Cambodia - Cambodia Women's health and life experiences 2015, Violence Against Women 2015

National Institute of Statistics

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Overview

Identification

ID NUMBER
KHM-NIS-VAW-2015-v1.0

Version

VERSION DESCRIPTION
Version 1.0. - Edited data for internal use only

PRODUCTION DATE
2015-01-11

Overview

ABSTRACT
Violence against women (VAW), in its many forms and manifestations, and across all settings, is a violation of human rights and fundamental freedoms. Around the world, many women experience violence regardless of age, class, race and ethnicity. Most of this violence is driven by the fact that they are women, and related to gender roles in society. Violence against women is predominately perpetrated by men, and most often by intimate partners. According to most recent global estimates, 35% of women aged 15 years or older globally have experienced physical and/or sexual violence during their lifetime (Devries et al., 2013; WHO, 2013). Intimate

partner violence is the leading cause of homicide in women globally (Stockl et al., 2013) and has many other major short- and long-term health consequences (WHO, 2013). The economic and social costs associated with VAW are significant, and global evidence shows that violence consistently undermines development efforts at various levels, affecting physical, human and social capital (WHO, 2005). In Cambodia, the state of research on violence against women points toward widespread experiences of violence across the country (CDHS, 2012; Fulu et al., 21013). Women of all cultures and classes are subjected to many forms of physical,

psychological, sexual and economic violence. This includes, but is not limited to intimate partner violence (IPV), rape and sexual assault, sexual harassment, acid violence and trafficking (MoWA, 2008). The Royal Government of Cambodia (RGC) has made a strong commitment to addressing violence against women by introducing a number of legislative and policy reforms including domestic

violence legislation and a national action plan. Cambodia has demonstrated its strong commitment to promoting gender equality and ending VAW by ratifying several core international human rights conventions. In addition, there is widespread recognition among

Cambodian government leaders that having quality data on the prevalence and health and other consequences of different forms of VAW is essential to increase awareness, inform evidencebased programming and policies, including the NAPVAW, and to monitor progress in the implementations of such interventions. Between 2014-2015, to fill the identified knowledge gaps, the Royal Government of Cambodia with support from the World Health Organization (WHO) and UN Women conducted a national

prevalence study using the WHO multicountry study methodology. This methodology was selected because it has been widely used and is known to produce reliable data, that can be used for cross-country comparisons, and it adheres to internationally recognized

ethical and safety standards.

Specific Objectives:

Among specific objectives, the following deserve special mention:

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

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

IDENTIFY FACTORS that may be associated with either reducing (protective factors) or increasing (risk factors) women's risk of hysical and/or sexual intimate partner violence; DOCUMENT THE STRATEGIES and services that women use to cope with violence by an intimate partner.

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

INCREASE AWARENESS about and sensitivity to partner violence among researchers, policymakers and health care providers;

CONTRIBUTE TO THE DEVELOPMENT of a network of people committed to addressing

KIND OF DATA
Sample survey data [ssd]

UNITS OF ANALYSIS
Households

Individuals

The data were analysed by WHO using STATA 14. Mean values, frequencies and proportions are presented with exact

95% confidence intervals for binary data. Univariate logistic regression was used and multivariable logistic models were

developed to test associations between IPV and different health measures.

Scope

NOTES
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TOPICS

Topic	Vocabulary	URI
Health	World Bank	

Coverage

GEOGRAPHIC COVERAGE
National

UNIVERSE
All resident households in Cambodia

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

Name	Affiliation
National Institute of Statistics	Ministry of Planning

FUNDING

Name	Abbreviation	Role
UN WOMEN	UNWOMEN	Funding
THE MINISTRY OF WOMEN'S AFFAIRS	MoWA	Execution
THE NATIONAL INSTITUTE OF STATISTICS	NIS	Execution

Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
Saint Lundy	SLD	National Institue of Statistics	Archivist

DATE OF METADATA PRODUCTION
2015-01-11

DDI DOCUMENT VERSION
version 1.0 (January 2015) -The first documentation of the survey

DDI DOCUMENT ID
DDI-KHM-NIS-VAW-2015-v1.0

Sampling

Sampling Procedure

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

- The results achieved on VAW 2015 sampling design is already completed and describes as follows:
a.Two level of survey results will be produces as: first at National level and second sub-national (Urban and Rural)
b.Survey methods of VAW 2015 were designed bases on the three- stage stratified cluster sampling.
b1. First stage: selected the sample Enumeration area consisting of 200 sample EAs
b2. Second stage: selected the sample households consisting of 4,000 households
b3. Selected the sample Women consisting of 4,000 eligible women

Response Rate

Eligible woman response rate: 98%
Household response rate: 99.5%
Household refused: 0.5%

Weighting

The sampling weight for each household in ith EA of stratum h is the inverse of its
overall selection probability of one and two stages:
Whij=1(P hi x P hij)
The sampling weight for individual women in each sample household in ith EA of stratum h is the inverse of its overall
selection probability of all stages:

Whij=1(P hi x P hij x P hijk)

Sampling weights will be adjusted for household non- response and as well as for individual nonresponse in order to get the
survey weights. A spreadsheet containing all sampling parameters and selection probabilities will be prepared to facilitate
the calculation of survey weights. Several sets of survey weight will be calculated:
- Individual women weight
- Households weight
The differences between the household weights and the women weights are introduced by individual non-response. The
violence against women weight takes the number of eligible women in the household into account because of the selection
of only one woman per household. The final survey weights will be normalized in order to give the total number of
unweighted cases equal to the total number of weighted cases at national level.

Note:
P1hi: first-stage sampling probability of the ith EA in stratum h
P2hij: second -stage sampling probability of the jth sample household in ith EA in
stratum h
P3hijk: third -stage sampling probability of the kth sample women in jth sample
household in ith EA in stratum h

Questionnaires

No content available

Data Collection

Data Collection Dates

Start
2015-04-01

End
2015-06-06

Cycle
N/A

Time Periods

Start
2015-04-01

End
2015-06-07

Cycle
N/A

Data Collection Mode

Face-to-face [f2f]

Data Collection Notes

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

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

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

Data Collectors

Name	Abbreviation	Affiliation
National Institute of Statistics	NIS	Ministry of Planning

Data Processing

Data Editing

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

Data Appraisal

Estimates of Sampling Error

Sample size calculations:
Z (95% Confidence Interval), the value of 1.96
P = 30%. In many countries were data are available, lifetime intimate partner sexual violence often reaches 25-30% and lifetime intimate partner physical violence is 65-70%. In a normal distribution the highest variance for a factor would be at the 50%
level (resulting in needing a very large sample) and the lowest variance would be at the extremes (needing the smallest sample). We compromise at 30% which is identical to assuming 70% so the resulting sample size is large, but not unmanageable.
DEFF = 2. We have used this value for all the national surveys, to date.
E = 0.02291. We calculate the sample size using margin of error 2.291%.

The sample size results are as follow:
Confidence Level :1.96
Margin of Error (MOE): 0.02291
Baseline levels of the indicator: 0.3
Design effect (Deff): 2
Sample size (n) - Female: 3,074