អង្គការសហគមន៍តាំងតន្លាត
Sahmakum Teang Tnaut Organization • a Cambodian Urban NGO

Facts and Figures #45 December 2021

Urban Poor Women's Stories
COVID-19 Edition

អង្គការសមគមចាងត្នោត

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Sahmakum Teang Tnaut (STT) was found in 2005 and officially registered in 2006 as a local NGO supporting urban poor communities. STT started as a small NGO that focused on technical upgrades in poor communities and since grown to produce community maps, research and advocacy in order to achieve its goal of helping urban poor and vulnerable communities realize their rights to land and housing.

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I. Overview

This research is a continuation of the 2019 Urban Poor Women's Stories[1]. Since the start of the COVID-19 pandemic, the lives of countless women living in the urban poor communities of Phnom Penh have been drastically impacted; and this research aims to assess the specific effects of the pandemic, on this target group.

Urban poor women often lead the way towards the realization of land and housing rights for their communities. However, they face many challenges largely because they are women, a situation which has been exacerbated due to the COVID-19 pandemic. Interviews were conducted with twelve women, from eight urban poor communities in Phnom Penh, facing the threat of eviction.

All of the women reported that they were unable to cover basic household needs such as food, medical fees, and loan payments, each month due to a significant reduction of income, resulting from the pandemic. As a result, their mental health has deteriorated significantly, leaving them feeling depressed.

Women who had family members test positive for COVID-19, faced further challenges, including being prohibited from leaving their homes for a minimum of 14 days, facing discrimination and harassment from other community members, as well as being neglected by the authorities. Some of the women who tested positive were not taken to a treatment center or provided with medical care, and left to their own devices, confined to the four walls of their homes for weeks on end.

An overwhelming fear for many of the women was the recurring threat of eviction, which resulted in serious mental health problems. In the past, many of the women turned to activism, in order to advocate for their rights to land and housing. However, vague laws enacted to curb the spread of COVID-19, have been used by the authorities as a pretext to target and detain activists in recent months. This has made many of the women become increasingly fearful of reprisals from the authorities, leaving them hopeless and afraid, and preventing them from exercising their fundamental freedoms of expression and assembly.

[1]Urban Poor Women's Stories 2019, https://rb.gy/pbyi9s

II. Introduction

General COVID-19 Situation in Cambodia

As of 30 November 2021, there have been a total of 120,112 confirmed cases of Coronavirus (COVID-19), including 2,935 deaths, recorded in Cambodia[2]. After recording only 326 cases and zero deaths in all of 2020, an outbreak involving a new strain of the virus propelled Cambodia into its third and worst local outbreak, in February 2021[3]. In order to curb the spread of the virus, the government imposed a number of measures including bans on large gatherings and interprovincial travel, nightly curfews, work from home orders, school closures and lockdowns[4].

A. COVID-19 and Urban Poor Communities

Phnom Penh has been particularly hard-hit by the COVID-19 pandemic, which will almost certainly change the landscape in lasting ways[5]. Managing the unprecedented surge in cases while surviving the preventative restrictions imposed in order to control the spread of the virus, is especially grueling and practically impossible in the working-class or poverty -stricken communities of Phnom Penh, where people live in dilapidated housing, many families confined to a single dwelling and often without access to clean water, sanitation or electricity[6]. Most urban poor community members are employed in the informal sector, as vendors, garment factory workers, waste pickers and construction workers; often scraping by to survive on a good day. Even before the pandemic, poor Cambodians had been struggling to make ends meet, but with the country's key economic pillars, such as tourism and garments, having been hit severely, informal workers have no options to make a living or to feed their families[7]. Majority have either lost their jobs or noticed a decrease in their income due to COVID-19, facing major challenges in making rent, utility and loan payments while having no access to unemployment assistance[8]. Longstanding low incomes have been compounded by lockdown measures, with many reporting to have no food or incomes[9]. Reports show that at the height of the lockdown, many households did not have any food to support their families and were caught between the threat of contracting the virus versus the threat of starvation[10]. In times of crisis, the poorest members of the population are more vulnerable to increase their indebtedness, creating a perpetual poverty cycle and resulting in long-term vulnerability. In 2021, approximately 300 urban poor community members in Phnom Penh[11], tested positive for COVID-19, exacerbating their vulnerability.

B. Impacts on Urban Poor Women

Urban poor women are especially impacted in a crisis situation, and disproportionately face the consequences of strained resources and limited institutional capacity[12]. In a pandemic situation where many community members have incurred significant financial losses, women face further challenges[13]. According to the Cambodian Ministry of Women's Affairs "women and girls were significantly more affected than men and boys, experiencing loss of income, gender-based violence, lack of access to education, and health services, as well as increased responsibilities."[14] Women in urban poor communities are employed exclusively in the informal sector, working low-paid, temporary, strenuous and exploitative jobs[15]. Many are garments workers who were laid off without sufficient notice or compensation due to hundreds of garments factories incurring significant loses[16]. Although they are on the frontlines of the pandemic, they receive limited support from the government, are poorly equipped, uninsured and in harm's way of infection[17].

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[2]Worldometer. (2021, December 19). Cambodia coronavirus cases. https://www.worldometers.info/coronavirus/country/cambodia/
[3] World Health Organization. Cambodia Coronavirus Disease 2019 (COVID-19) Situation Report #44. 03 May 2021: file:///C:/Users/User/Downloads/covid-19-joint-who-moh-sitrep-44.pdf
[4] Ibid.
[5]Andrew,H., & Sopheavuthtey, B. (2021, April 26). The poor won't survice: lockdown hits Phnom Penh's hand to mouth workers. Globe. https://southeastasia-globe.com/phnom-penh-lockdown/
[6] STT Internal Database.
[7]Andrew,H., & Sopheavuthtey, B. (2021, April 26). The poor won't survice: lockdown hits Phnom Penh's hand to mouth workers. Globe. https://southeastasia-globe.com/phnom-penh-lockdown/
[8]Ibid.
[9]Michael, D. & Sony, O. (2021, May 13) Survey Finds Majority in Vulnerable Communities Reported Food Shortages. VOD. https://vodenglish.news/survey-finds-majority-in-vulnerable-communities-reported-food-shortages/
[10]Ibid.
[11]STT Monitoring Reports.
[12]Ginette, A., Antra, B. & Robert, N. (2020, May 14). Covud-19 exposes the harsh realities of gender inequality in slums. UN WOMEN. https://data.unwomen.org/features/covid-19-exposes-harsh-realities-gender-inequality-slums
[13] Ibid.
[14] https://www.mowa.gov.kh/en?s=covid
[15] STT. Urban Poor Women's Stories. July 2019.
[16] Sineat Yon, DW. (2020, April 30). Cambodia: Over 130 garment factories suspend their operation & lay off around 100,000 workers; workers raise concerns over livelihoods & lack of support from brands. Business & Human Rights Resource Centre. https://www.business-humanrights.org/en/latest-news/cambodia-over-130-garment-factories-suspend-their-operation-lay-off-around-100000-workers-workers-raise-concerns-over-livelihoods-lack-of-support-from-brands/
[17] Ibid.

III. Research Methodology

Overall Objective

To assess the impacts of COVID-19 on urban poor women, especially challenges they faced in terms of their physical and mental health. This report employs a mixed-methods approach, including semi-structured interviews of urba poor women, a literature review including legal analysis, and a focus group discussion (FGD).

Literature Review

A literature review of the relevant research and leg¬islation, was conducted. This was done to identify gaps in the literature, to provide context for the findings of this research, and to provide a legal framework against which women's rights could be assessed. The literature review includes a brief legal analysis of national legal frameworks including, international human rights law and relevant national laws and policies.

Date Collection

Data collection took place between the months of October and November 2021, by interviewing 12 urban poor women in 8 urban poor communities in Phnom Penh[18]. The respondents selected for the interviews, were between 23 and 68 years old, with the majority (42%) being in the 36 to 45 age range.

The interviews were conducted to assess the level of impact COVID-19 had on the physical and mental health of urban-poor women in Phnom Penh. The interview process used semi-structured questionnaires to discuss key issues faced by women during the pandemic, and allowed flexibility to the researchers to discuss other issues as they arose throughout the interview. In addition, the research process allowed the participants to exert some control over the narrative by highlighting other information they found relevant. Due to the ongoing outbreak of COVID-19 in Cambodia, researchers conducted the interviews through phone calls with the women.

As this research is a continuation of the 2019 Urban Poor Women's Stories, the 8 women who were interviewed previously were selected to participate. The other respondents were selected based on a criteria developed by the researchers which included key considerations such as whether they had tested positive for COVID-19. The research tools developed and utilized for this assessment, was aligned with the research and overall objective and data collection was carried out by STT staff members. Ethical considerations were taken into account during the interviews, especially considering the sensitive nature of some of the questions. Informed consent of the interviewees was taken prior to data collection.

Following data cleaning and analysis, confirmation and validation of the findings, was then conducted during an FGD with 11 of the 12 respondents. The FGD was held in-person on 08 December 2021.

Limitations

This research is not presented as statistically representative of the challenges faced by all urban poor women in Phnom Penh, as it did not use a household based-survey but rather favoured a more generalized approach to studying the impacts of COVID-19 for specific women in selected communities. This report makes its findings based only on the 12 women in the 8 communities surveyed. In addition, researchers were heavily reliant upon the answers of respondents for data. As such, the report is only as truthful as the respondents who chose to participate in the research. Given some aspects of the questionnaire were highly sensitive, such as the gender-based violence questions, it is possible some respondents did not wish to share such personal information. As such, this study should be used to outline the main trends in the processes and the researchers acknowledge that it is possible that urban poor women who were not interviewed from the communities studied, could disagree with findings based on their individual experiences.

Legal Framework

A. National Law

The Cambodian Constitution guarantees various economic, social and cultural rights including the right to an adequate standard of living and the right to health. Cambodia is also party to eight of the nine core human rights treaties[19], six of which obligate the government to provide safeguards for the urban poor, especially women[20]. Article 31 of the

[18] Beoung Chhou, Beoung Chhouk Meanchey Thmey 2, Borey Keila, Phum 21, Prek Takong 60m, Samaki Rung Reoung, Smor San, Trapang Rang

[19] International Covenant on Economic, Social and Cultural Rights (ICESCR), International Covenant on Civil and Political Rights (ICCPR), International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), Convention on the Elimination of Discrimination against Women (CEDAW), Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) Convention on the Rights of the Child (CRC), Convention on the Rights of Persons with Disabilities (CRDP), Convention for the Protection of All Persons from Enforced Disappearance (CED).

[20] UNITED NATIONS HUMAN RIGHTS. (2007 July 25). Decision of the Constitutional Council regarding the Law on Aggravating Circumstances for Felonies and the Convention on the Rights of the Child. https://cambodia.ohchr.org/en/rule-of-law/overview

Constitution explicitly incorporates provisions related to various international human rights instruments, directly within Cambodian national law:

"The Kingdom of Cambodia recognizes and respects human rights as stipulated in the United Nations Charter, the Universal Declaration of Human Rights and the covenants and conventions related to human rights, women's rights and children's rights."[21]

The right to an adequate standard of living for Cambodians is guaranteed in Article 52 of the Constitution:

"The State shall give priority to improving the welfare and standard of living of citizens."[22]

In addition, the right to health care is recognized in Article 72 of the Constitution:

"The health of the people shall be guaranteed. The State shall pay attention to disease prevention and medical treatment. Poor people shall receive free medical consultations in public hospitals, infirmaries and maternity clinics."[23]

Women's rights are also embedded within the Constitution. While Article 45 of the Constitution, includes clauses which highlight various rights women in Cambodia are guaranteed[24], Articles 46 and 73 highlight specific responsibilities of the state towards women. Article 46 obligates both the State and society to "provide opportunities to women, especially for those living in rural areas without adequate social support, so that they can obtain employment and medical care, send their children to school and have decent living conditions."[25] While Article 73 is more specific to women with children:

"The State shall establish nurseries and help support women who have numerous children and have inadequate support."[26]

However, despite having various economic, social and cultural rights embedded directly within the Constitution of Cambodia, there is limited enforcement of these provisions. The majority of urban poor community members, especially women are unaware that these protections even exist[27].

B. Covid-19 Laws

In response to the pandemic, the RGC introduced various measures to control the spread of the virus including a series of COVID-19 laws which were enacted in quick succession, without adequate consultation from relevant stakeholders. Rights groups have expressed serious concerns regarding the laws, namely the State of Emergency Law[28] and the Law on Measures to Prevent the Spread of Covid-19 and other Serious, Dangerous and Contagious Diseases (COVID-19 Law)[29].

Both laws contain overly broad and vague provisions which aim to impose criminal punishments, including fines and prison sentences, on people who violate health, administrative, or other measures related to preventing the spread of the virus[30]. The COVID-19 law was routinely used to legitimize the escalation of threats, intimidation and harassment against community activists by the government authorities and completely extinguish freedom of expression, association and assembly[31]. With penalties ranging from 3 to 20 years, land activists – who are primarily women – were dissuaded from fighting for their land and housing rights[32].
The International Covenant on Civil and Political Rights (ICCPR), to which Cambodia is a state party, allows countries to adopt exceptional and temporary restrictions on certain rights that would not otherwise be permitted but the measures must be those "strictly required by the exigencies of the situation."[33] Such measures restricting human rights should be provided for by law, not discriminate, and be necessary and proportionate to meet the public health crisis[34].

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[21] Kingdom of Cambodia. The Constitution of The Kingdom of Cambodia. 21 September 1993. Article 31.
[22] Kingdom of Cambodia. The Constitution of The Kingdom of Cambodia. 21 September 1993. Article 52.
[23] Kingdom of Cambodia. The Constitution of The Kingdom of Cambodia. 21 September 1993. Article 72.
[24] Kingdom of Cambodia. The Constitution of The Kingdom of Cambodia. 21 September 1993. Article 45.
[25] Kingdom of Cambodia. The Constitution of The Kingdom of Cambodia. 21 September 1993. Article 46.
[26] Kingdom of Cambodia. The Constitution of The Kingdom of Cambodia. 21 September 1993. Article 73.
[27] STT. Urban Poor Women's Stories. July 2019.
[28] Open development Cambodia. (2020, April 29). The law governing the country is in a state of emergency. https://data.opendevelopmentcambodia.net/km/dataset/law-on-the-management-of-the-nation-in-emergencies
[29] Ministry of Interior. (2021, March 11). Law on measures to prevent the spread of Covid-19 and other deadly and dangerous diseases. https://www.interior.gov.kh/document/detail/1033
[30] Human Rights Watch. Cambodia: Scrap Abusive Covid-19 Prevention Bill. March 2021.
[31] Business & Human Rights Resource Centre. (2020, April 3). Cambodia: Rights groups concern over arrests & harassment of individuals, activists and journalists during COVID-19 pandemic. https://www.business-humanrights.org/en/latest-news/cambodia-rights-group-concerns-over-arrests-harassment-of-activists-amid-the-covid-19-pandemic-measures/
[32] Cambodian League for the Promotion and Defense of Human Rights (LICADHO). Two Community Reps Arrested, Charged over Covid Law. 28 August 2021.
[33] Human Rights Watch. Cambodia: Scrap Abusive Covid-19 Prevention Bill. March 2021.
[34] Ibid.

To make matters worse, despite the deterioration of the COVID-19 situation in Cambodia in early 2021, forced evictions continue to be carried out in blatant disregard for the human rights of evicted citizens, especially their right to adequate housing[35]. Despite calls from civil society to cease forced evictions and preserve citizens' housing in light of the ongoing global health crisis, several urban poor communities received eviction notices to vacate within one month[36].

Although various policies have been adopted to provide COVID-19 relief, they have not been implemented. The National Bank of Cambodia (NBC) issued a circular instructing banks and financial institutions to restructure loans in order to ease the burden on borrowers during the COVID-19 crisis,[37] however, majority of urban poor community members are unaware of the circular and have had to make monthly debt payments[38]. There have also been various mechanisms implemented in order to provide cash subsidies such as the ID Poor Program as well as the Inter-Ministerial on the Implementation of Cash Support Program for Pregnant Women and Children Under 2 Years Old to improve the well-being of mothers and babies and to contribute to solving the malnutrition of children in poor families[39]. The ID Poor program has provided much needed cash allowances to poor families, however, most urban poor women have not benefitted from the cash support program for pregnant women and children[40].

C. Laws Specific to Women

The Law on the Prevention of Domestic Violence and the Protection of Victims was adopted in order to "prevent domestic violence, protect victims and strengthen the culture of non-violence and the harmony within the households in society in the Kingdom of Cambodia."[41] Cambodia is also party to The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)[42], which is aimed at addressing a number of barriers to women's equal rights such as employment, healthcare and economic and social life. However, urban poor women are often unaware that are legally entitled to protections under the law[43].

[35] Cambodian Center for Human Rights. Fact Sheet: Forced Evictions In Cambodia During Covid-19. October 2021.
[36] Ibid.
[37] Regulations of the Royal Government, https://opendevelopmentcambodia.net/wp-content/blogs.dir/2/files_mf/158642866992.jpg"
[38] STT Monitoring Reports.
[39] Prakas Inter-Ministerial on the implementation of cash support program for pregnant women and children under 2 years old
[40] STT Monitoring Reports.
[41] Prakas Inter-Ministerial on the implementation of cash support program for pregnant women and children under 2 years old
[42] Convention on the Elimination of All Forms of Discrimination against Women, https://cambodia.ohchr.org/kh/podcasts/episode-30-cedaw-tool-protection-hte-rights-cambodian-women
[43] STT. Urban Poor Women's Stories. July 2019.

IV. Key Finding

1. Physical health

A. Living conditions

The physical health of urban poor women is directly correlated to their abysmal living conditions. 67% of the respondents stated that their physical health was impacted by their living condition. The causes cited by the respondents include flooding, lack of waste management, inadequate drainage systems and air pollution.

The majority of the urban poor communities in Phnom Penh are inundated with flood waters every rainy season. The flood waters are often contaminated with sewage and garbage, due to the woefully inadequate drainage systems in the communities; and can take up to three weeks to recede. 81% of the women interviewed were housewives, as many of them lost their jobs due to the pandemic. As a result, women are more likely to be in contact with contaminated water than men, while caring out responsibilities such as cleaning, cooking, looking after children, shopping for the family and ferrying children to school. 42% of the respondents expressed concerns of skin diseases resulting from wading through flood waters every time they exited their homes. In addition, due to their household responsibilities, women spend a significant amount of time at home, within their respective urban poor communities. The densely populated nature of the communities, and public interaction for prolonged periods of time, increases their exposure to COVID-19, as well as other viruses. Access to adequate sanitation and functioning toilets is also a key concern for urban poor women. Majority of urban poor communities lack functioning drainage systems, resulting in issues with toilets and rendering them unusable. As a result, one of the women interviewed, frequently has to use her neighbours' toilets, which have been constructed on higher ground. She cited that it puts her in an uncomfortable position and many of the single women feel especially embarrassed when they find themselves in that situation. The majority of the women interviewed (75%), were also concerned about the lack of waste management in their communities. Urban poor communities are often neglected by waste collection companies, receive no guidance or trainings on waste management from local authorities and have low literacy rates, leading to garbage being strewn throughout the communities, contaminating the water and acting as hotspots for diseases. One of the respondents cited breathing problems due to air pollution and construction dust from a development project adjacent to her community. 36% of the women reported having chronic illnesses, which resulted from their poor living conditions.

Flooding in an urban poor community 3 weeks after it rained

B. Food Insecurity

Majority of the women interviewed (64%) have a household income between $101USD to $200USD per month, on average. While 33% of the respondents earn less than $100USD per month. Table 3 below highlights the correlation between the level of income of the respondents and the number of children they have.

Table 1: Level of income versus number of children

	Less than $100	$101 to $200
One Child	1	0
Two to Three Children	3	1
More than Three children	6	1
Total	10	2

All of the respondents stated that their monthly income is insufficient to meet the needs of the household, each month. Majority of their income is spent on food and utility bills, with the remaining amount split between other expenses primarily children's school fees, debt repayments and medicine.

Of the women interviewed, women who were widows (36%) were some of the most vulnerable. 50% of the widows cited earning less than $100USD per month with three or more children dependent on them.

COVID-19 has resulted in food insecurity and led to serious consequences on the nutrition of women in urban poor communities, resulting in malnutrition in some cases. As community members typically have no savings or saving groups, they have had to reduce their consumption of key commodities to survive or placed themselves into precarious situations for money, such as taking out further loans with money lenders or taking up dangerous jobs. This is a direct consequence of simply not having a sufficient daily calorific consumption, coupled with women always eating last after feeding the entire family. Many urban poor women end up skipping meals and eating only one meal on some days. As funds are limited, households are only able to spend for the basics such as rice, oil, noodles and canned fish. Meats, vegetables and dairy are luxuries which cannot always be afforded, resulting in nutrition deficits from unbalanced diets.

C. Access to Affordable Healthcare

Although majority of the women interviewed reported that they seek treatment at a hospital or clinic for serious illnesses or medical concerns; 27% of women stated that they do not seek medical treatment as they are unable to afford the fees. Instead, go to the pharmacy for over the counter medication and treat themselves at home. There has been an increase in women seeking medical care, over the last year, due to concerns over contracting COVID-19. So, despite not being able to afford the fees, most women would prefer to consult a doctor in order to confirm that they have not contracted COVID-19.

Development adjacent to the community which caused one woman to have breathing problems

The woman who has difficulty breathing due to the development project adjacent to her community stated that her physical health has been deteriorating, due to the continuous exposure to the construction dust, but since she cannot afford to pay for hospital bills, she takes over the counter medication. However, the medication has not been very effective. The one woman who stated that her life had improved as a result of the loan she took out, needed the money to pay for her husband's treatment. She is currently struggling to repay her debt, but as she had no other options to cover the hospital expenses, she maintains that it was worth it to save her husband's life.

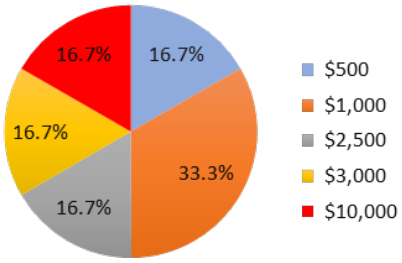
2. Mental health

Urban poor women face many challenges on a daily basis, which affect their mental health. According to the respondents, their main concerns are related to lack of income, COVID-19 protection measures and land insecurity.

A. **Lack of Income and Debt**

All of the urban poor women interviewed stated that their mental health had deteriorated as a result of the COVID-19 pandemic, with loss of income being the primary factor. 100% of the women reported feeling depressed due to a lack of funds to meet basic household expenses such as food, medical fees, and loan payments. 45% of the respondents reported feeling concerned that their source of income was unpredictable, as there are no permanent jobs available for urban poor community members – a situation which has only been exacerbated by the pandemic. 27% of the respondents stated that they are concerned about losing their jobs, as they live day to day, while 18% are fully dependent on family members to provide for them. Due to a significant loss of income, majority of the women expressed concerns that they are unable to access affordable and adequate medical care for their various health issues. The mental health of urban poor women is therefore suffering, as a result of their physical health.

58% of the women interviewed had taken out debt from microfinance institutions (57%), middle men (29%) or banks (14%) to make ends meet. The loans ranged from approximately $500USD to $3000USD on average, with one woman taking out a loan of a staggering $10,000USD.



Of the women who took out loans, all except one stated that their lives had worsened as a result of their loans. The women expressed concerns that as a result of the pandemic, their incomes dropped drastically and they have been struggling to feed their families, let alone make their debt repayments. To make matters worse, 71% of the women who took out loans, had to deposit collateral as a precondition to receive the loan. This severely impacts the mental health of the women as they are constantly stressed about making debt payments so that their possessions are not seized by the money lenders. In one case, one of the women withdrew a $10,000USD loan by using her land as collateral. The pandemic has incurred significant loses to their small business leaving them unable to make debt repayments. One of the women is unemployed and has to depend on her children to help her make debt repayments. But due to the pandemic, their incomes have also reduced, leading to an increase in interest, ultimately forcing her to take another loan from her relatives in order to repay the first loan.

B. Contracting COVID-19

Urban poor women, with low-incomes, faced significant challenges when they contracted COVID-19. 58% of the respondents tested positive for COVID-19. As part of the measures to prevent the spread of the pandemic, the local authorities taped off the homes of COVID-19 positive patients in Cambodia for a minimum of 14 days. After which point, they came to test all members of the family again. The tape was only taken off when everyone in the household had recovered and tested negative. In one case, one of the respondent's houses was taped off for 21 days. Those who tested positive for COVID-19 reported feeling depressed and afraid. They were unable to make an income for the duration of the time that their houses were taped off, and it was difficult to feed their families. In addition, as they were not allowed to leave their houses, accessing food and medication was difficult and they needed to rely on relatives or other community members for support.

According to the measures implemented by the authorities, most COVID-19 positive patients are taken to treatment centers where they are provided with medical care[44]. However, 43% of the respondents who tested positive were not taken to a treatment center, leaving them feeling helpless and scared.

[44] Human Rights watch. (2021, March 5). Cambodia: Scrap Abusive Covid-19 Prevention Bill. https://www.hrw.org/node/378099/printable/print

One of the women interviewed who tested positive for COVID-19 reported becoming so depressed during her quarantine that she was not able to sleep at night. Her entire family (husband and 2 children) were infected by COVID-19. Even after she recovered, she continued to feel depressed due to the significant decrease in her income. She also incurred lasting health effects as a result of the virus. In order to manage her depression, she bought over the counter medication (sleeping pills) to help her sleep.

50% out of those who tested positive reported that they were discriminated against by other community members during the time period that their houses were taped off. Majority of the other community members tried to distance themselves from taped off houses. The women stated that they felt hopeless and alone as their friends and neighbours turned against them, accusing them of bringing COVID-19 into the community, cursed them and even vandalized their houses.

Case study: COVID-19 Infection and Discrimination

Mrs Noy is 68 years old and has lived in an urban poor community in Phnom Penh since 1988. The COVID-19 outbreak has been especially challenging for her. Ming Noy's son-in-law tested positive for COVID-19 at his workplace, earlier this year and was sent to a treatment center in Koh Pich:

"The authorities came to our house and tested all 13 of my family members for COVID-19. They then put red tape around the house, temporarily closing it and forbidding us from leaving our house. A few days later, we received a phone call from the hospital that my grandson (8 years old) and I were positive for COVID-19. I was really upset, I couldn't sleep well and I was really afraid. During that time, I was so worried about my family members because all my grandchildren are still young and if they contract the virus it would be really hard for them. I was also worried about money because we all depend on my son-in-law's income. I was really scared and worried, I didn't know what to do because I my health is not good and the hospital did not take me to a treatment center or give me any medication. The hospital told me to stay at home and the illness will go away on its own. So I stayed at home, drank hot water, lemonade, ginger juice and took medication that I bought from other community members. I have been living in this community since 1988, but a number of in the community looked at my house in fear and did not dare to ask me about my health until after I tested negative and the authorities opened my house again. Some of them would ask my neighbours who would bring us food "Why did you buy food for her, aren't you afraid of getting infected with COVID-19 from her?" The authorities came to test us again after 17 days, when everyone in my family tested negative, I was so relieved and happy and thanked them for opening my house again!"

Mrs Noy's house in which she had to quarantine with 13 of her family members

Case study: Mental Health and Discrimination

Mrs Mao is a widow living in an urban community in Phnom Penh, who was under a lot of stress when she had to quarantine at home as a result of her son-in-law testing positive for Covid-19. “When I came back from selling fish, I saw the authorities closing my house. I fell to the ground and started crying wondering what was happening to my house. Even though I tested negative for COVID-19 they closed my house off because one member of my family was positive. They said I had to quarantine and check my health for 14 days before they would let me out. I used to sit and watch the road through the window during the quarantine, worrying about how to get food and money for my family. The experience was so horrible that after I got out of quarantine I become anxious and paranoid and started to argue with my children whenever they went outside because I was afraid that they might be infected and out house would be taped off again.”

Mrs Mao also faced discrimination from her own community members, despite living there for decades. “One day I saw more than ten people on motorbikes stop next to my house. I heard them say, this house has COVID-19, let’s destroy it. At night, a large group of gangsters showed up and started throwing stones at my house. It made us really scared because we could not leave. Why were they throwing stones at my house? They also threatened to set fire to my house. It made me very worried and afraid. I told the authorities but they did not do anything. When I was finally able to leave my house, people would stare, point at me and tell their friends that we are the people who brought COVID-19 to the community.

Mrs Mao’s house

3. Land Insecurity

All of the respondents experienced serious mental health problems due to the recurring fear of eviction. Only one of the 12 women interviewed had land titles. The lack of land titles resulted in the women feeling constantly stressed regarding their future. As a result, 73% of the women interviewed decided to become land activists, in order to advocate for their rights to land and housing. All but one of the women who became land activists, are fearful of reprisals from the authorities. One woman was detained by police multiple times due to her advocacy efforts, while others are concerned that vague laws enacted to curb the spread of the pandemic, will be used as a pretext to prevent them from exercising their freedoms of expression. However, despite their fears and the fact that their advocacy efforts are often not favourably perceived by their families and other community members, the women maintain that they will continue their activism, as they have no other options. 62.5% of the activists, reported that their families did not support them and opted to wait for compensation or a better resolution from the authorities, however, the women disagreed and dealt with severe stress in being caught between their families, their communities and the authorities. One of the respondents stated that she hopes her efforts will protect her communities' land, because without their land, they have no home, no shelter and no income.

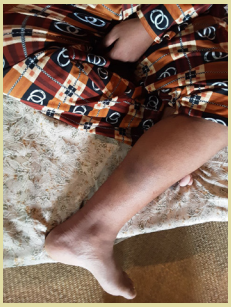
The mental health of the women is also affected by their living conditions, which is directly related to their land tenure status. Labelled as "illegal settlers," the authorities often refuse to address their concerns related to environmental issues such as improper waste management, flooding, inadequate sewage systems, and lack of access to clean drinking water, which ultimately lead to illnesses. Upgrading of infrastructure such as their housing or roads is often prevented by the authorities due to their land tenure status, causing additional stress. One of the women reported getting constant headaches from the smell of garbage and sewage, right next to her house.

4. Gender Based Violence and Harassment

Urban poor women are some of the most marginalized and vulnerable in society. As a result, they often face harassment, both in their homes and in their communities, with no protection from the authorities or safety nets. The lack of adequate lighting, combined with criminal activity and frequent fights, in their communities, serve to amplify their vulnerability and impact their mental health. Their houses are often dilapidated with poor structural integrity, and do not allow any protection from outsiders. Many of the women interviewed voiced fears of traffic accidents, harassment from drug ad¬dicts or criminal activity, and thieves, which have increased due to people losing their jobs as a result of the pandemic. The literacy rates in urban poor communities are often low, with most men having very traditional notions of gender roles. 55% of the respondents reported that they feel inferior to the men in their family, while 36% stated that they experienced harassment or abuse in their families or communities.

One of the women interviewed reported facing gender-based violence as a result of COVID-19. The woman stated that due to continuous psychological abuse she endures from her husband, her mental health is suffering and she is constantly in fear (see Case Study below).

Case study: Gender Based Violence



A middle-aged woman with four children, who lives in one of the urban poor communities in Phnom Penh is concerned that the abuse she faces at the hands of her husband is increasingly escalating. First it started off as psychological abuse but recently her husband has resorted to violence and started beating her. She blames COVID-19:

"I pick vegetables from a nearby lake to sell at the market to make some income for my family. I get around 15,000 riels ($3.75USD) to 20,000 riels ($5USD) per day. My husband lost his job because of COVID-19 so he takes his anger and frustration out on me. When I leave the house to pick vegetables from the lake, he accuses me of being unfaithful with other men in the community. This has been going on for months. One day in November, I went out to the lake and saw one of my neighbours. We spoke for around 20 minutes about how COVID-19 has been affecting us. But when I went home, my husband asked why it took so long. I answered him truthfully but he didn't believe me. He started yelling and accused me of having an affair. He was so angry that day, he started beating me and now my legs have bruises from how hard he hit."

When asked if she has any support she said, due to the abuse she faces, her mental health is suffering and she is constantly in fear, with no one to turn to. She said she has no other options but to collect vegetables from the lake to sell at the market, and face her husband's abuse, as she needs to feed her children.

"I love my husband very much, when he gets sick at the same time as me, I ask him to go to the hospital instead of me, because we cannot afford to pay medical bills for two people. I just stay home and take medicine. Sometimes I want to divorce him because of how much he hurts me but, I cannot because I have four children and I don't want to have another husband. A new husband will hurt my children and not accept them."

V. Conclusions

Based on the findings, urban poor women have faced intensified effects as a result of COVID-19, largely due to their status as women. Traditional gender roles effectively confine women to their respective homes and communities, exposing them not only to a greater risk of contracting the virus, but also to various challenges which affect their mental health. As urban poor women are primarily responsible for the everyday needs of the household, COVID-19 has increased the burden on them, and amplified their vulnerabilities. Majority of the respondents have had significant impacts on their physical and mental health as a result of food insecurity, inadequate living conditions and loss of income, which have further exacerbated their existing fears on their land tenure insecurity. In order to build back better from the socio-economic consequences which have resulted from the most recent outbreak in Cambodia, social protection mechanisms and land titling should be prioritized in order to ensure the most vulnerable and marginalized populations in society are not further impoverished.

VI. Recommendations

Examine all basic needs in urban poor communities and provide support to these communities, as is their responsibility as the government. Ensure access to food, water, sanitation and housing, for the most marginalized and vulnerable and put in place income security and social protection mechanisms in order to mitigate the economic impacts of the pandemic for urban poor women who are primarily employed in the informal sector.

Immediately impose moratoriums on all evictions, while amplifying efforts to provide land titling to urban poor communities to increase safety in the wake of the devastation of the pandemic by supporting their rights to land and an adequate standard of living.

Ensure the maximum available resources are used to make healthcare accessible without discrimination, available to all, affordable, appropriate, and of good quality. Take steps towards the provision of Universal Health Coverage and invest in healthcare in order to safeguard the right tohealth for everyone.

Suspend debt collection and interest accruals on loans, in order to adequately support groups which have been most affected due to loss of income, such as informal and independent workers.

Guarantee freedom of expression, so that information can be disseminated without suppression or censorship of speech. In addition, emergency powers should not be used as a basis to quash dissent, silence activists, or harass civil society, under any circumstances.

Provide infrastructure upgrades to protect women from harassment, especially the provisioning of electricity and lighting in urban poor communities.

Follow up on police complaints reported by urban poor women on violence and harassment and ensure safeguards are put in place for women affected by gender-based violence. Raise awareness on complaints mechanisms women can employ when faced with gender-based violence and encourage them to participate in discussions to promote equal rights for women and men.

អង្គការសហគមន៍ទាំងត្នោត

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