with higher power and autonomy in their families were less vulnerable to violence. For instance, women who had a say in all household decisions were less

Table 1
Prevalence of IPV by selected variables

Variables	Weighted percentage distribution	Emotional	Physical	Sexual
Total	n = 3,223	23.9 (0.8)	14.9 (0.7)	4.8 (0.4)
Demographic background				
Age		***	***	
<25	18.3	14.7 (1.5)	9.7 (1.3)	3.7 (0.8)
25-29	18.6	17.8 (1.6)	10.1 (1.3)	3.4 (0.8)
30-34	22.7	25.3 (1.7)	16.1 (1.4)	4.4 (0.8)
35-39	13.6	29.6 (2.3)	19.5 (2.0)	6.6 (1.2)
40-44	14.8	31.0 (2.2)	19.6 (1.9)	5.1 (1.1)
45-49	12.0	29.6 (2.4)	17.5 (2.0)	7.1 (1.4)
Age at first marriage		***	**	
<18	30.2	27.5 (1.5)	18.2 (1.3)	4.8 (0.7)
18-20	32.6	25.1 (1.4)	14.5 (1.1)	5.5 (0.7)
21-23	21.2	20.4 (1.6)	13.1 (1.3)	4.9 (0.9)
At least 24	16.0	19.4 (1.8)	12.2 (1.5)	3.4 (0.8)
Spousal age difference				
Same age as husband	8.5	22.8 (2.6)	11.0 (2.0)	5.8 (1.5)
Older than husband	18.1	24.3 (1.8)	17.1 (1.6)	6.2 (1.0)
Younger than husband	73.3	23.9 (0.9)	14.8 (0.8)	4.4 (0.4)
Place of residence				
		***	*	
Urban	14.8	16.5 (1.8)	11.4 (1.5)	2.9 (0.8)
Rural	85.2	25.2 (0.9)	15.6 (0.7)	5.2 (0.4)
Wealth index				
		***	***	**
Poorest	19.1	31.4 (2.0)	23.2 (1.8)	7.5 (1.1)
Poorer	18.9	29.3 (1.9)	17.4 (1.6)	5.3 (0.9)
Middle	21.0	23.4 (1.7)	14.9 (1.4)	3.1 (0.7)
Richer	20.6	21.9 (1.7)	12.0 (1.3)	4.8 (0.9)
Richest	20.4	14.4 (1.4)	8.1 (1.1)	3.7 (0.8)
Number of living children				
		***	***	**
No children	9.9	9.0 (1.7)	7.2 (1.5)	3.1 (1.0)
1	21.9	16.9 (1.5)	9.3 (1.1)	2.8 (0.7)
2	26.7	23.2 (1.5)	15.4 (1.3)	4.7 (0.8)
3	19.3	28.6 (1.9)	15.2 (1.5)	5.3 (0.9)
4	10.7	31.1 (2.6)	21.4 (2.3)	7.4 (1.5)
At least 5	11.4	37.0 (2.6)	24.8 (2.3)	7.2 (1.4)
Witnessed father-to-mother IPV				
		***	***	**
No	81.2 ^a	21.3 (0.8)	12.8 (0.7)	4.3 (0.4)
Yes	18.8	35.2 (2.0)	24.3 (1.8)	7.2 (1.1)

Table 1
To be Continued

Women's socioeconomic status				
Women's educational level		***	***	***
No schooling	14.6	31.7 (2.2)	25.0 (2.1)	8.0 (1.3)
Primary	53.5	28.4 (1.1)	16.7 (0.9)	5.0 (0.5)
At least secondary	31.8	12.8 (1.1)	7.4 (0.8)	3.0 (0.6)
Women's work status				
Not working	26.7	26.1 (1.6)	16.5 (1.3)	4.3 (0.7)
Working	73.3	23.1 (0.9)	14.4 (0.8)	5.0 (0.5)
Women's exposure to mass media				
Not at all	18.2	28.1 (1.9)	20.0 (1.7)	7.5 (1.1)
Yes	81.8	23.0 (0.9)	13.8 (0.7)	4.2 (0.4)
Women's empowerment				
Women's earnings relative to husbands'				
		***	***	**
Less than him	47.9	24.2 (1.3)	16.1 (1.1)	5.4 (0.7)
About the same	34.3	16.1 (1.3)	9.6 (1.1)	2.9 (0.6)
More than him	17.8 ^b	27.4 (2.2)	15.9 (1.8)	7.0 (1.3)
Women's asset ownership				
		***		**
Does not own	17.8	15.5 (1.6)	11.7 (1.4)	4.2 (0.9)
Joint ownership	75.3	25.5 (0.9)	15.5 (0.8)	4.6 (0.4)
Sole ownership	6.9	27.5 (3.1)	16.7 (2.6)	9.2 (2.0)
Women's household decision-making power				
		**		
Low empowerment	14.3	28.8 (2.5)	16.3 (2.1)	6.2 (1.3)
High empowerment	85.7	21.0 (0.9)	13.5 (0.8)	4.6 (0.5)
Women's attitude toward wife beating				
		***	***	***
Condoned	56.1	27.7 (1.1)	17.0 (0.9)	6.1 (0.6)
Not condoned	43.9	19.0 (1.1)	12.3 (0.9)	3.2 (0.5)
Women's sexual rights				
		***	**	**
Low empowerment	19.0	29.8 (1.9)	18.8 (1.6)	7.1 (1.1)
High empowerment	81.0	22.5 (0.9)	14.1 (0.7)	4.3 (0.4)
Husband's characteristics				
Husband's educational level				
		***	***	***
No schooling	9.6	34.1 (2.8)	21.9 (2.5)	11.5 (1.9)
Primary	45.7	28.5 (1.2)	18.8 (1.1)	5.2 (0.6)
At least secondary	44.7	17.0 (1.0)	9.6 (0.8)	3.0 (0.5)
Having controlling behavior				
		***	***	***
Not at all	74.0	15.0 (0.8)	7.6 (0.6)	2.0 (0.3)
Yes	26.0	49.3 (1.8)	35.8 (1.7)	12.9 (1.2)
Frequency of getting drunk				
		***	***	***
Never	4.0	8.0 (2.7)	5.3 (2.2)	1.6 (1.3)
Sometimes	77.5	20.1 (0.9)	11.2 (0.7)	3.4 (0.4)
Often	18.5	52.7 (2.3)	38.2 (2.2)	14.8 (1.6)

Notes:

(i) ^a Including a small percentage of "don't know" (6.4%).

(ii) ^b Including a small percentage of "husband doesn't bring in money" (0.5%).

(iii) Missing values are excluded from the calculations.

(iv) Chi-square/Fisher's exact test significance: *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

(v) Values in parentheses are standard errors.

vulnerable to emotional IPV (21.0%) than were those who were less empowered (28.8%). Women who did not condone wife beating were less likely to experience emotional (19.0%), physical (12.3%), or sexual (3.2%) violence. Women with higher awareness of their sexual rights were also less likely to experience IPV: 22.5% had experienced emotional IPV, 14.1% reported experiencing physical violence, and 4.3% had experienced sexual IPV. Surprisingly, women who owned an asset (solely or jointly) had a higher prevalence of IPV. The percentage of women experiencing all forms of abuse was significantly higher if their husbands had controlling behavior and were often drunk.

Binary Logistic Regression

Binary logistic regression was performed to investigate the women's empowerment indicators associated with IPV, controlling for demographic and socioeconomic variables and husbands' characteristics (Table 2). The Hosmer-Lemeshow goodness-of-fit test indicated that each model fitted the data well ($p > 0.05$). Women residing in rural areas had higher odds of experiencing sexual violence (AOR (adjusted odds ratio) = 2.99) than their urban counterparts did. It is noteworthy that the odds of sexual abuse by husbands were 3.37 times higher among women from the wealthiest families than those from the poorest families. In addition, women who reported witnessing father-to-mother IPV had higher odds (AOR = 1.70) of being physically abused by their husbands.

Women with a higher socioeconomic status and greater empowerment were less prone to domestic violence. For instance, the odds of experiencing emotional and physical IPV were 42% and 60% lower, respectively, among women with at least secondary education than among those who never attended school. Women with approximately the same earnings as their husbands had lower odds of experiencing emotional violence. Women who had a say in all household decisions had lower odds of experiencing emotional IPV (AOR = 0.65), while the odds of experiencing emotional IPV were 24% lower among women who rejected all justifications for wife beating.

The likelihood of women experiencing sexual violence decreased steadily as their husbands' educational level increased. On the other hand, women whose husbands exhibited controlling behavior and were often drunk had higher odds of experiencing IPV.

Table 2
Binary logistic regression of experiencing IPV.

Variables	Emotional	Physical	Sexual
	AOR (95% CI)		
Demographic background			
Age			
<25 (ref.)	1	1	1
25-29	1.53 (0.91, 2.57)	1.45 (0.78, 2.70)	1.23 (0.50, 3.04)
30-34	2.18** (1.25, 3.83)	2.20* (1.14, 4.25)	1.08 (0.40, 2.89)
35-39	1.66 (0.89, 3.10)	2.05 (0.99, 4.25)	1.07 (0.35, 3.28)
40-44	1.88 (0.99, 3.58)	1.45 (0.66, 3.16)	0.93 (0.29, 3.02)
45-49	2.23* (1.12, 4.43)	2.80* (1.26, 6.22)	2.30 (0.72, 7.39)
Age at first marriage			
<18 (ref.)	1	1	1
18-20	0.91 (0.66, 1.24)	0.98 (0.68, 1.44)	1.84* (1.03, 3.29)
21-23	0.81 (0.55, 1.20)	0.74 (0.46, 1.18)	1.22 (0.59, 2.49)
At least 24	0.70 (0.44, 1.13)	0.66 (0.38, 1.15)	0.87 (0.37, 2.07)
Spousal age difference			
Same age as husband (ref.)	1	1	1
Older than husband	0.85 (0.50, 1.44)	1.04 (0.56, 1.92)	1.02 (0.44, 2.40)
Younger than husband	1.13 (0.72, 1.76)	1.04 (0.61, 1.76)	0.70 (0.34, 1.47)
Place of residence			
Urban (ref.)	1	1	1
Rural	1.14 (0.70, 1.85)	0.72 (0.40, 1.29)	2.99* (1.26, 7.13)
Wealth index			
Poorest (ref.)	1	1	1
Poorer	0.98 (0.65, 1.46)	0.64 (0.41, 1.01)	0.90 (0.46, 1.77)
Middle	0.94 (0.62, 1.44)	0.81 (0.50, 1.31)	0.71 (0.32, 1.56)
Richer	1.05 (0.68, 1.61)	0.58* (0.34, 0.98)	1.46 (0.68, 3.13)
Richest	0.80 (0.46, 1.39)	0.58 (0.30, 1.14)	3.37** (1.36, 8.36)

Table 2
To be Continued

Number of living children			
No children (ref.)	1	1	1
1	1.64 (0.90, 3.00)	0.96 (0.49, 1.87)	0.53 (0.19, 1.43)
2	1.80 (0.98, 3.32)	0.92 (0.47, 1.82)	1.14 (0.44, 2.94)
3	2.20* (1.14, 4.25)	0.84 (0.40, 1.77)	1.10 (0.38, 3.15)
4	2.29* (1.13, 4.64)	1.07 (0.49, 2.34)	1.35 (0.44, 4.13)
At least 5	2.05 (0.97, 4.34)	1.16 (0.50, 2.66)	1.42 (0.43, 4.73)
Witnessed father-to-mother IPV			
No (ref.)	1	1	1
Yes	1.28 (0.93, 1.76)	1.70** (1.19, 2.43)	1.12 (0.65, 1.93)
Women's socioeconomic status			
Women's educational level			
No schooling (ref.)	1	1	1
Primary	1.15 (0.79, 1.68)	0.86 (0.56, 1.30)	0.98 (0.53, 1.81)
At least secondary	0.58* (0.36, 0.93)	0.40** (0.23, 0.71)	0.79 (0.34, 1.82)
Women's work status			
Not working (ref.)	1	1	1
Working	0.80 (0.54, 1.18)	0.68 (0.44, 1.06)	1.31 (0.65, 2.66)
Women's exposure to mass media			
Not at all (ref.)	1	1	1
Yes	0.88 (0.62, 1.26)	0.90 (0.60, 1.35)	0.69 (0.39, 1.24)
Women's empowerment			
Women's earnings relative to husbands'			
Less than him (ref.)	1	1	1
About the same	0.67** (0.50, 0.90)	0.76 (0.53, 1.09)	0.66 (0.37, 1.18)
More than him	1.15 (0.81, 1.63)	0.99 (0.65, 1.51)	1.03 (0.57, 1.86)
Women's asset ownership			
Does not own (ref.)	1	1	1
Joint ownership	1.39 (0.90, 2.16)	1.22 (0.72, 2.05)	0.63 (0.31, 1.28)
Sole ownership	1.46 (0.79, 2.67)	0.98 (0.47, 2.03)	1.27 (0.49, 3.30)

Table 2
To be Continued

Women's household decision-making power	*			
Low empowerment (ref.)	1	1	1	
High empowerment	0.65*	0.88	0.76	
	(0.46, 0.91)	(0.59, 1.32)	(0.42, 1.39)	
Women's attitude toward wife beating	*			
Condoned (ref.)	1	1	1	
Not condoned	0.76*	1.04	0.85	
	(0.58, 0.98)	(0.76, 1.41)	(0.53, 1.36)	
Women's sexual rights				
Low empowerment (ref.)	1	1	1	
High empowerment	0.80	0.88	0.70	
	(0.58, 1.09)	(0.61, 1.28)	(0.41, 1.19)	
Husband's characteristics				
Husband's educational level				***
No schooling (ref.)	1	1	1	
Primary	1.14	1.00	0.38**	
	(0.72, 1.79)	(0.61, 1.65)	(0.20, 0.73)	
At least secondary	0.85	0.69	0.22***	
	(0.52, 1.39)	(0.39, 1.21)	(0.10, 0.48)	
Having controlling behavior	***	***	***	
Not at all (ref.)	1	1	1	
Yes	6.21***	6.70***	6.92***	
	(4.73, 8.15)	(4.89, 9.20)	(4.15, 11.53)	
Frequency of getting drunk	***	***	***	
Never (ref.)	1	1	1	
Sometimes	2.97*	2.86	2.76	
	(1.03, 8.61)	(0.68, 11.98)	(0.18, 41.80)	
Often	10.15***	9.56**	10.25	
	(3.43, 30.05)	(2.25, 40.74)	(0.67, 156.61)	
Constant	0.03***	0.058**	0.011**	
Hosmer-Lemeshow goodness-of-fit test chi-square statistic [p-value]	6.140 [0.632]	8.117 [0.422]	6.164 [0.629]	

Notes:

(i) AOR: adjusted odds ratio

(ii) CI: confidence interval

(iii) Wald test significance: *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

Discussion

IPV is a serious social issue in Cambodia. Emotional IPV, experienced by one in four currently married women, was the most prevalent form of IPV, and at a

higher level than that reported in other DHS countries in Southeast Asia, such as the Philippines (20.4%) and Myanmar (13.5%). Approximately 15% of Cambodian women suffer from physical IPV. This level was comparable to that of Myanmar, but higher than that in the Philippines (11%). In addition, about 5% of Cambodian and Filipino women have experienced sexual violence, compared to 3% in Myanmar (Ministry of Health and Sports & ICF, 2017; Philippine Statistics Authority & ICF, 2018). IPV violates human rights and undermines women's health, security, and autonomy. Besides injuries, victims of IPV are susceptible to depression, anxiety, alcohol or drug abuse, poor self-esteem, post-traumatic stress disorder, and increased chances of infection by the human immunodeficiency virus (HIV) and STIs (World Health Organization, 2012, 2013).

This study reveals that women's empowerment is significantly associated with IPV in Cambodia. Variables such as educational level, exposure to mass media, earnings relative to husbands', asset ownership, household decision-making power, attitude toward wife beating, and sexual rights were significantly associated with various forms of IPV, and the effects of education, earnings relative to husbands', household decision-making power, and attitude toward wife beating remained significant at the multivariate level. These results indicate that higher levels of women's empowerment protect against emotional and physical IPV.

The study also shows that higher-educated Cambodian women have a lower prevalence of IPV. Weitzman (2018) explained that women with higher levels of education augmented their resources, delayed their family formation timing (age at marriage), and selected partners with higher human capital, all of which contribute to a reduction in IPV.

In addition to women's education, this study also reveals that the husband's educational attainment is a key factor in lowering IPV prevalence. This study validates the ecological framework in which husbands' controlling behavior and use of alcohol were significant risk factors for IPV. The power and control wheel theory could also explain husbands' controlling behavior, which posits that violence is an action that husbands utilize to maintain power and control over their wives (Chavis & Hill, 2009; Pence & Paymar, 1993).

In Cambodia, IPV is more prevalent in rural areas, which is consistent with the findings of Breiding, Ziembski, and Black (2009), Lanier and Maume (2009), and Peek-Asa, Wallis, Harland, Beyer, Dickey, & Saftlas (2011). Rural women have limited access to public transportation and low accessibility to domestic violence resources (Peek-Asa et al., 2011), leading to a higher rate of IPV than their urban counterparts.

The present study indicates that intergenerational IPV is positively related to domestic violence, consistent with the findings of Owusu Adjah and Agbemafle (2016) and Solanke (2018). The World Health Organization (2012) identified inter-parental violence as a risk factor for IPV, and future research should therefore pay closer attention to the transgenerational transmission of IPV. Surprisingly, women from the wealthiest families were positively associated with sexual IPV after controlling for other variables. Past studies found that women from wealthier families may be more outspoken and financially independent, which challenged and threatened the dominant position of the husband or partner, who therefore secured their dominance through IPV (Heath, 2014; Lawoko, Dalal, Jiayou, & Jansson, 2007). A previous study found that the mixed-method approach can provide more insight into women's empowerment (Aziz, Khan, Nadahrajan, & He, 2021). Hence, a mixed-method approach should be used in future studies to unravel the reasons why those from better-off families have higher odds of experiencing sexual IPV.

Policy Implications

Some policy implications arise from the results of this study, and several recommendations can be put forward to tackle IPV in Cambodia. Considering the significance of women's empowerment in reducing IPV, it is crucial to eliminate the traditional culture and ideology of women's lower position within a household. Other authors have suggested similar recommendations (Abramsky, Lees, Stöckl, Harvey, Kapinga, Ranganathan, Mshana, & Kapiga, 2019; Vyas & Watts, 2009).

Although female labor force participation rate in Cambodia is one of the highest in the world, it must be borne in mind that many Cambodian women work as unpaid family workers. This explains the reason behind the insignificance of this factor in preventing IPV. Our study found that women who had about the same earnings as their husbands were less likely to be abused, and it is therefore essential to make every effort to increase and enhance women's economic independence as a means of combating violence. These efforts could include creating more job opportunities in the modern sector and developing women's entrepreneurship. Studies have found that microfinance programs empower women effectively (Gibbs, Jacobson, & Kerr Wilson, 2017; Kim, Watts, Hargreaves, Ndhlovu, Phetla, Morison, Busza, Porter, & Pronyk, 2007; Rahman, Hoque, & Makinoda, 2011) and the Cambodian government has implemented several policies to promote women's entrepreneurship, such as the Rectangular Strategy, National

Strategic Development Plan, Industrial Development Policy 2015–2025, and National Employment Policy 2015–2025. Efforts have also been made to improve the livelihood of rural women by providing economic opportunities and expanding their income generation in “off-farm” activities (e.g., handicrafts, micro-businesses and services, and food processing). However, the effectiveness of these programs needs to be regularly evaluated.

Education is key to women’s empowerment; thus, improving female education is of paramount importance, especially at the tertiary level. This study also identifies the importance of husbands’ education in reducing IPV. Hence, investment in education must be prioritized to increase the general educational level of the population.

The elementary school curriculum needs to impart the concept of “gender equality” to eliminate discrimination against women in this patriarchal country, especially in rural areas. In addition, there is a need to promote programs and counselling sessions to reinforce the concept of mutual respect in a marriage or relationship to reduce IPV.

The threshold for delayed marriage as a protective factor was beyond the age of 23. Hence, discouraging child and early marriages could result in lower IPV. A smaller family size is associated with lower IPV, probably due to less conflict and tension over childrearing. Hence, planned parenthood and greater use of contraception may reduce IPV.

Men’s controlling and drinking behaviors are risk factors for IPV in Cambodia. Therefore, educational campaigns should be organized to create greater awareness, followed by stricter enforcement of the laws.

Limitations

This study suffers from a number of limitations that need to be borne in mind when interpreting its findings. Single, widowed, or divorced women were excluded from this study. The temporal relationship between the covariates and outcomes could not be established owing to the cross-sectional nature of the DHS data. The measures of women’s empowerment used in this study may not represent all dimensions because of data availability. Underreporting of IPV cannot be ruled out, as victims may be reluctant to report abuse due to fear of retaliation from the perpetrators and the traditional norm that perpetuates the women’s subservient status. Self-reported questions, such as the frequency of the husband or partner getting drunk and their controlling behavior, are prone to response bias.

Conclusion

This study examined the relationship between various forms of IPV and women's empowerment, which has received little attention in Cambodia, using nationally representative DHS data with a large sample size. The results of this study will add to the literature on gender-based violence and provide some insights to policy-makers in both Cambodia and other developing countries in considering intervention measures to reduce IPV. Improving women's livelihoods through better access to education and economic opportunities is essential to uplift women's status in the household, thus reducing the risk of abuse.

Ethical Considerations

The 2014 CDHS was reviewed and approved by the ICF Institutional Review Board (IRB) and complied with the requirements of the United States Department of Health and Human Services for the "Protection of Human Subjects" (45 CFR 46). Informed consent was obtained from all participants. In addition, the DHS followed strict procedures in line with the World Health Organization's ethical and safety recommendations to obtain consent for the domestic violence module to protect the privacy of the respondents (National Institute of Statistics et al., 2015).

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