

Exploring Sexual Coercion within Marriage in Rural Cambodia

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Abstract

Sexual coercion within marriage includes any acts from forcing or attempting to force a spouse to engage in sexual behavior against his or her will. This can be through violence, threats, verbal insistence, deception, cultural expectation, or economic circumstance. Married women in Cambodia, particularly in rural areas, are bound strongly with the traditional gender norms and women's code of conduct (Chbab Srey). Chbab Srey requires the women to do household chores, stay at home, strongly respect their husbands, highly value their husband, and keep any spousal argument secret. This norm also requires women to be submissive in sexual matters.

The present study aimed to explore sexual coercion within heterosexual marriage in Aoral and Thpong districts in Kampong Speu, Cambodia. This exploratory qualitative study conducted in-depth interviews with 11 married women, aged 19 to 47, about their view and experience of marriage, their sexual lives within marriage, and experience of coercive sex within marriage. The research was thematically analyzed and eight themes were identified. The results showed that there was strong connection between traditional gender norms and women's coercive victimization within marriage in Cambodia. As a result of their coercive sexual experiences, the women experienced a lack of bodily autonomy and sexual desire. Participants who have experienced mild sexual coercion such as verbal coercion, psychological coercion or arousal coercion, are not able to acknowledge it as a problem because coercive sex was too tightly bound with traditional gender norms. However, the women still discussed experiencing some negative impacts on their psychological and physical health. For a few women who had experienced severe sexual coercion, they were capable to recognize it as an issue and therefore were more likely to use a variety of protective strategies in order to cope with it.

The current research concludes with some suggestions for further research to investigate the obvious connection between the traditional sexual scripts and men's sexual coercion with their intimate partners.

Key words: Sexual coercion within marriage, Women's code of conduct, Traditional gender norms, Coercive victimization, Protective strategies, sexual scripts

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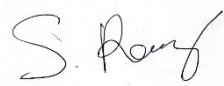
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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed: _____  _____

Date: _____ 19th June, 2017 _____

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Chapter one

Introduction

Cambodia is a developing country located in Southeast Asia. The current population is nearly 16 million people of which the female population is approximately 51 percent (Countrymater, 2016). The majority of Cambodian people live in rural areas and farm for a living. According to Food and Agriculture's report, 67 percent of the workforce in 2012 were employed in the country's agricultural resources (FAO Cambodia, 2014). Cambodia is a society with strong patriarchal and cultural traditions (Eng, Li, Mulsow & Fischer, 2010). Gender-based discrimination starts at infancy when baby boys and baby girls are regarded and treated differently. Baby boys are breastfed longer than baby girls, based on the belief that they need to grow stronger and become strong breadwinners as well as the future family decision makers (Smith-Hefner, 1999). The 2005 Cambodia demographic health survey found that nearly 50% of the participants thought that men in a family should make the important decisions without seeking the opinion of their wives (NIPH, NIS and ORC, 2006). Men are considered to be rational, strong and powerful people who are expected to make important decisions about their family, independently of their partner (Aveling, 2012).

Cambodian women

There are many barriers to women's participating fully at all levels of Cambodian society and culture in, for example education, health care, politics, social affairs and economic affairs. Women are considered as an inferior, subordinate, and as having a lower status in Cambodian society (Thun, 2009). The number of female students in upper secondary (41%) and tertiary education (around 33%) in 2007 has remained low (World Bank, 2012). The number of female university graduates is 20 percent (Yip, 2007). The rate of school dropouts for female students is high from the upper secondary level. Young women, especially in rural areas, are not encouraged to obtain a high level of education because they are expected to stay at home and do the household chores (Kasumi, 2006). For poor families, parents prefer to send a son to school rather than a daughter because a woman is not seen as the future family breadwinner (Thun,

2009). Her role is seen as a housewife after marriage and being financially supported by her husband. Education, as a result, is not seen as importance for women.

There are different gender norms and expectations when it comes to men and women. Men are viewed as strong, brave, decisive, superior and endowed with initiative (Thun, 2009). They are expected to play the dominant role of family leaders. Because of the discourse of masculinity, women are positioned as ‘opposite’ to men: vulnerable and submissive (Lilja, 2012). The well-established traditional ‘Cambodian code of conduct’ expects women to be patient, polite, and submissive to the men in their lives (Tarr & Aggleton, 1999; Smith-Hefner, 1999). Women are expected to respect, serve, and obey their husbands all times. Cambodian women are taught to be ideal woman through the poetry, proverbs and stories of Chbab Srey (Women’s law) and Srey Kruap Leakkh (virtuous women). Chbab Srey is a kind of poem that educates women to speak softly, make physical movement without making noise, sit with legs appropriately turned to the side, not to scream or yell, and to respect and please their husband (Eng et al., 2010). Women learn these rules from an early age from their family, society, and from school (Eng et al., 2010; & Lilja, 2008). The following are excerpts paraphrased in English from the Chbab Srey (Zimmerman, 1994):

Always speak sweetly and accomplish your tasks with dexterity, weave and work with the iron and needle and finish each task forthwith ...you must grow old without a moment of distraction ...never turn your back to your husband when he sleeps and never touch his head without first bowing in his honour ... you must take care of your parents and never contradict them ... never tattle to your parents anything negative about your husband or this will cause the village to erupt...never go strolling to visit others ...respect and fear the wishes of your husband and take his advice to hear ...it your husband vies an order, don't hesitate a moment in responding ...avoid posing yourself as an equal to your husband - and never above he how is your master; if he insults you, go to your room and reflect, never insult or talk back to him ...have patience, prove your patience, never responding to his excessive anger ... but using gentle language in response. (p. 7)

The mains themes of Chbab Srey counsel the women to do household chores, stay at home, respect and value their husbands, and remain silent if their husbands insult them. With these social rules, women are required to fulfil their husband’s needs, respect their husband, and follow their husband’s advice (Zimmerman, 1994).

Cambodian women who practice Chbab Srey very well are referred to Srey Kruap Leakkh or virtuous women. Srey kruap Leakkh is the main theme in the Khmer story Mea Yoeng (Ledgerwood, 1994) and folk tales (Fisher-Nguyen, 1994). Srey Kruap Leakkh or virtuous women have ideal personalities like being generous, polite, patient, obedient and devoted to their family. In the story of Mea Yoeng, Srey Kruap Leakkh is the family's wealth and peacekeeper. She obeys her husband's word without saying anything. The family's happiness and prosperity are her main responsibility (Fisher-Nguyen, 1994). Women believe that men want to get married with a woman with Srey Kruap Leakkh's personality, and provide blessing for the family.

Acquiring sexual knowledge

Lack of informal and formal education about sex prevents young people from getting accurate knowledge about sexual matters. In order to gain that knowledge, young people have to seek it out on their own. One of the domains where such information is sought and gained is via pornography – and mostly by young men. Mainstream pornography provides unrealistic and at times incorrect and misleading sexual knowledge. The majority of Cambodian girls think that pornography is disgusting and frightening to watch (Fordham, 2006). Based on the report of World Vision Cambodia in 2006, nearly 50 percent of young men and 30 percent of young women in cities have watched pornographic movies or films (Norodom, 2012). Cambodian men watch foreign pornographic movies and imitate the different kinds of sexual positions displayed in these (Farly, Freed, Phal & Golding, 2012) prostitute women or non-prostitute women. Pornography is widely available in Cambodian cities and rural areas. The participants in Rammage's research (2002) reported that they learnt sexual positions from a foreign video called "36 Positions". In Fordham's (2006) study in Cambodia, the boys reported that their sexual desire was increased and that they wanted to have sex immediately after watching pornographic VCD (video compact disc). Many researchers criticised pornography as providing poor sex education for viewers because it shows unrealistic expectations of their partner's sexual behaviours as well as displaying sexual violence (Albury, 2014; Flood, 2009). The viewers may imitate pornified forms of sexual behaviour from pornography and neglect intimacy and romance, be sexual aggressive and apply eroticised violence in their sexual engagement with their own partners (Albury, 2014; Wright, 2013). Moreover, they have no knowledge about

sexually transmitted infections, safe abortion, unwanted pregnancy, healthy sex and sexual satisfaction.

Sexual experience pre-marital life

In Cambodia, sexual experience is socially prohibited for unmarried women. Purity is very important for women. They are expected to keep their virginity for their future husband. A popular Khmer proverb states: A fruit should not be ripe before it changes colour, is used to warn unmarried women from engaging in pre-marital sex (Kim & Kaing, 2010). Accessing sexual knowledge and having romantic relationships (i.e. having a boyfriend) are discouraged for unmarried women because of the fear of their losing their purity. Cambodians believe that after single women gain knowledge about sex, their sexual desire may increase, and they may want to try it (have sex). Women's sexual experience in their premarital life is controlled strictly by the societal norms, and as a result they lack the ability to exercise sexual autonomy (Tarr & Aggleton, 1999).

A few women dare to violate the social restriction of sexual relations (Hoeginger, 2013). The first experience of sexual intercourse for many women is very often a coercive experience (Soprach, 2009). Some Cambodian city girls have boyfriends or intimate partners because they have acquired Western cultural ideas through watching foreign movies, drama and songs where they see this behaviour as the norm. Valentine's day has become a special event for teenagers and young adults to express their love to their partners and for girls to lose their virginity with their boyfriends (AFP, 2016; Soprach, 2009). On that day, boyfriends buy gifts and a bunch of roses to give them, and then take them out to lunch or dinner before bringing their girlfriends to a motel (Soprach, 2009). Some male participants of Soprach's research admitted that they brought their girlfriends to a motel without their prior consent, with a view to have sex. In the motel room, their girlfriends rejected them in the beginning, but they tried to persuade their girlfriends to have sex. They used verbal pressure (promising to love her forever, using sweet words, being a way to express her love with him) and physical pressure (taking her clothes off, kissing her, or touching her body and private places) and emotional pressure (watching foreign pornographic movies in a guesthouse) (Soprach, 2009). In Soprach's study, women who lost their virginity on that occasion tried to hide it from others, especially their parents. This loss of virginity with their boyfriends is kept in secret, so they are not looked down in the society. Therefore, they may

avoid the more serious consequences experienced by women who lose virginity through a stranger's rape. Losing virginity by a stranger rape is difficult to keep silent because it involves the law and many people or their community will get to know about it. Research into the rape problem in Cambodia found that there is connection between women's losing virginity and suicidal tendencies (Jegannathan, Dahlblom & Kullgren, 2014). In the study, Piseth noted "as she is no longer a virgin ... she will be thoughtless [kath klei], feel ashamed because in Cambodian society women need to take care of virginity and purity for her husband." (p.330). Virginity is culturally valued in this context for unmarried women, and loss of it has an impact on women's future regarding marriage.

Men are more confident in discussing sex more openly with senior males or their peers (Norodom, 2012; Walston, 2005). Having sexual relations with their girlfriends or with sex workers is not uncommon and largely is socially acceptable. In marital relationships, there are some beliefs related to sexual intercourse. Husbands are expected to have sexual knowledge and experience and to lead and guide their wives regarding how to have sexual intercourse (Walston, 2005). The missionary position with the man on top is the acceptable and normal sexual position with wives (Rammage, 2002). Other sexual positions are not to be used with wives because they are considered as immoral, disrespected and dangerous (Rammage, 2002). Another belief is that having sexual intercourse with their wives several times per day is considered as masculine (Rammage, 2002).

Masturbation

Masturbation is considered a taboo sexual practice in Cambodia (Hoefinger, 2013). Masturbation (Sak Pram) is a new sexual term for Cambodian women and rural people and it is not considered as an acceptable behaviour for relieving sexual tension. Both men and women feel reluctant and embarrassed to talk about masturbation because they think that it is an inappropriate and shameful behaviour (Rammage, 2002; UNICEF Cambodia, 2014). When talking about their strategies to relieve sexual tension, they prefer to do exercises rather than to induce masturbation. For married men who have a sexual partner, masturbation is even less justifiable (Rammage, 2002). Having sexual intercourse with sex workers is a better option than masturbation for both single men and married men. Although men find it difficult to talk about masturbation in public or with women, many men revealed that they do self-masturbation as the

second-rate activity following having sex with sex workers (Tarr & Aggleton, 1999). Moreover, there are many Khmer terms of masturbation for men such as “*pror chuk* (to pump yourself), *leng Kloun eng* (to play with yourself), *kan ple truap kloun eng* (to hold your eggplant by yourself) and *kan karem kloun eng* (to hold the icecream by yourself)” (Tarr & Aggleton, 1999, P. 378). These various terms for male masturbation suggest that male masturbation is more acceptable among men, and that it is easier for men to talk about masturbation.

Married women

A wedding ceremony is essential and inevitable for Cambodian women and their family. Living or having sexual intercourse with a man before marriage is considered as a shameful act that destroys a woman's - and her family's - reputation. The expected norm is that Cambodian women are get married at a young age. According to Article 5 of Cambodian law, women are legally allowed to marry from the age of 18 or more (Law on the marriage and family, 1989). For women getting pregnant under 18 years old, a marriage may be legitimised upon the consent of their parents or guardians. In Cambodia, women typically get married at an average age of 18 to 25 (Heuveline & Poch, 2006; Keo, 2004). Traditionally, families encourage and put pressure for their daughters to marriage at a young age between 18 to 25 years old (CAMBOW, 2007). Women who remain single after they are 25 years old are at risk of never marrying (Heuveline & Poch, 2006). Women over 25 are typically considered a too old and unattractive partner for a Cambodia man to marry. A Khmer Proverb reminds picky daughters that they will be called an old maid (Heuveline & Poch, 2006). Being single is a big problem in later life because it is regarded as embarrassing not only for the women but also for their families. Women are pressured by society and their own family to rush in getting married before they are 25 years old.

There are two kinds of marriage in Cambodia: arranged marriage and 'love' marriage. Arranged marriage is still popular among Cambodian women because of the embedded traditional norms (Kasumi, 2006). Since, as mentioned above, unmarried women are not encouraged to have boyfriend-girlfriend relationships, many women do not have the chance to build a loving relationship before marriage, but they get married by arranged one. Unmarried women have no freedom of choice in marriage. Cambodian parents are actively involved in the decision making for their children's weddings. Marriage can occur with the approval of the bride and groom's parents. Cambodian unmarried women are not as knowledgeable about marital life

as their parents who are considered as wise in life experience and able to choose the right person for their daughters (Keo, 2004; LICADHO, 2004). Daughters are supposed to trust and follow their parents' selection to show their loyalty and obedience of their parents (Ngo, 2010). The approval of the groom's parents is another essential because their agreement means that they share responsibilities for dowry and wedding ceremony expenses (Keo, 2004).

Dowry practices exist in Cambodian marriage traditions. Dowry in Khmer language is called "Thlai Teuk Dos" or "Price of mother's milk" (Hoefinger, 2014). It is the amount of money assigned by a bride's parents for a groom to pay before they will allow their daughter to get married him. The sum of the dowry differs and is based on the bride's family's social status and wealth. In rural areas, the dowry costs from several hundreds of US dollars to 2000 US dollars (Bylander, 2015). An early marriage of a daughter usually provides a family with good prestige and a bigger dowry (Chea, 2015). For girls who get pregnant, have had sexual relations prior to marriage, or are over 25 years old, the value of the dowry that is offered is less (Chea, 2015). The bride's family typically uses the dowry money for wedding ceremony expenses (Ledgerwood, 1995). A marriage without a dowry is considered a dishonour for the bride's family (Keo, 2004). The union is not about the finance - the bigger the dowry, the greater the status afforded or given to the husband and to his ability to provide for the future of his family. This dowry system places women under the ownership and control of their husbands. Husband's dowry shows that men are the dominant figures in the financing and starting after marriage. Husbands are positioned as breadwinners of their family. Moreover, the dowry also influences women's sexual autonomy from the beginning of their sexual relationship. For example, many newly-wed brides in Cambodia cannot bring themselves to reject husbands' sex although they are not ready for or do not want it (Chea, 2015). This rejection can have serious consequences for women because they may be divorced and be required to pay the dowry back with/without compensation.

Cambodian husbands and wives are, with regard to the division of household labour after their marriage, responsible for different things within the home. The men are typically seen as the breadwinners of families. They are encouraged to be involved in paid work because the family finance depends mostly on their earnings. Married women are bound with primary wifely duties such as household chores, child-rearing responsibilities and fulfilling their husbands' needs (whatever they may be). It is typical for women to take on the unpaid domestic care work

in their households (Ministry of Women's Affairs, 2014). Based on the report of ministry of women's affairs Cambodian (2007), married women spend most their time on housework. Having employment ambitions or being involved in paid work are not encouraged for women. If they do paid work, that is simply another burden added to their primary wifely duties which have to complete (Brickell, 2011b). They are not allowed to ignore their obligations to their husbands and have little bargaining power in this matter.

Domestic violence

Married men are not encouraged to commit domestic violence in Cambodian society. Men who commit violence on their wives are seen as destroying their own reputation in the eyes of the community (Surtees, 2003). However, using violence on their wives is culturally acceptable when the wives have engaged in transgressions like not obeying their husband, gossiping about their husband, failing their housewifely duties, failing their motherly duties, questioning their husbands about money or girlfriends, leaving the house without permission, or refusing to have sex with their husband (Smith, 2014; UNDP Cambodia & VBNK, 2010). These transgressions are not seen as tolerable because the wives are seen as having failed to fulfil their wifely duties. With regard to Chbab Srey, the women are educated to serve their husbands, fulfil husbands' needs and satisfy them akin to a servant to avoid getting insulted or beaten (Surtees, 2003). According to data from NIPH et al., (2006), drunken husbands regularly committed physical or sexual violence towards their wives over six times more frequently than husbands who do not drink alcohol. Drinking has become a large part of Cambodian culture for men. In rural Cambodia, home production of traditional alcohol beverages is cheap and easily accessible (Brickell & Garrett, 2015). Drinking in Cambodia is accepted as a cultural norm within the communities (Yeung et al., 2015). In Yeung et al.'s study, rural men drink regularly in peer groups when they are free from work and social events.

Rape within marriage

Rape in Cambodia usually occurs towards women prostitutes and girlfriends. It is not common for married men to have girlfriends. According to Cambodian law, rape is "sexual penetration committed through cruelty, coercion and injuries" (CAMBOW, 2007, a definition that stresses violent sex and sexual aggression, but fails to mention having of sex without sexual

consent that usually happens in a committed relationship). Although marital rape is a significant problem in Cambodia (Walston, 2005), the courts and local authorities are reluctant to accept that rape occurs in marriage (CAMBOW, 2007). It is underreported (Salan, 2005) and unrecognised by the law and society (Henderson, 2013). Marital rape is not mentioned specifically as an illegal act (Henderson, 2013). Therefore, the perpetrators of marital rape are not identified and go unpunished.

The social norms are set up in a way that the women may comply with sexual requests that they do not desire, but not see this as a problem, issue or coercion. Married women who are suffering from the marital rape might not always realise that they are victims. This is because, based on Chbab Srey, the wives should fulfil their husbands' sexual desires. While they do not know so often their sexual rights and sexual, they are highly unlikely to identify the marital rape. Moreover, Cambodian society is along lines of ignorance of women's sexual rights, so identifying experience as marital rape is difficult.

Sexual coercion within marriage

Sexual coercion is a form of sexual violence, but is not directly addressed in Cambodian laws about rape and marital rape. Those who engage in sexual coercion typically pressure their victim to carry out certain sexual acts, by using covert or manipulative strategies aimed to increase feelings of guilt or shame for the women not carrying out their 'wifely or sexual duties'. Having sex within marriage is broadly believed as a woman's duty in fulfilling her husband's sexual desire. Based on the Cambodian Ministry of Women's Affairs survey in 2009, nearly 50% of male and female respondents agreed that men were the sexual initiators and had the right to have forced sex within marriage (Ministry of Women's Affairs, 2014). Having to negotiate condom use with their husband is a telling example of the patriarchal pattern of coercive control in Cambodia (Eng et al., 2010). If women want to protect themselves and also not get pregnant, they may ask husbands to wear condom, but this will be seen as offensive by husbands who will think their wife does not trust or respect them. Women might be at risk to ask their husbands to wear condom (Maher et al., 2013).

A common pattern of sexual coercion was seen in Cambodia during Khmer Rouge era. Ironically, the sexual coercion within marriage during Khmer Rouge regime (1975 – 1979) followed a different pattern (Anderson, 2004) and was a matter of life or death. The Angkar (the

Khmer Rouge Organization) arranged marriage for men and women, and Angkar controlled their sexual relationship as well (Toy-Cronin, 2010). For new couples, having sex was part of their policies. At arranged honeymoon houses, the militia came at night to observe if they had sex or not. Although the new couples did not love each other or feel the impulse to have sex, they had to induce sexual intercourse to avoid beheading or execution (Toy-Cronin, 2010). This sexual coercion pattern is different from the current sexual coercion within marriage that there is no life and death compulsion. Currently, when people talk about coercive sex within marriage, they refer to wives giving in to sex due to their own internal pressure and to their husbands' external pressure on them.

Women with high level of tolerance in intimate partner violence

In Cambodia, many married women are living with domestic violence, marital rape or sexual coercion. They have become a vulnerable group who has to have a high level of tolerance in intimate partner violence because of cultural discourse (double standard), justice system, and religion. The cultural discourse generates double standard for women by encouraging them to stay calm and remain good wives for their abused partners. First, ideal wifehood is instituted predominantly through Chbab Srey where women are expected to obey and respect their husbands by keeping three domains in check or under control in order to prevent spousal conflicts (Brickell, 2015a). These three domains are connected to maintaining harmony with their relationships to their parents, their husbands and others such as neighbours or friends (Brickell, 2007). Often referred to as “three fires”, Derks explains “Women should not bring fire from outside into the house, not take fire inside house to outside and should take care not to spread or overheat fires” (Derks, 2005, p. 64). Fire from outside into the house refers that wives bringing the problems of friends, neighbours, or relatives into unpleasant discussions with their husbands and have a spousal argument. The second fire implies that wives should not release or talk about their own family's problems with other people outside the family. The issues inside the house should not be revealed to outsiders because this is seen as damaging the family's reputation. The third (or overheated) fire cautions wives against making a small problem become bigger. For example, a husband wants to have sex with his wife while she does not want it. If she disagrees with his sexual proposal, he will get angry and have arguments with her. In order to prevent overheating the fire, she is supposed to accede to her husband's request although she

does not want. Whatever happens inside the family and outside the family, wives should suppress all problems that might be harmful to their families' well-being. Taking care of their family's well-being is the wives' first priority. Women's roles are to maintain the family and relational harmony.

Because of cultural discourse of keeping fires (family problems) in the house, marital issues like domestic violence, marital rape and sexual coercion within marriage are rarely discussed and are considered as a private matter (LICADHO, 2004; Smith, 2014; Surtees, 2003). Problems inside the house are hidden from others in order to maintain family harmony. No loud noise from spousal arguments should reach their neighbours' ears (Yang, 2012). To avoid loud arguments, wives should stay calm and follow their husbands' decisions. If there are problems occurring inside the house, the wives should keep them to themselves and ensure other people cannot know about their own family's problems.

The women victims normally keep a marital problem secret until it becomes severe (such as getting severe injuries or psychological problems) and beyond their ability to deal with and they can no longer tolerate living with their husband. Then they inform their trusted people in order to get help, but often with unhelpful and negative results. Therefore, the victims are often isolated and ignored (Surtees, 2003). The first person from whom the victims seek help is a family member (Bhuyan, Mell, Senturia, Sullivan & Shiu-Thornton, 2005). Many women reported that they were pressured to return to their marital house and are told to be more tolerant (Bhuyan et al., 2005). Getting divorce is not considered as a good choice for the women (Kasumi, 2006). The status of divorced women or widow is not viewed as a good thing (Bhuyan et al., 2005; Kasumi, 2006). They are looked down upon by others because there is no man to protect them (Ledgerwood, 1990).

The justice system in Cambodia is another factor that discourages the victims of domestic violence, marital rape or sexual coercion from reporting their problems. Police officers view marital matters as private matters (LICADHO, 2004). Victims who want to get legally divorced have to deal with a complicated, time-consuming and costly process (Kasumi, 2006). As a result, the majority of the victims withdraw from seeking legal recourse (Brickell, 2015a). There are many reconciliations called in Khmer *Samrob Samroul* (Brickell, 2015b) from local authorities to the provincial court. During the local reconciliation, a village chief in Cambodia uses non-losing-face techniques in order to address domestic violence (Gellman, 2008). The local

reconciliation is carried out in private to avoid public knowledge of it. The perpetrators are not blamed for their mistakes, but they are often told to change their wrongful behaviours. The perpetrators, therefore, do not lose their pride or become embarrassed in their community. Local reconciliation of the victim and perpetrator attempts to encourage them to compromise and reach a verbal or written promise (Brickell, 2015b). For a divorce case to reach the provincial court takes a long period of time, and involves another mandatory reconciliation (LICADHO, 2004). Corruption commonly occurs in the court (Kasumi, 2006).

Religion also had a role here. The majority of Cambodians believe in Buddhism. All Buddhists are encouraged to solve conflicts with the non-violent resolution and by exercising patience and forgiveness (Khanti in Khmer language) (Brickell, 2015b). Married women who are suffering from abuse at the hands of their husbands are viewed as receiving their Karma or fate (Bhuyan et al., 2005). From the Buddhist theory of merit and karma, Cambodians believe that their current life is a product of their previous lifetimes. It is believed that what the victims of domestic violence are currently suffering is the outcomes of their sins from their previous life with the perpetrator which they have to pay back in their current lives. This belief prevents the victims from breaking their silence or seeking support. The victims therefore have a high level of tolerance for living with their husbands' abuse.

Overview of the thesis

The **first chapter** in this thesis revealed how traditional gender norms in Cambodia shape women's attitudes and behaviour in sexual matters. Women have become a disadvantaged group in terms of low levels of education, lack of sexual autonomy, and victimisation in intimate partner violence. In education, women fewer opportunities than men to get a higher education because they are seen as destined to be housewives after marriage. Women lack the opportunity not only to get a formal education in school but also to have sexual autonomy. They are culturally restricted in accessing sexual knowledge or having sexual experience before marriage because they are told to keep their virginity for their future husbands. Marriage is viewed as conferring a good status on women, and maintaining the couple's relationship is bigger responsibility for women than for men. Women, therefore, they have to have a high level of tolerance when it comes to intimate partner violence.

The **second chapter** is the literature review and presents findings from the literature that are relevant to and inform the study. It examines definitions and examples of sexual coercion within marriage, sexual coercion tactics, sexual coercion in intimate relationships, traditional sexual discourse, and negative outcomes of sexual coercion. The **third chapter** details the research methods which include epistemology, an exploratory qualitative approach, thematic analysis, ethical consideration, fieldwork, and the researcher's reflections. The **fourth chapter** details the analytic results in the light of four themes: gendered roles within home, the gendering of sexual knowledge, lack of sexual communication within marriage, and men's influence on women's reproductive matters. These themes demonstrate that gender roles within the home are mostly unequal. In the **fifth chapter**, it shows the analytic results according to another four themes including coercion with marital sexual scripts, accounts of sexual coercion and assault, negative outcomes, and women's protective strategies. The **sixth chapter** discusses the main findings of each theme in the light of prior research. The **final chapter** summarises the research findings, discusses their applications, limitations, and implications before concluding with recommendations for future research.

Chapter two

Literature Review

Introduction

Sexual coercion can involve a wide range of unwanted sexual contact against the victims' will. Research on sexual coercion has provided inconsistent definitions. While some researchers have defined sexual coercion as the act of forcing or attempting to force another individual through violence, threats, verbal insistence, deception, cultural expectation or economic circumstance (Heise, Moore, & Toubia, 1995; Jackson, Cram & Seymour, 2000; McCoy & Oelschlager, 2002), others argue coercion is not limited to pressure in a physical way, and does not include rape (Jeffrey, 2014; Raghavan, Cohen, & Tamborra, 2015; Walters, Chen & Breiding, 2013). The researcher in this study will use the term sexual coercion to indicate a variety of tactics, from less forceful to most forceful, used in order to put pressure on the victims to give in to sex that is against their will.

Sexual coercion occupies a grey area between rape and what is considered "normal" heterosexual activity. According to the WHO (2015), sexual health refers to "a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence." (p. 1). Testa and Dermen (1999), who conducted a study of sexual victims in intimate relationships, put sexual coercion and marital rape in different categories. Sexual coercion is more likely to involve steady or intimate partners. It involves verbal or emotional pressure that make the victims feel guilty and sorry for their partners. The victims were more likely to have low self-esteem and low self-assertiveness and therefore, may be likely to remain in sexually coercive relationships. Rape, however is seen as more likely to involve strangers or acquaintances, and it typically involves physical force (Testa & Dermen, 1999). Although the victims of rape are more like to have higher self-esteem, they may not be able to overcome the perpetrators' physical force. Marital rape is sometimes considered more severe than sexual coercion within marriage, because a handful of research found that marital rape is correlated with severe physical violence including painful sexual discourse and vaginal pain (Robinson, 2017). However, that form of rape is less likely to be interpreted as a serious crime as the stranger rape due to the potential influence from the gender ideology (Frese, Moya & Megías,

2004). Frese et al. (2004) found that the victims of marital rape are more likely to have more traditional gender stereotype attributing to the resistive victim. Married women can be viewed as sexual objects with a duty to please and fulfill their husbands' sexual desire and needs (Martin, Taft & Resick, 2007). Therefore, it has become even more difficult to report sexual coercion of any kind as a crime to police officers (Robinson, 2017).

Coercion is seen as repeated unwanted sexual pressure on victims in a long-term relationship (Heise, Ellsberg, & Gottemoeller, 1999; Ram, Sinha, Mohanty, Das, Lakhani, Haberland & Santhya 2006). In South Asia, Latin America, Africa and the Middle East which are strong patriarchal societies, sexual coercion is commonly observed in marital partnerships (Ganju, Jejeebhoy, Nidadavolu, Santhya & Finger, 2003). According to the WHO (2016), nearly 35% of women worldwide were estimated to have experienced sexual intimate partner violence in their lifetime. Some studies found quite similar rates showing that one third of women experience sexual coercion in intimate relationships (Basile, 2002; Byers & Glenn, 2011; Spitzberg, 1999).

Sexual coercion tactics

Many studies have found that there is a spectrum of sexual coercion tactics used by the perpetrators to achieve their sexual goal. Those tactics range from psychological pressure and manipulation to physical pressure (Spitzberg, 1998). The four most common sexual coercion tactics are: verbal pressure (continuing arguments, continuing pressure for sex, using persuasive sweet words), psychological pressure (repeated requests, questions about a person's sexuality, threats of breaking the relationship, deception and blackmail), intoxication or sustained use (by taking advantage of an intoxicated person), and physical pressure (kissing, sexual touching, holding down, pushing, slapping, beating and choking) (Lyndon, White, & Kadlec, 2007; Oswald & Russell, 2006; Struckman-Johnson, Struckman-Johnson, & Anderson, 2003). Verbal and physical pressure are often applied together in achieving sexual coercion (Livingston, Buddie, Testa, & VanZile-Tamsen, 2004). For instance, a perpetrator may continue kissing, and touching while making sexual requests.

Most often women are the victims of sexual coercion in intimate relationships in patriarchal societies, due to gendered power imbalances. Men are expected to have authority over women's sexuality, while women are told to be submissive in heterosexual relationships

(Hines, 2007; Valdovinos & Mechanic, 2017). Thus, women are more likely to be subjected to sexual coercion tactics from verbal pressure to physical force (Testa & Dermen, 1999). Verbal sexual coercion tactics are found to be the most common (Byers and Eno 1992; Testa & Dermen, 1999), while physical force and harm are the least common (Struckman- Johnson et al., 2003). Verbal coercion is seen as a persuasive strategy using external psychological pressure (Katz, Moore, & Tkachuk, 2007). Based on the findings of Lyndon et al., (2007), verbal pressure is divided into two: positive verbal pressure and negative verbal pressure. Using positive verbal sexual coercion may be sufficient to convince a reluctant partner to have sex because it provokes a sense of obligation (Livingston et al., 2004). For example, husbands use sweet words to describe love towards and to convince their wives to give them sex in order to show love. In this situation having sex is considered as a wifely duty rather than due to women's desire. However, negative verbal pressure is more often used by men in sexual coercion within marriage (Livingston et al., 2004). For instance, they put pressure on their wives by threatening to end the relationship, have sex with other women or sex workers, express dissatisfaction with the women or their sex, use verbal aggression, or attempt to elicit sympathy (Kate et al., 2007; Livingston, et al., 2004). Coercion is used to make the victims feel guilty and to wear down their resistance, to take unfair advantage of the receiver's needs and desires for a relationship, and to deceive and trick the receiver into having sexual contact (Struckman-Johnson et al., 2003).

Physical force is most often used when verbal or psychological tactics have failed. Use of physical force shows the imbalance of power perpetrated by the male. Due to masculine structure, men are considered as superior than women, and they are encouraged to control and dominate their wives. Regarding levels of physical force, often severe injuries are caused with bad consequences for their intimate relationships (Struckman-Johnson & Struckman-Johnson, 1998). Furthermore, it is completely against the victims' will, and they may not be able to endure that situation anymore (Struckman-Johnson et al., 2003). As a result, the victims may end their relationship. Ending the relationship is seen as the last coping response and very difficult for the victims because they have to confront directly their abusive partners (Fitzgerald, Swan & Fischer, 1995). Fitzgerald's research team found that women are less likely to confront the perpetrators alone, and are more likely to seek social support such as friends or family and institutional relief.

Sexual coercion in intimate relationships

In the context of coercion, the perpetrators are typically not strangers to the victims, and their relationships are intimate or long-term relationships. Sexual coercion within committed intimate relationships is not like sexual coercion in dating, which follows a pattern of being subtle and discrete (French, Tilghman, & Malebranche, 2015; Shackelford & Goetz, 2004). Within dating relationships, there are significant connections between women's victimisation through sexual coercion and peer pressure, as well alcohol consumption (French et al., 2015). Both partners do not have much information about each other, and they are more likely to be involved in social events involved with alcohol use (French et al., 2015). Thus, sexual coercion is likely to occur in situations when women are under the influence of alcohol (Lyndon et al., 2007). In contrast, common sexual coercion tactics in long-term intimate relationships involve verbal pressure and psychological pressure (Lyndon et al., 2007; Shackelford & Goetz, 2004). Coercion establishes a sexual expectation in the perpetrators and sense of sexual obligation in the victims (Livingston et al., 2004). The victims may feel internalised pressure to give in to sex, although they do not want to engage in it.

Where physical force and threats are used to obtain sexual intercourse, women may decide to leave or resist a sexual coercive interaction (Testa, Livingston & VanZile-Tamsen 2005). Some researchers found that women who have been living a long time in coercive sex have a higher resistance to this problem and are more likely to remain in that relationship (Faulkner, Kolts, & Hicks, 2008). Within long-standing relationships, women may have strong feelings for their relationship and so not want to upset their partner (Jeffrey, 2014), although they are less satisfied with their relationship in comparison with women who live with non-sexual coercive partners (Shackelford & Goetz, 2004).

Traditional sexual discourses of heterosexuality

Gendered discourses demonstrate different patterns between men and women in relations to power, respect and social status that help in understanding sexual coercion (Cohn, 1993). Gender discourses are what individuals themselves and what others see as appropriate behavior

for a man or woman. For example, an emotional and indecisive person can be seen as symbolic of female behaviour. Aggressiveness might be seen as typical male behaviour. Men who get teary-eyed in public are viewed, and may see themselves, as less than fully male because this behaviour is deemed feminine. Within conventional heterosexual discourse, femininity and masculinity are clearly defined. Some behaviours cannot be accepted if they are against gender templates or systems of gender meaning (Cohn, 1993). For instance, if a man is not a sexual initiator he will be seen as not a 'real man'. Men are constituted in a masculine discourse to be active and to lead their partners, while women in a feminine discourse as passive and responsive (Gavey & McPhillips, 1999).

From a heterosexual discourse point of view, normative scripts of sexual practice are provided unequally between men and women (Gavey, 1992, 2013). Men are socially positioned as dominant within the discourse of heterosexuality, while women are positioned as submissive in sexual relations. According to Gavey (2013), subjectivity refers to "the process of being subject (whereas the self tends to be thought of as a product)" (P. 92). Foucault (1982) found that subjectivity creates forms of domination and exploitation. Women put their body or themselves forward as sexual objects as they believe that they are under a sense of obligation to fulfil and monitor their male partners' sexual desire (Gavey, 2013). The female sexual discourse labels women by sexual availability and responsiveness because they are determined as passive, and their desire is only in relation to men. Saying "no" to the sexual request of their male partner is an extreme challenge, and plays against the social norms of femininity. Although sometimes they do not want to have sexual intercourse, they may not say "no" to unwanted sex (Gavey, 2009). Women's sexual desire and pleasure are underserving of consideration, and this may result in dejection and silence.

According to Hollway (1989), there are three main discourses that produce gender inequality in terms of heterosexual sexuality. First, a discourse of male sexual drive is the result of the heterosexual interpretation put on men's conduct. A male sexual drive discourse positions men as having a strong biological and internal sexual desire and needing to have sex regularly. Their female sexual partners are obliged to have sex with them in order to retain their relationship. Although the discourse suggests that men's sexuality is more likely to stem from natural than social mediation, it is only applied to men, and not to women's sexuality.

Second, the have/hold discourse refers to conventional discourse that shapes women's sexuality, and also produces to the sexual double standard in heterosexual relationships. Women's sexuality is believed to be dangerous and needing to be carefully controlled. Merging the two discourses above (male sexual drive discourse and have/hold discourse) develops gender cultural forms of heterosexuality and relationships. These discourses divide into two different positions for women as sexual followers and men as sexual initiators. Heterosexual women are determined as submissive and responsive when their male partners want sex. Women's 'giving' sex to their partners is a way they seek love commitment as well as committed relationship through sex. If they step out of that have/hold discourse by making sexual advances, they face punishment like being labelled as a slut, whore, loose or easy.

Finally, the permissive discourse describes equal sex with natural drives for both men and women. It is also called gender-blind discourse because it allows individuals to express their sexuality in their pre- and intra-marital relationship. Within this discourse, the sexual partner is considered as an object of sexual desire. Women and men are equally allowed to have sex outside their committed relationship. The effect of this principle is to permit the suppression of emotions concerning relationships (need, love, dependence, and commitment) through their displacement on to the principle of sexual drive.

A discourse of sexual desire for women has been missing in many countries both in school and out of schools (Allen, 2013). Talking about their sexual desire is still considered as taboo. Many researchers found that women are not confident in recognising their sexual desire (Allen, 2013; Tsui and Nicoladis 2004). According to Fine, the discourse of women's sexual desire is absent in schools (Fine, 1988). Fine found that what the young women learnt in school were the negative outcomes of sexuality including violence (sexual violence), victimisation (victims of sexual violence, getting negative outcomes of sex), individual dilemmas (sacrifice and nurturance) and undesired emotions (pain and hurt) (Fine, 1988). Some researchers found similar results noting that, although the young women in their research felt less comfortable to talk about sex with other and did not receive a proper sexual education, they still had chances to participate in sex talks with their friends and parents (Levin, Ward & Neilson, 2012). Levin and colleagues found that young women are more likely to perceive a sexual double standard and sexual abstinence message than positive-sexuality messages (Levin et al., 2012). Therefore, the young women have lost an opportunity to explore their sexuality and body, while young men are

taught about their bodies and sexual reactions, such as wet dreams, erections and ejaculations, in biology class. Furthermore, young men also have gained in sexual desire discourse outside-school through sex-talk and crude jokes about women's bodies, male power over women's sexuality, and sexual masculinity (Montemurro, Bartasavich & Wintermute, 2015). Men, therefore, have much more opportunity to learn and explore their sexual desire outside schools than the women who fail to recognise their sexual desire. Women do not experience a discourse that teaches how to talk about their sexuality and bodies (Montemurro, et al., 2015).

Gender ideology and sexual coercion

Household labour allocation for husbands and wives depends on three theoretical perspectives: the time availability perspective, the relative resource perspective, and the gender perspective (Bianchi, Milkie, Sayer & Robinson, 2000). From the time availability perspective, husbands spend more time in paid work than in unpaid work or housework activities. Their wives may spend less time involved in paid work, and have more time to do household tasks. Men are considered to be more resourceful than women regarding levels of education and income. Therefore, women cannot successfully bargain about division of household labour while they are economically dependent on their husbands. However, feminist researchers have argued that that gender roles can be more potentially influential on the housework division in the family (Claffey & Mickelson, 2009; Hien, 2008). That ideology is learnt through childhood socialisation about gender expectation of the roles of a wife and husband. Housework activities are considered as a wife's core duties, and they reflect a woman's competence as a wife and a mother.

Lachance-Grzela and Bouchard (2010) focused on micro-level mechanism in order to understand unequal housework division. This division is influenced by cultural contexts that shape individuals' and couples' characteristics to perform housework tasks. Many studies have revealed that women are overwhelmingly the one who do house work and childcare (Askari, Liss, Erchull, Staebell & Axelson, 2010; Hien, 2008; Lachance-Grzela & Bouchard, 2010). Lachance-Grzela and Bouchard (2010) found that married women still take heavier responsibility than married men. For women, housework tasks are considered their routine tasks which are on-going, nondiscretionary and very time-consuming. As a consequence, women have less available time for participating in paid employment.

Regarding decision-making within home, wives are permitted to make decisions on daily household needs and with regards to children, while important decision-making is done by their husbands (Gage & Hutchinson, 2006; Harvey, Beckman, Browner & Sherman, 2002). Gage and Hutchinson (2006) found that husbands obtain power to dominate family decision-making through the same controlling behaviour that encourages them to commit sexual violence on their partners. Based on studies of household decision behaviour some researchers found that although gender norms provide dominant power to husband (Claffey & Mickelson, 2009; Hien, 2008), other social determinants such as employment, income and education, are also significant in household decision making (Acharya, Bell, Simkhada, Van Teijlingen, Regmi, 2010). For example, wives' occupational status helps them to have a voice in family purchase decisions (Lee & Beatty, 2002). An exception to this research showed college-educated women prefer to find marital partners who allow them to join in family decision-making (Finn, 1986).

With sexual and contraceptive decision making, women have become the deciders of contraceptive use. For example, Latino women are seen as a powerful group who decide on their sexual matters, especially condom use (Kline, Kline, & Oken, 1992). Women's powers of decision may come from their socioeconomic status (Worth, 1989). Worth's findings show that vulnerable women who have a low socioeconomic status fail to make their own decision on condom use and contraceptives. However, a number of researchers suggested that, as well family, attitudes have more influence on contraceptive use (Klomegah, 2006; Mason & Smith, 2000; Nanda, Schuler & Lenzi, 2013). In addition to their dominance in sexual matters, men are also recognized as the major decision maker in reproductive matters such as family planning or family size (Greene & Biddlecom, 2000; Noar and Morokoff 2002, Speizer, Whittle & Carter, 2005). Feminist researchers report that married women who hold more traditional sexual scripts are less likely to discuss contraceptive use with their husband because they have low sexual assertiveness (Livingston, Testa & VanZile-Tamse, 2007; Testa & Dermen, 1999). Women are still the ones who are responsible to use contraception, while men dominate family planning decision making (Klomegah, 2006; Maternowska, Estrada, Campero, Herrera, Brindis & Vostrejs, 2010). Women may not be able to use contraception effectively if their husbands do not support them. In Nanda et al. (2013)'s research, three variables (age, parity, and education) were analysed in order to find their correlation with women's contraceptive use. It was found that

there is a significant connection between parity and the contraceptive use. This could imply that gender attitudes still have predictive power for family planning.

Traditional gender ideology plays a very strong role in sexual coercion within marriage by producing gender inequality. Poppen and Segal (1988) found that there was a correlation between male aggression and female victimisation and sexual coercion. Males were found to initiate in a far higher percentage of sexual coercive behaviours (Poppen & Segal, 1988). Research findings showed men were strong, brave, self-reliant, emotionless, independent, aggressive and competitive (Heise et al., 1995, Poppen & Segal, 1988; Stets & Burke, 2000), while women were positioned as subordinate to men and as passive, dependent, submissive, and weak (Hien, 2008). From a study of heterosexual college students, men were seen as having powerful strategies including direct and bilateral power in bargaining, providing reasons, persistence and talking (Eaton & Matamala, 2014; Falbo, 1982). Indirect and unilateral strategies such as growing silent, or leaving the room were found to use by women (Falbo, 1982). A large number of studies have found that men's and women's sexual behaviour and attitudes were set up by traditional sexual scripts which value men as a superior sex to women (Eaton & Matamala, 2014; Simon & Gagnon, 1984). Traditional sex-role attitudes are seen as the most significant predictor of attitudes supporting marital violence creating gender inequality and power imbalance between husbands and wives (Dobash & Dobash, 1979; Finn, 1986; Wiederman, 2005). Within this social context, men are viewed as aggressive, dominant, and authoritarian while women are considered as passive, dependent and self-sacrificing. Men were found more likely than women to hold the traditional sex-role attitudes as they attempted to maintain their power, superiority, interests, and authority by using violent behaviour against women (Finn, 1986).

Within this context, heterosexual relationships encourage male sexual domination and aggression towards women (Murnen, Wright, & Kaluzny, 2002), and men may not be required to confront their behaviour or accept responsibility for someone else's desires (Mahoney, Shively, & Traw, 1986). These characteristics may shape men to be perpetrators and women to be victims of sexual coercion within marriage (Brousseau, Bergeron, Hébert & McDuff, 2011). Numerous studies show that sexual coercive behaviour is accepted by the traditional sexual script in heterosexual relationships (Masters, Casey, Wells & Morrison, 2013; Spitzberg, 1998; Tamborra, 2008).

Consent and decision-making patterns on sexual matters

With regard to traditional sexual scripts (Byers, 1996), different genders operate different power dynamics in sexual matters within marriage. A strong association between a husband's control and a woman's reported sexual coercion within marriage has been noted using population-based data from Egypt (Kaplan, Khawaja & Linos, 2011). Men gain much more sexual freedom than women because men's having sex outside marriage is more accepted and tolerated (Muehlenhard & McCoy, 1991). Men are considered as sexual initiators and seize every available opportunity because they have strong sexual drives (Morokoff, Quina, Harlow, Whitmire, Grimley, Gibson, & Burkholder, 1997; Masters et al., 2013). Men believe that for women it is the duty as their heterosexual partners to fulfil their sexual needs. It is not necessary to have a sexual communication with their spouse when they want to have sex (Cash & Smolak, 2011). Therefore, they are the sexual initiators in their sexual relationship and their partners are the recipients.

Women are characterised as a group which has very little sexual drive (Masters et al., 2013). Due to the women's sexual scripts, they are taught to be passive, submissive and unassertive in sexual matters. As a result, they have low sexual assertiveness, and they cannot communicate with their husbands that they do not want sex (Testa & Dermen, 1999; Livingston et al., 2007). Moreover, when their partners request to have sex with them, they are seen as insincere and reluctant to express their decisions. Due to lack of any precise words for women's rejection of sex, their partners may mistakenly conclude that they have been give sexual consent (Muehlenhard, 1988a; Livingston et al, 2007). A variety of victim-blaming language is used to refer to women's sexual submission. For example, many people including the perpetrators may think that women's failing to say no or seriously indicating sexual rejection make their partners unable to acknowledge that women do not want sex. Women are believed to use of token resistance to the man's advances to obtain their husband's interest (Buyers, 1996, Muehlenhard, 1988a; Cash & Smolak, 2011). Traditionally, women's token resistance is characterised in the saying: women say "no" when they meant "yes" (Muehlenhard and Hollabaugh, 1988). According to Muehlenhard and Rodgers (1998), women use token resistance because of "moral concerns and discomfort about sex, adding interest to a relationship, wanting not to be taken for granted, testing a partner's response, and power and control over the other person moral reasons,

not wanting to be taken for granted, wanting to preserve the relationship or to gain power over the partner'' (p. 453).

From men's perspective, they believe that women's rejection is fake and that women pretend to refuse their sexual request in order to gain more attraction from partners and to avoid negative judgement (Muehlenhard, 2011). These refusal behaviours are assumed culturally as women's teasing and testing of their husbands' ability. Muehlendard (2011) found that women who use sexual token resistance are more likely to have a strong belief in the traditional sexual scripts. In addition, men who are more likely to view their partners' sexual rejection as token resistance are found to have strong belief in a traditional sexual script (Emmers-Sommer, 2016). According to the traditional sexual script, women's sexual partners have to overcome token resistance (Muehlenhard, 2011). In order to meet their sexual needs, men are required culturally overcome women's restrictions. Because of that belief, real men ignore women's sexual refusal. Misreading of the real meaning of women's sexual refusal creates misunderstanding and miscommunication about sex. Men might wrongly interpret women's sexual refusal behaviour (Muehlenhard, 1988b). Men believe that that refusal is strategy of offering, and that women prefer men to force them to have sex. There are a number of paradigms of the traditional sexual scripts that create sexual miscommunication and sexual problems in heterosexual relationships (Muehlenhard, 1988b).

Women with low sexual assertiveness struggle with not having the opportunity to raise their own sexual interest in sexual initiation. They are culturally restricted by an expectation of sexual passivity and being hesitant to use direct refusal strategies (Morokoff et al., 1997). Fiding based on sexual assertiveness among young adult women (Rickert, Sanghvi & Wiemann, 2002 show that some participants do not think they have right to reject or negotiate unwilling sex with their sexual partners. They believe that sexual communication is an appropriate behaviour for women. Furthermore, some researchers show that women's low self-assertive might be due to lack of economic autonomy, and freedom of movement (Reed et al., 2016). Women might perceive more barriers with some contraception methods, particularly the use by their partners of condoms (Lefkowitz, Shearer, Gillen & Espinosa-Hernandez, 2014; Noar & Morokoff, 2002; Quina, Harlow, Morokoff, Burkholder & Deiter, 2000). Where women want to use contraceptives, but their husbands disagree, the women do not openly insist but just use them without their husband's knowledge (Greene & Biddlecome, 2000). Lack of financial

independence is the greatest barrier to women's using contraceptives without their husbands' (Quina et al., 2000; Reed et al., 2016). Women's decision making power over their reproductive health still limited where they do not have their own financial independent because they cannot afford to pay for contraceptive use or transportation cost. A further barrier to women's accessing reproductive health services is their freedom of movement. A number of studies found that women are not willing or able to travel beyond their village or a long distance without their husbands accompanying them (Mumtaz & Salway, 2005; 2009).

Negative outcomes of sexual coercion

A number of recent studies have found that women who experienced sexual coercion do poorly when it comes to psychological, physical and sexual wellbeing (Byers & Glenn, 2011; De Visser, Rissel, Richters, & Smith, 2007; French et al, 2015; Gavey, 2013; Glenn & Byers, 2009). Such women are less satisfied with their relationship (Katz and Myhr, 2008; Shackelford & Goetz, 2004), because of the discomfort and meaninglessness of the sex (O'Sullivan & Allgeier, 1998). Sexual dissatisfaction is more likely to be reported by women living with or experiencing sexual coercion (De Visser et al., 2007; Gavey, 2013; Katz and Tirone, 2010). Some psychological illnesses that are associated with sexual coercion are stress, post-traumatic stress disorder (PTSD), depression, and anxiety (Elklit, & Christiansen, 2010; Glenn & Byers, 2009; Zinzow, Resnick, McCauley, Amstadter, Ruggiero, & Kilpatrick, 2010). Poor physical health includes gynaecological health systems, unwanted pregnancy, sleep disturbance and sexually transmitted diseases (Campbell, Lichty, Sturza, & Raja, 2006; Jozkowski, & Sanders, 2012).

A majority of sexual coercion researchers identified deeply negative outcomes of negative outcomes of sexual coercion on women's psychological health. De Visser and his colleagues (2007) showed that there is a strong association between sexual coercion and women's psychological health. More interestingly, verbal sexual coercion tactics produce much greater psychological distress than other tactics (French et al., 2015; Zinzow et al., 2010). Women may blame themselves for the sexual coercion they experience, and face complexity in understanding their embodied subjectivity (Gavey, 2013). They may think their victimisation is their own fault because they positioned themselves as an object for men's sexual entertainments. Sexual coercion victims are found to have lower self-esteem and self-assertiveness than non-victims (Adams-Curtis & Forbes, 2004; Testa & Dermen, 1999). Zweig's group (1997) believe

that sexual coercion victims have poor social and psychological adjustments. They have higher levels of anger, depressed moods, social isolated and self-esteem. Women with lower levels of self-esteem and self-assertiveness are more likely to have higher levels of depression and social anxiety (Cecil & Matson, 2005; Testa & Derman, 1999; Zweig, Barber & Eccles, 1997).

Although women sometimes put the blame on the coercers, self-blame remains significantly high (Byers & Glenn, 2011). Self-blame is a harmful outcome of sexual coercion, and it exacerbates other negative outcomes such as depression symptoms, trauma symptoms, and low self-esteem (Branscombe, Wohl, Owen, Allison & N'gbala, 2003). Self-blame is defined as “an unpleasant feeling with accompany beliefs that on should have thought, felt or acted differently with implications of responsibility, wrong-doing, and or insufficient justification” (Kubany & Watson, 2003; P. 53). It decreases women’s well-being because their cognitive attributions and feelings are at a low level. They feel disappointed with themselves and blame themselves for what has happened (O'Sullivan & Allgeier, 1998, Zweig et al., 1997). Women may feel they should have prevented unwanted sexual contact, or that they should have expressed their refusal more strenuously (Zweig et al., 1997). This leads women to experience the “heart” versus “head” conflict paradox. The stronger the contradiction between women’s “head” and “heart” have, the guiltier the feelings they experience (Glenn & Byers, 2009). For example, when her partner requests to have sex with her, her “heart” tells her that she does not want to have sex with him, but her “head” argues that she cannot reject his request because it is her duty according to the accepted discourse of female sexuality (Glenn & Byers, 2009). If she follows her heart, her head blames her for failing to fulfil her duty. Following her “head” foes against her heart and lack of sexual desire.

Sexual coercion victims reported sexual dysfunction (lack of interest in sex, inability to orgasm, orgasm too quickly, lack of sexual pleasure, or anxiety about sexual performance) and sexual dissatisfaction (French et al., 2015; Gavey, 2013; Turchik, 2012). Their sexual assertiveness and control did not themselves, so they were unable to express their own feelings, thoughts, and desires relating to sexual contacts. Having sexual intercourse was not their sexual desire and unpressured choice.

Chapter summary

In this review sexual coercion is defined as the act of forcing or attempting to force another individual to have sex through violence, threats, verbal insistence, deception, cultural expectation or economic circumstance. The four tactics of sexual coercion: verbal pressure, psychological pressure, physical pressure, and intoxication or sustained use are then presented. In the context of coercion, the perpetrators are not strangers to their victims, but in relationships with them that are intimate or can be long-term relationships. Common sexual coercion tactics in the intimate relationship are verbal pressure and psychological pressure (Lyndon et al., 2007). To gain insight into the root causes of sexual coercion within an intimate partnership, traditional sexual discourses of heterosexuality (such as discourse of femininity and masculinity by Cohn, a heterosexual discourse by Gavey and Hollway, and missing desire discourse by Fine) were discussed. These theories help to understand more deeply the connection between traditional gender norms and women's victimisation in sexual coercion. Finally, the consequences of sexual coercion for its victims are discussed.

Chapter Three

Method

As noted in the previous chapter, the aim of this study is to explore sexual coercion within marriage among rural Cambodian women, and to decipher the role of traditional sexual scripts in this context. This chapter presents all the methodological aspects of the project, including epistemology, methodology, method of data analysis, ethical consideration, field work, and reflexivity.

Epistemology: Critical Realism

This project is situated within a critical realist epistemological position. Critical realism posits that while there may be an objective reality separate to our experiences, various social structures shape what we deem as reality (Willig, 1999). In the social context of critical realism, individuals' actions are the results of social and structural mechanisms (Houston, 2001). These mechanisms include the social, cultural, economic, ethnic, gender and historical (Guba & Lincoln, 1994). According to McEvoy and Richards (2006), critical realists help to give deeper explanation and understanding of individuals' life experience and social actors based on three different ontological domains: the Empirical (aspects of reality that can be observed and experienced), the Actual (realities that occur but might not be experienced), and the Causal/Real (deep structures and mechanisms that cause event exist). Critical realists study human experience, perceptions, motivations and the external structures that shape these. Critical realism is applied here to gain an understanding of the reality of a specific social phenomenon (Madill, Jordan & Shirley, 2000; McEvoy and Richards, 2006; Watkins, 1994) and valid presentation of the participants' viewpoints (Krauss, 2005).

The current research aimed to explore sexual coercion within marriage in rural Cambodia by using exploratory qualitative techniques. A critical realist approach was considered as a suitable research paradigm for this research because it would allow the researcher to understand the complex interaction between women's coercive experience and influential factors such as social norms, cultural norms, and personal factors. The study used the reality of women's stories in order to understand the how (how does coercive sex within marriage occur), the why (why

does that experience occur) and the what (what is that experience) of that experience. The critical realist approach was used to develop a detailed understanding of women's experiences of coercion and link these to existing social or cultural structures that create and support the occurrence such an experience.

Methodology

An exploratory qualitative approach was adopted in this study. This approach may help the researcher to understand better a specific issue that few researchers have studied (Ruane, 2005). According to Neuman (2002), an exploratory design is used in qualitative research to capture participants' genuine perceptions and experience of any given issue. This approach is able to provide new insights and gather untapped information related to a research problem (Stevens & Wrenn, 2013) particularly if the issue is under-researched or not well understood by scholars. It is also capable of providing a detailed understanding of the dynamics and specific nature of the social realities being investigated (Creswell, 2012). It enables the study to capture the qualitative nuances and other important elements peculiar to individuals and so allowed the participants to share their stories in a relatively open ended manner. The exploratory approach was considered as the most suitable, due to the novelty of the research topic, and the lack of prior research.

Participant recruitment

Participants were recruited through snowballing and word of mouth. This sampling method is used for research on a sensitive topic where it can be difficult to reach the potential participants (Biernacki & Waldorf, 1981). The recruitment was done by words of mouth starting from trusted people such as friends and counsellors. Recruitment from their counsellors makes for the participants more comfortable and confident in sharing their personal life. According to Browne (2005), in interviews about sexuality, confidentiality and trust are important. Thus, interviewers have to build trust and rapport with their interviewees because the interviewers don't share their sexual stories with a stranger.

In the process of recruitment for this study, two separate meetings with Village-based sexual and reproductive counsellors (VSCR) were conducted in Aoral district and Thpong

district, Kompong Spue, Cambodia. The announcement posters (see Appendix 1) were handed to all the attendees at the end of the meetings. Then VSCRs took this information to their female married clients, and their clients spoke about it with other women in their villages. The potential participants were given a few days to consider the invitation before indicating their interest in participating in the interview. Potential participants expressed their interest to a VSCR in their village who then contacted the researcher. The first 11 initial contacts matching with the participation criteria were selected as the participants for the project. Criteria for selection for this study (see Appendix 1) were that participants needed to be married women who were over 18 years old, lived in Aoral district or Thpong district in Kampong Speu of Cambodia, and were willing to discuss their sexual relationship. Before starting the interviews, the women were given another five minutes to reconsider the invitation again, as they read or listened to the participant information sheet (see Appendix 2) and consent form (see Appendix 3). They were allowed to ask any questions or raise any concerns about their participation, before the interview commenced.

Participant Demographics

Eleven married women who had lived in Aoral district or Thpong district, Kompong Spue agreed to participate in the interview with the researcher. This sample size was adequate enough for this exploratory study in order to gain in-depth understanding about the research issue. The participants were married women (with or without the marriage certificate) aged 19 to 47. Two of the participants were divorced. They were informed about the project through village-based sexual and reproductive counsellors (VSCR) who had worked with them or through other women/ a woman in the same village.

Table 1: Participant demographics

Code	Age	Period of marriage (in years)	Type of marriage	Current marriage status	Number of children	Living location	Length of interview
P1	35	Nearly 20	Arranged	Married	5	Thpong	53 min

P2	20	Over 1	Arranged	Married	8-months pregnant	Thpong	51 min
P3	19	1 and a half	Arranged	Married	1	Thpong	40 min
P4	21	Over 1	Arranged	Divorced	1	Thpong	76 min
P5	27	Over 10	Arranged	Married	3	Thpong	91 min
P6	19	1	Love	Married	8-months pregnant	Thpong	43 min
P7	30	9	Arranged	Married	3	Thpong	56 min
P8	23	4	Arranged	Married	2	Aoral	50 min
P9	47	30	Arranged	Married	8	Aoral	64 min
P10	46	Over 30	Love	Married	13	Aoral	55 min
P11	25	Over 10	Love	Divorced	2	Aoral	85 min

Table 1: Outlines the participants' details and demographic information are outlined, including the participant codes (P1 to P11), age, period of marriage, the context of marriage, current marital status, number of children, and where they lived. Length of interview is also included in the table, showing wide variation among participants in the time taken to get their stories.

Data collection

Many qualitative researchers use the interview method to obtain detailed information from participants about specific experiences or topics (Boyce & Neale, 2006; DiCicco-Bloom & Crabtree, 2006). That information is useful for the researchers to get deeply to understand participants' personal thoughts, beliefs, attitudes and behaviours (Boyce & Neale, 2006). For in-depth interviews, the semi-structured approach allow participants to talk their stories freely and openly (Willig, 2008). According to Willig, semi-structure interviewing is carried out by combining formal and informal conversational styles.

Semi-structured interviews were utilized in this study to gather information about women's sexual coercion experience within marriage in rural Cambodia. The participants were asked questions surrounding their coercive experience. Each individual interview was conducted one-on-one with a participant in a given location (her house, her relative's house or a VSCR's

house). The location was chosen by the participants and based on where they felt comfortable to take part in the interviews. The key interview questions (see Appendix 4) were prepared in advance, before the researcher conducted the fieldwork in Cambodia. These questions were pre-determined open-ended questions. The researcher used these questions to “as triggers that encourage the participant to talk” (Willig, 2008, p. 24). Not all questions were used in all of the interviews as they were not always relevant to the individual participant’s situation or experiences. This is typical in the semi-structured interviews as participants have a part to play in directing the interview and the conversation is co-created based on their responses and experiences (DiCicco-Bloom & Crabtree, 2006).

The 11 interviews ranged from 40 to 91 minutes, with an average of 55 minutes. The duration of interviews was different from one participant to another. They were all done in a quiet place as described above where there were only the interviewer and the participant presence. The interview was a kind of interactive conversation where the participants were allowed not only to provide information but also ask questions back to the researcher. Before each interview was started, the researcher asked permission from the participant to record the conversation via her smart phone. The purpose of this recording was to use for subsequent transcription, and it assisted the researcher to use her active listening during interviewing, encouraging the participants to share their personal stories comfortably. Using a voice recorder enables more accurate data recording than writing notes during or after an interview (Opdenakker, 2006). The questions for the interviews were started with general and then moved to specific questions relating the research topic. In the beginning of the interview, general and warm up questions were used in order to build rapport between the interviewer and the participant. According to Willig (2008), the establishing of rapport is important for allowing the interviewees to feel comfortable, and to provide the best context for the sharing of their experiences. During the interviews, the participants paused many times and provided indirect answers because the research topic was very sensitive and unspoken one for the participants. Follow-up questions were used to clarify what the participants really meant (Legard, Keegan & Ward, 2003). Some participants who were living with or had experienced more severe sexual coercive experiences, were emotional. The researcher provided immediate counselling to them and gave a break for them to ensure they were comfortable. The participants’ wellbeing was considered the first priority in the fieldwork. The researcher encouraged the participants to share not only their detailed stories but also their unhappy life experience by providing a safe and secure environment. The researcher was immediately responsive to the participants’ response during interviewing (Edwards & Holland, 2013).

Interviews were conducted orally in Khmer with lot of local and everyday language and lot of non-verbal communication including pausing, laughing, crying, or facial expression. These

were all transcribed in English with not in bracket by the researcher. Then the transcription was checked for accuracy of translation by Vanna Sam who is a news translator from English to Khmer. Before Vanna was allowed to recheck the transcripts, he read and signed a confidentiality contract (see Appendix 6).

Method of data analysis

Data was analysed by using semantic (surface level) inductive (data driven) thematic analysis. Thematic analysis is a flexible method used to identify and report patterns of meaning across large sets of textual data, in order to answer a specific research question. This method of data analysis is not linked to any specific epistemologies and is congruent with a critical realist stance (Braun & Clarke, 2006). An inductive approach to thematic analysis means that the themes that were identified were strongly linked to the data, without the analyst imposing any other their own theoretical categories (Braun & Clarke, 2006). The level of analysis was semantic, meaning that the themes were identified from the direct, surface meanings of the data, without too much interpretation beyond the text.

According to Braun and Clarke (2006), thematic analysis involves six steps: becoming familiarised with the data, generating initial codes, searching for themes, reviewing and refining themes, defining and naming themes, and producing the report. This process of this for the current project is as follows. Each interviewee was coded as P1 to P11. Then the researcher read each of the transcripts again and again, took notes and made a summary to get familiarised with the context. All relevant information of research topic was coded in a long list. The themes of the study were data-driven. The relevant codes from each interview was collated in order to identify themes. The researcher read carefully and repeatedly to refine main themes, sub-themes and supportive ideas. Some themes were renamed to ensure they were the most suitable to their sub-themes and supportive ideas. Finally, the research results were written following the eight themes mentioned above.

Ethical consideration

Prior to conducting the fieldwork for data collection in Cambodia, ethical approval was obtained from The Auckland University of Technology Ethics Committee (AUTEC). All research involving human participants carries some degree of risk and requires ethical consideration. As this study is about a particularly sensitive area, women who are living or have experienced with sexual coercion within marriage, participants' wellbeing was the first priority. Participating in the interview was completely voluntarily, and they were allowed to end the interview any time without giving any reasons, or being pressured. After the participants received the project announcement through village-based sexual and reproductive counsellors (VSRC) or women in their village. They were allowed to take few days to consider their participating. After they made a decision, they were allowed to make direct contact with the researcher or inform their participation to VSRCs and give them their contact number. The second clarification of the project was done after the researcher got their contact number or received their call. At that time, the project objectives and the interview process were explained against to ensure their decision was from correct information. They were allowed to change their decision. Those who were still interested in participating in the interview were asked about their availability for interview and about a place where they would secure and comfortable when participating in the individual interview with the researcher. Before the interviews were started, the consent form and the participation information sheet were read by some participants (those who were able to read Khmer language) or read out by the researcher. The participants acknowledged the research aim, their participation and their protection rights, and they were provided a further chance to reconsider their participation.

The participants played an active role in the conversation as informants who shared their experiences of sexual coercion within marriage. They were not asked direct questions in order to respond directly to the research aim. Semi-structured interviews were used to guide the conversation towards staying on topic and gain adequate rich information. The participants were allowed to talk freely and openly. The majority of questions were created flexibly during the interviews to ensure the participants provided in-depth information on the topic. If the participants talked far out off the topic, the researcher brought them back to the topic again. The interviews were conducted in a non-judgemental and empathetic manner. The researcher informed the participants in prior interviews that they were allowed to delay their answers to the questions asking the notion of violence until immediately prior to the actual abused-related

questions. When the participants shared that they were abused by their husband or living in danger, the researcher provided counselling immediately. That counselling helped them to know how to protect themselves and their children and whom/ where to go to get a help. For instance, they were informed or reminded that there are local support services such as Village Health Support group (VHSG) and Village-based Sexual and Reproductive Counsellors (VSRC) who can help them with that problem in their community. A list of local support services was provided to them.

The participants' identity and data were kept strictly confidential in order to protect their safety. And their names or identity were not included in research document. Another protective strategy was to keep all detailed information from the interviews hidden from others. No wider community like family members or husbands, village chief or VSRCs could know what questions were used to ask the women. The detail of the semi-structured interview was given to participants only. Only the participants could know what was asked to be shared in the interviews. To ensure that the participants could feel safe and comfortable in sharing their problem, individual in-depth interviews were conducted with one participant and the researcher in a quiet place. The purpose of the confidentiality surrounding the collection of data was to prevent harm to the participants (World Health Organization, 2004) because sharing their abusive sexual coercive experience was considered an inappropriate act in revealing bad things about their husbands.

Fieldwork



Figure 1: Kampong Spue map from <http://www.angkorfocus.com/kampong-speu-tourist-attractions/kampong-speu-geography.html>

Kampong Spue province is located to the west of Phnom Penh. It borders Kampong Chhnang and Pursat to the North, Phnom Penh to the East, Kampot and Takeo to the South and Koh Kong to the West (showed in the figure2). The area of the province is 7017 square kilometres. It consists of eight districts: Basedth (????????), Chbar Mon (????????), Kong Pisei (????????), Aoral (????????), Odong (????????), Phnum Srouch (????????????), Samraung Tong (????????), and Thpng (????). The fieldwork was conducted over two months from 17th June, 2016 to 17th August, 2016 in Kampong Spue, Cambodia. Aoral district and Thpong district, about 50 Kilometers from the provincial town, were chosen to conduct fieldwork of this study. Aoral district has five communes (Haong Samnam, Reaksmei Sameakki, Trapeang Chour, Sanglae Satob, and Ta Sal, and Thpong district has seven communes (Amleang, Monourom, Prambei Mom, Rung Roeang, Toap Mean, Veal Pon and Yea Ang).

The researcher took two months for the field work from 17th June to 17th August, 2016 in Kampong Spue, Cambodia. The first step was the project announcement to the NGO partner (Enfant et Developpment Organization Cambodia), VSRCs and local authorities. The researcher

made a brief presentation to the NGO's staff member who was working with VSRCs in order to get the VSRC's contact list. Then the researcher had an individual meeting with a district women's affairs officer of Thpong and Aoral to pass on information about the project as well as the fieldwork and give all research documents that would be used in the fieldwork. These meetings with that authorities were extremely helpful for working safely in their community because they provided the researcher a contact list of police. After the project was acknowledged by the E&D NGO and local authorities, the project announcement for VSRCs was made at a workshop put on for VSRCs in both districts. The workshop conducted in Thpong district was funded by E&D NGO. The workshop in Aoral was funded by AUT research fund. At these workshops VSRCs were not only informed about the project and invited to help with recruitment. They were also provided basic knowledge related to sexual coercion within marriage in Cambodia.

The second step was making appointments with the potential participants. VSRCs advertised the participant recruitment to married women who among their clients, and those women transferred that information to other women in their village. Potential participants interested in participating in the interview were allowed to call directly to the researcher or inform their participation to a VSRC. In fact, all potential participants informed their participation and gave their personal contact number through a VSRC. The researcher got contact numbers for the potential participants from VSRCs. Then she phoned all people in that contact list to ensure once more that they understood the nature of the project and the interview process. The potential participants were allowed to change their mind before they were made an appointment for the interviews and it was they who decided the date and place of the interview. Although more than one interview were not what the researcher wanted, she has to adjust to the participants' availability because they were so busy with doing their farming.

The final stage was conducting the interviews. One day before the interview date, the researcher phoned the participant they were to meet the next day to conform the interview day and phoned also to book a VSRC in her village to help the researcher to find the participant's house. All VSRCs who helped the researcher to find the participants' address were asked to read and sign the confidential contract (see Appendix 5). On the interview date, the researcher rode a motorbike to a VSRC's house, and then they both went to the interviewee's house or an appointed place in order to conduct the interview.

Reflexivity

The conceptualising a research topic, data collection, presentation of the research findings and data analysis cannot be separated from the researchers doing them (Creswell, 2013). The presentation of research findings is impacted by the roles of the researcher in interpreting the views, experiences and opinions of their participants (Mackenzie & Knipe, 2006). Berger (2015) reminds researchers who conduct research whose topic is similar to their own experience to avoid using their own experience for viewing and understanding the participants' story. This is called levelling the ground between the researcher and the participants. As qualitative researchers, we are allowed to show our deep understanding and empathy to the participants, but we have to do it without bias (Dowling, 2006).

To reveal some of the ways I shaped the research process and outcomes (reflexivity), I would like to verify that the research is influenced by my working experience, personal interest and academic background. The research topic, participants and locations of conducting fieldwork were influenced by my working experience. In the fieldwork, my close interaction and relationship with local authorities and VSRCs were of definite assistance in making the project announcement in order to find the potential participants. They cooperated very well with me to achieve the data collection although I did make clear my current position as a researcher (not working for *Enfant et Developpement Organization*), and my project was my Master's thesis. I had studied Bachelor of Psychology in Cambodia before I worked with *Enfant et Developpement Organization*, a French NGO in Cambodia. Aoral district was my working zone, and Thpong district was the working zone of my co-worker. My position was a senior sexual and reproductive counsellor based in Aoral, a rural area of Kampong Speu province. My main responsibilities were to provide supervision and coaching for village-based sexual and reproductive counsellors (VSRC) who provide primary counselling for women including healthy couple relationship, as well as healthy sexual relationships. In the course of my work I found that married women were suffering from lack of sexual satisfaction, coercive sex and sexual violence in their spousal relations. These reasons motivated me to study more about sexual relations within marriage. Furthermore, I am a Cambodian woman, and am married. I have been influenced by the Cambodian culture and norms like other Cambodian women. I was also unable to acknowledge the sexual coercion within my marriage. During interviewing, listening the participant's sharing their constructed sexual behaviour and attitudes was like listening my own

story: same nationality, ethnicity, gender and marital status. To avoid projecting my personal experience as the lens through which to understand the participants' experience, I clarified their answers carefully by asking questions. I thereby avoided obtaining unclear information from the participants and making assumptions as to their experience.

Chapter summary

This study uses an exploratory qualitative approach to investigate coercive sex within marriage in rural Cambodia. The fieldwork was carried out over two months by the researcher in Aoral and Thpong districts, Kampong Speu of Cambodia. 11 participants were recruited via snowball sampling. The village-based sexual and reproductive counsellors announced the recruitment to their client(s), and the word was passed from person to person. The semi-structure in-depth interview method was utilised as the data collection method. After the data was collecting, thematic analysis as detailed by Braun and Clarke (2006) was applied in order to identify themes for this study.

Chapter four

Analytic results (1)

During the interviews with the participants, it was evident they had all experienced some form of sexual coercion within marriage. The thematic analysis identified eight themes within the interview data. This chapter covers the first four themes: gendered role within the home, gendering of sexual knowledge, lack of communication within marriage, and men's influence in reproductive matters. These themes set the scene in terms of conveying the gendered norms that shaped the women's lives. These norms also provide the foundation for sexual coercion (discussed in the next chapter). For each theme, participants' quotes are used in order to support each theme and analyse the content. The analysis will demonstrate that the themes below, and women's accounts of marital life and sex within marriage, are directly intertwined with traditional Cambodian cultural and gender norms.

Gendered roles within the home

The first theme of this study relates to gendered roles within the home. The results showed how gendered roles have influenced household division (wives' duties and husbands' duties) and decision making power also gendered. The women expressed that their main responsibilities were in the running of the household and household chores, but that women were involved in minor decisions related to the house. For husbands, their main role was paid work outside of the home and making the major decisions in their family. These traditional gender roles of women focusing their duties inside the home, and men outside the home, reflect the broader family system within Cambodia. The details related to the duties of wife and husband are detailed below.

Duties of a wife

The women spoke at great lengths about what they considered their wifely duties. 10 of 11 participants reported that their main duties within the home were household chores, childcare and managing family finance. Some participants, who did not have a small child, helped their husbands in

farming and accompanied with their husbands to collect forest products. The participant P1 and P4 described their routine duties as a wife:

I have to look after children in the house, manage the house, and cook for my husband who is back from working outside. Of course, I have to take the responsibilities inside the house (P1, age 35).

Being a wife is a manager in her family while her husband earns money for her to manage. I mean a wife has to manage household works, keep and save money that her husband earns. She also has to look after her children (P4, age 21).

The extracts above showed the relationship between wifely duties and housework. Household chores and childcare were viewed as women's compulsory duties and their full responsibilities rather than their free choice. Although the participants talked about being allowed to manage family finance, the duties of the wife were described as looking after the money and to save it for the current and future family needs:

I have to keep money for using in my family and save it for our children's future. For example, when they get married, we have to have money to prepare their wedding ceremonies. Moreover, we save some money for getting treatment when we get sick (P9, age 47).

Some participants told that they also helped make money through working in the field and farming:

When we don't have a small kid, both wives and husbands work together on farming during raining season (P4, age 21).

My children are not so small. Sometimes I accompany him logging wood in the forest. Although I cannot help him to do heavy work, he does not feel lonely (P8, age 23).

For the women in this study, working in the field was their additional work beside their childcare duties. This illustrated that the women were bound strongly with unpaid work such as

house works and care child. They were so busy with those unpaid works and have little time to be able to involve in field works or paid works.

Husbandly duties

While wifely roles were largely located in the private sphere or at home, a husband's main roles were in the public sphere. All the participants declared that their husbands were the head of the household as well as the breadwinner for their family. The prescribed role of the husband within the family was to earn enough money to provide for and meet the family's financial needs:

His duties are for the children. He earns money to support the children. He is the head of the family which means he has to look after the family (P1, age 35).

The participant 9 positioned earning money as the way that her husband's look after the family rather than the actual behaviours like the woman did. The woman takes care of the children, and other participants also mentioned the same thing. The participants described a lot of things to do with household chores and childcare that made them busy almost the whole day. In contrast, their husbands were busy during working hours, and the rest of the day was their relax time that they could do what they like.

Some participants noted that their husbands did paid work in multiple locations, inside and outside their village. Others talked about the work that their husbands did in the house. The Participant 9 described her husbands' work around the house:

Husband's duties are to earn money to support the family, help grow vegetable, chop down small and large bushes around the house and do farming. He helps do heavy works (P9, age 47).

The outside work was positioned as the harder form of work, in a way that men's work was valued higher than women's work inside the home. Therefore, women's work for the family was not considered as hard and valuable as their husbands' doing.

Husbands often spent much more time doing fieldwork such doing farming and collecting forest products:

My husband is the breadwinner. He does farming works during the raining season, and after that, he goes logging wood in a forest (P8, age 23).

The women noted that occasionally, their husbands also helped take care of the wife's duties when she was pregnant, sick, busy, or away from the house:

Sometimes, he helps to look after our kid while I am cooking or washing clothes (P3, age 19).

My husband took care of me very well during my pregnancy and post-pregnancy. During those times, he helped me to look after children and cooking (P9, age 47).

When the husbands did some household chores or engaged in childcare, the women used the particular word "Help" rather than stating that they were sharing responsibilities within household tasks. "Help" was used to describe their husbands' acts within home. In this context, it could be reflected that there is an unequal gender burden when it comes to the household labour division. Wives may play roles of housekeeping and childrearing manager while their husbands' roles were helpers who wait to do those activities when their wives were impossible to complete them.

So although there were some define gender norms around men's and women's roles within the home, husbands often assisted their wives to do their household chores. One participant, who suffered from particularly ill health, noted that her husband did all kinds of works both inside and outside the house when she was sick:

I often get sick, so my husband takes so big responsibilities in the family. He washes clothes, sells the grocery, and cleans and scales fish. He cooks food, and he does not keep it for me to cook food. When I get sick, I am allowed to take a rest as long as I want. He cooks, sends children to school, and sell grocery. Although I do not have a good health, I am very lucky to have a good husband [Pause] he does all kinds of tasks. He does not care if I help him or not. He makes my life up (P5, age 27).

The participant 5 admires her husband who helps her to do housework activities and look after the children when she is sick. This was very different from other husbands in her community who rarely help or share their responsibilities in house works, as other participants have mentioned. She is so happy with her relationship because it seems more equal, while other wives are unhappy with their unequal relationship.

Within the home, gender norms determined different duties for husbands and wives, but these were not strictly and rigidly adhered to at all times. While the husbands occasionally took some of wifely duties, these acts were seen as moments of kindness, and depended on the men's willingness to carry them out; they were not about sharing household responsibility with their wives in the long term. The husbands did household chore or childcare when they had to or had no choice.

Decision-making in the home

Within the home, men were seen as the primary decision maker. While 9 of 11 participants said that they are allowed to make sole decisions on household related to smaller purchases such as buying food, and household equipment, two participants (P4 and P11) were not allowed to do that. In major family decisions, their voices were not as powerful as their husbands'. Regarding household expense, participants P1 and P9 reported their ability to make sole decisions:

I do not have to discuss with my husband to make decisions on small things in the house. I am allowed to make decisions alone. For example, do something, buying food, or what kind of food to cook (P1, age 35).

I make decisions without his consent like buying daily household use such as pots, blankets, pillows or mosquito nets. I do not have to tell him (P9, age 47).

The extract "am allowed to make decision alone" above illustrates that her husband gives her the ability to make decision. It is not the automatic decision for the woman, but the perception of freedom is restricted by her husband. The women referred household things as small things regard its price which costs a small amount of money:

Making decisions on buying something for household needs and cooking is me. [Pause] I make solely decision without acknowledging from my husband for small things like buying food, or household products costing 5000 Riels to 20000 Riels (Participant 003, age 19).

Aside from making decisions on their own when it came to small matters, many decisions were made jointly between wives and husbands; from a minor to major things. For example, the participant 8 narrated her joint decision on cooking food:

When he stays at home, I always ask him what food he wants because he is a picky food eater. When he does not stay at home, I can make decisions alone (P8, 23).

The women's freedom to make decision is depended on her husband's proximity. The further he stays away from her the more freedom she has. For women who their husbands stay closely with them, they have very limited freedom as demonstrated below.

For a participant who had moved into their husband's family home after marriage, her decision-making power was strictly limited. She was not allowed to make sole decisions on anything, and she had to ask their husband's for permission before doing:

After marriage, I moved to living in his parent's house. Regarding decision-making, I was not allowed to make any decisions alone. I have to ask him about everything. If he says no, it meant I was not allowed (long pause) I wanted to work in a garment factory or be a Khmer traditional musician like my parents, but my husband did not allow me to do it, so I could not do it (P4, age 21).

This extract depicts the most extreme case of husbandly control over a wife, in the study. This participant eventually divorced her husband about one year ago, after two years of marriage, due to his controlling behaving and his need to have sex every day. Majority of participants made joint decisions regarding major issues or items of purchase on big things:

There were discussions when we wanted to buy a motorbike, buy a hand tractor (mini farm tractor), build a toilet or build a new house. Whenever we want to buy or sell something, we discussed it with each other. For example, we discussed selling our cows in order to buy a hand tractor (P1, age 35).

On issues related to farming, which was usually a joint activity between husband and wife (with the husband taking on the heavier duties), the women made joint decisions with their husbands:

In decisions related to farming, we have joint discussions. We discuss when we should start doing our farming activities in the rainy season, which paddy field we should do it first, or what kind of paddy we should use this year (P5, age 27).

However, during such family decision-making processes, the husbands' ideas dominated the discussion. Although the wives were part of the discussion, they always followed what the husband decided:

We always discuss it with each other. For example, when I wanted to buy a field of paddy or something, I asked my husband. But once he did not allow, I followed him (P7, age 30).

The women's definition of couple discussion is different from real understandings of discussion. Some researchers define couple's joint decision-making as a process that allow both husbands and wife to not only express their ideas but also to share responsibility for decision (Story & Burgard, 2013). Jointly made decisions are important in the marital relationship because they show self-disclosure, self-autonomy and mutual respect (Osamor & Grady, 2018). However, the statement extracted above illustrated that their husbands ask them to raise their opinions, and then they are ignored. While they perceive this as collaborative, the men are still in control.

The majority of participants (8 of 11) noted that the main reason for asking their husbands permission regarding such matters was to avoid having an argument. When their husbands did not agree with an idea, they wives usually obeyed this:

Like rearing pigs, I begged him so much because he did not want me to rear them. We have a one-day argument. Once he did not allow me to do, I did not bear to do it (P5, age 27).

Some participants noted that their husband was highly controlling and quite paranoid with regards to what others said about their family matters. In this way, husbands always wanted to know what the wife was up to or anything she was considering purchasing. The wives of such men were afraid that their husbands would get angry with them if they did not inform or ask their idea related to all matters:

When I wanted to buy a field of paddy or something, I asked my husband [Pausing] in advance in order to avoid making him angry with me. My husband believes others [and gossip] easily. If he did not allow, I will follow him. [Long pause] I need to ask him to make decisions even with small things. If I don't do that, he will get angry with me. For example, when I wanted to buy an expensive thing like a bicycle for my kid, I had to ask him in advance in order to avoid making him angry with me (P7, age 30).

Husbands' anger is the way to put pressure for their wives to do what they want. It is known as an indirect coercive technique, and it makes women more likely to follow men. What the participants explained as their joint family decision making are seen as a kind of informing their idea rather than active discussion. Their husbands' idea is still dominated and followed when they reach different opinions. They have to ask their husbands' decision from small things to big things in order to avoid an argument with them. For the married women who moved to live in their husband's home or lived with gullible husbands, their decision power was the most restricted. They had to ask their husbands' decisions all things.

For important family decisions, almost of the participants said that their husbands were the main decision makers. This was because the men were the primary breadwinners, who made most of the money for the family, hence they took responsibilities for the main decisions. Those major decisions often related to purchases that cost a large amount of money. Whatever decision the husband made, his wife had to follow:

My husband is the main decision maker. It is like big things like rearing chickens and pigs, or buying chemical fertilizer, that I have to ask his ideas (P5, age 27).

The main decision maker in my family is my husband. When doing something, he is the person who claims his responsibility. I do not make a decision because my husband is the breadwinner, so I allow him to make decisions all everything for me. For big things like buying a paddy field, or a motorbike, my husband is the main decision maker. I do not bear to make a sole decision because I need his agreement (P6, age 19).

Male breadwinning is found as a potential power that links to the male dominant power in family decision making. In this study, all participants noted that their husbands were breadwinners who were responsible for the family finance, and 10 of 11 participants' husbands were the major decision makers within the household. This context showed that husbands' economic contribution to the family are seen as greater value than wives' non-economic or non-direct economic (assisting their husbands in fieldworks) contribution to the household.

Their husbands sometimes made sole decisions on big things costing a large amount of money although they did not agree. His wife's disagreement is not powerful enough to stop him doing what he wanted:

Sometimes he made a sole decision. For example, he wanted to buy a hand tractor, but I did not want, he insisted buying it, so I had to follow him. When he wanted strongly, I had to follow him (P11, age 25).

In the family decision, husbands were dominants in major family decisions. They allowed their wives to decide on minor decisions in the family. A disagreement from their wives was not considered as important as their own decision because they were the breadwinner and claim all responsibilities on their decisions. The men's role of economic support for their entire family gave them power to solely take on family decision making. The wives' sharing their ideas on family decision making had no worth because their ideas were more likely to be ignored. The acceptance of breadwinning role of husbands creates hierarchy within marriage.

The results in this theme indicted that household labour division and family decision making power were strongly impacted by the gender norm. Based on participants' reporting, married women were tied strongly at home with unpaid jobs such as household chores and childcare. The involvement of the women in their husbands' paid jobs in the field was their additional works which is treated less important than husbands' work. Moreover, married

women's decision power in the house was smaller than their husbands' ones. They were allowed to make decision in minor things within the household. For family decision on big things, although women were able to voice their opinion in discussions, their husbands' voices were stronger and more dominated because they were breadwinners. More significantly, the potential power of husbands' decision power illustrated precisely when wives and husbands reached different ideas in their discussion. Women's opinions were often not valued or fully ignored.

The gendering of sexual knowledge

This theme illustrates the relationship between the Cambodian cultural norm and gender inequality in acquiring sexual knowledge. The cultural norms are influent on commonalities and differences in sexual behaviours and beliefs through sexual permissiveness (acceptable forms of sexual expressions), sexually restrictive culture (limiting the occurrence of sexual expression and the ways that are possibly occurred), and the sexual double standard (gender inequalities in sexual activities and obtaining sexual knowledge).

Women as naive and pure

In the data, the participants narrated their experience of sexuality before marriage as naive or pure. A vast majority of participants in this study revealed that they had very little knowledge about sex, and none of them had sex before marriage because having sexual contact with a man in prior marriage was considered as an unacceptable act. Purity for unmarried women was considered as a vital value. The participants, P3 and P4, described what the women and men gave a high meaning of purity:

The majority of men cannot accept a single woman who had sexual experiences. The purity of women is so important (P3, age 19).

Women like us were not allowed to have sexual relations when we were single. If a man marries a woman who had sex with a man before marriage, he will be angry or have arguments with that wife. He can find if she has purity or not when he has sex with her after marriage. Men need to marry a purity woman (P4, age 21).

Regarding data above, during premarital time, women's virginity or purity is used to determine their value. Keeping their virginity is their primary duty because losing it brings shame not only for herself but also her family. Women who cannot maintain their premarital virginity are considered as dirty and unfavourable for men to marry. The virgin was put in the selecting list of men to decide to marry a woman. Thus, women's virginity and marriage were significant correlated each other.

Due to the value placed on such sexual purity, the women believed that the less sexual knowledge obtained, more virginal they could remain. Therefore, talks about sex were considered taboo:

I did not bear to listen to sexual topics. It is not common for women to discuss on that topic.

Women don't talk about it. I am unsure about other women, but for me, I have never talked about it. I could not stand for listening anyone talking about sexual matters while I was single (P2, age 20).

Keeping pure for their husbands is considered as women's duty. In order to stay pure for their future, women use an escaping strategy to avoid accessing information about sex. In the data above, "I could not stand for listening anyone talking about sex" is a strategy that some participants used. They banned themselves from engaging into gaining sexual information from other people including their female relatives.

Because of this strong restricting the women to acquire sexual knowledge, 10 of 11 participants told that they used to hear the word "Sex", but they actually did not know how to have sexual intercourse before marriage:

Before getting married, I did not gain sexual knowledge. I used to hear sex, but I did not know how to have sex and what positions of having sex. I felt so scared in my first night of marriage (P4, age 21).

The participants who reported their very limited knowledge about sexuality experienced panic on their first sex with their husbands. This can be explained that they were not ready to have sex, and they do not know how to be prepared for this event. As the result, women often reported unpleasant experiences on their first sexual encounter. Moreover, this lacking

knowledge about sex gives a good opportunity for husbands who are considered more knowledgeable about sex to control the women's sexuality and the style or nature of the sex.

Some participants could gain very basic sexual knowledge, negative outcomes of having sex.

I did not gain sexual knowledge before marriage. I used to hear elderly people talking about sex, but I did not know how to have sex. I did know if having sex, I might get pregnant, but I did not know how to have sex in my body (P7, age 30).

I knew some relating STI or HIVs if I had sex, but it was not clear. I was so young at that time (P11, age 25).

Noticeably, some participants reported that although they did not actually know how to have sex, they could obtain knowledge about the risks of having sex including getting pregnant or infected by sexually transmitted illnesses. This showed that unmarried women missed the discourse of sexual desire, but they got information about the “dangers” of sex. Such a risk discourse was seemingly used to scare women and prevent them from engaging in sexual activities before and outside of marriage.

Lacks of sexual knowledge among the unmarried women produced wrong perceptions about their sexual relations within marriage. They were not ready:

I thought duties of married women are only washing husband's' clothes and cooking food. I used to hear sex, but I did not know how to have sex, how to get a sexual orgasm, and why women can get pregnant when having sex (P8, age 23).

I used to think that after marriage couple would sleep simply in the same room and would only hug each other. On the first night of my marriage, I had no idea what my husband would do something on me (P1, age 35).

Lacking sexual knowledge produces not only incorrect perceptions about sexual relationships but also promotes sexual passivity among women. In the extracts above, women showed they had not acknowledged sexual relations after marriage. Regarding the quote above “no idea what my husband would do something on me”, women seem internalised sexual

passivity and allowed men to take the lead in sexual relations. They do not have proactively thoughts of their active roles in their post-marital sexual relations. However, they play the role of the sexual recipient or the sexual gatekeeper. The key term “sexual gatekeeper” used in this study refers to a sexual partner who lacks sexual autonomy and/or sexual agency, so that person is not the one to make decisions in their sexual intercourse, but he or she follows their sexual partner’s preference and desires.

The women’s first sexual experience with their husbands was reported as an unpleasant one. They got negative experience in the beginning of their sexual relations:

I felt so scared on the first night of my marriage. I could not get a deep sleep. I was awake so many times at that night (P2, age 20).

I did not gain sexual knowledge before marriage. I knew only how to have sex after experiencing it by myself after marriage. I felt so nervous on my first sex with my husband after marriage (P7, age 30).

In the extracts above, “scare” and “nervous” were used to describe the participant’s feelings during their first sexual experience with her husbands, due to the lack of knowledge about, and preparedness for, sex. Nearly 80 percent of the participants had very little knowledge about sex, and 20 percent had received only information about the dangers of sex.

In short, women’s sexual knowledge and experience were socially restricted to access it under a sexual double standard. That double standard gives young women less freedom to understand and explore their own sexuality because they are supposed to be a sexual gatekeeper. Unmarried women are acquired to stay virginity as their core value. They are supposed to keep their virginity for their husbands. Therefore, sexual knowledge and sexual contact with other men are prevented from the women. Sexual talks or listening other sharing their sexual matters are disgraceful acts for young women. However, women got a negative discourse of having sex. Because of lack sexual knowledge and missing discourse of desire, and they did not even know how to have sexual intercourse and healthy sex. Sexual relations were beyond what single women know and prepare for their marital life. Their first sexual intercourse with their husbands became an unpleasant experience.

Men as sexually knowledgeable and experienced

According to the participants, sexual knowledge and experience were widely available for the men and were allowed to access them by themselves. According to the participants', they described their husbands as wise in sexual matters.

Men were encouraged to have sexual experience since they were single. Some participants reported that their husbands had had sexual contacts before marriage:

My husband told me he had sex (sexual experience) before marrying me. I think my husband gained sexual knowledge via his own sexual experience before marriage (P1, age 35).

Sexual talks was more common for men. Their husbands were brave to ask other people about sexual-related matters when they did not know:

I thought perhaps I were unable to have sex during pregnancy, and I did not bear to ask other people, but the husband used to tell he heard others said that it is ok to have sex during pregnancy till seven-month pregnancy. He asked people who had children (P2, age 20).

Husbands were considered to be more knowledgeable about sexuality, and they were seen as having authority on matters related to sex, sexuality and pregnancy. One way men gained this sexual and reproductive matters was by talking about these issues with other people. At times, the sexual questions or issues women had went beyond their husband's knowledge and hence the men at times asked senior men in their village. However, sexual talk for women was still not common and unlikely to occur for married women. For this participant, she just moved in the village to live in her parents' house when her pregnancy had been seven month. She might not have known that VSRC (village-based sexual and reproductive counsellor) in her village could talk about that issue and keep confidentiality for her. Therefore, they may prefer to use their husbands as resources for obtaining sexual knowledge.

There are many proverbs relating to sexual matters in Cambodia. They have impacted on women' perception about men's acquiring sexual knowledge. One of the participants described what she believed her husband obtained sexual knowledge:

He might have learned without being taught or their instinct, or he might have used to see someone having sex. He could know how to have sex, but he did not know what the menstruation cycle was (P9, age 47).

The proverb “Men gain knowledge about sex from their instinct or without learning” is very well-known within Cambodia, and it is likely to be accepted that this idea is true because there is no school providing that knowledge. This male dominant proverb reflects that the wrong perception of men’s superiority in sex knowledge. It is used to explain women the unchangeable superiority in sex of men.

Many participants revealed how their husbands had perceived sexual knowledge before marriage:

He gained that knowledge via pornography movies and peers who were playboys. After getting married, I experienced to see my husband who was watching a pornographic drama in my house. I got shocked seeing that kind of video. Moreover, when they met each other, they might talk about their sexual experiences (P5, age 27).

The extract above shows that men are socially acceptable to do self-acquiring knowledge about sex through peer communication, and watching pornography movies as well sexual experience, but not for women. “Playboys” was mentioned in the data. The meaning of “Playboys” in this context refers to men who have many girlfriends and play around with their sexual relations during premarital period. However, playboys are not considered as bad men, and they are just assumed as naughty boys. This shows social acceptance for men to have sex before marriage while this would be unthinkable behaviour for women.

In this theme, the gender inequality perception in gaining sexual knowledge is evidence of sexual double standard. Women who are naïve in sexuality are labelled as good and moral ones. Women are sexually restrictive culture preventing them from having sex before marriage. Staying virginity is the main duty for unmarried women because it is considered as a vital value, and a meant to make their marriage occur. In order to keep this virginity, women are not allowed to gain sexual knowledge and were discoursed negative effects of having sex. Due to missing of sexual knowledge acquisition and desire discourse, the women were naive in sexual matters. However, although there was no proper sexual knowledge providing in school, male sexuality

were culturally constructed as sexually active and desire. They had more freedom to obtain that sexual knowledge and experience by themselves through watching pornographic drama or movies, having sexual talks with their peer, and having sexual contact with girls. Men who were knowledgeable and experienced in sex were seen as the real men because they were supposed to sexual initiators after they got married. Their knowledge and experience would help them to guide their innocent wives. They were supposed to be resources for their wives regarding sexual matters. Furthermore, they are supposed to be ready for sex and are subjects in their sexual relations. This illustrates there is a strong discourse of the male sexual drive in Cambodia. Men's sexual knowledge and experience helps them to dominate in their sexual relations.

Lack of sexual communication within marriage

The data above showed the limitation of women's to explore their own sexuality. This theme shows less communication about sex within marriage. Sexual communication was not a common for the participants in their marital life. The vast majority of participants reported that there was a very little sexual discussion among the couples, and wives commonly followed all their husbands' decision in sexual matters.

Sexual communication did not occur in the beginning of couple's marital life. Over 80% of participants mentioned their delaying of sexual communication with their husbands:

It took about 5 months after marriage in order to bear to have a (sexual) discussion with my husband. There was no (sexual) discussion between him and me. Before that time, when he wanted to have sex with me, I followed him (P2, age 20).

I was brave enough to reject his sexual request after I got married many years till my first child was ten years old (P1, age 35).

The data shows that couple communication about sex is not common. It takes time to start, and women are often responsible for instigating that discussion. It is often started when wives could not stay along with unwanted sex with their husbands. Sexual rejection of wives is seen as a cause of their talk about sex. The hesitation of women to start having communication about with their husbands indicates lacking self-awareness of female sexual agency. They may

not acknowledge that they have right to make sexual choices and stay away themselves from any kinds of unwanted sex.

The women preferred to remain silence rather than telling their real feelings of not wanting sex:

When he stayed (had to sex) with me, he asked me why I looked unhappy, but I said it was nothing. I did not bear to tell him at all that I did not want to have sex with him. I did not tell him (P7, age 30).

The main reason of not telling women's feeling about sex to their husbands was:

I have never revealed my feelings and thoughts about our sexual contact. Sometimes it was due to my shyness (P1, age 35).

Women are not taught how to say no to unwilling sex, but they are taught to be sexually submissive. Saying no requires to challenge the norms of femininity and everyday communication. Therefore, they may feel so shy to say it out, and they prefer to remain silence. Women's submissiveness in sexual matters was reported in this study. It led them to be passive in couple's sexual discussions. Sexual communication between husbands and wives delay for months or years after marriage. Women were often seen as the communication initiator because the communication was started with women's sexual rejection. The main reason of that long delay of sexual communication was that saying no was found a hard thing for women to do. They had to challenge not only the (femininity) cultural norms but also language in order to speaking it out. Therefore, the majority of women preferred to stay silent rather than informing their husbands about their feelings and thoughts related sexual matters because of social conditioning.

Men's influence on women's reproductive matters

Lack of the wives' participating in discussion provided an opportunity for men to control women's body in various ways. Husbands' choices were dominated on women's reproductive health. According to 7 of 11 participants, their husbands were the main decision maker on the

reproduction matters. The influence of the husband on his wife's reproductive decision was still significant on the decision whether to have children, the number of children they should have, and contraceptive use.

Having Children

Regarding a number of children, there was lack of women's decision. What their husbands said, they had to follow:

When we got two children, my husband told me that he wanted to get another child. I followed with his idea (P1, age 35).

When they reached in different ideas in wanting the number of children, Wives are lacking self-assertiveness to tell her own reasons wanting to that number of children:

My husband wants have 4 children, but I want only 2 children. I still don't know till now. Wait and see in the future. If he still wants more, I might have to follow him (P6, age 19).

In this extract, it revealed a strong male dominant power to control over women's bodies. Although women's bodies are responsible for pregnancy and spend more time to take care children after birth, their voices in the discussion about having children is not toned as stronger as men's voices. Women must be passive and are not given the option to argue.

For some wives who did not follow their own idea which was different from their husbands' ideas, they had to take full responsibilities for their own decision and see their husbands' face. When their decision went wrong, they got blamed:

When my pregnancy was about three months old, I got sick, having diabetes, and I should not have to get pregnant. He asked me to induce abortion because I often get sick, but I felt pity for my foetus. I could not induce abortion when I could see the foetus body via X-ray machine as a male human. He suggested me again and again to induce abortion. However, I did not do that. He got mad at me until the due of delivery. [Pausing] When my pregnancy was 7 months old, I felt so exhausted every day. He complained again about my decision (P7, 30).

The women were not encouraged to make decisions on their reproductive health relating the number of children. Their husbands dominated on it, and their wills were much-paid attention to follow. The women were scared of standing for their own decisions because they had to take full responsibilities of its outcomes alone. Men's decisions are seen as the most important and valid.

Contraceptive use

The decision power on contraceptive use was mainly with the husbands, and sometimes their wives did not get to provide real consent. There was a lack of wife's autonomy on contraceptive use. For the participant P2, age 20, she did not trust the natural contraceptive method. She trusted much more on using contraceptive pill. However, she did not bear to refuse her husband, but she had to follow her husband's decision because he thought it would be better for her health.

Some participants reported that their husband made sole decision on their contraceptive use without their consent. Their husbands did not care much about their wives' contraceptive preferences:

Regarding contraceptive use, my husband was the main decision maker since we've got two children. I was surprised by him to bring me to be induced the implant. At that time, he visited his hometown and sold his land. He called me while I was staying in my own village (over 60 km far), and he lied me that I had to come his parents' house in order to get some money from selling the land. When I arrived there, he brought me to a clinic in order to induce contraceptive, so I followed his decision (P11, age 25).

Regarding to P11, she felt fine with her husband's dominant power in her body relating contraceptive use. Some women interpret this behaviour as a good husband who helps to decide on contraceptive use for his wife. However, this behaviour shows the lack of bodily autonomy of women.

However, some participants told that their husbands did not care and were allowed them to do whatever they want in contraceptive use:

“I did alone. I told my husband that I wanted to use a contraceptive because I did not stop getting pregnancy, and he did not say anything. I used a contraceptive method until my children grew big.” (P1, Age 35)

Contraceptive use of women is considered as women's matter and their responsibility because they are the ones who will use it. It is non-business of men. Male ignorance in contraceptive expresses that they do not want to participate in any male contraceptive methods such as condom use or male sterilization.

Male controlling power is found in decision making on contraceptive use. Some husbands control their wives' bodies by making decision for their wives on contraceptive uses. This male controlling is seen as care of husbands for their wives. Some husbands are not main decision maker in their wives' contraceptive use, but they also involve any responsibilities on that matter because it's consider as the women's matter.

Women's resistance – pushing back

Despite a great influence of husbands' power on the women's contraceptive use, 4 of 11 participants showed their pushing back on contraceptive uses. Three in fourth of the participants revealed that their husbands did not care about their contraceptive use. They thought it was a women's business:

I was the main decision maker on using a contraceptive method. He did not care about this matter. My husband followed me to use whatever I wanted because I would be one who used it. I initially told him I wanted to use IUD, and he replied I could do whatever I wanted (P7, age 30).

Men gave women autonomy in contraceptive uses. For the women who were allowed to choose their favourite contraceptive method, they are more likely to use contraceptives effectively.

A participant made a sole decision to use a particular contraceptive method without her husband's consent:

I used daily contraceptive pills. I made my own decision to use that contraceptive without my husband's consent. I did not feel afraid of getting the blame from my husband (P8, age 23).

In summary, the results in this theme indicated that husbands tried to control their wives' reproductive health. They dominated on the decisions of a number of children, inducing abortion and contraceptive use. However, some husbands neglected their wives' contraceptive use because they thought that it was women's business that was irrelevant to them. Therefore, few married women pushed back in order to decide on their own reproductive health when their husbands seemed ignored of their family size or birth spacing. They initially raise that topic in order to choose what contraceptive method she would like to use. For a participant who was afraid of getting a reject from their husbands about their contraceptive use, she used it without their husbands' consent.

Chapter Summary

In this chapter, it illustrated that the Cambodian cultural norms and gender norms played a vital role in constructing conceptions of the masculinity and femininity within the home. Feminine concepts have described women as unknowledgeable, passive, and submissive in sex because women are considered as sexual gatekeepers. Talking about sex is taboo for Cambodian women, especially unmarried women. Before marriage, unmarried women are culturally and internally prohibited to talk about sex with other people including their peer, female relatives or parents. They cannot access proper knowledge related to sex. However, some women are capable to obtain sexual knowledge, but it is threaten information about sex. After marriage, women remain passive and naive in sex. Sexual communication among couples is rarely occurred. In contrary, men were determined as a breadwinner and major family decision maker Within the home. In their sexual relations, they had more sexual freedom through accessing sexual knowledge and sexual contacts. They are resources of their wives in sexual matters. Therefore, they controlled their wives over sexual and reproductive matters.

Chapter five

Analytic results (2)

In the last chapter 4 themes that lay the ground work for sexual coercion within marriage were covered. In this second analytic chapter, I outline four themes that represented the experiences and outcomes of women's and sexual coercion within marriage. These main themes are coercion with marital sexual scripts, accounts of sexual coercion, negative outcomes of sexual coercion, and women's protective strategies.

Coercion within marital sexual scripts

The women talked about sex within marriage in a relatively uniform manner – what I have identified as the marital sexual script within the accounts. This script was highly reflective of the discourses that circulate within Cambodia and about the roles of men and women should occupy within marriage, and when it comes to sex. Men were believed to have a strong sexual desire and sexual initiators, while women were viewed as having less sexual desire and a sexual subordinator. Women were also taught to fulfil their husbands' sexual needs and satisfy their husbands whenever they want? Therefore, saying no to their husbands' sexual request is so difficult for them unless they had a specific reason that was beyond not desiring sex. Women's desires were very much secondary to husbands. The marital sexual script, as identified in the data are outlined below.

Men as sexual initiators

All the participants reported that their husbands were the sexual initiator, and 10 of 11 participants revealed that they have never been a sexual initiator in their sexual relations. They thought that only men were a sexual initiation, and it was considered as inappropriate act for women to have sexual advancement because they were not allowed to have the sexual desire, and they cannot have sexual desire. Only one participants have experienced few times to initially have sex with her husbands.

A great number of the participants reported their belief of men naturally have a sexual drive:

My husband is the sexual initiator. A man cannot control his sexual desire. Whenever he wants sex, he has to get it unlike women who can control her sexual desire. Whenever men want to have strongly sex, we (women) can't escape although women do not want (P1, age 35).

In the extract stated above Participant 1 clearly articulates a sexual drive discourse, where men are seen as inherently sexually needy – and once aroused as needing immediate sexual satiation. She goes further to contrast the men's sexuality with women's sexuality (which is deemed much more diffuse and controllable). The phrase “we can't escape ...” clearly articulates a coercive sexual scenario within marriage, where women much comply with the sexual requests of their husbands, regardless of their own sexual desire. The men are the sexual agents, sexual aggressors and their sexual desire the focal point of sex within marriage.

Majority of the participants informed that they were never the sexual initiators. The initiator was always the husbands. Women were the sexual submissive group. When the husbands showed initial sexual acts, their wives followed:

My husband is the (sexual) initiator. I have never been a (sexual) initiator. I am wondering why I do not have it at all (P9, age 47).

The husband mostly wants to have sex while the wife has never wanted it. She is questioning herself why she doesn't have sexual advancement.

Sexual intercourses were occurred only when their husbands initially started or wanted it. Some participants mentioned that they did not have sexual feeling, but that feelings occurred after their husbands had started it:

My husband is the sexual initiator. I have not ever been a sexual initiator. I have sex only when my husband is the (sexual) initiator, and then I have that feeling (want have sex) (P3, age 19).

The quotation above viewed that women's sexual desire is secondary. That desire can only occur following men's desire and sexual initiation. The women considered sexual initiation as odd acts because ordinary women should not express their sexual desire. Sexual initiation was

considered as ashamed behaviour for them. From their own experience, although sometimes they used to initially want have sex, they had to hide it to avoid their husbands' assumption them as sexually obsessive women:

He (her husband) is the sexual initiator. I have ever [Long Pause] wanted (sex) initially. When I did not get pregnant, I did not feel that (wanting sex), but when I am getting pregnant, I have that feelings. I don't bear to do it (expressing my sexual feeling). I do not bear and feel ashamed to do that because my husband would think I am a woman, but initially wanting it. If I did it, my husband would judge me as [Long Pause] a sexual obsessive woman (Srey Ash). In my opinion, women should not want sex (P2, age 20).

In the data stated by the participant 2, women who initially want to have sex are called Srey Ash in Khmer language. Srey Ash refers to a very bad and immoral woman who behaves like a 'slut'. Sexual initiation by women is deemed embarrassing and immoral. Therefore, women still believes that they should be passive or innocent even after having sex for the first time. They are still not allowed to want sex even with their husbands.

Moreover, women's expressing sexual initiation seemed they might have had abnormal sexual desire that she cannot control it:

I am wondering why I do not have sexual desire at all. If a woman is a (sexual) initiator, she has too strong (abnormally) sexual desire. It seems like her sexual desire is increased when seeing men (P9, age 47).

Women's sexual initiation is viewed abnormality because it may contrast to what they are supposed to do. They are not allowed to have sexual desire or want sex like men do.

Women were suggested to hide their sexual desire. They were recommended to use sexual token resistance when they also wanted have sex. They had to be patient to wait their husbands' starting first:

Only men start (sexual) advance [Pause]. It is impossible for me to do that. I will educate my daughters not being a (sexual) initiator [Pause]. When I am the initiator, it shows that I want to (have sex). I have to hide those feelings inside forever. However, I admit that I have that feeling.

Sometimes I have it [Pause], but I am not bearable to show. I usually wait him to initially express his sexual behaviour, reject him in the beginning, and then agree with him. It's called women's strategies (P5, age 27).

In the couple relationship, some women mentioned about using strategies to hide their sexual desire. Women applied sexual token resistance in order to avoid making judgment as a bad girl who have high sexual desire. However, the problem of the token resistance is hard for the husbands to know when exactly the women reject or pretend to reject them.

Among 11 participants, there was only one participant who is bearable to be a sexual initiator. She did not think it was an ashamed act:

My husband is the (sexual) initiator. However, I have experience to be a (sexual) initiator. I do not feel ashamed to do that. I think it is common act for a marital life. I have been bearable to be a sexual initiator since the first three days after marriage. We had had a romantic relationship before marriage, and we love each other, we bear to do everything for our partner (P6, age 19).

The participant 6 is the youngest participant in this study and married by love. They had known each other before marriage, so they are seemingly more open in sex. She is the only one person in this research who thought that woman's sexual initiation is not uncommon. In her sexual relationship, her husbands and she are quite equal and have she has sexual autonomy. This could be argued that there is correlation between sexual autonomy and love married.

The women in this study showed male sexual drive and wise sexual knowledge in sexual matter. Men were definitively positioned as the sexual agent and initiator, and women were a sexual subordinator. Men were believed that they had strong sexual desire, and they could not control their sexual desire very well. However, women are supposed to have very little sexual desire and controllable one. Their desire must be suppressed. They were not supposed to have sexual advance or have sexual feelings after their husbands started it first. In contrast, women who had sexual advance was considered sexual abnormal or sexual obsessive women because they had too strong sexual desire that was impossible to control it. That behaviour was far different from normal women. Although they wanted to have sex in prior their husband, they had to control and hide it very well. Token resistance was widely recommended for women to use it in order to hide their sexual desire and protect their value as good women. The strategy may enable make their husbands confuse, and men cannot distinguish when the rejection is real or fake. They may believe that women's rejection is fake.

Women as passive and responsive (go along with sex)

The participants told that they played a passive role and a gatekeeper in their sexual relations. They went along with sex when their husbands showed they wanted to have sex because they thought it was a wifely duty. Moreover, they showed that way they gave sex to their husbands through their silence.

Wives were able to know their husband sexual intention when they saw their husbands' behavioral sexual expression. The sense of wifely duty to give in sex with their husbands was the main reason for her to stay passive:

Once he expresses his (sexual) behaviors, I can understand that he wants to have (sex) with me. Then I cannot do anything but agree to have (sex) with him. It is very normal as female being and male being. I cannot reject with him. Whenever he wants (sex), he has to get it (P1, age 35).

The Phrase "I cannot do anything" using by the P1 showed her powerless in sexual relationship, and they had to follow their husbands' desire. Passive and responsive behaviors in sex were categorized as normal duties of wives. This normalizing may create a wrong perception for women in sex to believe that giving sex is from their duty rather than from their desire.

Although women's saying "yes" was not easily released from their mouth, it was not so important. Their silence during their husbands' expressing sexual behavior was considered more important and adequate for men to assume that their wives gave in sex:

He consoles me. He touched the front and backside of my body, and said "Honey this or honey that [Pausing]". He commented on me after marriage over 5 years: "You have never been a (sexual) initiator with him. Moreover, he used verbal words like "Could you give me one? Could you give me?" repeatedly. I have never replied "Yes". He could know when I didn't reject, it meant I agreed (P5, age 27).

The extract above showed women's passive response to sexual request. Women used "Not saying no" to meant yes. This indirect response may produces misunderstanding for their husbands. They may make assumption for her silence as her agreement in every situation.

In this result, married men and women had their own ways to have sexual communication with each other. Wives could understand their husbands' sexual intention when they expressed their sexual behaviors. Mostly they followed their husbands' will. The wives usually did not say

anything, and they remained silence. The wives' passive responsiveness was assumed as the agreement.

Sexual communication

Reports of sexual communication between couples was typically non-direct, and either verbal or non-verbal.

Verbal non-direct communication (sweet words)

Some verbal phrases were used by the husbands to request their wives to give them sexual intercourse:

He said "Could I get one?" to request me having sex with him. (P2, age 20)

There is another phrase that husbands used to have sexual request to their wives:

Once he wants have sex with me, he asked verbally to sleep with (have sex) (P7, age 30).

Repeating to say "Could I get one, baby?" and using sweet words were found in their sexual communication in the bedroom:

If I don't give it, he continues to request me "Could I have sex him?" He said that he has an honest love with me and want to sleep with me only (P9, age 47).

There was no direct verbal communication in the couple's sexual relations. Common phrases that were used to request their wives to give in sex were "Could I get one?" and "Sleep with me?". Furthermore, husbands used repeatedly non-direct sexual phrases and sweet words in their communication. Men used this as a directive to their wives.

Non-verbal communication (touch, kiss ...)

Non-verbal commination was also commonly used in couple's sexual relations. The participants indicated that their husbands requested sexual intercourse by utilizing sexual arousal behavior, sleeping nearby, and physical force

For participant P8, she expressed that her couples rarely talk with each other, but her husband showed his sexual wish through non-verbal gestures. Then she followed him:

When he wants to have sex with me, he sleeps physically near me, initially hugged me and then started to have sex with me. After marriage, my husband and I rarely talk with each other. Once he expresses his sexual gestures, I follow him (let it be) (P8, age 23).

Some participants described their husbands used sexual arousal behavior to ask for sex with them:

When he wants have it (sex) with me, he hugged, and grope me. Then I follow him. (P4, age 21).

We sleep separately. Simply when he wants (have sex) with me, he touches this place and that place (of my body) like touching and caressing my breasts and somewhere else. If I do not have him in having sex, he continues doing these behaviors (P9, age 47).

Sexual harassment is found in non-verbal communication of husbands. Continued touching on women's is used to make women to follow men's desire. In the social norms, husbands are allowed to use a variety of sexual behavior with their own wives. Therefore, the sexual harassment, touching their wives' bodies, is not categorized as a wrongdoing in marital relationship although it is against women's will.

Impolite requesting to have sex with his wife happened when the husband was in a bad mood by using his physical force to get sex:

When he was in a good mood, he asked and requested (for sex) so politely with me. When he was in a bad mood, he expressed his anger toward me. When I did not agree with him, he forced me. He fought, kicked and raped me. I did nothing. I did not know what to respond against him. I was a stupid woman because I allowed him to do whatever he wanted (P11, age 25).

“I was a stupid woman...” is a phrase that the P11 used to blame herself that allowed her drunken husband used physical force to have sex with her. The self-blaming appears to suggest that the problem occurrence is victims’ mistake. They must take responsibility on her own safety. Sexual gestures such as kissing, hugging, touching their women’s private places and sleeping arrangement were used by the husbands to inform their sexual wanting. This results showed that non-direct sexual communication was occurred in their night-time relations. When the husbands wanted have sex with their wives, they displayed through sexual non-direct verbal and non-verbal communication. Both husbands’ sexual requests and wives’ sexual reject were not the direct words. The non-verbal gestures (kissing, hugging, lying physically nearby her, and caressing her body and her private places) are commonly used to propose their wives giving sex to them. Noticeably, uncomfortable physical sexual force was found when the husbands were in a bad mood and lead the husbands to force their wives to have sex and lead to physical coercion. Men would get what they want.

Women’s difficulties saying no

Saying No to husbands’ sexual request was a difficult thing that women could not do it. Women had to challenge the femininity norms, the norms of everyday communication and fear of reject actions from their husbands.

No words to say “No”

Because sexual matter topics are unspeakable among women, they get tough to speak their own feelings about it or express their own feeling about it. They did not know how to reject with their husbands’ sexual request:

I did not know how to reject him, and I was not brave enough. I thought it is so common to let your husband have sex with you when he wants (P2, 20).

In sexual talks with their husbands, women found themselves as an unassertive person. They could not find any suitable reasons to support them to say no with their husbands:

It is very hard to say no to him. Definitely, I am an unassertive person who does not have many words or reasons to reply him during that sex talk (P10, age 46).

The participant 10 labelled herself as “an unassertive person” as at fault to that problem that she could not find any word to say no to her husband’s sexual request. This showed the perception of victim-blaming is bound strongly with women. Regarding to this context, women prefer to position themselves as at fault rather than looking broader on causes such social norms or husbands’ pressure that restrict them to say no to unwanted sex.

Not fit to gender norms

In Cambodian gender norm, women are expected to be nurturing in their marital relationship. Their husbands’ sexual needs are nurtured and considered as the first priority. The participants reported that the main reason of their giving sex was due to their husbands’ wanting to have sex with them. Women could not say “NO” to their husbands’ sexual wanting:

When my husband wants to have sex with me, [Pausing] I don’t reject because we are couples (P9, age 47).

Fulfilling husbands’ sexual desire was seen as a very important wifely duty in sexual relations:

I cannot refuse him. It is the duty of being a wife to fulfil my husband’s sexual desire in order to create family happiness (P11, age 25).

Refusing to husband’s sex is not an option, but it is categorized as wifely duties. This duty is linked to the family happiness. Wives should make their husbands happy. The fail to complete this duty is the responsibility of wives.

Women had sex with their husbands because they (their husbands) wanted it:

When my husband sleeps near and caresses me, I do not say anything and give him sex. I do not think I can reject his sexual request because he wants have sex with me. If I don’t follow him, he might [Pausing]. Simply, men who don’t have sex few nights feel want sex and cannot control it. Men being whenever they want have sex, no one can stop them unlike women who cannot be a sexual initiator although women want have sex (P1, age 35).

Male sexual drive is mentioned as a cause that women have to give in sex. Women believe that male sexual drive is so strong and uncontrollable. When men want to have sex, no one including themselves cannot control. This male sexual drive is different from women's sexual drive which is under control of women very well.

Women's saying no to sexual requests of their husbands is found not fit to the gender norms in Cambodia. First, male sexual drive is powerful and uncontrollable, so women do not a choice besides giving in sex. Second, fulfilling husband's sexual desire is considered as a wifely duty. Women have been discourses to nurture their husbands very well including fulfilling their sexual desire. Their family happiness can occur once their husbands are happy with their sexual relations.

His 'rejection reaction'

Another reason that disturbed the women reported saying no to their husbands' sexual request was due to a fear of his rejection reaction. The outcomes of their rejection from having sex with their husband are negative. For example, the participant P10 was fear of saying no to her husband:

Yes, it is the most difficult for me to say no with him because once I started to discuss about sexual matters, he accused me of having accusations or anything else (P10, age 46).

Some husbands did not force their wives to have sex with them after they had said no. However, they showed their negative moods of that rejection:

When I said no, he turned his face away from me. He might get a little angry with me I guess. He has never forced me to have sex with him (P5, age 27).

Emotional manipulation through displaying emotional upset was mentioned in the data above as rejection reaction of husbands. That negative reaction is considered as women's responsibility. It may put pressure on women because they make their husbands get bad emotions which are inherently women's fault for making them mad, angry or upset.

Fear of having spousal arguments was another reason for women to say no to their husbands' sexual requests:

Sometimes I followed him to have (sex) although I did not want it. I do not want to have verbal argument with him [Pausing] relating it. I tried my best to hide this problem from neighbors because it was so embarrassing thing. Some people would think I was his wife, and I should have fulfilled his needs.” (P4, age 21)

The data above revealed the relationship between fear of having spousal arguments and women’s difficulties to reject husbands’ desire. This data is combination with previous data that mentioned women’s responsibility on family happiness. Avoiding argument occurrence was stated as another reason that women have to follow their husbands’ desire. Spousal argument is considered as a bad image because it destroys the family honour. Moreover, having argument relating to sexual matters is even more embarrassing for that spouses. Therefore, wives try their best to prevent a loud verbal argument that might be leaked to neighbors. This prevention also distracts talk about her own sexual desire.

The results illustrated that saying “No” to husbands’ sexual requests was a very hard thing for women because it was not fit to the gender norm, lack of common words to say, and fear of rejection reaction. Through their femininity discourse, they were supposed to be a caregiver and nurture, and they should fulfil their husbands’ needs. They were not taught how to say no to or reject their husband’s requests. Moreover, they were fear of rejection reaction. They might have been accused of having an affair, make their husbands angry with them and have verbal arguments in the family.

Strategies of resistance that do not always work

From the interviews, very few women reported that they used their sexual desire, feelings or preferences as their rejection reason to have sex with their husbands, but these reasons did not usually work. Within reject to their husband's sexual requests, women require strong and suitable reasons in order to convince their husbands to accept them. Getting sick, pregnancy, menstruation, religious reasons and using extreme words were often effective strategies that worked to not give sex to their husbands. Husbands have more understanding and acceptable of the physical barriers than her emotional or personal desire.

Sickness

The majority of the participants reported that their husbands did not have sex with them when they were getting sick. Saying no to sex when they were getting sick was acceptable reason:

I rejected (to have sex) with him, when I felt unwell or got illness. I meant when I get headaches, dizzy, or bore. I do not want anyone to stay near me. My husband can understand it. (P6, age 19)

Two participants complained that their husbands still had sex with them although they told they were sick. Their information was ignored it, and their husbands still followed their own sexual desire:

He had sex with me although I did not want. I was unwell. He did not listen or accept this reason (P11, age 25).

He has never controlled his sexual desire. He has sex with me when I am getting sick. He does it whenever he wants. When I refused so much, there were loud verbal arguments among us (P10, age 46).

For participants who have experienced severe sexual coercion, they described their husbands' rejection reaction like experiencing a psychological rape. They had a high level of sexual subjectivity that had very powerful impact on their psyche. They had a much lower level

of sexual subjectivity; including sexual body-esteem, entitlement to sexual desire, self-entitlement to sexual desire and pleasure, sexual self-reflection and sexual self efficacy, that had very powerful impact on their psyche. The husbands lost their self-control on sexual desire, and they were obsessive to have sex with their wives and blatantly ignored their wives' rejection – clear cases of sexual assault or marital rape.

These women found that using physically unwell conditions to reject having sex with husbands sometimes worked in getting them out of having sex. It may work very well with husbands who have less belief on male sexual drive. They may accept women's rejection. However, for husbands who have stronger male sexual drive, they may not accept women's physical health to stop their sexual desire. It could be argued that husbands with a stronger male sexual drive believed they lowered the level of sexual subjectivity in their wives.

Pregnancy

In Cambodia, pregnancy is believed as banned period of having sex for couples because Cambodians believe that it might affect the fetus' health. Fetus's health is the most concerning reason for the sexual prohibition. The participants in this study described they did not give their husbands sex because of fear of impacting on their fetus and their difficulties having their morning sickness during their pregnancy:

During pregnancy first trimester, I had morning sick, and I did not allow him (to have sex with me). I felt like I did not want anyone to stay physically nearby me. I got bored with my husband, and I wanted to have my own space. He can understand that I got morning sick and got difficult inside my body. I could not eat anything as usual. On the four-month old of pregnancy, we restarted having sex. Then I had abdominal pain, and then I visited a doctor. I was told that my abdominal pain was due to my fetus's growing and moving. However, after I was back from visiting a doctor, my older relatives ask me what happened. They advised me not stay (have sex) so often because it was not good for the fetus. Then, we stopped to have sex. I was afraid of affecting my fetus's health when my fetus was 5 months old (P6, age 19).

The participant 6 narrated her experience of being blame by her relatives for having sex during pregnancy. In her case, the couple had shared with their relatives that they had engaged in sex during pregnancy because she had some sever pain in her second trimester of pregnancy. Having sex during pregnancy is considered as inappropriate during the first and third trimesters of pregnancy for ordinary people in Cambodia who are not knowledgeable in sexual and reproductive health. Both husbands and wives are expected to control their sexual desire during those period. Having during the first trimester is viewed as risky for miscarriage, and it presses physically on the fetus in the third trimester because in Cambodia only missionary positon is considered as an appropriate one. These sexual prohibitions are regard the fetus's health, but they are not for pregnant women's sexual well-being. The prohibitions showed not only wrong understanding and lack knowledge about sex during pregnancy, but also lack of attention of women's autonomy during pregnancy.

Some women claimed that they could reject having sex with their husbands successfully during pregnancy. Their husbands did not use physical force with them:

During pregnancy, he still forced me to have sex with him, but I rejected seriously. He followed me because he did not bear to hurt me physically, but he said something that hurt me. (P4, age 21)

The extract showed that the women's successful rejection to have sex is related to social norm. Because having sex during pregnancy is viewed as wrong, wives may use very strong resistance strategies not to have sex. Moreover, husbands may also not try hard to overcome their wives' rejection when it goes against social norms.

For husbands who had very strong sexual desire, they still required their wives to have sex them as usual during pregnancy. They had many reasons more to support their idea that their sexual acts with pregnant wives were fine:

I have never stayed free of sex a day because he has sex with me every day including during pregnancy. I told him that I did not want to have sex that time because it was not good, but he did not listen at all. He always have many reasons to reply against my reject (P10, age 46).

The participant 10 is only one participant who reported that during pregnancy, she still had to have sex with her husband regularly. She had to have sex with her husband so frequently. As previous data mentioned about her husbands who had mental rape problem: He believed he could not control or postpone his desire during his wife's pregnancy and after birth.

No sex during pregnancy is related to social norms. Husbands' suspending sexual intercourse during pregnancy was seen as a main concern of fetus's health. Although some husbands still wanted to have sex during that period, they did not force their wives so hard, and wives rejected seriously to give sex. Moreover, their husbands did not bear to use physical force. However, for sexual obsessive and severe coercive husbands, they always provided many reasons to counter against their wives' sexual reject in order to gain sex during the banned period.

Menstruation

Menstruation is another prohibition period for couples to have sex regarding health problem. In Cambodia, it is believed that women's uterus is opened at that time, and menstruation blood is dirty. If spouses have sexual intercourse during menstruation, they may be infected by virus. In this study, menstruation was used as a reason to reject husbands' sexual will. All participants reported that they did not give their husbands sex by firmly during menstruation:

During my menstruation, although he really wanted to have sex with me, he did not bear to do it. I did not know what he was afraid of, but I did seriously rejected him. He did not force me to have sex during menstruation (P11, age 25).

They informed about her menstruation period, and majority of their husbands accepted that reason. However, very few husbands still requested again and again, they rejected seriously and did not give sex to them.

Religion

Religion belief also used for a wife's sexual rejection. One participant believed having sex with her husband during Buddhist holy days was sin:

I also do not allow him to stay with (have sex with) me on Buddhist holy days because I am afraid of getting sin (P5, age 27).

Wives' sexual resistance that mostly work effectively is consistent with Cambodian social norms. These social norms taught men or husbands to have more understanding and acceptable of the physical barriers than her emotional or personal desire. Regarding the social norms, having sex with wives during sick, pregnancy, menstruation, and Buddhist holy days is considered immoral and inappropriate behaviour. Using these reasons mostly worked because they were considered as acceptable reasons. However, those reasons were not worked so well with husbands who had strong belief in male sexual drive. Husbands, who were sexual obsessive or severe coercive ones and required to have sex daily, did not agree with those reasons. For some husbands who did not come home everyday, they could not accept that reasons of sickness. They supposed their wives to understand their condition rather than being selfish thinking of their own (wives) well-being. Regarding religion reason, it is a rare case. Only one participant raised her own belief of not having sex during Buddhist holy days, and her husband accepted it.

In this theme, the marital sexual scripts impacted on married women and men's sexual attitudes and behaviour. While men were dominated and initiative in their sexual relations, women were submissive ones. Women were discourses to be sexual gatekeepers who were passive and responsive when their husbands required sex. When their husbands used indirect verbal communication and non-verbal communication to express their sexual intention, they normally gave sex to their husbands because they got much difficult to say no. Their difficulties of saying no were due to lacking common use of this word in everyday communication, violating to the gender norms, and fear of rejecting reactions. However, in order to reject the sexual requests, the women revealed that they needed to have very acceptable reasons such as sickness, menstruation, or pregnancy. These reasons mostly worked, but they were not effective with strong sexually coercive husbands.

Accounts of sexual coercion and assault

The women in this study have experience a wide range of sexual coercion accounts. They had sexual intercourse with their husbands although they did not want it. From their internal pressure, they had to give their husbands in to sex because of their wifely duty, and husbands' much need it. From their husbands, psychological pressures of sexual coercion were seen such as showing their much sexual need, expressing angry with the rejections, assuming wives' sexual rejection as weird, wrong or strange, accusing their wives of having an affair and repeating sexual requests. Other pressure uses were physical and alcohol in order to obtain sex from their wives.

Never say no (wifely duties)

Wifely duties are constructed by gender norms. In sexual relations, women were told to satisfy their husbands' sexual needs. All participants in this study agreed that wifely duties were to fulfil their husbands' sexual desire:

I have never rejected him. I think it is a duty of being a wife. She should be friendly, and satisfied her husband and understand his needs, so other will not blame her. I have experienced to have sex with my husband although I did not want it (P1, age 35).

I have experienced to have sex with my husband although I did not want it before getting pregnancy. He wanted it, but I did not want. However, I let him do [Pausing] because I felt pity him. He did not sleep (have sex) with me so often. He slept with me one or two times per week. I think it is a duty of being a wife (P2, age 20).

Based on the participants' reporting, they had a strong sense of wifely duties on sexual matters. From their own perspectives and social perspectives, they had to have sex with their husbands when they needed it. This data expressed women's internalized role to give in sex to their husbands although there is no physical pressure or force pressure.

Give in to sex (husbands' great need and women's pity)

Some of participants reported that they did not bear to reject their husbands' sexual desire due to some reasons including husbands' much demand, and wives' pity for their husbands.

More than half of the participants revealed that they gave in sex to their husbands due to above reasons.

Some participants reported their giving in sex to their husbands due to pity for their husbands who worked very hard for the family:

I feel pity for my husband as well because he works outside everyday in order to earn money. I did not work as hard as him. He just asks to have sex with me one per week, why I reject him. When I did not allow him to sleep with me, he said that it was worthless to work hard in order to support this family. He complaint “I just want sleep with you one or two per week, but you still cannot do it (P7, age 30).

“Pity” is used as a reason for women to go along with sex although they do not have their own sexual desire. This notion of female nurturance is a consequence of the femininity discourse.

Husbands’ paid working outside their village (not being able to come home everyday) is considered as harder and more value in comparison with wives who did unpaid job at home. Women described that they did not reject having sex with their husbands if they wanted.

Husbands’ working hard was paid off by getting their needs:

I have experienced having sleep (have sex) with my husband although I did not want it. When he is just back from the forest (logging wood order to sell) and wants have sex with me, I cannot reject [Pausing] because he did not have it few days during staying in a forest. If he doesn’t get exhausted from his work, why I cannot do it while I stay at home without exhaustion. I think it is a duty of being a wife. He married me, so that thing [Pausing] is normal for him to need it (P8, age 23).

The extract above demonstrated that internalized pressure to giving in sex is relevant to husbands’ working condition. For husbands who works outside their own village and cannot go home daily, his work may be considered as a tough one. Their hardworking conditions are paid off by getting what they want from their wives. The more hardworking husbands perform the more internalized pressure for wives to reject having sex.

Wives, who had a gynecological problem and got painful during sexual intercourse, described their feelings and reactions when their husbands asked to have sex with them:

I have experienced to have (sex) with him because his request although I did not want. Sometimes I felt pity for him because he did not (have sex with me) several days. Having sex with me is not like other women. I feel really pity on him. In the beginning of our marital life, we had sex normally like others, but after the stillbirth of my first child, my uterus stayed not deep as normal (relapsed uterus). We have sex very few, and we cannot have a normal sex (because he cannot insert his whole penis into my vagina). He can insert (his erected penis) little. I think my husband has not get sexual excitement. I admire my husband's empathy so much.I know men must need it (having sex). I wish I can have a normal one and fulfil his (sexual) desire like others. Due to my pity on him, I do not care much about my own well-being. It is just occasional case that I have (sex) with him because of his repeated request, but the majority it is due to my pity on him. Sometimes my husband is a bit sensitive one. When I said No with an angry face, he got mad at me back (P5, age 27).

The participant P5 who has had the relapsed uterus described her sexual pain and giving her husband in sex. Due to her illness, her husband could gain sexual intercourse very few and could not have normal sex like other husbands did. Due to his deeply understanding her miserable condition, she felt that she could not hurt his feelings when he requested her to have sex. This was a way for her to express love back to his husband. She had to give him sex although she had to suffer with the severe pain during and sexual intercourse.

Together with the former extracts, women's giving in sex is mainly the influence of femininity discourse that puts internalized pressure for women in order to promote notions of female nurturance. The participants mostly gave in sex to their husbands because of pity for their husbands' hard working for their family. Husbands worked paid work which were seen as a harder job in order to earn money to support their family. Sometimes they had to work outside their village and lived separately from their family. Their hard working conditions were paid off by being fulfil their needs. Therefore, the women including women with a gynecological problem and got painful during sexual intercourse got internal pressure to speak out their feelings of unwanted sex.

Difficulties of saying no

Saying no was more difficult than letting sex occur when women did not want it. Once the husbands expressed their sexual desire, they expected to gain it. They did not want to hear the reject from their wives. Through the participants' experiences of their reject having sex, their husbands expressed their dislike reaction. The participant P4 described her husband's reaction on her refusing to have sex with him:

It was so difficult to refuse having sex with my husband. Sometimes I twisted or pinched him hardly because I felt annoyed (I did not have sexual feeling at all.). When I did that, he got angry with me. He moaned (complained) too much and was aggressive. He did not listen my reasons of refusing him. He might have been mad. He disturbed my sleeping when he wanted to have sex with me. Then I followed him. If I did not follow him, he would get angry with me and there were verbal arguments (P4, age 21).

In the above extract, it is highlight husbands' emotional coercion that make women get difficult to say no to sexual request. Husbands' negative emotions such as getting angry, mad, aggressive, and moaned are refusing reactions to their wives answers.

Some participants reported that their husbands expressed mad and disappointed feelings when their wives said no sex to their request:

I showed him through gestures that I did not want to have sex with now. He said that "You are this or that. I will not work or earn money if you do not give me sex. I work hard to earn money for you and children. If you do not allow me to touch (have sex) you, I will not work anymore. It is useless." He was mad like that (P10, age 46).

Husbands expressed their dissatisfaction for their wives' sexual reject through verbal (saying about their disappointed feelings) and non-verbal communication (showing aggressive behavior). These dislike reactions of husbands put another pressure to the women to participant in unwanted sexual contact.

Interpersonal or social coercion

Sexual intercourse within marriage is considered a very common thing. As the marital sexual scripts mentioned in the previous theme, wives' rejecting with their husbands' sexual requests might be considered as uncommon. The participants revealed that their husbands said their sexual rejects were weird, wrong or changed.

The participant P9 narrated her experience of refusing to have sex with her husbands. As a consequence, she got suspicious:

When he wants have sex with me, he acts like touching or caressing my breasts and touch somewhere else. Then I said "What? I cannot sleep." If he does not get it, he continues doing that behaviour. He said "Heh give me a little bit please?" I told him now I feel sick off (having sex) and do not want it. Then he said now I become strange that I do not want to have sex with him. He is afraid that I might have another man. He listened my reasons, but sometimes he still requests it (P9, age 47).

Women, whose husbands worked far from their village and could not come home so often, their reasons of sexual rejects including illness were more highly unlikely to accept and considered as wrong:

When he comes home on per few weeks, he usually have sex with twice per night in the early evening and early morning. I rejected his second sexual request in the early morning, and I told him that I got unwell, and he said I always complain of my illness and use it as an excuse. He comes home one per few weeks, and now I are not allowing him to sleep with me. Then he got mad at me (P7, age 30).

According to the P7, her husband's getting upset and anger was the result of her rejection to have sex with him. His reaction made her feel wrong what she did with him. Some participants, who had difficulties to have sex, informed their difficulties, but they were accused of behaving weird:

I told him about my severe pain during and after sexual intercourse, but he did not believe in me. He said why this time I rejected, and why I did not reject previous times. He blamed me of not taking care his sexual desire, and used too many excuses of illness all the time he asks to have sex

with him. He said that if he had known that I would have been like that he would not have married me. He wants have sex with me because he loves me so much (P10, age 46).

In the above extract, her husband used “love” as a reason to complain on his wife’s sexual reject. The rejection of women is considered as no love with him. This context highlights that women must show love to their husbands by forgetting their own desire.

With emerging this data with previous data of the marital sexual scrip, women got social coercion that gave the double difficulty, before and after saying no to their husbands’ sexual request. Before women are capable to say no to unwanted sex, they usually take months or years. Because of women’s sexual submission for long period, husbands may not be able to accept women’s sexual rejects easily, so women are countered with husband’s negative reactions. Their husbands were more assertive to argue with the women’s sexual refusal. They accused the women of behaving strange, wrong, or weird because their rejecting was different from previous sexual experience that they were passive and responsive.

Accusations of infidelity

Jealousy is another good reason for husbands to put pressure for their wives to follow his requirement and get hard to say no with their sexual request. Husbands’ sexual jealousy was a way to grape his power in order to control their wife and approval of having sex with him easily. Many participants in this study told they did not reject their husbands’ sexual request because they were afraid that they were got suspicious of having sexual contact with another man:

I have experienced to have sex with my husband when he wanted it, but I did not want it [Pausing] because he is a bit jealous person. I do not want to have argument (due to sexual matters) during living together. I did not bear to reject his (sexual) requests because I did not want him to think that I might have had someone else (an affair). I was afraid that he might have lost confident or trust on me. He might have thought that previous time he had asked (to have sex with) me, and then I allowed him, but why I rejected today. He might suspected [Long pause] I might have had sex with a man ready, so I rejected with his (sexual) request. My husband is easily jealous me with other men (P6, age 19).

Male sexual jealousy is used as controlling behaviour toward women's sexuality through threatening the relationship. This jealousy is under the coverup of love. Within jealous husbands, women have to follow their husbands' sexual needs. Wives did not bear to deny having sex because they were fear of being accused of having an affair, spousal arguments, and losing trust and confident from their husbands.

Men's Persistence

Persistence in sexual relations is a kind of repeatedly sexual requests to a partner. It is occurred after a partner reject to participate into sexual contact. These repeated requests establish external pressure on the partner to give in to sex. It was declared as another strategy to overcome wives' sexual refusals. The participant P8 described her husband's sexual persistence:

I let him do whatever he wanted. I told him ready that I did not want have sex with him tonight, but he repeatedly asked for it. I did not have such sexual feeling at all. I had sex due to his repeated request (P8, age 23).

Some participants reported that the post-refusal sexual persistent acts continued until the victims gave sex in:

When he wants have sex with me, he acts like touching or caressing my breasts and touch somewhere else. Then I said "What? I cannot sleep." If he doesn't get it, he continues doing that behavior. He said "Honey give me a little bit please?" I told him now I feel sick off (having sex) and do not want it. Then he said now I become strange that I do not want to have sex with him. He is afraid that I might have another man. He listened my reasons, but sometimes he still requests it (P9, age 47).

In above extracts, repeatedly sexual requests is seen as an emotional pressure for wives. Wives told her reasons ready of not wanting to have sex, but continued requests still occur.

These continued requests make the women change their mind about having sex because they feel annoyed and speechless.

Some sexual coercion victims experienced the post-refusal sexual persistence. It was interpreted as strong sexual intention of the perpetrators:

He asked directly in verbal communication when he wanted to have sex with me. Mostly I told him that I felt unwell because when I had sex with him, I got itchy and painful. He still kissed and hugged me as usual. He said that “Dear, could I sleep (have sex) with you just a little bit tonight?” and he kissed and hugged me. Then I replied, “Dear, I am not getting well.” He said “you are sick again. Are you getting painful on your legs or arms? Do you need me to do coining treatment for you?” these signs showed that he really wants to have (sex with me). I could not reject him (P7, age 30).

According to the participant 7, she got double pressure after she rejected having sex with her husband by giving reason of physical pain in having sex and her unwell being. This data is consistency with the previous data that stated that using physical unwell condition is more effective for wives’ effective rejection. However, that reason did not work for the participant 7’s case. Her husband proposed to help her to get better by doing coining (Gua Sha) treatment for her. After he helped her to get physical better, her wife had no another reason to refuse having sex with him. She had to give him in sex. Another pressure was sexual arousal by kissing and hugging her. Her husband used emotional manipulation pressure.

This data indicated that there is the link between men’s persistence and women’s sexual submission. Men’s persistence is a mild sexually coercive sex because the perpetrators mostly use emotional and psychological manipulations. The sexual rejections of the women in this study mostly did not work well because the perpetrator used post-refusal sexual persistence to overcome their wives reasons or to put pressure on them to give in sex. The more repeated sexual requests the bigger pressure women perceived.

Role of alcohol

Alcohol consumption is widely known that it is associated with sexual aggression (Testa, 2002). In Cambodia, drunken people are believed that they might lose self-control and possibly

commit wrongdoing things, but they do not take full responsibilities for their acts. Instead, their fault during drunken condition is blamed to the alcohol. However, some participants, who have experienced severe sexually coercive sex, also revealed their husbands used alcohol to coerce them to give in sex.

The participant 11 described how her husband used his drunk condition to ignore her sexual rejects:

Sometimes, he got drunk, and I always reminded him “Honey, when you get drunk, please sleep. I get exhausted from my work as well, so I need to sleep.” He did not listen my words [Pause] I tried to push him out, but I am not strong and energetic as him. He forced me (to have sex) whenever he got drunk. If he did not get drunk, sometimes he could listen to me. When I rejected his (sexual request) during not drinking, he accused me of having an affair or a new man that made me reject him. He said that “if you don’t have another man, you must not feel annoyed with your own husband.” He did not listen all my explanations. Sometimes I got exhausted form work, and I fell asleep earlier. Then there was a problem. He needed it at night. He did not allow me to sleep. He touched me (my body), and hit me (not so strong). Although he did not want sex tonight, he created a trouble with me. [Pause] he wanted me to involve in his unreasonable and worth conversation. When I did not reply with him, he continued to hit my body and turned my body to face him and speak with him [Pause]. I could not sleep at all. In the last few years, whenever he got drunk, he spoke loudly. Firstly, he used violence on men and then destroyed household stuff (P11, age 25).

The extract described by the participant 11 revealed differences of men’s characteristics between drunken condition and non-drunken condition regarding sexual matters. In non-drunken condition, her husband was more likely to accept her reasons of not having sex with him. However, during drunken condition in the last few year of the marital relationship, he could not accept any reasons, and he used many kinds of sexual coercion tactics including sexual arousal, and emotional pressure in order to get sex. The more often her husband’s got drunk of more frequent she was sexual coerced.

During drunk condition, some sexual coercion perpetrators did not have to care their wives feelings. They were reported that they committed inappropriate sexual positions with their wives:

Once he got drunk and could not do (have sex) anything with me, he used his hands to touch, kissed and lipped my vagina. He pretended to lie on my body like an unconscious person. He cares only it (having sex). He does not think of my feeling, pain or difficulty. I really hate his handy sex because it hurts my vagina so much (P10, age 46).

In above quotation, it is revealed that women feel bad with their husbands' alcohol consumption and sexual coercion. Women believe that their husbands use alcohol manipulation to do inappropriate sexual behavior such as handy sex, or oral sex which are considered as uncommon and unacceptable in Cambodian culture.

The results figured out that there was close connection between husbands' alcohol assumption and sexual coercion within marriage. The men used it as a sexual coercion tactic in order to ignore women' sexual rejection, commit uncommon sexual behavior and escape from responsibilities. The women found that they could not escape from unwanted sex and sexual contact when their husbands got drunk. All their sexual rejection reasons were ignorant, and mostly the perpetrators used physical force to gain sex.

Physical force

Physical force is less common in comparison with other sexual coercion tactics. It is used after verbal, and psychological pressures are failed to make a partner give in sex. In this study, when the wives continued rejected his repeated sexual requests, forced sex occurred:

I rejected with him because I could not tolerate anymore with his daily sexual intercourse. Although I rejected his sexual request, I could not escape because he used his strength to have forced sex with me (P4, age 21).

His behaviours of sleeping with me was like raping me. When I pushed him out, he pushed in. He used his hands to touch (my vagina) and lip it. He is really a bad person. I could not do anything, and I had no choice besides giving him it (P10, age 46).

For the participant 4, the phrase, “I could not escape”, was used to describe her lacking of choice not to have sex. Sexual force was a consequence of her sexual rejects, and this issue occurred repeatedly.

The perpetrators used physical force whenever the victims continuously refused having sex with them. The repeated upset experience of the women’s sexual rejection led them to stop rejecting the perpetrators’ sexual requests anymore:

As it occurred again and again, I rejected him verbally “No”, but he still forced me. So I had no option besides following him for 10 years in the marital life. I stopped rejecting him. If I still rejected continuously, there would have bad arguments, and he would have used violence on me again. Sometimes, when I rejected seriously, he got mad not only at me but also at children. He still forced me to have (sex). He did many things in order to get it (P11, age 25).

The physical coercive sex is repeatedly occurred as women reject having sex with their husbands. This negative result is demotivated women to use again. Physical force is a stigma for women to have fears for their rejection.

This result illustrated that physical pressure is an extreme strategy after other sexual coercion tactics are failed. In this result, only severe sexual coercive husbands used this physical force in order to gain sex. When the perpetrators used physical force when the victims refused seriously to participate in their sex contact. Therefore, the victims had no choice, and they had to follow their husbands’ sexual requests. Some victims stopped rejecting anymore because they were fear of force sex or marital rape. For some participants who could not get used to physical sexual force, they tried to found supportive resources such their family or elderly relative to help them to find solutions. As those solutions did not work effectively, the worst results were getting divorce or lived separately.

To sum up, this theme revealed the relationship between the traditional sexual scripts and husbands’ sexual coercion. Regarding accounts of sexual coercion that husbands committed on their wives, the women have experienced to have unwanted sex with their husbands due to internal pressures from their sexual attitude and external pressure from their husbands. From internal pressures, the women had to counter with a “head versus heart” discrepancy. Sometimes when their husbands requested to have sex, their hearts did not want it, but their head said that giving in sex to their husbands was their wifely duty and their husbands’ requirement. From the

external pressure, their husbands used psychological pressure, emotional pressure, physical pressure and alcohol to overcome sexual refusals of their wives.

Negative outcomes of sexual coercion

The participants mentioned their difficulties of living with sexual coercion. They had to participate in unwanted sex with their husbands. As a consequence, sexual coercion had negative outcomes on the women's sexual relations. The victims confronted negative psychological and physical consequences.

Negatively psychological outcomes

Due to continuous pressure to engage in unwanted sex with their husbands, the women reported negative psychological effects. As the result of sexual deference to a partner's preference, the women gained negative emotions, loss of sexual desire, and loss of sexual satisfaction.

Negative emotions (Feel disrespected)

The sexual coercion victims described their negative emotions of their abuse sexual experiences:

I did not get (sexual) satisfaction when I have sex while I do not want. It is different feelings of have sex when wanting and not wanting. When I wanted and had (sex), it was fine. However, when I had sex while I did not want, my mind was not satisfied, and let him do whatever he wanted with my body. I felt hurt and upset. I felt angry with him and wanted to get divorce with him because he did not respect my decision. I felt I was not important for him at all, and he want only important person that I had to listen and follow him. Sometimes I felt I were his sexual entertainment (P4, age 21).

In the above extract, it showed that women who experienced sexual coercion within marriage are struggling with self-objectification and negative emotions. This objectification produces the division between women's body and mind because they have sex on their body

with absence of their sexual desire. They see themselves as an object in their sexual relations as they have no right to decide on her own body and sexuality which are controlled by their husbands. No one cares or respects about an object's opinions, feelings or decisions.

Some participants informed the combination of negative feelings:

I felt very tough, painful, and doubtful whenever I have unwanted sex with him [Pausing]. I got painful in my mind and into my vagina (P11, age 25).

“I got painful in my mind and into my vagina” is a phrase that was used by P11 to describe her feelings. She compared her painful feelings of experiencing coercive sex to the physical one in order to describe how painful she got.

The results showed that the participants experienced a variety of negative emotions. They felt bad, upset, angry, devalue, pain, taught, and doubtful. They were valued just a sexual entertainment object because their sexual satisfaction was discounted, and their sexual refusals were disrespected.

Loss of sexual desire

A consequence of having sex with lacking of positive emotions is loss of sexual desire. Some participants in this study mentioned that they have lost their sexual desire:

To be honest, previously I used to have sexual feelings. However, now I think I have lost it (P10, age 46).

I do not reject (having sex with him) because we are couples. He loves only me. He has never contacted (sexually) with another girl. However, now it seems to that I have lost [Pause] I am getting sick off it. Although I feel that, I cannot do anything. I have to follow his (sexual) desire (P9, age 47).

For the P9, “I am getting sick off it” was used to express her loss of sexual desire. However, she was trapped and bound by her husband's sexual desire. She internally forced herself to have sex although she has no feelings.

The participants explained their loss of sexual desire because of the long-term of sexual coercion that they have suffered. They did not see sex as a mean of pleasure, satisfaction and joy for themselves, but they were valued as a sexual object. They had to give in sex whenever their husbands needed because this giving in sex to their husbands was seen as their wifely duty. Moreover, men's desire is an imperative while women's desire is not a necessity. The long-term of having sex without own sexual desire was the risk of losing sexual desire. They have lost the feelings of wanting have sex with their partner. Although they felt sick off it, they had to give in sex to their partners as a duty.

Loss of sexual satisfaction

Another psychological effect of husbands' sexual coercion was loss of sexual satisfaction. The 10 of 12 participants informed that they did not get sexual satisfaction during sexual intercourse once they did not want it. They could notice their losing of sexual desire through comparing with their previous experience:

I get very little sexual satisfaction because my husband's penis could insert into my vagina channel very short. My husband might get it. When he inserts only on the half way, I got painful. I have bleeding during staying with him (have sex with him) after I got contraceptive injection. Now I lose my sexual satisfaction recently. Previously although he inserted his penis not deep, I could get some sexual excitement (P5, age 27).

This extract revealed the connection between sexual difficulties and the lack of mutual pleasure when couples have sex. Husbands may be easier to perceive sexual pleasure than women.

When they had sex without sexual satisfaction, they did not want to have a prolong sexual intercourse:

When I had sex while I did not want, I usually bagged my husband to (have sex with me) faster and shorter time than usual. I did not want (have sex) longer. When I felt unwell or unwanted to have sex, I suggested him have (sex with me) quicker and rusher to ready. Then we slept (P6, age 19).

The result illustrated that continuous sexual coercion within marriage affected women's sexual satisfaction. The women could not reject successfully their partners' sexual request, and they had to give in sex. They have seen sex as a duty rather than to get their own sexual satisfaction. This long-term of sexual dissatisfaction was a reason to lose their sexual satisfaction.

Regarding the results above, husbands' sexual coercion was associated with the women's negative psychological effects including producing negative emotions of sex, loss of sexual desire and loss of sexual satisfaction. Living with continuous sexual coercion and lack of obtaining positive emotions from their sexual relations, some participants expressed their sexual perception as self-objectification. Fredrickson and Roberts (1997) defined self-objectification as *"the cultural milieu of objectification functions to socialize girls and women to, at some level, treat themselves as objects to be looked at and evaluated."* In this study, the wives considered themselves as an object of their husbands' sexual entertainment. They had to complete their husbands' sexual desire and sexual satisfaction but not for themselves. Long-term effects of missing their own sexual desire and satisfactions in sexual relations possibly produced loss of their sexual desire and sexual satisfaction.

Negatively physical outcomes

Physical pain

Sexual coercion also creates physical pains for the victims. The participants described their physical distress and trauma when they had coercive sex with their husbands. The dry sex was reported that it was the main cause of creating physical pain.

Dry sex commonly occurred in their coercive sex. Within the women's experience, they rarely have vaginal lubrication when they had sex under pressures:

Once I sleep (have sexual intercourse with him) because of his request, I get bruise, painful and itchy like applying chilies on my skin. I cannot touch it [pausing] I got bruise and itchy. I have never had sexual feeling [Laugh]. There is no vaginal lubrication when having sex. My husband asked me why I did not have anything (the vaginal secretion) and mine (vaginal channel) was so dried. I did not have that feelings at all (P7, age 30).

In above extract, it found that sexual coercion is likely to associate with women's dried sex. Some physical consequences of women's dried sex was described. Husbands realized on women's difficulties of dried sex when she engaged in unwanted sex, but he still had sex with her. The couples did not find a good solution to deal with this issue. This shows the lack knowledge of sexual health because they were not acknowledgeable about using lube in order to solve with their dried sex.

The participants told how long they perceived physical pains from engaging coercive sex:

I felt very tough, painful, and doubtful whenever I have unwanted sex with him [Pausing] I got painful in my mind and into my vagina. My vagina got bruised and itchy like applying chilies on my skin about 30 minutes to 1 hours after having forced vaginal sex. I told him that I got painful into my vagina, but he did not believe me. He said: "why are you getting that today while you were fine previous sex? It is impossible." So I was speechless, and had no choice besides having sex with him. Regarding having sex with him, I could not do anything but tolerance all his sexual desire for the last 3 or 4 years (P11, age 25).

For the P11, her coercive husband was lack of empathy and care for her. He still resisted to have sex with although she had rejected and had told her physical difficulties during and after sexual intercourse.

Some of the participants did not inform their physical pain related having coercive sex to their husbands:

Having sex when I don't want, I got pain because there was no vaginal lubrication [Pause] but there was no vaginal bloody. I think that this painful sex is due to getting while did not want have sex. I don't want have sex with my husband. I have never told him about it (P1, age 35).

I usually bagged my husband to have sex with me faster and shorter than usual. I did not want to sex a prolong sex at that time. When I felt unwell or unwanted to have sex, I suggested him to have sex with me quicker and faster to ready. Then we slept (P6, age 19).

In above quotations, they illustrated women's lack of sexual communication and women's passivity in sexual matters. Although they got sexual difficulties, they did not speak their real problems or real feeling outs. However, the P6 requested her husbands "I suggested him to have sex with me quicker and faster to ready". She still had sex with her husband when it was painful, but she wanted to get it over with as fast as she could. This women's unassertiveness may produce misunderstanding between husbands and wives in sexual matters.

The result showed that the relationship between husbands' sexual coercion and wives' physical pains. The victims reported that they suffered with dry sex that produced vagina bruise, sexual pain, and vaginal bleeding during and after having that coercive sex. "I was speechless, and had no choice besides having sex with him" is the phrase described by the P11 to express that her rejection was worthless. The perpetrators seemingly attempted to ignore and neglect the victims' physical pains because although some participants informed that difficulties to their partner, they still did the same things having sex with them. Some participant thought that informing their physical pains was pointless. They preferred to request their partner to have faster or shorter sex than usual.

In conclusion, this theme found that there was the association between husbands' sexual coercion and a low level of wives' well-being. The sexually coercive victims suffered with negatively psychological effects such as negative emotions of sex, loss of sexual desire and loss of sexual satisfaction, and they countered with physical trauma such as vagina bruise, sexual pain, and vaginal bleeding during and after having that coercive sex.

Women's protective strategies

The final theme of the study is women's protection strategies. The protection strategies were started when the victims could not get tolerate with sexual coercion anymore. The victims used some strategies such as requesting their husbands to have sex with another woman/ women, sleeping arrangements, waiting outside until their husbands fell asleep first or family intervention.

Indirect rejection strategies

For wives who had difficulties in having sex with their husbands or losing their sexual satisfaction, they suggested their husbands to have sex with another girl or have another wife:

I am getting difficult to have sex with him, so I requested him to have another girl in order to fulfil his sexual desire. I cannot complete his needs. Men being really need it. Whenever I have sex with my husband, I get very painful on my vagina like that, so I want to become like the early time of my marriage. I do know it is the sexual need in a marital life, especially the husband. For me as a woman, I can live without it. Not having it forever is fine for me, but the husband really needs it. If I don't allow him to have sex with me, our relationship will be broken, or we have to divorce (P7, age 30).

This result showed that there is the relationship between male sexual drive and women's self-subjectification. The wives' self-subjectification was so strong because they determined themselves as their husbands' sexual entertainment object. "I requested him to have another girl in order to fulfil his sexual desire" is the P7's speech. This shows that when women could not fulfil their husbands' sexual needs anymore, they considered themselves as a worthless object. They did not care much their own feelings and needs as a partner.

In order to avoid undesired sex with husbands, the wives used sleeping arrangement as escaping strategies. They used their kids (like sleeping with kids) as a barrier:

Sometimes I told him to sleep first because I had to sleep with my children till they fell asleep. While we slept separately, we cannot have sex. Sometimes while he was sleeping with children, I told him to sleep with them and take care them (P1, age 35).

"I had to sleep with my children" is seen a technique that women use in order to escape confronting their husband's coercive tactics or engaging into unwanted sex. Women use mother's role to leave her wifely duties in sex.

Sexual coercion perpetrators have never wanted other people aware of their abused acts on their wives. The participant P10 found that she was brave enough to reject when her parents were sleeping nearby:

In previous time, I could not (reject sexual request successfully), but recently I sometimes could reject successfully because my parents and children sleep nearby me. I can refuse sometimes.

When I was shaking due to my severe pain, I shouted a little bit, and then he got out of me (P10, age 46).

In the above extract, it revealed that sexual coercive perpetrators do not want other people aware of their coercive acts. Therefore, women are more likely to use her human resources such parents, siblings or children to escape from their coercive husbands.

Some participants in this study used sleeping arrangement in order to escape engaging in unwanted sexual contact with their husbands. When the victims slept nearby other family members, they could feel safer, and they could reject successfully. The perpetrators usually did not show their sexual coercion tactics in front of others because they did not want other know they have coerced sexually their wives.

Only the sexual coercion victims can understand clear when they are possibly coerced sexually from the perpetrator. For example the participant P11, she knew that whenever her husband got drunk, he will coerce her to have sex him. Therefore, she used an escaping strategy by waiting outside until her husband fell asleep:

When I knew tonight that he would get drunk, I tried to escape from him. I stayed around house where he could not see me. I had to wait outside until he slept. When he was really drunk, he could fall asleep early. Then I went to sleep next (P11, age 25).

Sexual coercion within marriage occurred repeatedly, so the women (sexual coercive victims) were capable to know when sexual coercion would have occurred. For women who are living with their coercive husbands, night time is a scary time for them. For the P11, she described her escaping strategy from her drunken husband that “I stayed around house where he could not see me.” This result found that the women used an escaping strategy by staying outside and waiting their husbands’ falling asleep to avoid countering it.

Family intervention when it becomes severe

Sexual coercion within marriage is not seen as a problem for other people. Only the victims can feel, recognize and understand it. The sexual coercive victims usually get difficult to get support from other people including their family members. However, they still need their

family intervention when it becomes severe. A few participants reported they used their family intervention to gain more power in order to deal with this problem.

The participants who experienced severe sexual coercion within marriage claimed that had inform their problem to their family members, but they did not think it was a problem:

I told them since the beginning, but they said that in the word no woman can live or have happiness without a man. Women cannot build their own happiness alone. Women need men [pausing] it was the hardest time for me to make own decision, getting divorce. When I told him parents that I wanted to get divorce they said that “you got married, so you cannot get divorce. Once you get divorce, you will get bad reputation. You should be patient to live with him for 3 or 4 years, and then you will get more understanding each other (P4, age 21).

In the above extract, women, who have experienced sexual coercion, felt helpless and lack of support from the family. The P4’s words, “You got married, so you cannot get divorce..... you will get bad reputation.”, expressed the social norms that put much pressure on married women to stay in their marital relationship although they are not happy with it. Another belief is “Women cannot build their own happiness alone.” Which shows how much dependent women are, and how much important men are in order to build a happiness. These social norms are linked to women’s coercive victimization. They have to have a very high level of tolerance in sexual coercion within marriage.

The women who suffered much sexual coercion within marriage get support when the problem became really severe. For example the participant P4, her family believed in her and thought the sexual coercion within marriage as a big problem:

I did not find anyone to help me because I lived only with him in our house in his village. I used to tell my parents once I had arguments with him [Pausing] that problem was heard not only to my parents but also to neighbors [Pausing] when it continued 2 to 3 months. Then they believed it was a problem. They came to talk with my husband, but he still committed coercion on me (P4, age 21).

The phrase, “that problem was heard not only to my parents but also to neighbors”, shows there are loud verbal arguments among couples which is a severe one. This data showed that women’s family intervention is taken months until the problem becomes much more severe.

This theme illustrated that sexual coercive victims used some protective strategies such as “I requested him to have another girl in order to fulfil his sexual desire”, “I had to sleep with my children” or “wait outside until he slept”, in order to deal with that problem. Fight and flight coping behaviors such as requesting their husbands to have sex with another woman, sleeping arrangements, waiting outside until their husbands fell asleep first or family intervention were used. Noticeably, using family intervention was seen as the last option after other protective strategies were failed. Moreover, it seemed like this strategy did not work because women’s family did not defend them. The women did not inform their family to help from them if their problem was not severe.

Chapter Summary

In summary, this chapter showed potential results of the marital sexual scripts, accounts of sexual coercion, negative outcomes of sexual coercion and women’s protective strategies. The participants informed that they have experienced a variety of accounts of sexual coercion within marriage. The traditional sexual scripts within marriage are found as main roots to shape women’s and men’s sexual attitudes, behaviours, and feelings. Men are taught that they have oversexed, initiative, aggressive, and impatient, while women are discourses to be unassertive, passive, submissive, undersexed and nurtured. Therefore, the women possibly have to have undesired sex with their husbands because of their own internal pressure (sense of wifely duty), psychological pressures (repeating sexual requests, accusing of having an affair, accusing of behaving strange/weird/wrong, being got angry), physical pressure (using physical force) and alcohol pressure (drunk husbands lose self-control.). They have sex due to these pressures which are contracted to their own sexual desire. Due to the lack of sexual desire, they highly get negative outcomes. The sexual coercion produces negative psychological consequences such as

feeling disrespected, losing of sexual desire, and losing of sexual satisfaction, and produces negative physical consequence such vaginal bruise, bleeding, and pain during and after sexual intercourse. In order to cope with this problem, some protective strategies are used such as replacing (suggesting to have sex with another girl), interrupting (using their family members' sleeping arrangement), and avoidance (staying around the house until their husbands fall asleep). When these protective strategies do not work effectively, and the problem become the worse, they seek for their family intervention as their last choice. The women do not inform their family and get help from them if their problem is not severe.

Chapter six

Discussion

Introduction

This part of this these will discuss the results from the data analysis in the previous chapter. It will provide a brief summary of the findings then discuss eight themes. Each theme is compared to and contrasted with relevant research. A synthesis of the study closes the chapter.

Brief summary

The current study is exploratory research. It found that experiencing sexual coercion is still common for married women in Cambodia. Eight main themes were developed in order to gain insight into to sexual coercion within marriage in rural areas of Cambodia: the gendered role with the home, gendering of sexual knowledge, lack of sexual communication within marriage, men's influence on women's reproductive matters, the marital sexual scripts, accounts of sexual coercion, negative outcomes of sexual coercion and women's protective strategies. The main elements of each theme were then discussed in the light of prior research.

Gendered roles within the home

In this study, gender role norms were strong factors contribution to gender inequality in household labor division and family decision making. Women are socially conditioned to take the main responsibilities for household work and running the family as routine tasks, while husbands do household work as intermittent tasks. Women have to do full-time work for housework tasks and childcare. They lack the time to participate in paid work in order to have autonomous financial resources. Their financial dependence affects their power in family decisions. Major family decisions are made by husbands because they are the head of the family and the breadwinner, responsible for supporting family financially. The husbands are regarded as the main breadwinners because, as main income earners for the family, they claim the greatest power.

The results are consistent with prior research (Askari et al., 2010; Bartley, Blanton & Gilliard, 2005; Bianchi et al., 2000; Claffey & Mickelson, 2009; Hien, 2008; Lachance-Grzela &

Bouchard, 2010). Women, since they were young, have been conditioned to stay at home as wife or mother responsible for household chores and are submissive in their family decision making. Young women in Askari team's study reported that in their future they were more likely to contribute to household chores and childcare than young men (Askari et al., 2010). The results in the current study indicated that men are the main family decision makers. Men decide the major things in their family, while their wives are allowed to make small decisions, especially relating to basic household needs. Covre-Sussai's research team found that in developing Latin American countries men dominate in family decision making due to the influence of traditional gender norms (Covre-Sussai, Meuleman, Van Bavel, & Matthijs, 2014; Kiani, 2012). Some researchers argued that the traditional norms remain potentially influential on family decisions due to women's lack of autonomous finance (Acharya et al., 2010). They argued that male dominance in family decisions in rural Nepal is associated with women's age, employment, residence and number of living children. However, the current study did not find that women's age and number of children are linked to women's autonomy in family decision.

With regard to the division of household labor, although some recent research has revealed that women spend less time on household work because of having employment (Claffey & Mickelson, 2009; Jansen, Weber, Kraaykamp & Verbakel, 2016; Oshio, Nozaki, & Kobayashi, 2013; Sweeting, Bhaskar, Benzeval, Popham & Hunt, 2014), the current research found that women in rural Cambodia still have to spend almost all of their time on domestic labor. Traditional roles and attitudes set up women to prioritize housework and childcare while men are privileged as the family breadwinner who spends most of the time on paid work. Sweeting et al (2014) argued that traditional gender norms are less influential on the generation of young women. This result is inconsistent with the current study, which did not find different impacts of the gender norm on the household labor division in terms of age. In this study, the participants reported that they were fully occupied with domestic labor responsibilities. These differences could be explained by women's level of education and geography. The participants in this study live in rural areas of Cambodia, and nearly 90 percent of them left school at primary level. It can be inferred from this that women who have lower education and live in more remote areas, are more likely to follow the traditional gender norms in household labor division and less time with paid work. Although educational and geographical factors might impact on the household division, some researchers still argue that the gender norms are more strongly

influential on the division of domestic labor (Oshio et al., 2013). In their studies on dual income couples in China, Japan and Korea, they found that Korean wives spent longer time in paid work and earned better incomes yet due to the stronger gender norms they spent more time too on domestic labor than Japanese and Chinese wives. This finding is similar to the result in the current study that although women engaged in field work or paid work, they still had to do housework. It would seem that women's participations in paid work, did not exonerate them from being responsible for the majority of unpaid household labor. Gendered norms thus play vital roles in an unequal household labor division.

The gendering of sexual knowledge

The second finding of the study is the connection between sexual double standard discourse and sexual acquisition. There is no sex education reported as being provided in schools in Cambodia. Young men and women use their own ways to obtain sexual knowledge. Regarding sexual knowledge, the study discovered that a sexual double standard is associated with women's and men's acquisition of knowledge about sex. Men are more knowledgeable and experienced than women. Unmarried women face restrictions in accessing that knowledge. Talking about sex and sexual contact with a man are taboo for them with some young women experiencing negative outcomes such as getting pregnant, getting sexually transmitted diseases and bringing dishonour to family due to losing virginity. Purity is highly valued because it is considered as a core value of unmarried women since no man wants to marry a girl who has experienced sexual contact with another man before marriage. The bride's virginity ensures the good reputation of herself and her family. Bhana (2016) found that African teenage women who are virgins get more respect from other people, and are demotivated to have boyfriend-girlfriend relationship. Some research found similar results of the connection between brides' virginity and their parent honour (Alaba, 2004; Nnazor & Robinson, 2016). In the current study, women said that no man wanted to marry women who had experienced sex before marriage. If a bride hides her sexual experience before marriage, her newlywed husband may know on their first having sex. As a result, he may get angry at her or, worse, he may divorce her and ask her family to pay back the dowry. Her family will be embarrassed and lose their honour with other people.

Other researchers have reported similar findings of the relationship between sexual double standards and women's and men's acquisition of sexual knowledge (Curtin et al., 2011;

Levin et al., 2012, Tolman, 2002). However, some researchers found different results. Although the young women in their study had not received a proper sexual education, they still had chances to participate in talks about sex with their friends and parents. They focused deeper on a level of comfort when talking about sex (Levin et al., 2012; Trinh, 2016), sexual agents (Christensen, Wright, & Dunn, 2016; Trinh, Ward, Day, Thomas & Levin, 2014), different sexual agents providing different sexual messages (Levin et al., 2012; Trinh, 2016; Trinh et al., 2014), and lack of sexual desire discourse (Tolman, 2002). These results produce a deeper understanding of factors that influence and shape women's sexual acquisition than the current study in which the women are strongly restricted from talking about sex with their peers or parents. The main reason behind these differences might be due to women's educational level and social norms. The researchers above conducted their studies with women in developed countries and with undergraduate students. The women there might have less traditional concepts of femininity than women in the current research who live in rural areas of Cambodia. According to Curtin and his colleagues (2011), their findings indicated a strong association between traditional femininity ideology and women's acquisition of sexual knowledge. Women were steeped in traditional femininity ideologies were found to have obtained less sexual knowledge (Curtin et al, 2011). Women are supposed to be passive recipients and sexual gatekeepers. They should not be knowledgeable about sex.

This study also found that men are considered as resourceful in sexual matters for their naïve wives. Women in this research believed that men are wise in sexual matters through watching pornographic movies, peer sharing, and sexual experience. Although men confront the same problem women with lack of sex education, they are more fortunate to be allowed to obtain sexual knowledge and to be exposed to sex than women. Men have fewer social limitations on their social lives: less parental supervision and monitoring, later curfew promotion of condom use (Trinh et al., 2014). Men are more likely to use pornography not only for their entertainment but also as a source of sexual knowledge (Sun, Bridges, Johnson & Ezzel, 2016; Wijaya Mulya & Hald, 2014). In the current study, men more commonly acquired sexual knowledge not only from watching pornographic movies but also from peer and male communication. According to Trinh's research team, men are less like to engage in sexual communication with their parents, but they are more likely to have sex talks with their peers (Trinh et al., 2014). In their peer talks about sex, they discuss permissive sexual activities including promoting condom use, the

acceptance of casual sex and acceptance of buying sex (Huysamen & Boonzaier, 2015; Trinh et al., 2014). Therefore, men are more likely to have sex before marriage. Such insights related to the results of the current study – men may receive unrealistic sexual knowledge from pornographic movies and permissive sexual messages from peers, rather than more ethical and mutual ways of approaching sexuality (from more formal and accurate sources).

Lack of sexual communication within marriage

The third finding was that a sexual double standard impacts strongly on women's sexual communication within marriage. This result matches those of earlier research (Coffelt & Hess, 2014; Greene & Faulkner, 2005; Huong, 2010; Tang, Bensman, & Hatfield, 2013; Theiss, 2011). Sexual communication was found to be not common, even within spousal relations. According to Huong (2013), sex talk is a very personal and private topic for self-discourse. A sexual double standard likely plays an important role in making women be passive and feel uncomfortable in discussing sex. The current study found that married women possibly take months to start having sexual communication with their husbands. This delaying of discussion is reported as being due to negative emotions viewed as shameful, embarrassing or harmful (Coffelt & Hess, 2014). Another negative emotion of the research is shyness which is used to describe the main reason for the women to remain silent in their sexual relations. The more strongly the sexual double standard is endorsed, the less the couple's communication on sexual matters and the woman's sexual self-discourse (Greene & Faulkner, 2005).

This study indicated that women's sexual self-disclosure is connected with the traditional gender norms. Although women in this study are passive and silent in sexual matters, they have to be responsible for initiative sexual discussion with their husbands. This first discussion is mostly started with wives' sexual rejection. In order to get started, women have to overcome a number of barriers such as traditional sexual scripts, and everyday language. According to Tang, Bensman and Hatfield (2013), women's speaking out at their first sexual rejection is so difficult because of a variety of fears: exposure, abandonment, anger attacks, loss of control, disruptive impulses, and losing one's individuality (Tang et al., 2013). In respect to traditional sexual scripts, women are determined as sexually submissive. Their submissiveness can shut down their sexual agency. Some researchers suggested that women's lower sexual agency also involves lower sexual autonomy (Fetterolf & Sanchez, 2015). They found that in the traditional gender

perspective, women revealing their sexual agency is viewed as selfish because they are putting their own sexual desire ahead of their partners' needs. This means that women are taught not to express their own sexual preference, and this reflects a lack of control over their own sexuality. "When he wanted to have sex with me, I followed him" is a phrase that women used in the interviews of the current research. Within this context, it implies that women cannot speak out their feeling of not wanting to have sex to their husbands.

Men's influence on women's reproductive matters

The fourth theme showed that patriarchal power dominates women's reproductive health and family size in matters of number of children, abortion and contraceptive uses. The lack of communication about reproductive health shows greater gender inequality and power imbalance within marriage. These results reflect those of other research (Klomegah, 2006; Maternowska et al., 2010; Speizer et al., 2005). Husbands' decisions are made for their wives to follow. Klomegah (2006) found that in developing countries husbands' desire for family planning is a factor necessary for increasing contraceptive practices (Klomegah, 2006; Mason & Smith, 2000). Although contraceptives are highly used by women, their husbands' desire for offspring is remained important (Mason & Smith, 2000). Women's contraceptive use may fail if it goes against their husbands' desire. Moreover, this lack of the discussion is also linked to the cultural context. Discussions about family size and women's reproductive health are considered cultural taboos, especially discussion of such matters with a person of different gender. As a result, there is a delay in husband-wife reproductive-related discussions. This result echoes the finding of prior research (Gipson & Hindin, 2007; Mumtaz & Salway, 2009) that discussion usually occurs after the first birth of a child because the women is less afraid of its outcomes. Gipson & Hindin (2007) found that married women are confident and feel good discussing reproductive matters with their husbands after several years of marriage.

Many researchers claimed that female contraception is meant to improve women's autonomy over their reproductive health. Some researchers, however, argued that female contraception raises another gender issue for women (Blanc, 2001; Nanda et al., 2013; Wigginton, Harris, Loxton, Herbert & Lucke, 2015). Although husbands are the primary decision makers, the main contraceptive users are their wives. This study found similarly that there is an inequitable gender attitude to contraceptive use which is viewed as the wives' primary

responsibility. In the current research, contraception was used by nearly 90 percent of the women. This percentage showed the very big gender difference in contraceptive use in rural Cambodia. Prior research also showed men's ignorance behaviour as casual attitude towards contraception. "It's up to you" is a phrase that was used by some husbands in this study, and this showed men view contraction not as something they should care about (Braun, 2013; Brown, 2015; Kabagenyi, Jennings, Reid, Nalwadda, Ntozi, & Atuyambe, 2014). This phrase was also used by some husbands in the current research when their wives initially discussed contraceptive matters. The way showed that men did not participate actively in contraceptive matters expressed their intentional ignorance and escaped from being involved in male contraceptive use. Women had to take responsibility for themselves in preventing their own pregnancy.

The influence of male attitudes towards contraceptive use makes men passive and irresponsible to that matter. It therefore also gives a good chance for women to assert their reproductive autonomy. Few married women in this research pushed back in order to decide on their own reproductive health when their husbands showed no interest in family size or birth spacing. There are a number of studies that show that women with reproductive autonomy are more likely to use contraception effectively (Gomez, Fuentes & Allina, 2014; Kabagenyi et al., 2014). This effective use is also combined with women's intention, will, preference and positive emotions. Some women who are afraid of refusal from their husbands usually use a contraceptive method without their husbands' knowledge or consent. Blanc (2001) mentioned that secret use of contraception is driven by women's financial dependence on their husbands, difficulties of initial discussions on the matter and fear of its outcomes.

Coercion within marital sexual scripts

The fifth finding indicates that marital sexual scripts play an important role in sexual relationships. Women are assigned to be sexual gatekeepers who lack any voice, choice, and ownership over their own sexuality. The results are consistent with past studies (Byers, 1996; Renaud & Byers, 2005; Simms & Byers, 2013). According to Byers (1996), men's and women's sexual attitudes and behaviours are bound with the traditional sexual scripts. Men are guided to be oversexed, aggressive, and take the initiative to dominate in sexual matters, while women are told to be passive, unassertive and undersexed. In comparison with men, women are less likely to engage in

sexual initiation because they have perceived more negative social norms for that initiation (Simms & Byers, 2013). Traditional sexual scripts within marriage produce non-negotiable behaviours for women (Fahmida & Doneys, 2013). Wives are resigned to obey their husbands and passive in sexual matters. A study conducted in Florida Atlantic University with male university students 280 in committed sexual relationship with a woman found that nearly 18% of participants took control of their partner's sexuality when they believed that their sexual partner had been sexually unfaithful (Starratt, Popp & Shackelford, 2008). Another study by Starrett and colleagues found that men's self-reports admitted less coercive behavior than reported by their partners (Starratt, Goetz, Shackelford, McKibbin, & Stewart-Williams 2008). It could be argued that the number of men who committed sexual coercion and control over their partner's sexuality may be greater than 18%, yet this number is still small compared with the current study. Compared with the findings of Starratt's et al. (2018), the current study still found even greater male dominating sexual initiation. In the interviews, women reported that their husbands were sexual initiators, and over 90 percent of participants said that they have never been sexual initiators. This greater restriction on women's sexual initiation showed bigger sexual scripts in that society. In order to maintain their dominant role in sexual relationships, men set restrictions and limitations for women's sexual expression (Fagen & Anderson, 2012).

In my study, saying "No" to husbands' sexual requests is found as a very hard thing for women because it does not fit to the gender norm, and the women lack common words to say, and fear a rejection reaction. Gavey (1992) provides more detail about the sexual scripts that regulate women's heterosexual behaviour and make it nearly impossible for them to say no to their sexual partners. Gavey found that the difficulty of saying no is related to lack of language and fears of it having no effect, of being abnormal, and of the outcomes of saying no. Therefore, women are passive in not asserting their own feelings, but are seemingly responsive to their partners request to have sex. They do not have the knowledge and language to describe their own unwanted sexual feelings to their partners. Kitzinger and Frith found that women have difficulty say an immediate, precise and direct no to sex because that is considered as uncommon (Kitzinger & Frith, 1999). As a consequence, the women try to avoid saying no by replacing the no with delays, prefaces, palliatives and accounts. Men, however, claim that they get confused with these indirect sexual refusals of women which could be taken simply as token resistance

because there is a lack of the actual word “No”. According to a study of the traditional sexual script, men believe that women not saying directly the word “no” in an exercise in token resistance in order to save face (Emmers-Sommer, 2016). This indirect rejection might make men confused and misunderstand women’s answers, and assume that women’s sexual refusals are insincere (Emmers-Sommer, 2016; Guerrero, Andersen & Afifi, 2013). However, some researchers argued that men may not understand those refusals because they do not like them (Kitzinger & Frith, 1999; O’Byrne, Rapley, Hansen, 2006). In the current study, men experienced negative emotions when women refused non-verbally to have sex with them. Thus, women’s indirect sexual refusals convey indeed that they do not want to have sex. Men attempt to claim that they have misunderstood in order to ignore women’s sexual refusal.

This study also found that there is connection between marital sexual scripts and women’s internalised victim-blaming. The women in this study labelled themselves as stupid and unassertive regarding their coercive victimisation. Some researchers suggested that self-labelling as stupid is an expression of gendered shame because this expression shows negative feeling about themselves (Enander, 2010). The victims may consider their victimisation has to do with their faults or individual choice rather than gender norms such as marital sexual scripts that shape them to be the victims (Gavey, 2012). The current study showed that women felt guilty for their unassertive behaviour when faced with coercive sex. Within this context, women have to take individual responsibility to stay safe and to avoid falling into victimisation (Hayes, Lorenz & Bell, 2013). These victim-blaming attitudes may prevent women from seeking help from others women may have lower self-esteem and sense of well-being (Enander, 2010; Gracia & Tomás, 2014). However, the victims fail to consider the potential causes that led them to be victims. Within sexual scripts within marriage, women are positioned as passive and submissive in sexuality. The influence of this social pervasive gendered norm is a major obstacle for women to get away from sexual coercion.

Another finding in this theme is that women prefer to use physical reasons to refuse their husbands sex due to the suppression of the marital sexual scripts. These rejection strategies are more likely to work than excuses based on women’s emotions or desires. Illness, pregnancy and menstruation are considered as more acceptable to husbands in whom they generate more empathy for not having sex with their wives. Some research has also found that women are more likely to use external circumstances to reject sex (Kitzinger & Frith, 1999). In a study conducted

with young married women in Nepal, nearly 50 percent of women reported that they preferred to use physical problems such as being ill or feigning menstruation as excuses or not giving sex (Puri, Tamang, & Shah, 2011). Puri's et al (2011) findings were a little different from those of the current study because women in their study pretended to be sick or feign menstruation while women in the current study used real situations to reject husbands' sex. In spite of these slight differences in the current study and Puri et al. (2011)'s study, these findings illustrate that physical reasons can be good reasons to avoid participating into unwanted sex. Within marriage, women need to have acceptable reasons in order to say no to sex with their husbands. Both non-verbal and indirect verbal refusals of women are not effective in persuading men to desist.

Accounts of sexual coercion and assault

The current qualitative research found a variety of sexual coercion patterns within marriage. The women in the study revealed they experienced \ unwanted sex with their husbands due to internal pressure (their own sexual attitude) and external pressure (from their husbands using sexual coercion tactics and alcohol abuse). The traditional sexual scripts (TSS) are linked to husband's sexual coercion as this connection was mentioned in the literature review in Chapter 2 of this study (Buyers, 1996; Gavey, 2013). Because of the suppression of TSS, the women experienced a "head versus heart" discrepancy. While women's heart expressed that they do not want to have sex with their husbands, the TSS in their heads contradicted the feeling in their hearts leading to a feeling of guilt. This study also showed that married women have to give in sex to their husbands due to a sense of duty, pity, not wanting to see their husbands upset, and getting negative consequences from their rejection. Some research has found that internal attributions (head versus heart) makes women to be sexual coercion victims (French et al., 2015; Glenn & Byers, 2009; Littleton & Bretkopf, 2006). French's research team (2015) suggested that women's internal obligation is a form of sexual coercion tactic coming from an internal argument between women's head and heart. In their findings, some women said that they sometimes had to force themselves to act as though they also had sexual feelings when their husbands requested sex. They did not want to let their husbands down.

Although women have to overcome their own internal pressures in order to express their sexual refusals, this study found external pressure from husbands' sexual coercion tactics were a further cause. The sexual coercion tactics of husbands included not accepting women's sexual

refusals, post-refusal sexual persistence, using physical force and using alcohol. This result is in line with earlier studies on sexual coercion tactics (Lyndon, et al., 2007; Oswald & Russell, 2006; Struckman-Johnson, et al., 2003). A number of studies illustrated that verbal sexual coercion is the primary and most common tactic used in committed sexual relationship (Byers and Eno 1992; Jeffrey, 2014; Testa and Dermen, 1999). The current research found that negative verbal coercive tactics such as accusing women of acting weird and having an affair/affairs are more likely to be used after a husbands' initial sexual request is rejected. Jeffrey found that a majority of women who experienced less forceful verbal abuse did not interpret their partner's sexually coercive tactics as problematic behaviour. Very few women, who did experience more severe or forceful verbal and physical sexually coercive tactics interpret them negatively including "being disrespectful of their feelings or decisions, immature, selfish, inconsiderate, and controlling" (Jeffrey, 2014; P: 76). Some research also found that men use persistent coercive tactics, including both verbal sexual coercion and sexual arousal. Some women reported that although repeated sexual arousal tactics are annoying and disrespectful, they interpret them as unproblematic and as helping to stimulate their sexual feelings (Jeffrey, 2014).

Most interesting, although alcohol use is found to be the least common tactic in committed sexual relationship, the current study revealed that that tactic is meant to coercive sex within marriage. The vast majority of prior research found that men use intoxication in order take benefits from a drunk female partner (Adhikari & Tamang, 2010; Lyndon et al., 2007; Mehra, Agardh, Stafstrom & Ostergren, 2014; Palmer, McMahon, Rounsaville, & Ball, 2010). The researchers believed that alcohol makes the consumers or women have low self-esteem and self-assertiveness. Therefore, sexually coercive victims lack the ability to resist unwanted sexual contacts. Contrary to the past research, the current study found there is no relationship between victims' alcohol consumption and sexual coercion. However, some women did report that their husbands committed coercive sex when they got drunk. Therefore, alcohol consumption could be closely linked to committing sexual coercion. Some researchers recommended that controlling alcohol consumption is an effective in prevention of sexual coercion. The target group for such control of alcohol intake must be the coercers because the victims may not have that much power to control the coercers' alcohol consumption. However, in this study, the coercers used alcohol to ignore the victims' sexual refusals and to use inappropriate sexual positions. This result could

be explained by the fact that alcohol is used to escape taking responsibility of their coercive behaviour.

Negative outcomes of sexual coercion

The research found there is a relationship between sexual coercion and negative outcomes of women's well-being. This result adds greater depth in understanding to prior research by providing small detail information of women's psychological, sexual and physical health. In previous research, sexually coercive victims were said to be affected in their physical health and by disease (Campbell et al., 2006; Jozkowski, & Sanders, 2012), psychological health (Elklit, & Christiansen, 2010; Glenn & Byers, 2009; Zinzow et al., 2010) and sexual health (De Visser et al., 2007; Gavey, 2013; Katz and Tirone, 2010).

Many participants in the current research reported they has negative emotions such as being worthless, hurt, upset, angry, tough and anxious, but unlike in the previous studies, they did not report psychological illnesses including anxiety, depression, post-traumatic stress disorder, bipolar, mania, or schizophrenia. Due to long-term of suffering from coercive sex, 10 of 12 participants reported they had lost sexual satisfaction. Some studies similarly found that women who experienced continual sexual coercion with their committed partners were more likely to feel lower sexual desire and sexual satisfaction (Glenn & Byers, 2009; Jeffrey, 2014; Katz & Myhr, 2008). Jeffrey (2014) found that women who have experienced continuous coercion, question their own sexual behaviour and are self-blaming. Although the women in Jeffrey's study revealed their internalised thoughts and feelings, they did not mention losing sexual desire. However, the current study brought up a new finding of the possible relationship between sexual coercion within marriage and women's losing sexual desire. Two participants in this study who had experienced long-term (nearly 30 years) sexual coercion reported that they had lost their sexual desire. Although they had lost their sexual desire, they internally forced themselves to have sex with their husbands. This result shows, it can be argued, that women, who live the longer period of sexual coercion, are more likely to lose their sexual desire.

Previous quantitative research finds that there is a close association between women's physical health and continual sexual coercion (Campbell et al., 2006; Jozkowski, & Sanders, 2012). Earlier studies show that women, who are living with sexual coercion, are more highly

likely to suffer with poor physical health including gynecological problems, unwanted pregnancy, sleep disturbance and sexually transmitted diseases. A quantitative research with women aged 15–44 also found a positive association between sexual coercion and sexual transmitted illnesses (STI) (Williams, Clear & Coker, 2013), attributed to victims' lack of sexual autonomy to insist on or to negotiate consistent condom use with the perpetrators. The results of studies involving young women aged 16 to 29 showed that the women were more likely to have an unplanned pregnancy and be infected STI (Kazmerski et al., 2015). There is very little research detailing the physical consequences for women of sexual violence (Puri et al, 2011). Puri et al (2011) found that many women, who are living with sexual violence, suffer with white discharge, vaginal itching, lower abdominal pain and bleeding. These results are consistent with the results in the current study whose findings indicate that the women who engage in unwanted sex in a long-term relationship are more likely to suffer physical damage including sexual pain, vaginal bruising, and vaginal bleeding.

Women's protective strategies

The last finding of this research is the protection strategies that are used by sexual coercive victims. A number of research studies looked at the relationship between reducing women's alcohol consumption and decreasing women's victimization in sexual coercion (Bryan et al., 2016; Gilmore, Lewis & George, 2015; Neilson, Gilmore, Pinsky, Shepard, Lewis & George, 2015; Stappenbeck et al., 2016). However, this coping strategy is commonly used to decrease sexual coercion in non-intimate relationship. Therefore, it was not found as a coping strategy in this current research. Protection strategies arise when the women no longer put up with sexual coercion. Fight and flight coping behaviours are used in order to deal with their sexually coercive husbands. These behaviours include proposing coercive husbands have sex with another woman, requesting family intervention, managing sleeping arrangement, and delaying time to go to bed. Some prior studies found similar instances of women's coping responses such as ignorance, avoidance, seeking social support and seeking institutional relief (Cortina & Wasti, 2005; Fitzgerald et al., 1995; Spitzberg, Marshall & Cupach, 2001). The findings of this theme showed that women are more likely to use flight strategies (instead of fight) in order to cope with their coercive husbands. Shepherd-McMullen's group suggested that

women who live with psychological abuse in intimate partner violence are more likely to use avoidant coping strategies (Shepherd-McMullen, Mearns, Stokes & Mechanic, 2015). They attempt to distance themselves from the problem rather than confronting with it (Shepherd-McMullen et al., 2015; Taft, Resick, Panuzio, Vogt, & Mechanic, 2007). In the current study, women escape the problem by requesting their husbands to have sex with another girl, using a separate sleeping arrangement, or waiting outside until their husbands fall asleep first.

Spitzberg's team (2001) showed that the more victimisation women face, the more coping strategies they employ in order to manage this marital problems. This idea is in line with finding of the current study where women who had experienced or lived with severe sexual coercion, reported more use of various avoidant coping strategies that did women living with less severely coercive husbands. Women who have experienced or are living with less severe sexual coercion may deliberately ignore the problem because they are capable of tolerating it (Fitzgerald et al., 1995). However, within severe sexual coercion, avoidant coping strategies may not work effectively for women, and they have to use the last coping strategy of fighting or confronting. In this study, two women used intervention by their family as the fight strategy with their coercive husbands. As a result, their family stood by the women's side to support the couple in to getting divorced because the issue was extremely severe and too longstanding to fix.

Chapter seven

Conclusion

Summary of research findings

The major findings in this study revealed that there is a strong connection between traditional gender norms and women's coercive victimization within marriage. Women lack autonomy over their bodies. They have not been taught how to recognise and express their sexual emotions or desire. However, they are told to be sexual gatekeepers. Their reproductive and sexual functions are under the control of dominant male power. As a consequence, women have become victims of sexual coercion within marriage. Moreover, women who have experienced mild sexual coercion such as verbal coercion, psychological coercion or arousal coercion, are not able to acknowledge it as a problem because it has had relatively little impact on their psychological and physical health. Some are living and continue to live with that problem. The few women who have experienced severe sexual coercion are capable to recognise it as an issue and are more likely to use a variety of protective strategies in order to cope with it. When their protective strategies do not work well and the problem remains severe, they will use family intervention as their last option.

Important findings/ applications for the present findings

This research brought to light important findings from gathering information on sexual coercion within marriage in Cambodian culture and on married women's well-being. This is the first academic research that has specifically studied sexual matters among married women in Cambodia. The findings bring out and highlight the newest sexual problems within marital relationships by illustrating the root causes, accounts of sexual coercion, and of negative consequences. These findings show a strong bound between the traditional sexual scripts and sexual coercion. The results indicate that the traditional sexual transcript (TST) still impacts on women and men's sexual attitudes, feelings, and behaviours. The findings help to explain what has shaped men and women as sexually coercive perpetrators and victims. In addition, the sexually coercive victims' well-being is affected negatively by their problem.

The current findings will also help to inform sexual health teaching and counselling for married women who have experienced or are suffering from sexual coercion. The victims may not reveal their sexually coercive victimisation easily due to lacking awareness of that problem. Therefore, counsellors who work with couple relationships have to observe the relationship between traditional sexual scripts, accounts of sexual coercive and its negative outcomes.

According to Shears (2005), counsellors, who understand the connection between husbands' sexual coercion and wives' well-being are more likely to help the victims effectively by providing relevant counselling. Counselling also helps the victims, who suffer negative psychological and physical health, to regain a sense of control, independence and trust (Fernandez, Tobin, Cassells, Diaz-Gloster, Kalida, & Ogedegbe 2011). The counsellors are capable of recognising warning signs, assessing safety, providing sensitive or non-judgmental counselling, confronting misperception, and knowing the legal requirements (Shears, 2005).

The current findings may also inform sexual knowledge and a sexual desire discourse for women and men. Women in this study reported that they knew very little about sexual matters, so they were sexual recipients. It is parents, school and community that should provide sexual knowledge, especially healthy sex education, to their daughters. Parents have been found to be purveyors of sexual information to their children (Levin et al., 2012). The findings in this study suggest that lack of sexual desire discourse may significantly impede women's sexual satisfaction and desire. Fine found that it is essential for adolescents to engage in a genuine discourse of sexual desire in order to explore what is desirable and undesirable, what feels good and bad, sexual needs, limits and be grounded in sexual experiences (Fine, 1988).

In addition, the current findings may challenge women and men, especially those who live in a patriarchal society, to access proper sexual knowledge and have sexual communication. Mutually respectful communication regarding sex should be encouraged. Men and women should recognise and understand important sexual messages such as: "yes means yes", "sex is healthy", "It's ok to not want sex and say no", and "sexual consent is sexy". Friedman and Valenti (2008) indicate that women's expressing their sexual feelings and men's respecting sexual consent help to avoid sexual assault. They also suggest women love their love and embrace their sexuality. They should follow their heart to have sex whenever they want and refuse to when they do not want. Women should be able to speak out their feeling about sex. Moreover, men should have sex with consent by respecting their partners' answers of "No", "Yes" and "Maybe".

The current research found a few new findings that extend previous research. Regarding sexual coercion tactics, prior research revealed that the male perpetrators used alcohol to influence and take advantage of women. However, this research also indicated that men used alcohol in order to escape from women's resistance in sexual refusals. Another new finding

regards the negatively physical outcomes of sexual coercion. This research found some coercive victims experience physical distresses such as sexual pain, vaginal bruising, and vaginal bleeding during and after having sex. Finally, new coping responses of women were discovered in this study. Although previous research showed women's power of negotiation with their coercive husbands, this research discovered a new coping response: requesting their husbands to have sex with another woman/ women. In addition, changing the sleeping arrangement is also used as a coping strategy.

The new findings came partly as a result of the geographical location of the research and partly because the researcher as a Cambodian woman. The study is the first research to focus especially on sexual coercion in marital relationships in Cambodia. Moreover, the researcher is a Cambodian woman, just like the women being interviewed as participants, who was working in this field a counsellor. Consequently, the interviewees felt more at ease and gave more information than in previous studies (Farley, Freed, Phal & Golding, 2010; Ministry of Women's Affairs Cambodia, 2015; Sandy, 2007) which, as a result, are challenged by this study. According to national prevalence rates of intimate partner violence in Cambodia, sexual violence (including sexual coercion) in intimate relationship was 8% in the previous 12 months, and 21% of women, aged 15-64, reported having experienced at least one act of physical or sexual violence, or both, by an intimate partner at some point in their lives (Ministry of Women's Affairs Cambodia, 2015). This result indicated a prevalence quite different from that found in t my study, which found that all participants reported that they had experienced sexual coercion in their marital life. The study undertaken by MoWA was a national survey of Cambodian women's health and life experience involving 3,574 respondents aged 15 to 64 living in either an urban (23%) or rural (70%) area. The main aim of the study was to “*generate nationally representative data among women about their experiences of different forms of violence*” in Cambodia. In contrast, my study was qualitative research comprising individual in-depth interviews with 11 married women. My research purpose focused specifically on exploring sexual coercion within marriage in rural Cambodia. Furthermore, this difference may be the result of different research methods, and ways of interviewing and defining of sexual coercion patterns. It may also result from a difference in the in the researchers' backgrounds Previous studies (Farley et al., 2010; Sandy, 2007) were undertaken by western researchers' different cultures and were not familiar with Cambodian context.

Research limitations

This study was limited by time for fieldwork and research geographic location. Since only two months were allocated for collecting data in the field the researcher was unable to select potential participants from different provinces in Cambodia. Although the duration of each interview was not long, the process of participant recruitment took nearly one month. The researcher as a result decided to choose one province only to do fieldwork in.

This current research studied sexual coercion within marriage in rural Cambodia. All participants in this research were living in rural areas of Cambodia, so the results reflect rural women's experience. We do not recommend that these results be interpreted as representative of all Cambodian women.

Implications for future research

The current study is exploratory research where semi-structured in-depth interviews were conducted with married women in order to understand sexual coercion within marriage in rural Cambodia. The results express from the women's side their views on sexual coercion within marriage. It is the first research to investigate this problem, and it is hoped it will spark further research. Any future research should investigate the obvious connection between the traditional sexual scripts and men's sexual coercion of their intimate partners. It is hoped that this future research would help to explain sexual coercion from the men's point of view and experience

Recommendations

Based on the findings of this research, the following recommendations are suggested as a means of bridging the gaps between a traditional sexual scripts and sexual coercion within marriage in rural Cambodia. This study formulates the following practical recommendations for key stakeholders:

1. At the core of the issues discussed here it an enduring sexual and gender system that creates the social and cultural conditions that promote or permit the sexual coercion of women within marriage. Such cultural norms need covert dismantling, along with policy and education needs to be directed in this area. As a group, men's behaviour in particular needs addressing in this context so that they are more aware of, sensitive to, and respectful of their partners sexual needs.

2. Individuals should challenge themselves to access proper sexual knowledge and sexual communication with trusted people. Individuals' improving sexual knowledge is so important to understanding what healthy sex, sexual consent and having sex without coercion are. When individuals have doubts or questions related to sexual matters, they should try to ask trusted people. Sexual talks are also important not only for sharing their personal knowledge and experience but also as practice of talking about sex as a common topic.
3. Couples should improve their sexual communication with mutual respect. They should learn how to be honest with their heart and head, and speak out their thoughts. When husbands request sex, wives should practice saying "Yes" that means "Yes", and "No" that means "No". Their partner will get a direct answer and respect what women say.
4. Counsellors, who work with couple relationships, should attend some training, workshops or do research in order to increase their knowledge about sexual coercion within marriage. They should pay special attention to the relationship between traditional sexual scripts, sexual coercion tactics, and women's well-being.
5. Educators who are responsible for providing knowledge related to gender and sexual matters should include traditional sexual scripts and the question of sexual coercion within marriage in their lessons. As a consequence, their learners will acknowledge a variety of sexual harassments within marriage.
6. Local authorities, especially officers who are in charge of working with women, should be provided some training and workshops about sexual coercion within marriage. When they have such knowledge and victims of sexual coercion come to ask for their help, they will not ignore or view it anymore as unproblematic anymore. They will be able to understand deeply the problem and help the victims effectively.
7. Organizations or NGOs who are working with women in order to improve their health or/and well-being should draw attention to sexual coercion within marriage. They should develop strategic plans to minimise the victimisation of women, empower women's sexual rights and promote sexual communication in couples.
8. The government should have a particular budget that will be used to include broader sexual knowledge, sexual desire and gender equality in sexual matters in the national

curriculums of secondary and high school levels. Students as a result will be able to access proper sexual knowledge.

9. Alcoholic beverage companies should provide funds for researching the connection between alcohol and women's sexual victimisation in Cambodia, especially in sexual coercion because the current research found that some men use alcohol in order to commit sexual coercion on women. Beverage companies should exercise their social responsibility to find better solutions for women to escape from sexual coercion.

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Appendices

Appendix 1: The announcement poster

Have you ever been pressured to engage in sex or sexual acts in your marriage?

- Are you a current living in Aoral district or Thpong district aged over 18?
- Are you a married woman who has experienced unwanted sexual demands, or been pressured into sex, within marriage?
- Are you willing to share your story as part of university research?



If so, we are looking for married women with such experiences to participate in a confidential in-depth interview for a Master's project exploring what factors impact on sexual perceptions and sexual relationship in Cambodian marital life.

If you are interested in participating or would like more information please contact:

Rany Saing

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APPROVED BY THE AUCKLAND UNIVERSITY OF TECHNOLOGY ETHICS COMMITTEE ON

<p>Sexual coercion within marriage project</p> <p>Over 18 years old married women living in Aoral district or Thpong district and experiencing sexual coercion within marriage</p> <p>Participants required</p> <p>Please contact: +855 99 94 69 67</p>	<p>Sexual coercion within marriage project</p> <p>Over 18 years old married women living in Aoral district or Thpong district and experiencing sexual coercion within marriage</p> <p>Participants required</p> <p>Please contact: +855 99 94 69 67</p>	<p>Sexual coercion within marriage project</p> <p>Over 18 years old married women living in Aoral district or Thpong district and experiencing sexual coercion within marriage</p> <p>Participants required</p> <p>Please contact: +855 99 94 69 67</p>	<p>Sexual coercion within marriage project</p> <p>Over 18 years old married women living in Aoral district or Thpong district and experiencing sexual coercion within marriage</p> <p>Participants required</p> <p>Please contact: +855 99 94 69 67</p>	<p>Sexual coercion within marriage project</p> <p>Over 18 years old married women living in Aoral district or Thpong district and experiencing sexual coercion within marriage</p> <p>Participants required</p> <p>Please contact: +855 99 94 69 67</p>
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Participant Information Sheet

Project title: Sexual coercion within marriage in kampong Speu, Cambodia

The primary researcher: Rany Saing (primary researcher)

The project supervisors:

Dr. Pani Farvid (primary supervisor),

Prof. Jane Koziol-McLain (second supervisor),

Chanthy Choub (field supervisor).



Dear Madam:

My name is Rany Saing, and I was previously a senior sexual and reproductive counsellor at Enfants et Developpement with the project "Sexual and Reproductive Health" which implemented in Kampong Speu, Cambodia. I am currently carrying out a Master of Philosophy (in Psychology) by thesis at Auckland university of Technology. I would like to invite you to participate in my research project about sexual coercion within marriage in Kampong Speu, Cambodia.

Participating in this research is voluntary, and you will not get any harm or embarrassment. You can end the interview anytime without giving any reasons. You can read this participant information sheet, or you can ask the researcher to read it for you. If the researcher reads this sheet for you, the audio record will be used in order to ensure that the research reads it correctly. After you read or listen this participant information sheet, it will give you the consent to participate in the interview or not.

The interview will take you 1:30 minutes to two hours. All your contact information and answers will be kept confidential. Your contribution is valuable and highly appreciated. Thank for your kind attention considering this invitation.

Best Regards,

Rany Saing

What is the purpose of this researcher?

This research will examine how gender ideologies and cultural norms impact on sexual perceptions and sexual relationship in Cambodian marital life. It will improve deep understanding about sexual coercion within marriage in Cambodian society.

How was I identified and Why am I being invited to participate in this research?

You responded to advertising displayed at XXXXXXXX or you have heard about this research through word of mouth (from sexual health educators? At XXXXXX, or from a friend). The study invites married women who have experienced sexual coercion within marriage, are older than 18 years old, and are living in Aoral or Thpong districts, Kampong Speu. You have been self-selected as fitting these criteria and have contacted me for more information.

What will happen in this research?

The research will use in-depth interviews, where I will come to your home, or a place that suits you – and talk about your intimate experiences within your marriage. You are invited to participate in the interview, and you will play an active role as an informant to share your experiences and conceptions about sexual coercion within marriage.

What are the discomforts and risks?

As we will be discussing a sensitive and personal topic, you might feel a bit upset during the interview. If this happens, I will ask if you are okay and if you would like to have a break or stop the interview. I will make sure that you do not carry on if you don't feel like talking anymore, and after the interview is over, I will provide you with a list of local support services you can access.

What are the benefits?

There are a variety of benefits of this research. You will have a chance to share your story in a supportive and non-judgemental environment. You will also be providing valuable experiences that will advance research and help other women who might be living with the same problem. Moreover, the research will be also beneficial to the wider community because it will be the first project which studies women's experience of sexual coercion within marriage. The outcomes of the project will be used in future research and for design effective community-based solutions to the problem.

How will my privacy be protected?

All of your personal information will be anonymised and kept confidential. Any identifiable information you note in the interview will be changed when I transcribe the data. The recording we will make of our interview will be destroyed once the research has been completed. All the files related to this research will be kept in password protected digital files or in locked cabinets. Your name will never be associated with your data.

What are the costs of participating in this research?

There are no costs of participating in this research except the time for spending in the interviews.

What opportunity do I have to consider this invitation?

You have one week to consider this invitation – after that I will contact you to see if you would like to take part. You are under no obligation to do so at any time.

How do I agree to participate in this research?

If you are happy to take part in the research, you can contact me via telephone or email (details below) and we can arrange an interview at a time/place that suits you.

Will I receive feedback on the results of this research?

The research finding will be summarized and be translated into Khmer language. The participants will get a hard copy of it. If they are interested in the final thesis report of this research, it will be available online on the AUT scholarly Commons URL <http://aut.researchgateway.ac.nz/> - or I can send it to you.

What do I do if I have concerns about this research?

Concern about this research can be notified to the first supervisor, Dr. Pani Farvid, her email: pani.farvid@aut.ac.nz, and phone +64 921 9999 extension 7326. If the participants concern about the conduct of the research, they should be notified to the Executive Secretary or AUTEK, Kate O'Connor, ethics@aut.ac.nz, +64 9 921 9999 extensions 6038.

Whom do I contact for further information about this research?

The primary researcher: Rany Saing, e-mail: s.ranysaing@gmail.com. +64 22 1289081 (New Zealand), or + 855 99 946967 (Cambodia).

Project Supervisors:

Dr. Pani Farvid (first supervisor), e-mail: pani.farvid@aut.ac.nz, +64 921 9999 extension 7326.

Prof. Jane Koziol-McLain (second supervisor), email: jane.koziol-mclain@aut.ac.nz, + 64 9 921 9670.

Ms. Chanthy Choub (field supervisor), e-mail: choub.chanthy@enfantsetdeveloppement.org, +855 12 888 285

Appendix 3: Consent form for interviews

School of Public Health and Psychosocial Studies
AUT University
North Shore Campus
Private Bag 92006
Auckland 1142
New Zealand



Consent Form

Women experiencing sexual coercion within marriage – in-depth interviews
This form will be held for 6 years

Research Title: Sexual coercion within marriage in Kampong Speu, Cambodia
Research period: 21st March, 2016 – 21st March, 2017
Supervisors: Dr. Pani Farvid (Primary Supervisor)
Prof. Jane Koziol-McLain (Second Supervisor)

Ms. Chanthy Choub (Field Supervisor)

Researcher: Mrs. Rany Saing

- I have read and understood the information provided about this research project in the participation information sheet dated on ----- .
- I have had an opportunity to ask questions and to have them answered
- I understand that notes will be taking during the interviews and that they will also be audio-taped and transcribed.
- I understand that I may withdraw myself or any information that I have provided for the project at any time prior to completion of data collection, without being disadvantaged in any way.
- If I with draw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- I agree to take part in this research.
- I wish to receive a copy of the report from the research (please tick one): ☐ yes ☐ No

Participant's signature:

Participant's name:

Participant's Contact Details (if appropriate):

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Date:

Approved by the Auckland University of Technology Ethics Committee on

Note: The participants should retain a copy of this form.

Appendix 4: Key interview questions

Key Interview Questions

- Introductions
- You don't have to answer any questions you feel discomfort
- You can stop to have a break or end the interview any time
- An audio recorder will be used to help for transcript
- All your answers will be kept confidentially

Theme1: Cultural perception (femininity, and masculinity)

1. What are the roles of being a wife and a husband in a family?
2. Who is the main decision maker in your family? What kinds of decision does your husband make? What kinds of decision do you make?

Theme2: Consent and Decision making patterns on sexual matters

3. Who is the decision maker in the reproduction matters (Ex: the number of children, space from one child to another, birth control methods, ect)?
4. Relating to sexual desire, who is a sexual initiator? What do you think if a wife is a sexual initiator?



5. If your husband indicates that he wants to have sex, in what ways can you respond?
6. If you reject your husband, what will he do with you?
7. What are the reasons for engaging in unwanted sex with your husband?

Theme3: sexual coercion tactics from her husband

8. What strategies does your husband usually use to convince you to have sex?
9. Have you ever fulfilled your husband's sexual desire because you feel pressure from his continual arguments?
10. If you continue to reject your husband's suggestion having sex, what consequences may you get?

Theme4: Couple's level of sexual satisfaction

11. How satisfied or dissatisfied are you from unwanted sex with your husband?
12. How can you gain sexual satisfaction with your husband?

Theme5: Acquiring knowledge of sexuality

13. How do Cambodian people acquire sexual knowledge?
14. Do the patterns of learning sexual knowledge differ for Cambodian men and women?
15. How do men and women gain sexual information before marriage?

Theme6: couple's discussion or negotiation in sexual matters

16. Do you think it is suitable that husband and wife should discuss sexual matters?
17. How do married couples discuss or negotiate sexual matters?
18. Who should initiate in a sexual discussion? Why?

Theme7: protection strategies from sexual coercion

19. When a wife doesn't want to have sex, but her husband wants it, what things can she do?
20. How can you escape from the unwanted sex with your husband? Where or who can help you for this matter?

Appendix 5: Confidential contract for a field companion

Confidential Contract

For the person accompanying the primary researcher to the field interview

The primary research: Rany Saing

Topic: Sexual coercion within marriage in Kampong Speu, Cambodia

I have read the confidentiality agreement and I agree to:

- Wait the primary researcher silently outside, and not enter the interview place without the permission from the researcher



- Provide a comfortable and peaceful environment for the conversation between the primary research and participants without attempting to listen them
- Respect a restriction on certain use and disclosure of the participants' detail information
- Not provide information relating to the interview
- Not attempt to ask either the primary searcher or the participants about the interview

Field companion's signature:

Field companion's name:

Date:

Companion's contact details (if appropriate):

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Note: The field companions should retain a copy of this form.

Appendix 6: Confidential contract for a translator

Confidential Contract For a translator

The primary research: Rany Saing

Topic: Exploring sexual coercion within marriage in rural Cambodia

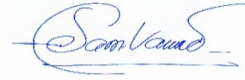


I have read the confidentiality agreement and I agree to:

- Interpret interviews with non-judgemental attitude that content to be interpreted
- Convey the context an spirit of what is said
- Convey everything that is said

- Hold in strict confidence of the data
- Keep any personal use of confidential data as strictly prohibited

Translator's signature:



Translator's name:

Vanna Sam

Date:

25/November/2016