DRAFT POLICY BRIEF

"Shaping Our Future: Developing Healthy and Happy Relationships" Primary Prevention Intervention with Young Adolescents and Caregivers in Kampong Cham, Cambodia

Background

Violence Against Women and Girls in Cambodia

Violence against women and girls (VAWG) is a severe human rights violation that restricts the fundamental rights and freedoms of women, but it also has broader repercussions for development. It happens in all parts of the world and cultures; Cambodia is no exception. A global study found that the economic costs of lost productivity due to domestic violence conservatively ranges from 1.2 to 2 percent of Growth Domestic Products (GDP).[1] One in five ever-partnered women aged between 15 and 45 years old have experienced physical and/or sexual violence by an intimate partner in their lives.[2] About 80 percent of ever-abused women experienced severe forms of violence rather than moderate forms from their intimate partners in the last 12 months.[3] Women have also experienced physical and sexual violence by non-partners, 14 percent and 4 percent respectively.[4]

Another study on men and violence[5] carried out in Cambodia highlighted key risk factors of men's involvement in committing violence against women. About 33 percent of men admitted to committing physical or sexual violence against a female intimate partner, with 20 percent perpetrating rape. Moreover, over 50 percent committed rape the first time when they were teenagers and 25 percent did so before the age of 15 years old. In addition, gang rape is remarkably high compared to other countries in the region and is another alarming concern in Cambodia.

Acceptance of violence raised a high concern. Approximately 26.5 percent of men aged 15 to 49 and 50 percent of women of the same ages agreed that the husband is justified in beating his wife for specific reasons, such as a disobedient manner.[6] About 50 percent of women who experienced violence remain silent and have never told anyone, because they considered violence was normal and felt fear or embarrassment.

1 http://www.worldbank.org/en/topic/gender/publication/engender-impact-addressing-gender-based-violence
2 CDHS (2016). Secondary data analysis report of CDHS 2014: women's experience of domestic violence and other forms of violence.
3 WHO, MoWA & MoP (2015). National Survey on Women's Health and Life Experiences in Cambodia.
4 Ibid.
5 Fulu, Warner, & Moussavi (2013). The Partners for Prevention UN Multi-Country Study on Men and Violence (UNMCS).
6 Royal Government of Cambodia, Ministry of Planning (2015). Cambodia Demographic and Health Survey.

VAWG Primary Prevention Intervention: Working with Adolescents and Caregivers

The 'Developing Healthy and Happy Relationships' primary prevention intervention in Cambodia focuses on addressing risk factors associated with intimate partner violence and non-partner violence. These risk factors include low gender equitable attitudes, poor relationship-building skills (frequent quarrelling with partner), mental health challenges (depression, alcohol), childhood adversity (experiencing physical or sexual abuse during childhood, witnessing or other exposure to violence), involvement in other high-risk behaviour (engaging in transactional sex, having more than two sexual partners) and lower levels of education (especially no secondary schooling).

Adolescent girls and boys aged between 12 and 14 years and their caregivers are the main target of the intervention. Global evidence shows that engagement of young adolescents in primary prevention efforts that seek to sustainably change social norms is crucial, while key priorities of primary prevention in the Second National Action Plan on Violence Against Women 2014–2018 (NAPVAW II) of the Royal Government of the Kingdom of Cambodia (RGC) also highlighted the importance of engagement of youths and adolescents in primary prevention. Early adolescence is a key period to address social norms, especially those around intimate relationships. At this time, many individual adolescents become interested and involved in intimate or some form of dating relationships as well as going through intense gender socialization. The experiences and what they learned during this stage often continue to manifest throughout adulthood and interaction with their peers. Therefore, this is a prime time to promote equitable and healthy norms, attitudes and behaviours, especially related to relationship skills and gender identities. Moreover, to build an enabling environment by involving influential individuals and supportive institutions in adolescents' lives is vital. Thus, the intervention goal was to engage adolescents and caregivers, including parents/guardians, teachers, youth service providers and key community stakeholders.

A successful multifaceted VAWG primary prevention intervention

The primary prevention intervention is one of five strategic areas of the Second National Action Plan to Prevent Violence against Women 2014–2018 of the RGC. Working with young adolescents and parents is clearly emphasized under this primary prevention strategy to enhance their knowledge and skills in developing gender equitable attitudes and non-violent relationships and introducing positive practices related to social norms.

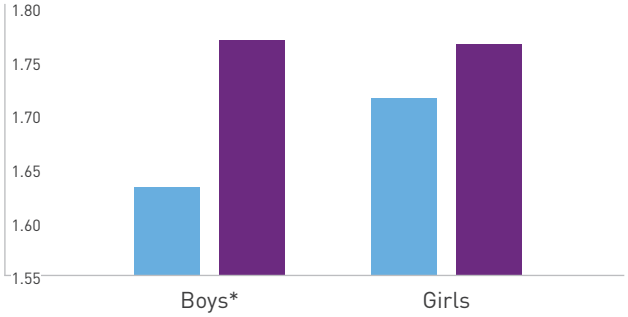
The 'Developing healthy and happy relationships' primary prevention intervention with adolescent boys and girls and their caregivers was successfully implemented by the Provincial Department of Women's Affairs (PDoWA) in five communes of a district in Kampong Cham province with supervision by the Ministry of Women's Affairs (MoWA) and technical and financial support from United Nations of Population Fund (UNFPA) and Partners for Prevention (P4P).

The intervention was designed based on rigorous research in relation to VAWG in Cambodia, including the UN Multi-Country Study on Men and Violence (UN MCS), 2013. The intervention worked with young adolescent boys and girls aged 12 to 14 years old and their caregivers to develop gender equitable attitudes, build healthy relationship skills, transform harmful masculinities and promote positive parenting. This was implemented through building the capacity of local facilitators, strengthening the capacity of implementing partners, running participatory community sessions and skill-building workshops over one year, and promoting volunteerism to sustain the intervention's results.

Programme overview

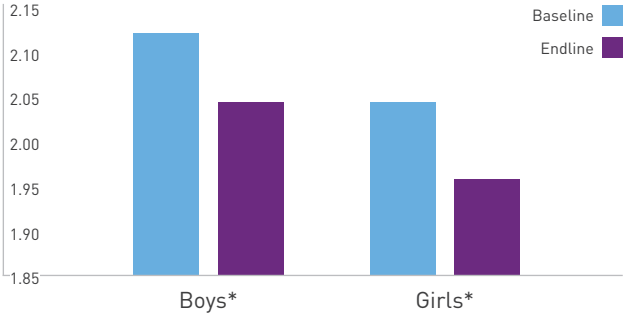
- **352** adolescents (including **109** boys) participated in a series of **22** community sessions every fortnight.
- **436** caregivers (including **67** male) participated in a series of **12** community sessions every month.
- A total of 43 participants (including 30 community facilitators, 5 female members of the Commune Committee on Women and Children (CCWC), and 8 staff of PDoWA and MoWA) participated in a 10-day training of trainers on both manuals.
- **30** community facilitators and **5** female members of the Commune Committee on Women and Children (CCWC) demonstrated enhanced facilitation skills and sensitivity and knowledge on gender-related topics, including gender norms, gender stereotypes and expectations through participation in a 10-day training programme, with regular mentoring support.
- Two facilitator manuals for adolescents and caregivers were adopted in consultation with relevant stakeholders, including government and civil society organizations at national and sub-national levels and published in Khmer and English languages.
- Referral booklets, consisting of available services in Kampong Cham province and Prey Chhor district, were published and circulated to adolescents and caregivers, service providers and local authorities.
- Refresher and reflection workshops were regularly organized to share best practices and enhance facilitation skills and in-depth learning on the session's contents and participatory methodology.

Gender-equitable attitudes



*Indicates a significant difference between baseline and end-line (p<.05)

Acceptance of violence attitudes



*Indicates a significant difference between baseline and end-line (p<.05)

The endline study, conducted by an independent research company, demonstrated that the VAWG primary prevention intervention with caregivers and adolescents had a significant impact on direct participants, including community facilitators, caregivers, adolescents, their family members and communities. The study found:

- **Increased gender equitable attitudes and non-violent relationships** among young adolescent boys and girls and their caregivers. Both adolescents and their caregivers started to change their method of communication in favour of polite words rather than aggressive talk or arguments, and adopted non-violent ways of dealing with conflict. They began to implement these skills within their own homes and sometimes with neighbours, and were willing to share their learning among the community. Caregivers also gained knowledge and skills on encouraging children's positive behaviour, guiding them in making good and healthy choices and improving communication. Moreover, both adolescents and caregivers reported an improvement in their relationships with each other. Such benefits and improvements help to reinforce changes and sustain the impact of the intervention.
- **Reduced practices of punishing children, such as threats or harsh punishment**, by applying tools of positive disciplines and how to communicate and listen to children. These helped caregivers to build good and healthy relationships with their children.
- **Significant decrease in the acceptance of violence in both adolescent girls and boys** after they participated in sessions. They are less likely to agree with statements such as "it is acceptable for a man to hit his partner" or "it is okay to punch or kick someone if they make me angry or take something from me or disagree with me".
- **Significantly increased understanding and knowledge about support services** and where to seek help when participants in the sessions experienced or witnessed violence. Particularly, caregivers developed confidence in phoning the police officers (including juridical police officers of Ministry of Women's Affairs) and local authorities when violence occurred in their communities.
- **Increased opportunities and participation in volunteering activities by caregivers and adolescents**, especially in addressing issues of gender equality, healthy communication, caring relationships and violence against women and girls. Both caregivers and adolescents shared learnings and benefits with family members, in school and their community as they found the sessions useful and relevant to their lives. This volunteerism helps to improve change.

> **Adolescent participant:** *"I shared [what I learned] with my sister ... She has her own family. I shared what a good family is. When I came back from studying, she asked what I got from studying. I told her that I learned how to create happiness in the family. Then she told me to tell her [more]. After she listened to what I said, she added more (of her own ideas)".*

> **Female caregiver:** *"In the past, I've never asked [my children] if there were any problems with their schooling or not, if they had a fight with their friends or not, and what they did during their free time. When I use nicer language with them, it's easier to communicate with them, because we don't just order. We also use reasoning".*

> **Male participant:** *"After I've stopped using violence, we learn how to help with each other's work. Say if my wife goes to the market, I'll cook the rice, wash the dishes. Whatever it is, I'll do. We don't just wait and expect the other to do it. That's called gender equality".*

Policy recommendations

Expand and scale-up the intervention model

The significant achievements produced by the VAWG primary prevention with adolescents and caregivers suggest replicating this intervention:

a. Scale-up plans need to be developed by the Ministry of Women's Affairs (MoWA) to reach a critical mass of people, as this intervention is part of key strategic areas of NAPVAWII 2014–2018.
b. Orientation workshops about the intervention's overview to include more relevant stakeholders, such as the Provincial Department of Women's Affairs and other departments in other provinces and civil society organizations, are necessary and important.
c. Workshops to guide stakeholders who are interested in the intervention on how to use the facilitator manuals for both adolescents and caregivers, which are one of the key materials of the intervention's implementation, should be also considered.
d. MoWA to cooperate with resource persons who have already been trained by the intervention, such as community facilitators, the national facilitator team and technical staff from UNFPA to head up and organise additional training sessions.
e. The scale-up plans should consider whether and how diffusion of knowledge outside of families might be further supported and promoted utilizing volunteerism activities to help drive expansion and scale-up within communities. The endline report showed that adolescent and caregiver participants engaged in organizing volunteer activities to build safe, more equitable and non-violent communities. Volunteerism can also contribute to build ownership in leading community activities to foster community participation and initiatives in addressing issues related to violence against women in the community as well as to expand the impact of the project.
f. Scale-up plans should consider lessons learned regarding the mobilization and selection of community facilitators and participants by exploring a variety of strategies to engage more men as participants in caregiver and adolescent groups and as community facilitators.
g. Sufficient coaching and technical support on participatory methodologies and contents to community facilitators should be carefully considered in the scale-up plans to ensure transformation processes through sessions within a 12-month period.

Synergies with existing programmes and initiatives

The Ministry of Women's Affairs (MoWA) could look for an opportunity to cooperate with this VAWG primary prevention intervention with adolescents and caregivers with existing programmes of their provincial line departments and local and international non-governmental organizations beyond Prey Chhor district, Kampong Cham province. A number of initiatives relating to promoting gender equality or women's economic empowerments have been implemented in Cambodia. MoWA could identify those existing initiatives and explore how to link them with this VAWG primary prevention intervention. It could be also possible to synergize components of interventions with caregivers in the women's economic empowerment programme or parenting programme funded by UNICEF, for example. The synergy plans should ensure that participatory approaches of intervention with caregivers are not compromised and sufficient training and coaching on approaches and contents of community sessions related to caregivers for facilitators are crucial.

Interministerial collaboration to integrate relevant sessions

MoWA could also explore cooperation with relevant ministries to streamline relevant sessions into their programmes:

Ministry of Education, Youth and Sport (MoEYS)

MoEYS is currently revising the national curriculum for grades 5 to 12 to integrate comprehensive sexual education, with curriculum materials for teachers and students and a capacity development plan that is to be implemented up to 2030. This could be an opportunity for MoWA to engage and review which relevant session topics could be streamlined into this curriculum reviewing process. Moreover, MoWA can also introduce the intervention that relates to young adolescent girls and boys into school programmes. Currently, girl councils at many primary schools were established to providing support to girl students as well as to serve as a channel to report VAWG incidents in schools. However, engagement of boys remains limited. Thus, the establishment of advocate clubs and groups for addressing violence at school should be also considered and introduced as a complement to girl councils in primary schools. In addition, MoWA could navigate with civil society organizations who are working with out-of-school adolescents on comprehensive sexual education to include relevant sessions for adolescents to out-of-school adolescents. This collaboration is one of the key sub-strategies under the second National Action to Prevent Violence Against Women (NAPVAW II).

Ministry of Cults and Religion (MoCR)

Religious leaders or groups play vital roles in teaching communities and shaping their behaviours in connection to religion. MoWA could seek an opportunity to work closely with the Ministry of Cults and Religion (MoCR) to enhance the understanding of religious leaders on promoting equitable gender attitudes and non-violent behaviours in relationships, particularly to introduce relevant sessions from the manuals of caregivers and adolescents. Thus, religious leaders or groups can preach by incorporating the concepts and perspectives to raise awareness to communities. MoWA can discuss with MoCR to streamline promoting equitable attitudes and non-violent relationships through formal religion education programmes or in the extra-curriculum for religious leaders.

Resource mobilization

MOWA should maintain the priority to mobilize resources for the primary prevention of VAWG in the upcoming NAPVAW and ensure that it is properly costed. MOWA should use this evidence and advocate with the Ministry of Economic and Finance (MoEF) to allocate the national budget to implement the scale-up plan in other parts of the country.

The Ministry of Women's Affairs should collaborate and provide technical support to the Provincial Department of Women's Affairs in provinces to prepare plans and programmes by scaling up this VAWG primary prevention intervention with adolescents and caregivers by advocating for increasing the national budget allocation. They can also seek funding from development partners and/or partnerships with other NGOs who are working to promote gender equality and combating violence against women and girls to implement this kind of the intervention.

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