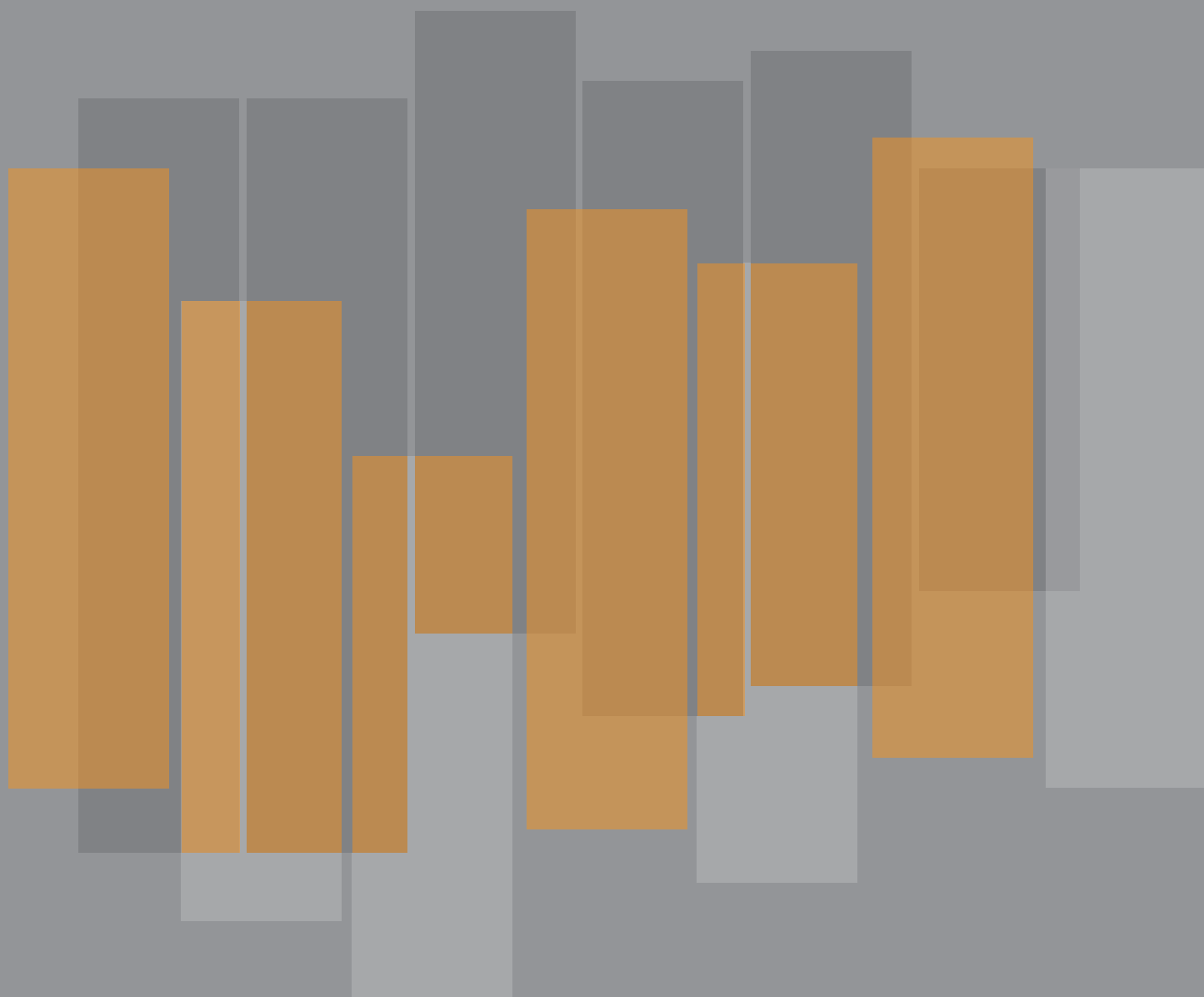


Lao National Survey on Women's Health and Life Experiences 2014

A STUDY ON VIOLENCE AGAINST WOMEN



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Lao National Survey on Women's Health and Life Experiences 2014

A STUDY ON VIOLENCE AGAINST WOMEN

Implementing Agencies:

National Commission for the Advancement of Women

Lao Statistics Bureau

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FOREWORD

The prevalence of violence against women (VAW) and girls in Lao PDR, especially domestic violence (DV), is widespread. Yet, it is largely a 'hidden' problem within society, with its underlying causes including weak or absent definitions and distinctions in legislation of violent acts, a culture of silence and impunity, limited access to justice for women in rural, ethnic communities and an absence of data and information on incidences of violence and availability of services for survivors.

In 2010, the first National Conference on Gender-based Violence (GBV)/VAW in Lao PDR was organised by the National Assembly, with the participation of members of Parliament, the United Nations (UN) and non-governmental organisations (NGOs). One of its key outcomes was a review of existing legislation, undertaken by Ministry of Justice (MoJ) and NA leadership to help inform VAW/DV-focussed legislation development. Importantly, this process revealed a lack of evidence to support such legislation development.

This limited data and evidence on GBV/VAW (including data disaggregated by sex, age and ethnic group, root causes and prevalence) was also raised by the Committee on the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) in response to the 6th and 7th reports on the implementation of the convention in Lao PDR.¹

The National Commission for the Advancement of Women (NCAW), as the lead Government gender machinery and coordinating body for CEDAW reporting, integrated the CEDAW recommendations into the revised National Strategy for the Advancement of Women (NSAW) 2011-2015. It focuses on developing and implementing a national campaign and action plan to address violence against women and children and strengthening disaggregated data collection and analysis of the issue.

A lack of understanding of the scale of the problem, its causes and consequences or whether these characteristics are similar or different across communities in the country hinders efforts to address it.

This National Study on Women's Health and Life Experiences 2014 report is the first to provide nationally representative data focused on DV. Its results reveal that violence against women and girls occurs across Lao PDR and pervades every level of its society. Many members of society were found to still view the issue as a normal part of life and something women should endure, despite it having a life-long impact on the well-being of women and their children.

This study contains rich information and key recommendations valuable for programme and policy development to address and prevent violence against women and girls in Lao PDR. It is also a first step towards a better understanding of the issue, but challenges must be urgently addressed. An immediate response from this study is to acknowledge

¹ Lao PDR ratified CEDAW in 1981 and thus is legally bound to put its provisions into practice. Lao PDR is also committed to submission of a national report on measures taken to comply with treaty obligations. The combined 6th and 7th reports were submitted in 2009 for the CEDAW Committee to review, with 60 observations highlighted for Lao PDR.

that violence against women and girls and DV is not acceptable. Its findings will be used to revise the National Plan of Action on Prevention and the Elimination of Violence against Women and Children (NPAVAW) in 2015. To do this, a comprehensive and systemic approach by the Government and development partners is required. This work is vital to fight violence against women and girls, and save communities and the country from bearing significant physical and mental as well as socio-economic costs.



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This National Study on Women's Health and Life Experiences 2014 is the result of collaboration between the NCAW and Lao Statistics Bureau (LSB), in coordination with the Lao Women's Union (LWU), Ministry of Health (MoH), MoJ and Ministry of Public Security (MoPS). This first national representative study on VAW and DV in Lao PDR would not have been possible without the valued guidance, cooperation, assistance and contributions of numerous individuals and organisations.

This is especially so in regards to the invaluable contributions of more than 3,000 women who generously spared time and agreed to be interviewed for the survey and in-depth interviews (IDIs). Their courage in sharing such intimate and personal experiences, which underpin the findings of this study, is warmly appreciated.

This report would also not have been possible without the fieldwork interviewers who spent more than three months working in a professional manner with the highest ethical standards. The support of district and village authorities in facilitating field data collection is also acknowledged.

Valuable guidance from the Steering Committee was greatly appreciated, particularly the Technical Working Group members who played key roles in driving this study forward.

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Finally, the study would not have been possible without the generous financial and technical support from UNFPA and UN Women, with technical advice and assistance from World Health Organization (WHO) experts also valued.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AOR	Adjusted Odds Ratio
APRO	Asia-Pacific Regional Office
CASA	Centre Against Sexual Assault
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CI	Confidence Interval
CSA	Child Sexual Abuse
CSO	Civil Society Organisation
DoET	Department of Education and Training
DV	Domestic Violence
EA	Enumeration Area
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GDA	Gender Development Association
GDG	Gender Development Association
GHQ	General Health Questionnaire
GII	Gender Inequality Index
GRID	Gender Research and Information for Development
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interview
ILO	International Labour Organization
IPV	Intimate Partner Violence
KII	Key Informant Interview
Lao PDR	Lao People's Democratic Republic
LDPW	Law on Development and Protection of Women
LSB	Lao Statistics Bureau
LSIS	Lao Social Indicator Survey (MICS/DHS)
LWU	Lao Women's Union
LYU	Lao Youth Union
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MoJ	Ministry of Justice
MoPS	Ministry of Public Security
MPI	Multi-dimensional Poverty Index
NCAW	National Commission for the Advancement of Women
NGO	Non-Government Organisation
NPAVAW	National Plan of Action on Prevention and Elimination of Violence against Women and Children
NSAW	National Strategy on Advancement of Women
P4P	Partners for Prevention
PTSD	Post Traumatic Stress Disorder
SPSS	Statistical Package for Social Sciences
SRQ	Self-Reporting Questionnaires
STATA	Data Analysis and Statistics Software
STIs	Sexuality Transmitted Infections
Sub-CAW	Sub-Commission for Advancement of Women
UN	United Nations

UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
US	United States
VAW	Violence Against Women
VMU	Village Mediation Unit
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

There is growing recognition globally and also in Lao PDR that VAW is a serious public health problem and a violation of women's human rights. Yet in Lao PDR, VAW is culturally tolerated. According to the Lao Social Indicator Survey (LSIS) 2011-2012, 58% of women and 49% of men reported that VAW was justified if women did not adhere to traditional gender norms, roles and relations. However, this finding only sheds a small amount of light onto the true scale of the problem. Although small-scale studies have been undertaken on VAW, no comprehensive and extensive nationwide study has followed. Against this background, the National Study on Women's Health and Life Experiences 2014 was conducted to collect much needed evidence to develop an effective policy-making response to the issue. This study, adopting the methodology of the WHO Multi-country Study on Women's Health and Domestic Violence against Women, was led by the NCAW and LSB with support from UNFPA and UN Women. NCAW advocates for awareness raising and the development of legislation and policies on VAW with a focus on: (1) a National Plan of Action to respond to and prevent VAW, (2) development of legislation to address VAW, (3) the 8th and 9th CEDAW Report 2014 and (4) an advocacy campaign to eliminate VAW. The main findings and recommendations/policy implications of this study are as follows:

Prevalence, Types and Frequency of Violence²

i. Partner violence

- Among ever-partnered women, 11.6% experienced physical violence in their lifetime and 4.0% in the past 12 months (current violence).
- Among ever-pregnant women, 1.8% encountered physical violence during at least one pregnancy.
- Among ever-partnered women, 7.2% experienced sexual violence in their lifetime and 3.1% in the past 12 months.
- Physical and/or sexual violence was experienced by 15.3% of ever-partnered women in their lifetime and 6.0% in the past 12 months.
- Among ever-partnered women, 26.2% were exposed to emotional violence in their lifetime and 10.5% in the past 12 months.
- When looking at the three types of violence among ever-partnered women, 30.3% experienced physical, sexual and/or emotional violence.
- Some 34.8% of ever-partnered women encountered controlling behaviours by partners and 6.8% experienced economic abuse in their lifetime.

ii. Non-partner violence

- Some 5.1% of women had experienced physical violence from a non-partner since the age of 15 years. Female family members were the most commonly reported perpetrators (34.9%), specifically mothers/stepmothers (26.8%).
- Some 5.3% of women had experienced some type of sexual violence and 1.1% had forced sexual intercourse since the age of 15 years.
- The prevalence of women who experienced sexual abuse during childhood varied depending on how interview questions were asked. The proportion of women who disclosed Child Sexual Abuse (CSA) in face-to-face interviews was 0.9%. However, when answers could be given anonymously by using a card, 9.9% of women disclosed CSA and this further increased to 10.3% when a direct interview and/or a card were employed.

² The definition of different forms of violence (physical, sexual, emotional and controlling behaviours) is presented in Chapter 2.

- The proportion of women who reported partner or non-partner violence or both were 14.4% for physical violence, 10.9% for sexual violence and 20.2% for physical and/or sexual violence.

Attitudes and Perceptions towards Violence Against Women

The study attempted to assess gender attitudes and perceptions to determine the circumstances in which women considered it acceptable if a husband hit his wife and when a woman refused to have sex with her husband. In both quantitative and qualitative components of the study, the traditional gender norms, roles and relations in the Lao context were found to be the key triggers of VAW. Of all women interviewed, 35.6% agreed with the statement that a good wife should obey the husband even if she disagreed with him. This rationale was particularly prevalent in rural areas and the country's northern region. In addition, 22.9% of all women interviewed saw their partner as superior (he is the boss), 29.4% felt that a wife must not refuse sex and nearly half of all women (44.9%) agreed that a husband could hit his wife if she was unfaithful. Women who experienced physical and/or sexual violence were more likely to agree with such statements supporting traditional (unequal) gender roles, than those who had never encountered any form of violence. Regarding attitudes toward sexual autonomy, 76.5% of women favoured refusal of unwanted sex, such as when a woman was ill or when the husband was intoxicated. In the qualitative study, traditional gender norms, roles and relations were also highlighted as a cause of VAW. For example, partner violence could arise due to a wife's inability to fulfill a role attending to domestic household duties. Both male and female participants in focus groups frequently stressed that alcohol, infidelity and financial difficulties in the household were key triggers for violence. Moreover, these factors may also overlap as multiple causes leading to an act of violence.

Association between Partner Violence and General, Mental and Reproductive Health

Physical, sexual and emotional violence can have a wide range of adverse health impacts on a woman and her family.

- Some 43.1% of women who reported physical and/or sexual violence in their lifetime had sustained injuries as a result, with 20.2% were injured more than five times.
- Women who experienced physical and/or violence were more likely to have poor health (22.1%), problems walking (9.7%), difficulties with daily activities (7.8%), pain (6.2%) and loss of memory and concentration (10.9%) than women without such experiences (14.0%, 5.9%, 4.7%, 3.5% and 6.7%, respectively).
- Women who experienced physical and/or sexual violence were more likely to have suicide ideations (10.5%) than women without such experiences (2%).
- Women who experienced physical and/or sexual violence were more likely to have higher mental distress (measured by SRQ) at an average of 5.7, than those without (3.8).
- Women ever-pregnant and who experienced physical and/or sexual violence had a higher likelihood of miscarriage (30.6%) and abortion (18.5%) than those who did not experience violence (20.4% and 8.7%, respectively).
- Women who experienced physical and/or violence were more likely to have alcohol intake during pregnancy (25.6%) than those women who had not (13.3%).
- Women who had experienced physical and/or sexual violence were more likely to use contraception (12.3%, mainly condoms) and ask their partner to use a condom (11.6%) than women who had not (5.5% and 5.7%, respectively).
- Women who experienced violence were more likely to report their children had behavioural problems such as nightmares, bedwetting, quietness, aggressiveness, school failure/repetition and non-attendance/dropped-out of school than women who had not experienced violence.

- About 40% of women who experienced physical partner violence reported their children had witnessed violence in the family at least once.

Women who experienced physical and/or sexual violence were more likely than women not exposed to violence to have: 1) a mother who was hit by her partner, 2) a husband/partner whose mother was hit by her partner and 3) a partner who was hit as a child.

Responses and Strategies to Deal with Violence

This study revealed that nearly half of women (43.2%) who encountered partner violence did not report the incident(s) due to embarrassment and fear of social stigma, and less than 30% actually sought help from official agencies and others. Among them, 64.2% sought help because they could no longer endure violence, 39.7% did so following encouragement from family and friends. The majority of women who sought help first turned to their immediate network of family and friends, rather than reaching out to a formal network and services such as local leaders or police. One immediate solution to escape partner violence is to leave home. Of women who experienced physical and/or sexual violence, 15.2% of urban women and 13.6% of rural women had left home at least once, whereas only 3.1% of rural women without road access left home. Some eventually returned out of concern for their children (66.1%), in the hope the husband would change his behaviour (38.6%) or out of attachment to the husband (21.7%). In reality, two-thirds of women chose to remain at home out of fear disclosure of violence and leaving home would lead to retaliation against themselves and their children as well as social stigma due to cultural and gender norms associated with separation and divorce. Regarding women's self-defence, 21.2% who experienced violence fought back at least once and 51% reported that incidences of violence had decreased after fighting back.

Under the law on Civil Procedure in Lao PDR family disputes are handled by a Village Mediation Unit (VMU), which typically consists of five or six community members. However, VMUs are relatively conservative in their approaches to support women and avoid vigorous interventions in situations faced by survivors. Another support system for those in need of refuge is a LWU-managed shelter in Vientiane Capital, however just one is available nationwide and it has limited capacity to fully meet survivors' needs. Moreover, the lack of information about legal and judicial processes available to women is also a barrier to protection. In general, women were found to have a very limited knowledge of legal options in relation to VAW. Among ever-partnered women, just one-third of urban women (32.5%) knew about the Law on Development and Protection of Women (LDPW) as did less than 10% of rural women. Women's familiarity with their legal rights was greater among the more highly educated, with the 33.4% of tertiary-educated women contrasting with 5% of those primary-educated and 1% with no formal education. When comparing women's legal knowledge of the law on VAW based on whether or not they have experienced physical and/or sexual violence, women who experienced partner violence were less aware of LDPW than those who had not. When women's awareness of other laws or the LDPW and other laws were compared, there was no significant difference observed between these two groups.

Factors Associated with Violence against Women

Several factors that increased the risk of intimate and non-partner violence against women were identified as a result of performing multiple logistic regressions, adjusted for potential confounding factors.

- Of ever-partnered women, those who encountered physical violence and/or sexual abuse by a non-partner since the age of 15 years were 3.9 times more likely to have experienced partner violence in the past 12 months than those who had not.
- Women sexually abused/assaulted by a non-partner since the age of 15 years were 2.9 times more likely to have experienced partner violence in the past 12 months than those who had not.

- Women sexually abused/assaulted before the age of 15 years were 2.4 times more likely to have encountered partner violence in the past 12 months than those who had not.
- Women whose partner physically fought other men were more than four times more likely to have experienced partner violence in the past 12 months than those with a partner who had not fought.
- Women with a husband who entered into relationships with other women were 2.5 times more likely to have experienced partner violence in the past 12 months than those whose husband had not.
- Women with a partner who consumes significant amounts of alcohol daily/weekly were nearly twice as likely to have encountered partner violence in the past 12 months than those with a partner who had not.
- Women with a husband who was hit as a child were 3.8 times more likely to have suffered partner violence in the past 12 months than those with a husband who was not.
- Women who live in communities that do not support those in need, such as due to illness or accidents in the family, were 3.5 times more likely to experience partner violence than those who live in communities that have such support.

Alcohol and infidelity were reported by violence survivors as contributory factors to partner violence, but not direct causes of violence. Rather, the traditional gender norms and masculinity beliefs in Lao society that tolerate men's habits and problems associated with alcohol consumption and infidelity were found to be triggers of such violence. Overall, these results indicate that a healthy family environment and parenting, women's ability to recognise risks of sexual violence, education for young males, community support as well as gender equality and equity can protect against VAW.

Policy Implications and Recommendations

This study's findings have allowed for the identification and development of a number of important policy implications and recommendations. They span the areas of political commitment and creation of an enabling environment, primary prevention and protection as well as responses to address and eliminate VAW in Lao PDR.

i. Strengthen Political Commitment and Creation of an Enabling Environment to Eliminate Violence Against Women

- Enforce the implementation of Law on Resistance and Prevention of Violence against Women and Children (hereinafter referred to as 'the new law on VAWC', other policies and NPAVAW (National Plan of Action on Prevention and Elimination of Violence Against Women and Children) to protect and support women and children from violence and abuse as well as impose strict legal sanctions on perpetrators in accordance with the new law on VAWC. Raise nationwide awareness of the new law on VAWC and that violence is a criminal offense and a violation of human rights.
- Ensure survivors' direct and timely access to legal advice from lawyers and counsellors to facilitate the application and benefits of the new law on VAWC.
- Conduct close and periodic monitoring to observe whether the new law on VAWC is being 'acknowledged and accessed' by the public and enforced by the authorities.
- Address any limitations in legislation articles to ensure they are realistic and responsive to the needs of society.
- Develop the NPAVAW in an innovative and targeted way to bring about change and determine effective outcomes, activities, timeframes and resources (budgets, human resources and other necessary resources such as financial and in-kind contributions) by incorporating inputs from all relevant actors and sectors.

ii. Promote Primary Prevention

- Promote gender equality and challenge traditional gender norms at community-based organisations, schools and workplaces to end violence against children.
- Mobilise communities to take a zero tolerance approach to any form of VAW and impose sanctions on those who practice and condone violence.
- Provide community-based training on gender equality and how to respond to GBV, particularly for local leaders, men of all ages, including gatekeepers.
- Involve and empower women in changing gender norms and inequalities, through recognition and lesson learning from women's personal experiences of violence and encourage their decision-making for prevention, protection and freedom of choice.
- Arrange different outreach measures in addition to formal gender training, such as folk theatre and drama, particularly for community residents who have difficulty reading and writing.
- Promote and implement human rights and gender equality activities within the compulsory education system at schools, to address problems such as school violence and GBV and increase students' knowledge and access to support systems when in contact with violence.
- Develop curriculums and teaching materials as well as provide teaching and support staff with training packages to acquire effective skills to educate and heighten awareness of issues highlighted in this list of policy implications and recommendations.

iii. Put Appropriate Protection and Responses in Place

- Increase the number of safe and secure shelters in the country to provide accommodation for survivors with children until they can rebuild their lives and be integrated back into society.
- Establish multi-sectoral case management for survivors, co-locating health, welfare, counselling and legal services at central and provincial levels.
- Increase and strengthen counselling services by training qualified social workers or psychologists to provide socio-economic and psychological support to survivors as well as referrals to engage legal procedures.
- Establish an affordable physical and mental healthcare system exclusively focussed on survivors of violence. This could be integrated into the 'one-stop crisis centre' service.
- Train and build capacities of healthcare providers (emergency unit and reproductive health services, and mental health clinics) to ensure they possess adequate knowledge and skills meeting international standards (eg. WHO Clinical Handbook)
- Establish a prompt referral system for survivors of violence to other clinical specialists or relevant social and safety support systems.
- Ensure health centres/clinics/hospitals are secure and comfortable for survivors to confidentially report incidents of violence.
- Ensure police and prosecutors respond and investigate cases of violence and abuse more effectively.
- Provide women with access to information to become aware of their legal rights under national and international laws through formal and informal channels.
- Provide training to duty barriers and officers who work at district and village levels. Such capacity building should focus on gender sensitisation in the legal system to ensure gender-sensitive services for survivors and appropriate measures to approach and handle perpetrators.
- Facilitate survivors' easy access to the legal system (procedures, legal officers, lawyers), without concern about financial costs incurred.
- Review judicial processes and procedures in court proceedings regarding VAW.
- Review or map available services specifically addressing or sensitive to VAW.

The background features a solid orange color with several overlapping, semi-transparent geometric shapes. These shapes include a large, light-orange trapezoid at the top, and various vertical bars and rectangles in shades of orange and grey, some of which are layered on top of each other, creating a sense of depth and complexity.

INTRODUCTION

CHAPTER 1. INTRODUCTION

1.1 Overview of Lao PDR

1.1.1 Geographic, Demographic and Socio-economic Overview

Lao PDR is a landlocked country in Southeast Asia that shares borders with Cambodia, China, Myanmar, Thailand and Viet Nam (Figure 1). Most of the country is mountainous and forested, separated into lowland areas along the Mekong River and highland areas. Administratively, Lao PDR consists of 16 provinces encompassing the capital city of Vientiane (Vientiane Capital), 145 districts and 8,615 villages.³ As of 2012, the total population was estimated to be 6.5 million, with a large proportion of young people. Children and young people below the age of 25 years make up 59% of the total population⁴ and 73% live in rural areas, including 10% who live without road access (MoH and LSB, 2012). Lao PDR is ethnically diverse with 49 official ethnic groups comprised of 167 ethnic sub-groups with 17 groups speaking several dialects and languages. There are four major ethno-linguistic groups, Lao-Tai (68% of the total population), Mon-Khmer (22%), Hmong-Lu Mien (7%) and Sino-Tibetan (3%) (Ibid.).

Figure 1.1 Map of Lao PDR



Table 1.1 shows the country's demographic and socio-economic indicators. Its Human Development Index value for 2012 was 0.543, as the "medium" human development category, positioned 138th out of 187 countries. Of note, this value has increased by 57% since 1980, with an average annual increase of approximately 1.7%.

³ From 2014, the administrative division of Lao PDR was divided into 17 provinces and Vientiane Capital.

⁴ LSB estimates based on Population and Housing Census 2005, <http://www.nsc.gov.la/en/>.

Table 1.1 Demographic and Socio-economic Indicators in Lao PDR

Indicators	Year	Value	Source
Population	2012	6.5 million	i
Annual population growth (%)	2010-2015	2.1	ii
Gross National Income (GNI) per capita (US dollars)	2015 2012	1,242 (Current price) 2,435 (2005 PPP: Purchasing Per Parity)	viii ii
Human Development Index (HDI)	2012	0.543	ii
Gender Inequality Index (GII)	2012	0.483	ii
Multi-dimensional Poverty Index (MPI)	2006	0.267	ii
Gini Index	2000-2010	36.7	v
Life expectancy at birth	2012	67.8	ii
Total fertility rate (births per woman)	2011-12	3.2	vi
Total mortality rate by gender (15-60 years by 1,000 deaths)	2009	M:289 F:259	ii
Infant mortality rate (deaths per 1,000 live births)	2011-12	68	vi
Mortality rate under-five (deaths per 1,000 live births)	2011-12	79	vi
Maternal mortality rate (deaths per 100,000 live births)	2011-12	357	vi
Literacy rate (% age 15 and older)	2011	73.1	iii
Total gross primary enrolment ratio (%)	2011	126	vii
Total net primary enrolment ratio by gender (%)	2008-2011	M:98 F:96	iv
Total gross secondary enrolment ratio (%)	2011	46	vii

Source: i. Lao Statistics Bureau

ii. UNDP (2014b) Human Development Report 2013

iii. UNICEF State of World Children Report 2014

iv. UNESCO EFA Global Monitoring Report 2013/14

v. World Bank, Country Data, <http://data.worldbank.org/indicator/SI.POV.GINI?page=1>

vi. MoH & LSB, LSIS 2011-2-1

vii. The Millennium Development Goals: Progress Report for the Lao PDR 2013

viii. Economic Report of 2014 and Trend of 2015 (National Economic Research Institute).

Regarding gender equality in the country, the Gender Inequality Index (GII) in Lao PDR was 0.483 in 2012, 100th out of 148 countries. A quarter of parliamentary seats was held by women and 22.9% of Lao women had access to a secondary or higher level of education compared to 36.8% of men (UNDP, 2014a). From every 100,000 live births, 357 women die from pregnancy-related causes and the adolescent fertility rate was 94 births per 1,000 live births. Female participation in the labour market was 76.3% compared to 78.9% for men (Ibid.). Overall, the enrolment ratio of secondary education and maternal mortality rates have hindered improvements to the GII, rather than empowerment indicators associated with economic (labour participation) and political participation (parliamentary seats).

In terms of poverty, the proportion of the population below the national poverty line was 27.6% in 2007/2008 and 22.0% in 2012/2013 (Government of Lao PDR and UN, 2013). Another indicator, the Multi-dimensional Poverty Index (MPI), was only introduced in 2006.⁵ Its data indicates that 47.2% of

⁵ The 2010 Human Development Report by UNDP introduced the Multi-dimensional Poverty Index, which identifies multiple deprivations in the same households in education, health and living standards. The indicators are weighted to create a deprivation score and the deprivation scores are computed for each household in the survey. A deprivation score of 33.3% (one-third of the weighted indicators) is used to distinguish between the "poor" and "non-poor". If the household deprivation score is 33.3% or greater, the household is classed as multi-dimensionally poor (UNDP, 2014a). For details, see at: http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/LAO.pdf

the population live in multi-dimensional poverty (the MPI 'head count'), whereas an additional 14.1% are vulnerable to multiple deprivations. The intensity of deprivation, the average percentage of deprivation experienced by people living in multi-dimensional poverty, is 56.5%. The MPI value in Lao PDR, which is the share of the population that is multi-dimensionally poor adjusted by the intensity of deprivations, is 0.267 (UNDP, 2014a). In 2011, Lao PDR moved up from its lower income status to a lower-middle income economy with a per capita gross national income of US\$2,435 (Ibid.). Since its economic transition from a centrally planned to market-oriented economy, the country has steadily developed its economy with annual average gross domestic product growth of 7.4% between 2001 and 2011. While rapid economic growth has resulted in poverty reduction, inequality has also increased and this is especially acute between rural and urban areas. The Gini Index, which measures the degree of inequality in the distribution of family income in a country, was reported at 36.74 in 2008 and the social indicators showed that the benefits of growth have not been equally distributed.⁶

1.2 Violence Against Women

1.2.1 What is Violence Against Women?

There is growing recognition globally that violence against women (VAW) and gender-based violence (GBV) are serious public health problems and a violation of women's human rights. According to the WHO's latest systematic review that collected scientific data on VAW (WHO, 2013a),⁷ 35% of women worldwide have experienced physical and/or sexual intimate partner violence (IPV) or non-partner sexual violence. The majority of this violence is committed by an intimate partner and 30% of all women who have been in a relationship have experienced physical and/or sexual violence by intimate partners. The terms GBV and VAW are often used interchangeably, although GBV occurs as a result of the normative role expectations associated with each gender, along with unequal power relationships between men and women in the context of specific societies.

There is no single definition of 'VAW' or 'GBV', but the most widely used ones are those developed by the UN as follows:

UN Declaration on the Elimination of Violence Against Women in 1993 defines VAW as:

"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life."
(UN Declaration on Violence Against Women, Article 1.)⁸

"Violence involving men and women, in which the female is usually the survivor; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community). It includes violence which is perpetrated or condoned by the State". (UNFPA Gender Theme Group, 1998) (UNFPA, 1998)

UNFPA's definition of GBV:

⁶ World Bank, Country Data, <http://data.worldbank.org/indicator/SI.POV.GINI?page=1>

⁷ A systematic review sums up the best available research on a specific question, and tries to identify, select, synthesise and appraise all high quality and peer reviewed research papers to provide the scientific evidence to answer the questions. It does not intend to produce general trend, universal standard or figure out the average in a particular topic.

⁸ Full text available at: <http://www.un.org/documents/ga/res/48/a48r104.htm>

While the UN definition refers to outcomes or likely outcomes without specifically mentioning the intention, the UNFPA interpretation is comprehensive as it clearly states the social dimensions and root causes of violence against women and girls. GBV or VAW is an umbrella term that encompasses many forms of violence, including IPV and rape/sexual assaults and other forms of sexual violence perpetrated by someone other than a partner (non-partner sexual violence). Other forms of violence such as female genital mutilation, honour killings and trafficking of women are also encompassed.

Box 1.1 What are 'Intimate partners' and 'Non-partners'?

'Intimate partner' is defined in this study as a person in a close relationship that may be characterized by physical contact, an emotional connection and a sexual relationship as a couple, often with knowledge about each other's lives. However, the relationship does not necessarily include all of these characteristics. An intimate partner relationship may or may not involve cohabitation and include current or former relationships. Different types of intimate partners include:

- Spouses (married spouses, common-law/de facto partners, domestic partners)
- Boyfriends and girlfriends
- Dating partners
- Recurrent sexual partners

A husband is defined as a partner in the form of marriage, but a partner can also be either in a married or an unmarried relationship. A husband and a partner are not mutually exclusive.

On the other hand, a 'non-partner' is anyone who is not a partner, not being characterised by an intimate connectedness as a couple. It is defined as being 'strangers, acquaintances, friends, colleagues, peers, teachers, neighbours and family members'. Non-partner sexual violence/abuse is a commonly used term, but non-partner violence also includes physical and emotional dimensions. An intimate partner and non-partner can be the opposite or same sex.

IPV mainly occurs during adolescence and adulthood in the context of marriage, cohabitation or dating relationships. It usually encompasses physical, sexual and emotional abuse as well as controlling behaviours. Sexual violence can occur at any age from childhood and can be perpetrated by parents, family members, caregivers, acquaintances and strangers as well as intimate partners in adolescence and adulthood. The majority of survivors of both types of violence are women with male perpetrators. However, sexual abuse involves male children as well. IPV may also be perpetrated by women against men and could occur in same-sex relationships.

The World Report on Violence and Health (Heise & Garcia-Moreno, 2002; Jewkes, Sen & Garcia-Moreno, 2002, cited in WHO 2010) defines IPV and sexual violence as follows:

➤ **Intimate partner violence:**

"Behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours".

➤ **Sexual violence:**

"Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the survivor, in any setting including but not limited to home and work".

The IPV definition includes violence performed by current and former spouses or intimate partners, as outlined in Box 1.1. The definition of 'sexual violence' includes rape (defined as the physically forced or otherwise coerced penetration of the vagina, mouth or anus with a penis, other body part or object), as well as any other unwanted sexual experience(s) that do not fall under the definition of 'rape'.

1.2.2 Causes of Violence

VAW is often an expression of gender norms, unequal relations between men and women, a power imbalance deeply rooted in a society and the overt or implicit perception that women are inferior to men and boys. Such power imbalances tend to also be closely associated with economic dependence, financial insecurity and expectations and gender norms generalised by male dominance in society (Jewkes, 2002). It also entails a complex web of interactions encompassing different macro-social (gender norms, culture of violence, Government responses), community (lack of social support), relationship (gender inequality/inequity, power relations, masculinity) and individual (age, socio-economic factors, violence experienced during childhood, traditional attitudes towards gender roles and women's sexuality) risk factor levels (Dahlberg & Krug, 2002, Contreras & Guzmán, 2001, Heise, et al. 1999). This framework is known as the 'ecological model' that explains the interplay of personal, situational and socio-cultural factors that increase women's and girl's likelihood of experiencing violence (and men's likelihood to perpetrate violence) (Dahlberg & Krug, 2002, Heise, 1998, Belsky, 1980). This ecological model is widely used to analyse causes and associations related to VAW, such as risks or protective factors of violence and the development of strategies/programmes for sector-wide prevention or intervention actions (Figure 1.2).

Figure 1.2 Ecological Model for Understanding Violence



Source: Heise et al. (1999)

This ecological model organises risk factors according to the following four levels of influence (WHO, 2010):

Individual: Includes biological and personal history factors that may increase the likelihood that an individual will become a survivor or perpetrator of violence.

Relationship: Includes factors that increase risks of violence as a result of relationships with peers, intimate partners and family members. These are a person's closest social circle and can shape their behaviour and range of experiences.

Community: Refers to community contexts in which social relationships are embedded (such as schools, workplaces and neighbourhoods) and seeks to identify the characteristics of such settings associated with people becoming survivors or perpetrators of intimate partner and sexual violence.

Societal: Includes larger, macro-level factors that influence sexual and intimate partner violence, such as gender inequality, religious or cultural belief systems, societal norms and economic or social policies that create or sustain gaps and tensions between groups of people.

1.2.3 Consequences of Violence

Violence against women and girls has direct and indirect consequences on health, social and economic aspects at individual, family, community and society levels. In extreme cases, this violence can lead to severe disability or even death. But, even in less severe cases, VAW impacts on the everyday lives of women and girls as it hinders their healthy lives, ability to earn a living, access education and participate in social and political life. As a result, VAW can perpetuate poverty and impede development. In particular, the health consequences of violence are often severe with physical injuries, unwanted pregnancies/miscarriages, sexually transmitted infections (STIs), sexual and reproductive problems and death by suicide/injury. Table 1.2 presents the impacts of violence on women, children and families in health and their daily lives.

Table 1.2 Health, Inter-generational and Socio-Economic Consequences of Gender-Based Violence

Major Effects		Specific Effects
Women's Health	Fatal	<ul style="list-style-type: none"> ▪ Femicide ▪ Suicide ▪ AIDS-related mortality ▪ Maternal mortality
	Non-fatal	<ul style="list-style-type: none"> ▪ Physical effects: <ul style="list-style-type: none"> ➢ Fractures/related injuries (cuts, bites, bruises, sprain burns) ➢ General health problems, impacting on daily activities and memory ➢ Gastro-intestinal disorders ▪ Sexual/reproductive effects: <ul style="list-style-type: none"> ➢ Sexually Transmitted Infections, including HIV ➢ Unwanted pregnancy, pregnancy complications ➢ Traumatic gynaecologic conditions ➢ Miscarriage/stillbirth/unsafe abortion ➢ Fistula ▪ Psychological/behavioural effects: <ul style="list-style-type: none"> ➢ Depression and anxiety ➢ Post Traumatic Stress Disorder (PTSD) ➢ Dissociation, Dissociation Identity Disorder ➢ Suicide, suicidal ideation ➢ Poor self-esteem ➢ Drug and alcohol abuse ➢ Smoking ➢ Perpetrating or becoming survivors of violence later in life (children/adolescents)
Effects on Children		<ul style="list-style-type: none"> ➢ Higher rates of infant mortality ➢ Behaviour problems ➢ Anxiety, depression, attempted suicide ➢ Poor school performance ➢ Experiencing or perpetrating violence as adults ➢ Physical injury or health complaints ➢ Lost productivity in adulthood
Effects on Family		<ul style="list-style-type: none"> ➢ Inability to work ➢ Lost wages and productivity ➢ Housing instability
Socio-Economic Effects		<ul style="list-style-type: none"> ➢ Costs of services incurred by survivors and families (health, social and justice) ➢ Lost workforce productivity and costs to employers ➢ Perpetuation of violence

Source: Modified based on 'The Irish Joint Consortium on GBV' (2012)'

According to the WHO Systematic Review (WHO, 2013a), women who experience violence are 16% more likely to have a low birth-weight baby. They are also more than twice as likely to have an abortion, almost twice as likely to experience depression and in some regions, are 1.5 times more likely to contract the Human Immunodeficiency Virus (HIV) as compared to those who have not experienced partner violence (Ibid.).

Socio-economically, VAW is associated with impacts such as an inability to work, lost wages and productivity, housing instability, poor academic performance of children, added costs to employers and those incurred by survivors (health and social services).

1.3 Background on Violence against Women in Lao PDR

1.3.1 Previous Studies on VAW/GBV in Lao PDR

Although no extensive nationwide examination of VAW had been conducted in Lao PDR prior to this study, some studies had attempted to present typical situations, the prevalence, causes and impacts of DV in the country.

According to the Lao Social Indicator Survey (MICS/DHS, 2011-2012) (MoH & LSB, 2012), 58% of women and 49% of men felt VAW was justified in certain situations. This study found that while many young people acknowledged equality as a right, 60% of young women and men aged 15-18 years reported gender inequality at community level. Young people also said violence against women and girls was justified when traditional Lao society gender roles and responsibilities were not adhered to, such as the ways women dressed, prepared food for husbands, cared for children and accepted sexual relations. All respondents reported having witnessed or experienced some form of violence in their community and 46% reported being threatened or touched in a way that made them uncomfortable at school. In addition to the research's findings, it identified that young people displayed a willingness to discuss and address violence against women and girls.

The 2009 study by the Gender Resource Information and Development Centre (GRID) and Lao Women's Union (GRID & LWU, 2009) conducted in the capital Vientiane, Luangprabang, Xayabury, Savannakhet and Xiengkhuang provinces found a high prevalence of DV among the 1,157 study participants with an average age at 34.5 years. In particular, psychological violence was prevalent (46%) and included public insults or humiliation, intimidation or direct threats. In terms of physical violence, approximately 20% of women experienced such abuse at least once in their lifetimes, such as being slapped, kicked, choked, hit or pushed and 76% had been injured as a result of physical violence, while 36% had sustained repeated injuries. Some 10% of the women had experienced sexual violence, but this percentage excluded marital rape.

In *'Rural Domestic Violence and Gender Research in Lao PDR'* conducted by the Gender and Development Group (GDG) with support from the International Development Research Centre (IDRC) and the Canada Fund in 2005, 7.1% of 967 respondents (515 females and 452 males) aged 15-50 years, with an average age of 33.9 years, in five provinces (Boekeo, Luang Prabang, Salavan, Savannakhet and Vientiane) acknowledged they had hit spouses in the past if there was disagreement with their decisions. Most women were unable to provide a clear definition of violence other than physical violence. However, 45% of female respondents revealed spouses had been violent in some form towards them, underlining the high prevalence of DV in the surveyed areas. Of women who had experienced violence, 35% had suffered psychological violence, physical violence (17%) and sexual violence (1.6%) from partners/husbands. Moreover, 19 women reported that violence continued into pregnancy. Factors associated with violence included alcohol (31%), money (13%) and work-related problems (13%). The most common impact of DV was physical injuries, with 25% of women exposed to violence having suffered physical injuries. The survey also found that although more than half of survivors left home to escape abusive situations, almost all returned. In most IPV cases, survivors sought help from family and village authorities, yet the latter often advised survivors to stay with their husbands and meet their family responsibilities.

1.3.2 Legal and Policy Framework

i. Legal System

Currently, two major laws stipulate prohibition and punishment in relation to VAW in Lao PDR and are addressed from the perspectives of criminal offenses, women's protection and violence prevention and responses.

(1) Lao Penal Law

General incidents of physical, emotional and sexual violence are addressed in the Penal Law, but definitions of these forms of violence remain unclear. Penalties for violence include imprisonment and fines or re-education depending on the severity of violence as outlined in Article 90 (Battery), Article 95 (Insults) and Article 128 (Rape).

(2) Law on the Development and Protection of Women

The LDPW Act was enacted in 2004 and became the nation's first comprehensive bill in response to DV and anti-trafficking issues. This landmark bill was an important step towards the protection of women and children from various forms of abuse. To ensure its successful implementation, the LWU took the initiative to establish shelters, counselling and job training programmes for the security and self-sufficiency of survivors and children. The relevant articles regarding DV in the LDPW are Article 37 (combating DV against women and children), Article 30 (physical impacts), Article 31 (mental impacts), Article 33 (rights of survivors), Article 50 (measures against DV against women and children), Article 35 (settlement of DV against women and children) and Article 36 (actions by police officers).

While the enactment of LDPW was a ground-breaking event to eliminate violence under judicial control, CARE International in Lao PDR highlighted several concerns and limitations arising from an analysis of the complex nature of violence as well as the system to support survivors and their family members (CARE International, 2009).⁹

First, while the LDPW covers violence between married couples, it excludes unmarried couples, and non-partner relationships. Second, it does not specify marital rape in the context of sexual violence. Third, Lao PDR does not have pre-litigation measures to immediately stop violence, such as intervention orders to protect survivors or refer them to shelters/safe places as in the case in other ASEAN countries. The only existing pre-litigation action is resolution through VMUs. Fourth, the LDPW categorised levels of violence into 'serious' and 'non-serious', with non-serious cases encouraged to go through VMUs and be settled through mediation (Article 35), which is likely to 'cause a diversion from the court or criminal procedures and may remove the recognition of domestic violence as a human rights violation' (UNIFEM, cited in CARE, 2009). Also, CEDAW reviews highlighted how the distinction between serious and less harmful acts of violence could socially legitimise violence and foster a culture of silence and impunity. Lastly, the LDPW addresses women's right to seek assistance and access support, but does not specify and ensure duty of care to officially enforce or facilitate access to support services.

(3) New Law on Resistance and Prevention of Violence against Women and Children

Against this background and with CEDAW recommendations in mind, in parallel with this study initiative, the Government of Lao PDR developed the National Plan of Action on Prevention and Elimination of Violence against Women and Children (NPAVAW), approved in early 2014. The NPAVAW specifies concrete actions and activities to prevent and protect women and girls from violence through enhancement of the quality and quantity of social and health services, police and judiciary systems, with relevant trainings and

⁹ CARE International (2009). 'Understanding Women's Legal Rights, An analysis of the legal enabling environment for addressing violence against women in Lao PDR'. CARE International in Lao PDR in collaboration with the Lao Women's Union, Vientiane with support from AusAID.

advocacy to achieve gender equality and equity. Subsequently, the new Law on Resistance and Prevention of Violence against Women and Children (new law on VAWC) was also developed and passed in the National Assembly in December 2014, with it expected to be enacted soon. It aims to respond to violence against women and children as well as provide assistance to survivors to protect their rights and promote gender equality. Overall, it is seen as a step forward as it provides clear definitions and for the first time marital rape is classified as a criminal offence. Under the new law on VAWC, acts considered as violence against women and children are:

1. Abuse, torture, beating, coercion, threats, inhumane treatment or other intentional acts that impact on the health, life and psychology [of women and children]
2. Gossip, slander, scorn, insults, defamation or other acts intended to degrade/harm the reputation, dignity or psychology [of women and children]
3. Discrimination, isolation, expulsion from the residence, improper discharge or pressure on the psychological health [of women and children]
4. Prevention of someone to conduct their duties, participate in economic-social activities or prevention from exercising their rights and meeting obligations as provided for in the country's regulations and laws
5. Obscenities, dissemination of pornography, adultery, forced sex, sex with children, rape, forced prostitution, commercial prostitution or other forms of sexual violation
6. Forced marriage/divorce or obstruction to marry/divorce, marriage for the purpose of selling a person
7. Failure to meet obligations to take care of, raise and educate children, failure to support and assist the family's work or earnings or failure to care for children
8. Illegal possession, transfer, assignment, misuse, concealment or destruction of property
9. Child labour and/or undue coercion to work or economically contribute
10. Other acts that break the country's laws and regulations.

ii. National Machinery

(1) National Commission for the Advancement of Lao Women (NCAW)

The NCAW was established in response to the CEDAW framework. It is a State agency to assist Government to develop national policies and strategic plans to mainstream gender in all sectors. The NCAW was formally established through Prime Ministerial Decree No.37 in 2003 and was originally chaired by the Deputy Prime Minister and supported by vice-chairs, the President of the LWU, Minister of the Prime Minister's Office, Minister of Public Health and Vice Minister of Education. Sub-Commission for Advancement of Women (Sub-CAW) units were established nationwide across line ministries and State organisations and at provincial and capital administrative levels, creating a broad network of gender focal points.

The NCAW's main objectives, as outlined by the decree, are "to encourage, promote and protect the legitimate rights and interests of women in all fields: political, economic, social, cultural and family as provided for in the policy of the Party and Government, the Constitution and laws, as well as in various international instruments adhered to by Lao PDR to ensure the realisation of those policies across the country with a view to the elimination of all forms of discrimination against women". Accordingly, its main gender-focussed responsibilities include: 1) preparation of strategic plans and national policies, 2) advocacy, 3) gender mainstreaming in all sectors, 4) monitoring implementation of policies, Constitution and laws, 5) publication and translation of relevant documents, 6) coordination with international organisations, 7) participation in national and international forums, 8) preparation of CEDAW reports and 9) gender sensitive budgeting and financing.

The NCAW developed the second NSAW 2011-2015 to implement CEDAW principles at country level through four programmes. They programmes entail 1) development of an information system, sex

segregated statistics, advocacy and dissemination, awareness raising, movements to promote gender equality and women's empowerment to participate in all fields, 2) institutional and personnel strengthening to promote women's advancement, 3) ensure gender equality and women's empowerment to participate in all fields and 4) fulfilment of Lao PDR's obligations under CEDAW Conventions and other international conventions pertaining to women. These include development and implementation of a national campaign and action plan to combat violence against women and children and development of disaggregated data collection and analysis on the issue. In line with these aims, the NPAVAW was developed and endorsed by the Government in 2014.

(2) Lao Women's Union

The LWU is mandated to represent all women, protect women's rights and interests as well as promote implementation of national policy and advancement of women. In 2006, the LWU 5th Congress endorsed the so-called 'Slogan of Three Goods' - namely 'To be a Good Citizen, have Good Development and Build a Happy Family'.

LWU is a mass organisation with a network that extends from central government to grassroots level. It has representation in every village, with one LWU member representing women in each village council. It serves as a bridge between the People's Revolutionary Party, Government and women from national, provincial, district and village levels. Through its extensive network, the LWU has amplified women's voices into public administration.

iii. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

The CEDAW, adopted in 1979 by the UN General Assembly, is described as an 'international bill of rights for women'. Lao PDR signed CEDAW in 1980 and received the instrument of ratification in 1981, obligating the Government of Lao PDR to take action to eliminate discrimination against women. The Government is also required to submit a national report every four years to demonstrate how the country has complied with CEDAW principles and regulations.

The last report, the combined 6th and 7th Periodic Report, was submitted to the CEDAW Committee in 2008. In the 44th Review Session of CEDAW in 2009, the committee presented 60 recommendations in response to Lao PDR's report. As for VAW, the recommendations placed emphasis on the State party's responsibility to pay more attention to combating violence against women and girls. The adoption of comprehensive measures to address all forms of violence against women and girls was also included. Specifically, it stated that "these measures include the adoption of a specific law on DV and GBV and the development and implementation of a coherent and multi-sectoral national action plan to prevent and respond to VAW, including through legal remedies, effective protection measures, systematic data collection and strengthening supportive services and capacity of service providers, in particular law enforcement personnel and health service providers" (CEDAW Recommendation No.24).

In response to these recommendations, as mentioned earlier in this report, Lao PDR developed the new law on VAWC and NPAVAW to provide robust measures to implement the new law on VAWC. Nevertheless, with no population-based study on VAW in Lao PDR, the country recognised the urgent need for reliable data and information based on evidence. In response, this National Study on Women's Health and Life Experiences 2014 was undertaken to support the advancement of laws, policies, advocacy/public awareness and adequate programmes and projects to address VAW/GBV in Lao society.



RESEARCH
OBJECTIVES
AND
METHODOLOGY

CHAPTER 2. RESEARCH OBJECTIVES AND METHODOLOGY

2.1 Objectives and Organisation of the Study

2.1.1 Study Component and Objectives

This National Study on Women's Health and Life Experiences 2014 adopted the methodology of the WHO Multi-country Study on Women's Health and Domestic Violence Against Women (hereinafter referred to as 'WHO Multi-country Study'), known as the gold standard for robust and comparable data on violence against women (Garcia-Moreno et al., 2005). For complying with this methodology, the study in Lao PDR has two components:

Quantitative Component: A quantitative survey with structured questionnaires to provide data on the prevalence of different forms of intimate partner and non-partner VAW as well as information on health impacts, causes, consequences and risk factors. The questionnaires were administered by interviewers through face-to-face interviews.

Qualitative Component: This qualitative portion of the study includes a document review together with selected interviews and focus group discussions (FGD). As an exploratory and descriptive component focusing more on 'how' and 'why' questions, it provides more in-depth information to add value and complement data collected through the quantitative survey.

The study's overall objective was to generate necessary evidence for use as an advocacy tool to increase awareness, manage and prevent GBV/VAW/DV and enable relevant government sectors, civil society organisations (CSOs), NGOs and other development partners to formulate adequate VAW policies and programmes. Specifically, the evidence generated will be used in the development and revision of the following policies and programmes appropriate for different target groups - women, adolescents and young people, men and couples:

1. National Action Plan to respond and prevent VAW
2. Legislation development on GBV/VAW/DV
3. 8th and 9th CEDAW Report 2014
4. Advocacy campaign to end VAW.

- **Specific Objectives**

Research objectives were to:

- i. Estimate the prevalence, frequency, types and different forms of VAW
- ii. Collect narrative information on different types and patterns of IPV, including domestic VAW in selected study areas
- iii. Explore factors that increase women's vulnerability or protect them from violence (e.g. social gender norms, power disparities, economic opportunities, childhood experiences)
- iv. Identify mitigation and coping strategies of women affected by violence, including the extent and to whom they disclose incidents of violence as well as their access and use of support services
- v. Document consequences of violence on women's health, work, family and relationships.

Indirect objectives were to:

- Increase national capacity and collaboration among entities working on VAW, including capacity to collect, analyse and use data related to VAW
- Increase awareness and sensitivity towards IPV/VAW among policy-makers and service providers.

2.1.2 Organisational Management for the Study

The proposal to conduct the National Study on Women's Health and Life Experiences 2014 was approved by the Ministry of Planning and Investment in August, 2012. The study was implemented by the LSB in collaboration with the NCAW. The latter's role was to provide oversight and coordination, encompassing the organisation of consultation meetings with stakeholders, provide comments and inputs, define the needs, objectives and expected outputs of the study and mobilise resources.

A National Steering Committee was established to provide overall guidance and leadership and included members from the LSB, NCAW, LWU, MoH, MoPS and MoJ. The technical group consisted of LSB, LWU and NCAW members and played a significant role in driving the study forward, especially in planning, finalising and pre-testing the questionnaire, fieldwork operations, data management, organisation of trainings and data analysis.

The qualitative component was undertaken by the Burnet Institute, a non-profit Australian organisation with a field office in Vientiane Capital to conduct health research and education, under supervision of the technical group led by the NCAW. Occasional consultations and meetings were held to discuss methodology, selection of samples and survey sites, finalisation of the question guide as well as logistics for fieldwork, data collection, analysis, report writing and presentation of the preliminary findings.

The role of UNFPA, UN Women and WHO was to provide technical and financial assistance, including provision of technical consultants to ensure the study's high quality.

2.2 Quantitative Component

2.2.1 Design and Eligibility of Participants

The quantitative component followed the methodology adopted in the WHO Multi-country Study. Although the WHO Multi-country Study methodology is based on relatively fewer samples (around 1,500 respondents) at one or two sites (city or region/country), the study in Lao PDR is a nationwide study with a larger sample.

This study's sample size was designed to be representative for the whole country, encompassing urban and rural areas as well as at regional level (north, central and south). A multi-stage cluster sampling strategy for a cross-sectional nationwide household survey was applied.

The sample size was calculated at 3,000 households (Table 2.1), taking into account a non-response rate of 10%. The sample of clusters and households was allocated using standard formulas. Based on WHO ethical and safety guidelines for conducting this study, one woman in the eligible age group was selected per household. The criteria for eligible women as defined in the Lao context was women 15-64 years old (with/out partner), those who normally lived in the household, visitors who stayed at least four weeks or domestic workers who slept in the household at least five nights per week. The respondent was selected from all eligible women in a household, often by assigning each woman a number than randomly selecting number(s) as required.

Reasons for targeting the 15-64 year age group were:

- (1) Senior women, while possibly tending to have a recall bias, were included due to their long-term partner and home life experiences.
- (2) Recent global research evidence showed they commonly suffered from specific types of elderly abuse.
- (3) UN indicators refer to all women over 15 years.
- (4) Recent similar studies in other countries (e.g. New Zealand, Turkey and Viet Nam) used the WHO Multi-country Study methodology that included women over the age of 50.

Table 2.1 Sample by Urban/Rural and Region

Team	Team	Sample villages				Sample households/women			
		Total	Urban	Rural with road	Rural w/o road	Total	Urban	Rural with road	Rural w/o road
	Lao PDR	300	87	183	30	3,000	870	1,830	300
	Vientiane Capital	37	25	12	0	370	250	120	0
1	Phongsaly, Luangmantha, Bokeo	26	5	17	4	260	50	170	40
2	Oudomxay, Luangprabang	35	8	19	8	350	80	190	80
3	Vientiane Province, XiengkhouangHuaphan	29	7	20	2	290	70	200	20
4	Vientiane Province, Xayaboury	41	10	29	2	410	100	290	20
5	Vientiane Province. Bolikhamxay, Khammouan	33	9	21	3	330	90	210	30
6	Savannakhet	33	9	21	3	330	90	210	30
7	Savannakhet, Saravanh, Champasack	33	7	22	4	330	70	220	40
8	Champasack, Saravanh, Sekong, Attapeu	33	7	22	4	330	70	220	40

2.2.2 Questionnaire

The questionnaire consisted of (Annex II):

1. An administration form to identify household(s) and monitor field data collection progress
2. A household selection form to identify and select eligible women
3. A household questionnaire to collect socio-economic data on the household
4. A detailed woman's questionnaire.

a) Structure of Woman's Questionnaire

The questionnaire of the WHO Multi-country Study (Ver. 11.3, dated 2013) was adapted for Lao PDR (Box 2.1). The questionnaire was carefully translated into Lao language using safer terms and accommodated contributions from the steering and technical committees, relevant organisations, experts and stakeholders involved in gender issues and VAW, such as UN agencies and NGOs, to reflect the Lao context (see Annex II).

Box 2.1. Structure of Woman's Questionnaire

- Section 1: Respondent and her community
- Section 2: General health
- Section 3: Reproductive health
- Section 4: Children
- Section 5: Current or most recent husband/partner
- Section 6: Attitudes
- Section 7: Respondent and her husband/partner
- Section 8: Injuries
- Section 9: Impact and coping skills
- Section 10: Other experiences
- Section 11: Financial autonomy
- Section 12: Completion of interview: respondent's comments, anonymous reporting of childhood sexual abuse, respondent feedback

b) Operational Definitions of different types of Violence against Women and Girls

Box 2.2 shows the operational definition of different forms of violence based on the WHO Multi-country Study. The words "violence" or "rape" were not used in any interview. Instead, questions were asked on specific behavioural acts. When a woman confirmed she had experienced at least one of these acts, she was considered in the analysis to have experienced the indicated form of violence.

Box 2.2. Operational Definitions of Violence against Women and Girls used in the Survey

Physical violence by an intimate partner

- Was slapped or had something thrown at her that could hurt her
- Was pushed or shoved
- Was hit with fist or something else that could hurt
- Was kicked, dragged or beaten up
- Was choked or burnt on purpose
- Perpetrator threatened to use or actually used a gun, knife or other weapon against her

Sexual violence by an intimate partner

- Was physically forced to have sexual intercourse when she did not want to
- Had sexual intercourse when she did not want to because she was afraid of what her partner might do
- Was forced to do something sexual that she found degrading or humiliating

Emotional abuse by an intimate partner

- Was insulted or made to feel bad about herself
- Was belittled or humiliated in front of other people
- Perpetrator had done things to scare or intimidate her on purpose (e.g. by the way he looked at her, or by yelling or smashing things)
- Perpetrator had threatened to hurt someone she cared about

Controlling Behaviour

- He tried to keep her from seeing her friends
- He tried to restrict contact with her family of birth
- He insisted on knowing where she is at all times
- He ignored her or treated her indifferently
- He got angry if she spoke with another man
- He was often suspicious that she was unfaithful
- He expected her to ask his permission before seeking health care for herself

Physical violence in pregnancy

- Was slapped, hit or beaten while pregnant
- Was punched or kicked in the abdomen while pregnant
- Physical violence since age 15 years by others (non-partners)
- Since age 15 years someone other than partner beat or physically mistreated her

Sexual violence since age 15 by others (non-partners)

- Since age 15 years someone other than partner forced her to have sex or to perform a sexual act when she did not want to

Childhood sexual abuse (before the age of 15)

- Before age 15 years someone had touched her sexually or made her do something sexual that she did not want to

Child sexual abuse was a very sensitive topic for interviewers and respondents as such memories are generally associated with trauma and shame, thus often underreported. Considering the complexity of the subject, respondents were given several opportunities to disclose such incidents. First, respondents were asked whether someone had ever touched them sexually, or made them engage in unwanted sexual acts before the age of 15 years. Finally, at the end of the interview, each respondent was given a card showing pictures of a sad and happy face, and asked to tick either face (Figure 2.1). The cards were designed to ensure anonymous reporting. The respondents were then asked to seal the card in an envelope.

Figure 2.1 Face Card used for Reporting Child Sexual Abuse/Assault



Card Sample:



c) Reference Periods

For each confirmed act of physical, sexual and emotional violence, the respondent was subsequently asked if it had occurred within the past 12 months (current) and how frequently (once, two-five times or more than five times in the past 12 months and/or earlier). By asking about periods of time, the current and lifetime prevalence of violence was assessed. Conceptually, current prevalence is always part of lifetime prevalence.

Lifetime prevalence of violence measures whether a certain type of violence has ever occurred in a respondent's lifetime, even if it was only once. As such, it is cumulative and in principle increases with age. Lifetime prevalence is important for advocacy and awareness-raising (Government of Viet Nam, 2010). On the other hand, current prevalence of violence includes only incidents that occurred in the past 12 months. Therefore, it is lower in proportion than lifetime prevalence. Data on current violence is of great use for drafting intervention programmes through determining current needs for services and changes so intervention programme impacts can be monitored (Ibid.).

d) Partnership Definition

In this study, women were considered "ever-partnered", if they had been married, lived with a partner (de-facto relationship) or dated a partner. The partnership definition always included a husband, but for clarity in this report a partner is often referred to as a "husband/partner."

2.2.3 Training and Fieldwork

To conduct a study on such a sensitive topic as VAW, it was of critical importance to carefully manage recruitment and training of field staff responsible for collecting quality data (minimal non-responses and accurate disclosures of violence) and provision of safe environments for interviews.

Overall, great care was taken to select interviewers and supervisors. In light of the survey topic's sensitivities, only female interviewers were recruited. However, as the LSB did not have a sufficient number of female staff, recruitment was extended to LWU and NCAW, SubCAW staff. As a result, 40 personnel were selected as field workers with three reserves.

Field workers were selected based on these criteria:

- Female
- Aged 30-60 years old
- Previous experience in survey work
- Ability to interact with all members of society
- Non-judgmental attitude
- Good interpersonal skills
- Experience in dealing with sensitive issues
- Performance levels during training and field practice.

Training was divided into two levels. The first level was the 'Training of Trainers' conducted by an expert from the General Statistics Office of Viet Nam and an independent gender consultant for two weeks. They provided training on methodology, gender and VAW knowledge to a core team of LSB (two people), NCAW (two from the NCAW Secretariat), MoH (one - SubCAW MoH) and LWU (two - GRID and LWU shelter). Training included a questionnaire pre-test, revision of manuals and the objective to produce qualified trainers and a core team to train enumerators/field workers and use field experiences to fine-tune the questionnaire.

The second level was to provide training to 49 enumerators/field workers by core trainers, with 40 ultimately selected. Training took place from 25 November-13 December 2013, including three days' field practice in Vientiane province conducted in villages not selected for the national sample. Training also included sensitisation, focused on gender and gender-based violence (Jansen et. al, 2004).

Training objectives were to:

- Increase the sensitivity of fieldworkers on gender issues at a personal and community level
- Develop a basic understanding of GBV/DV, their characteristics, causes and impacts on the health of women and children
- Understand the survey's goals regarding VAW
- Learn interviewing skills, taking into account safety and ethical guidelines
- Become familiar with the survey questionnaire and protocol.

Immediately following training, fieldwork started from 15 December 2013 in Vientiane Capital. This allowed all teams to have time to raise any concerns and share experiences before data collection was initiated in each province. There were eight teams in total, consisting of five members per team (one supervisor/editor and four interviewers) and fieldwork spanned more than three months to the end of March 2014. The team supervisor/editor was responsible to oversee all team activities in each enumeration area (EA), as well as securing the most optimal and discreet location for interviews. The supervisor/editor was responsible to check if questionnaire sheets were correctly filled out and completed.

Fieldwork was arranged as follows:

- Ten interviews per village, per day (one woman per household), per team
- Women were interviewed in a location safe, private and comfortable to answer the sensitive nature of questions.

Fieldwork was designed to complete all interviews per village within the day based on the ethical and safety protocol. However as no updated household lists were available, the task of household listing was incorporated into the fieldwork. All fieldwork teams spent the first day conducting household listings in each village/cluster and identifying eligible women in the village/households. The households and women for each interview were randomly selected on the first day using the internationally acceptable standard.¹⁰

2.2.4 Quality Control

To ensure high quality fieldwork, an elaborative and hierarchical monitoring and communication system was introduced at all levels of fieldwork as follows:

- Every completed questionnaire was re-examined by a supervisor/editor to check for inconsistencies and missed questions to identify any gaps, errors or absent data and provide corrections before interviewers moved to another EA.
- Each team met at the day's end to share experiences and complete field reports. Such reports helped supervisors check and highlight any issues that arose in the field and take action if necessary.
- Each team was supervised at least twice by trainer(s) during data collection. Such field monitoring by trainers was intense during the first weeks of fieldwork to provide onsite technical support. Fieldwork teams also had the ability to communicate 24 hours a day, seven days a week with trainers in case assistance was required.

2.2.5 Data Processing and Analysis

Data entry started in mid-February 2014 in parallel with data collection. A data entry system was created with the Census and Survey Processing System (CSPRO 4.1), with an extensive error check programme. All information collected by the questionnaires was entered into this central system by the LSB in Vientiane Capital and all data was double-entered to minimise data entry errors. Dummy tables, a data dictionary and analysis syntaxes in Data Analysis and Statistics Software (STATA) were adapted and created for data analysis. The process was exclusively undertaken by the LSB with assistance from an international consultant.

Descriptive data for characteristics of respondents and partners as well as other socio-economic information, prevalence of violence (means and standard deviations, frequencies, percentages) were calculated and compared among urban/rural, region, age and education levels. Health status, assessed by the scale of general health and SRQ for emotional distress associated with violence, were examined by adopting Chi-square tests, T-tests, non-parametric Mann Whitney tests and logistic regression. Analyses were performed using STATA version 11 (StataCorp LP) and SPSS version 21 (SPSS, IBM Inc.).

Sample weights were calculated for the selection probability of EAs, households within EAs and eligible women among households. All results in this report are derived from a weighted analysis.

¹⁰ After household listings, the distance was calculated ($I=N/n$, I: Distance, N: Number of households that have eligible women). This figure was used to determine 10 households for interviews. After household selection, all eligible women received a number, which was placed in a box for a village authority representative to draw from to select women to be interviewed. In the case of one eligible woman per household, she was automatically selected an interview.

2.3 Qualitative Component

2.3.1 Design, Participants, Question Guide and Sampling

Qualitative research included a combination of narrative analysis and the case study method. Narrative analysis refers to the life history of the interviewee, a story about a significant aspect of their life or a specific event. It seeks to understand people's experiences and/or social phenomena through the form and content of stories analysed as textual units. The case study method aims to understand complex social phenomena by investigating holistic and meaningful characteristics of real-life events such as individual life cycles, organisational and managerial processes, neighbourhood/community changes (Yin, 2003). It also applies the strategy of explanatory and descriptive approaches by "why" and "how" questions (Scharman, 1971).

The qualitative component of this study helped interpret findings and provided information that could not be collected in the quantitative survey. In particular, it captured messages that resonated with women who experienced violence as well as views from men and people in relevant organisations. The qualitative study was not representative of the population at large, but rather it presented a deeper understanding of VAW in Lao PDR through women's own narratives and stories on various experiences, challenges, struggles and achievements.

This qualitative study was composed of a small team, primarily led by the Burnet Institute, which first determined the state of VAW in the country (literature review) as well as secondary data and preliminary results from the quantitative survey. Following the desk review, field interviews were conducted. As will be explained in the data collection section of this report, field interviews consisted of In-depth Interviews (IDIs), FGDs and Key Informant Interviews (KII) and participants were recruited based on the following criteria:

1. IDIs: Women who have experienced DV were recruited to capture DV views and experiences
2. FGDs: Different age groups of women and men were selected to understand their views and perceptions of IPV and DV. Since men were not included in the quantitative survey, the qualitative study placed special emphasis on men's views
3. KIIs: Groups of key informants (professionals, local leaders, NGOs) in contact with DV survivors and/or perpetrators were recruited to solicit their views.

The question guide for interviews/discussions was redeveloped and adapted for Lao PDR in line with WHO interview guides by the core team in consultation with a consultant from UNFPA Asia-Pacific office (see Annex III). For FGDs, different question guides (scenarios) were developed and used for married women and men, and unmarried youth by taking their current circumstances into account. These were finalised after role-playing practices during training and field pre-tests before field interviews.

Regarding sampling, this study applied 'Stratified Purposive Sampling' that focused on specific characteristics of particular sub-groups to make comparisons. Table 2.2 shows the sample according to the pilot and regions as well as distribution of IDIs, KII and FGDs. A total of 37 interviews and focus groups were conducted, including those completed in the pilot phase (Table 2.2). The interviews and focus groups in the pilot phase were not expressly included in the research, but formed part of the general situational understanding for the interpretation of fieldwork.

Table 2.2 Sample Size by Region and Type of Interview

	Pilot	Vientiane	Salavan	Total
Focus Group Discussions	2	4	4	10
Adult Women	1	1	1	
Young Women		1	1	
Young Men	1	1	1	
Adult Men		1	1	
Key Informant Interviews	2	9	3	14
Village Head	1	1	1	
Village Security		1	1	
Women's Union	1	1	1	
District Police		1		
Health Worker		2		
iNGO		2		
Women's Shelter		1		
In-Depth Interviews	1	6	6	13
Women	1	6	6	13
Total	5	19	13	37

2.3.2 Research Sites and Team

Considering the different regional characteristics and high prevalence of violence identified by quantitative data, the capital city (Vientiane Capital - VTE) and Vientiane province (centre) and Saravan province (south) were selected for qualitative research. In the urban setting of Vientiane city, respondents enjoyed greater employment and educational opportunities and were anticipated to have access to more progressive ideas influenced by media, international events and exposure to non-traditional values. On the other hand, rural settings are environments with limited education income opportunities and where values were expected to be most traditional. Thus, the site selection criteria was based upon: 1) inclusion of urban and rural areas, 2) high prevalence of violent incidents identified by the quantitative survey, 3) differences in socio-economic status and 4) ethnic backgrounds.

Field interviews were conducted by the Burnet Institute that formed two research teams, one female and one male, supervised by a manager and the country office representative. All members, including the manager and representative, attended pre-field training conducted by experts with assistance from UNFPA to acquire necessary knowledge and skills on gender, GBV, research methodologies with a focus on qualitative analysis methods, interview skills and role-playing exercises.

2.3.3 Data Collection

(1) In-depth Interviews

In-depth Interviews focused on women exposed to violence, currently or in the past, by their partners to gain a better understanding of:

- Main problems faced by women and men in the family
- Perceptions of contexts in which violence occurs and its causes
- Situations where different acts of violence are acceptable or unacceptable
- Consequence of DV for women, their families and community

- Intervention and support systems in the community where the survivor is living
- Suggestions to address VAW.

(2) Focus Group Discussions

A small group of people (six-eight) with different backgrounds (ever-partnered women and men, single females and male youth) was randomly selected by a NCAW sub-group and local leaders from the three areas to share common interests and characteristics relevant to the topics discussed. Participants were not recruited based on their exposure or knowledge of VAW and FGDs did not set out to obtain stories from those who experienced violence. Instead, discussions explored women and men's attitudes and beliefs as well as common perceptions on violence, such as:

- Main problems faced by women and men, their roles and perceptions
- Perceptions of the contexts in which violence occurs and perceived causes
- Situations where different acts of violence are seen as acceptable or unacceptable
- Situations where interventions by family members, neighbours or friends is appropriate
- Consequences of violence for women, their families and community
- Perceptions on whether DV is an important health, male and/or family issue of concern
- Identification of community attitudes and practices in responding to violence
- Assess the current support system(s) and services for women exposed to violence.

To provide a basis for discussion, participants in FGDs were provided and asked about one of two scenarios according to the different age group (i.e. youth or senior/married group) (See Annex III).

(3) Key Informant Interviews

Key informant interviews were conducted to collect information from people who belonged to different community groups or organisations with first-hand knowledge and an ability to describe relationships between women and men, situations, responses and support systems surrounding violence in the community. They specifically aimed to:

- Clarify family problems and relationships between women and men, the nature and extent of violence or conflicts
- Identify perceptions, causes, risks and consequences of violence
- Explore perceptions on interventions from outsiders (who, when and how)
- Identify available resources, services and support for survivors of violence
- Draw recommendations for policy-making and programme development.

2.3.4 Analysis

Qualitative research involved coding through an interpretive technique. After organising the data into meaningful groups, the prevalence, similarities, differences and relationships between codes were identified and summarised. All data was then coded and collated, with different codes sorted into potential themes. All relevant coded data extracts within each identified theme became a category for analysis. This 'thematic analysis' was to examine patterns or themes important to the description of a particular phenomenon and experience of violence. After the field interviews were completed, data was transcribed and coded following a thematic map/model developed for analysis, by using software such as NVivo ver.10 (QSR Int'l).

2.4 Ethical and Safety Considerations

The safety of respondents and research teams was paramount throughout research activities and achieved by referring to WHO Guidelines for Ethical and Safety Considerations (WHO, 2001), specifically applying a women-centred approach and the eight points listed in the WHO Guidelines for Ethical and Safety Considerations (2001) recommendations for DV research. The ethical clearance for the qualitative component was obtained through the National Steering Committee that consisted of line ministries including NCAW, LWU, MoH, MoJ and MoPS. As for the qualitative component, ethical approval came from the State's National Ethical Committee for Health Research.

This study took the following points into account to ensure the highest ethical and safety considerations:

1) Informed consent

Prior to interviews/discussions, all interviewees in quantitative and qualitative surveys were informed of the real purposes of the study and the consent procedure focused on voluntarism, confidentiality and anonymity of recorded information and the right of refusal to answer. For the qualitative survey, prior to initiating group and individual interviews, informed consent to record conversations was obtained, with full confidentiality of content and protection of respondents' identities.

2) Community agreement

Even if the interview was conducted on an individual basis, it was of crucial importance to obtain community support for the study. Engagement with local authorities, such as village chiefs, through meetings or official letters was arranged by NCAW in advance to explain the overall objectives of the research. For safety reasons, when obtaining community consensus and support, the study team explained the study in general terms such as the 'Study on women's health or life experiences' rather than a direct expression of 'violence or abuse' and this approach is reflected in this study's non-specific title, in general terms.

3) Ensuring women's safety

During interviews, the study team prioritised a safe environment for respondents to participate and avoid any repercussions or further violence if the survivor's partner discovered her sharing information. To avoid such risks, the study team interviewed one woman per household to protect her privacy and ensured no other household member was aware of the questions. This also helped ensure the safety of enumerators, who also enjoyed the further benefit of insurance coverage.

4) Protecting participants' privacy and confidentiality

Protection of interviewees' privacy as well as rights and safety was essential. In accordance with the WHO recommendations, this study also ensured complete privacy during interviews, except the presence of small children (aged below two years) and the team strictly adhered to the one woman per household policy. For the quantitative survey, most interviews were conducted at a participant's home or nearby place where privacy was secured and women as well as enumerators felt comfortable. For the qualitative survey, interviews with women survivors were conducted in their homes or in safe locations away from the home if the husband was still living with them. Interviews were also held in the Vientiane office of the Burnet Institute, in restaurants and homes of third parties if there was any risk of contact with a woman's spouse if she was not divorced or widowed.

5) Minimising participants' distress

An interview took approximately an hour, which could be tiring for women exposed to violence in the past. Interviews involved sensitive questions that could potentially provoke emotional responses and distress in recalling dark events or memories. Therefore, interviewers were trained to understand the effects of questions on respondents and how best to appropriately address them. If questions caused severe

emotional stress, interviewers stopped and took a break or changed subject. Interviewers were also trained in empathetic listening skills, but their role was not to solve problems, provide counselling or be judgmental in any way.

6) Information dissemination and referrals for care and support

The WHO guidelines suggest interviewers/researchers have an ethical obligation to provide a respondent with information or services if in need. A package of information focussed on reproductive and child health as well as places for VAW counselling and services in each province surveyed was prepared in advance and distributed to each respondent. This information was also provided to enumerators who might need counselling after hearing stories. The LWU Counselling and Protection Centre for Women and Children was ready to provide immediate support when necessary.

2.5 Strengths and Limitations of the Study

This is the first comprehensive, nationwide population-based research on the scale of VAW in Lao PDR, encompassing identification of its prevalence, patterns/types, impacts, responses and strategies. It adopted the methodology of the WHO Multi-country Study, which produced valid data for international comparison in research design, analysis, interpretation and presentation of results. The results of this study do not only paint a detailed picture of violence inflicted on many Lao women, but will also play a significant role in raising awareness among governments, NGOs and the public on how this sensitive, yet important issue should be addressed. In addition, many officials from Government agencies such as LSB, NCAW and LWU as well as UN agencies and a research institute fulfilled their responsibilities and shared knowledge and experiences through mutual learning. As a result, their capacity was enhanced by gaining an in-depth understanding of VAW in Lao PDR as well as skills to measure and analyse comparative data on VAW based on international standards.

While this study's results were consistent and robust, the study had some limitations. First, the nature of a cross-sectional study aims to indicate an association between two groups or events, but it is not able to provide proof of causal effects. Given the complex nature of the issue, most other studies related to the prevalence of VAW are also cross-sectional. Future research should explore the impacts of violence (such as negative health effects), causal pathways, effective prevention and/or intervention programmes in a longitudinal study.

Second, while the study followed WHO-developed detailed questionnaires with slight modifications to suit the Lao context as with other WHO surveys, the responses based on self-reporting may signify recall and cultural biases. As many women who experienced violence during their lifetime are no longer exposed to violence, their memory of facts or associations may have become unreliable. Cultural bias is also a big challenge within the Lao context, as social and gender norms are set in a violence-condoning environment.

Third, selecting one woman per household may have resulted in an under representation if the household had more than one woman. The WHO Multi-country Study attempted to test this by weighting the main prevalence outcomes to compensate for differences in the number of eligible women per household (Garcia-Moreno et al., 2005). Accordingly, this study also followed the same WHO approach.

Fourth, although qualitative information was collected to support the interpretation of quantitative data, the number of samples for the qualitative survey was limited. This was particularly true with cases of sexual violence and regions covered, mainly due to human resource, time and weather constraints. The rainy season limited teams' access to villages without road access and other remote areas where ethnic minorities live. However, numerous valuable and insightful stories were captured from participants which explicitly complement the deductive inferences drawn from quantitative research that focused more on "yes or no" answers, rather than exploring the "how" or "why" of each situation.



RESPONSE RATE AND CHARACTERISTICS OF RESPONDENTS

CHAPTER 3. RESPONSE RATE AND CHARACTERISTICS OF RESPONDENTS

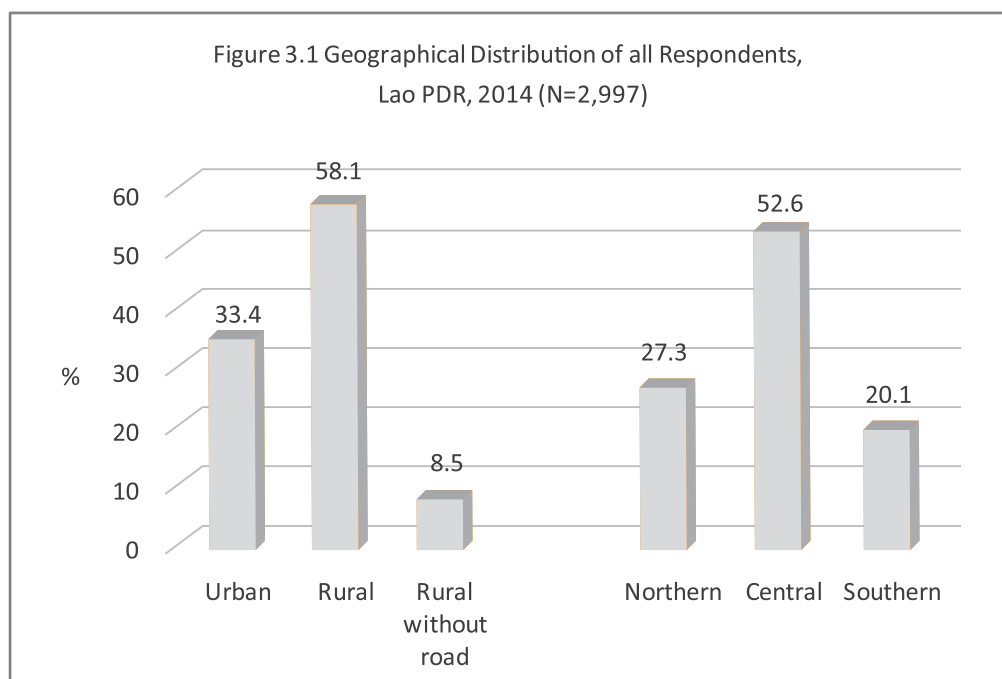
3.1 Response rate

Of the 3,000 women eligible for this research, 2,997 (99.9%) were interviewed in the quantitative survey. Three women were excluded due to one interviewee absent from home and two who declined to be interviewed, but overall this study achieved a good response rate.

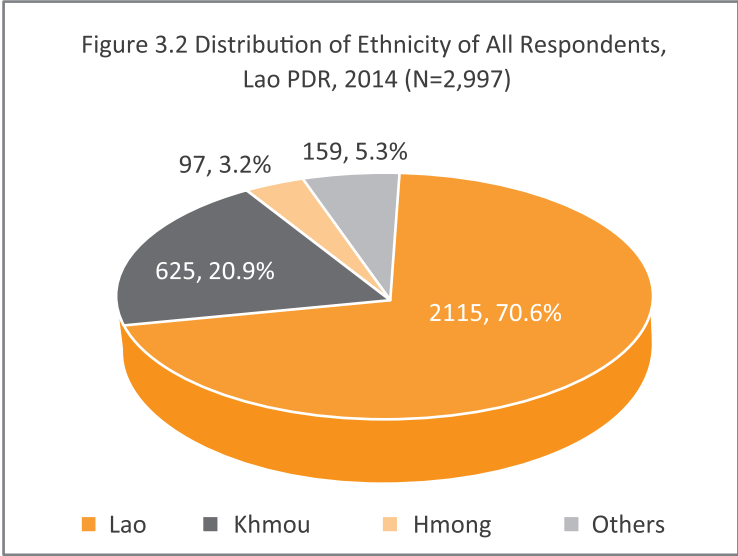
3.2. Demographic and Socio-Economic Characteristics

3.2.1 Geographical, Ethnicity, Education and Partnership Status of Respondents

Of the 2,997 participants aged 15-64 years, 1,000 (33.4%) were from urban areas, 1,741 (58.1%) from rural areas and 256 (8.5%) from rural areas without road access. By region, 817 (27.3%) were from the north, 1,575 (52.6%) the centre, and 604 (20.1%) the south (Figure 3.1). Overall, two-thirds of respondents were from rural areas, with half from the central region. Among them, 2,846 (95%) were ever-partnered. In terms of sex of the household head overall, 85.8% were male, 14.0% female and 0.2% shared. In urban areas, 80.1% of the household heads were male, 19.6% female and 0.3% shared, while in rural areas the figures were 88.5%, 11.4%, and 0.1%, respectively. In rural areas without road access, the percentages were 89.5%, 10.3% and 0.2%, respectively. More female-headed households were found in urban than other areas.



Regarding ethnic groups, as shown in Figure 3.2, the majority were Lao (70.6%), followed by Khmou (20.9%), Hmong (3.2%) and others (5.3%).



For age distribution of respondents (Figure 3.3), the majority were in their 20s (22.1%), 30s (22.3%) and 40s (26.9%), whereas those in their 50s and early 60s made up 17.4% and 4.6%, respectively with an average age of 39.6 years old.

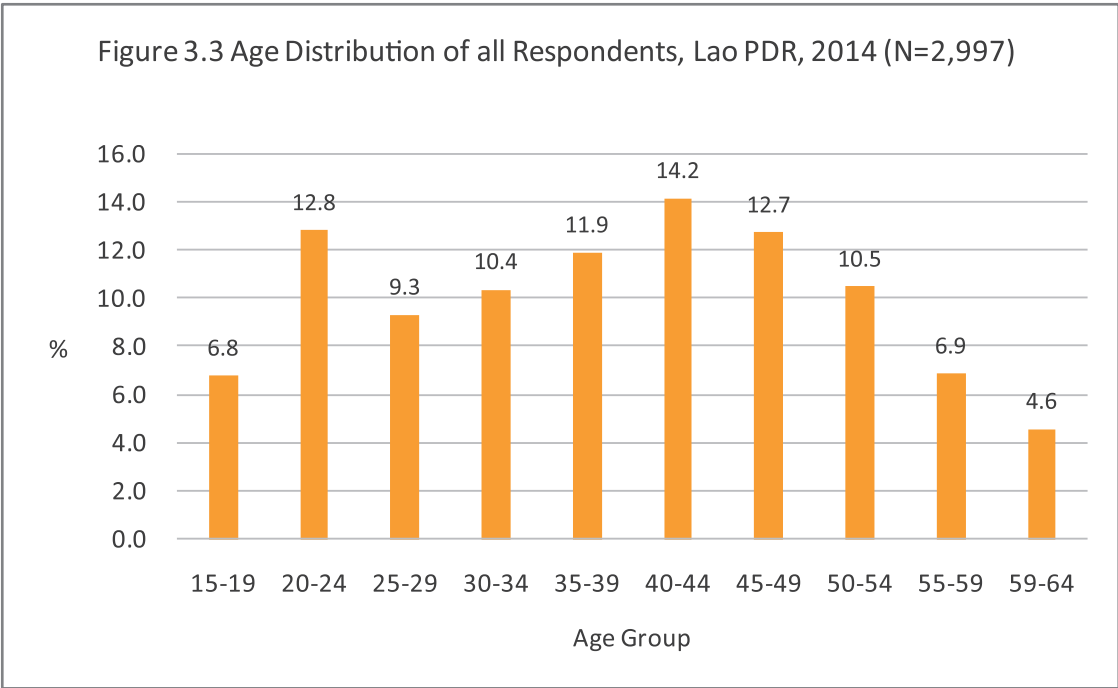
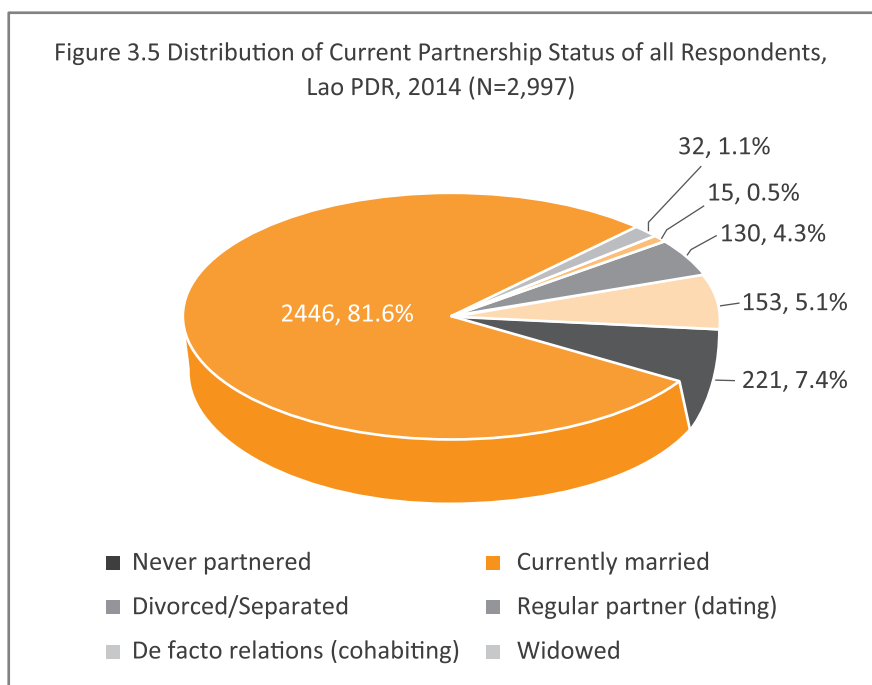
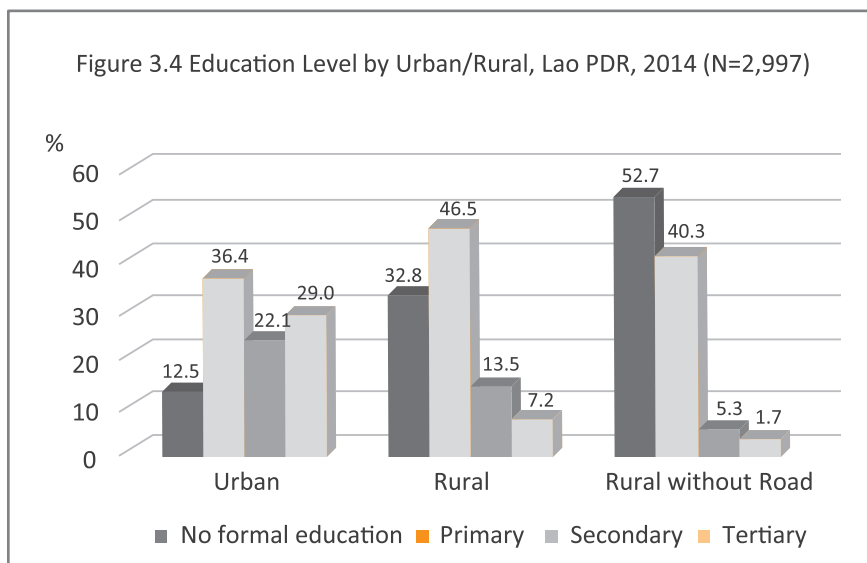


Figure 3.4 examines education levels from urban and rural perspectives, with 36.4% of urban and 46.5% of rural and 40.3% of rural without road respondents having completed at least primary education. As for tertiary education, 29.0% of urban and 8.9% of rural and rural without road respondents completed studies. Regarding percentages of those without formal education, rural without road access respondents (52.7%) outweighed those in urban (12.5%) and rural (32.8%) areas. Overall, the urban population was found to have a higher education completion rate and the rural population a higher rate of non-education.



Regarding current partnership status (Figure 3.5), more than three-quarters (81.6%) of respondents were currently married, 7.4% were never married, 5.1% were widowed, 4.3% were divorced/separated, 1.1% was living with a partner (de facto partnership) and 0.5% was dating a steady partner.

3.2.2 Socio-economic Status

The quantitative survey also gathered information on housing infrastructure characteristics, such as drinking water sources, toilet facilities, materials used for roofing and household electricity. The survey also

looked at ownership of six different durable assets, four different types of vehicles, land ownership, number of rooms for sleeping and people in the household. The findings revealed variable main sources of drinking water, types of sanitation facilities and main materials used for roofing. The predominant sources of drinking water were spring water (21.2%), well water (10.7%) and “other” (38.0%). The remaining households were distributed across eight additional categories of water sources, that included tube wells/boreholes (7.2%), outside/public wells (6.0%) and piped water in residence (3.1%). There were two main types of toilet facilities, with around two-thirds (64.0%) reported using ventilated pit latrines and 27.8% no facility/bush/field (27.8%). More than a half (55.7%) reported the main material used for roofing was zinc and slightly over one-third (35.8%) used a tiled or concrete roof. The vast majority of households had electricity (87.6%). Ownership of different types of household durable assets was generally high. More than three-quarters of all households owned a mobile phone (84.3%) or a television (77.6%) and more than a half owned a refrigerator (56.5%). Slightly over one-in-10 households owned a computer (11.1%). While the majority of households owned a motorcycle (79.6%), relatively few owned a car (15.5%). The vast majority of households owned land (92.3%).

From the analysis to classify households into asset wealth groups, slightly over one-fifth of households (21.3%) were classified in the least assets, 32.9% in the middle assets and 45.8% in the most assets groups (Annex IV).

3.3 How Respondents Felt after Interviews

The average duration of a survey interview was 52 minutes among respondents who did not report physical or sexual violence, 63 minutes who reported physical violence only, 59 minutes who revealed sexual violence only and 66 minutes for respondents who reported physical and sexual violence.

Having been asked how respondents felt at the end of interviews, in the quantitative survey 87.9% who did not report physical or sexual violence by a partner answered that they felt “good” or “better”. Likewise, 86.0% of respondents who experienced only physical violence, 80.9% who experienced only sexual violence and 92.7% who were subject to physical and sexual violence felt “good” or “better” after interviews. The vast majority of respondents agreed to be contacted again if necessary – those subject to physical and sexual violence (100%), respondents who reported no violence (99.5%) and who revealed physical violence (99.8%) and sexual violence (98.8%).

3.4 Impacts of the Study on Field Workers

As this study dealt with a sensitive topic often hidden in Lao society, women who participated in the study as researchers and enumerators could also have been exposed to emotional distress and evidence of such impacts was documented. In general, interviewers reported benefitting from a great deal of new knowledge and raised awareness.

“I was personally shocked at the level of violence that the women endured. I never thought that domestic violence would be that severe in Lao PDR, since it is such a peaceful country with strong traditional values and Buddhist beliefs.”

Many fieldworkers in the debriefing sessions said they were empowered by experiences during this study, giving them hope to address VAW and DV in Lao PDR, as stated by one fieldworker.

"I am very happy to be part of this study, since I think it's an important issue and I hope the results from this study will increase awareness as a lot of people, including myself, are sceptical about the degree of domestic violence in Lao PDR. This study will shed some light onto the situation and provide evidence needed for the Lao Government and international organisations to understand the issues faced by Lao women today in addition to other issues that should not be ignored. I hope this issue will get the recognition and support it needs from all sectors, as it requires all sectors to work together to address VAW because support currently available is limited, under staffed and resourced."



**VIOLENCE
AGAINST WOMEN
BY HUSBANDS/
PARTNERS**

CHAPTER 4. VIOLENCE AGAINST WOMEN BY HUSBANDS/PARTNERS

Main Findings:

- Among ever-partnered women, 11.6% experienced physical violence in their lifetime and 4.0% in the past 12 months (current violence).
- Among ever-pregnant women, 1.8% encountered physical violence during at least one pregnancy.
- Among ever-partnered women, 7.2% experienced sexual violence in their lifetime and 3.1% in the past 12 months.
- Physical and/or sexual violence was experienced by 15.3% of ever-partnered women in their lifetime and 6.0% in the past 12 months.
- Among ever-partnered women, 26.2% were exposed emotional violence in their lifetime and 10.5% in the past 12 months.
- When looking at the three types of violence among ever-partnered women, 30.3% experienced physical, sexual and/or emotional violence.
- Some 34.8% of ever-partnered women encountered controlling behaviours by partners and 6.8% experienced economic abuse in their lifetime.

4.1 Introduction

This chapter presents the prevalence, patterns and characteristics of different forms of violence experienced by women from current/former husbands and/or male partners. The different forms of violence include physical, sexual, emotional and economic abuse and controlling behaviours as per the operational definitions developed by WHO presented in Box 2.2. The reference periods for the prevalence of violence are during a lifetime and the past 12 months preceding the interview (current). Lifetime prevalence of partner violence is defined as the percentage of ever-partnered women who reported one or more acts of violence by a current or former husband or partner at least once in her life. Current prevalence represents the percentage of ever-partnered women who reported at least one act of violence during the past 12 months preceding the interview. Women who reported violence in the past 12 months are counted for current and lifetime prevalence rates.

In the quantitative component, experiences of different types of violence were explored based on the acts, prevalence, frequency and severity as well as concurrence of different forms of violence. In the qualitative component, various testimonials and life stories of women and men, other relevant people or organisations were collected and presented to enrich the understanding of the quantitative results.

4.2 Physical Violence

4.2.1 Lifetime and Current Prevalence

The overall lifetime prevalence of physical violence by a partner or husband among ever-partnered women in Lao PDR was 11.6% (Figure 4.1), with little difference between urban and rural areas (12.0% to 12.4%).

In the northern region, fewer women reported violence (9.6%) than in the central (12.1%) and southern regions (12.9%). The current prevalence was 4.0% overall, with minor differences between urban and rural areas (4.0% to 4.4%) and among regions (3.5% to 5.5%).

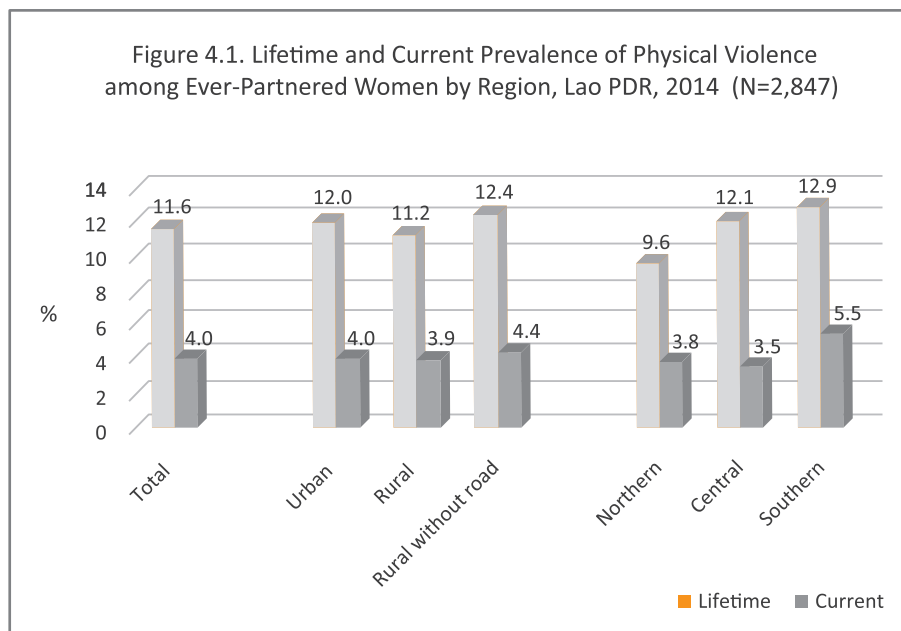
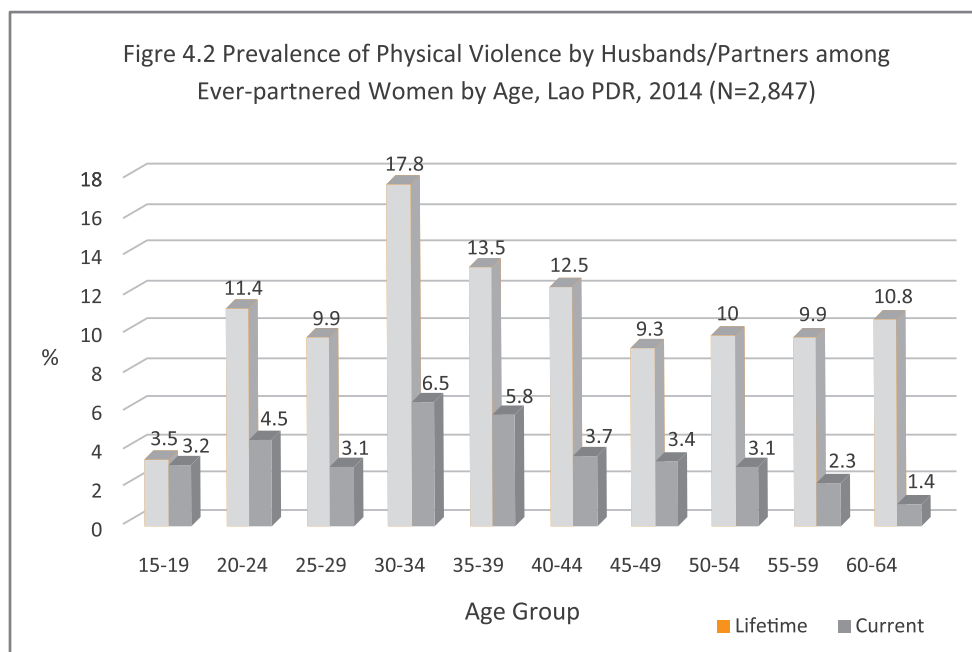
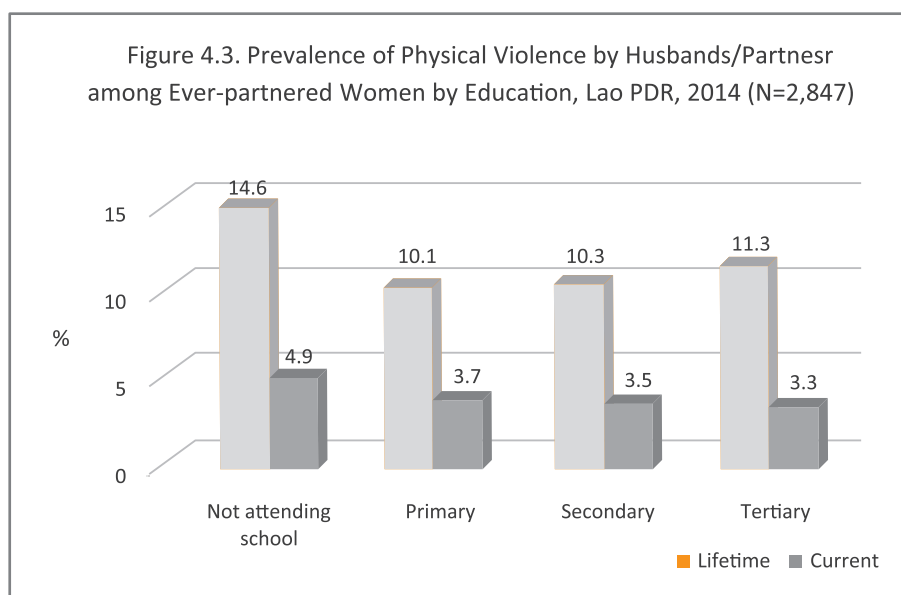


Figure 4.2 shows the prevalence of physical violence by a partner or husband by age. A greater prevalence is revealed among women in their 30s and 40s, than in 20s in both lifetime and current prevalence. Among those senior aged, whereas lifetime prevalence in the 60s age bracket was slightly higher than in the 50s, overall it decrease with age.



Ever-partnered women with no education are more likely to experience physical violence by a partner/husband (14.6% in lifetime) than educated ones (10.1-11.3% in lifetime) in lifetime and current prevalence (Figure 4.3). In current prevalence, women without formal education had a slightly higher prevalence (4.9%) than those with primary (3.7%) and tertiary education (3.3%).



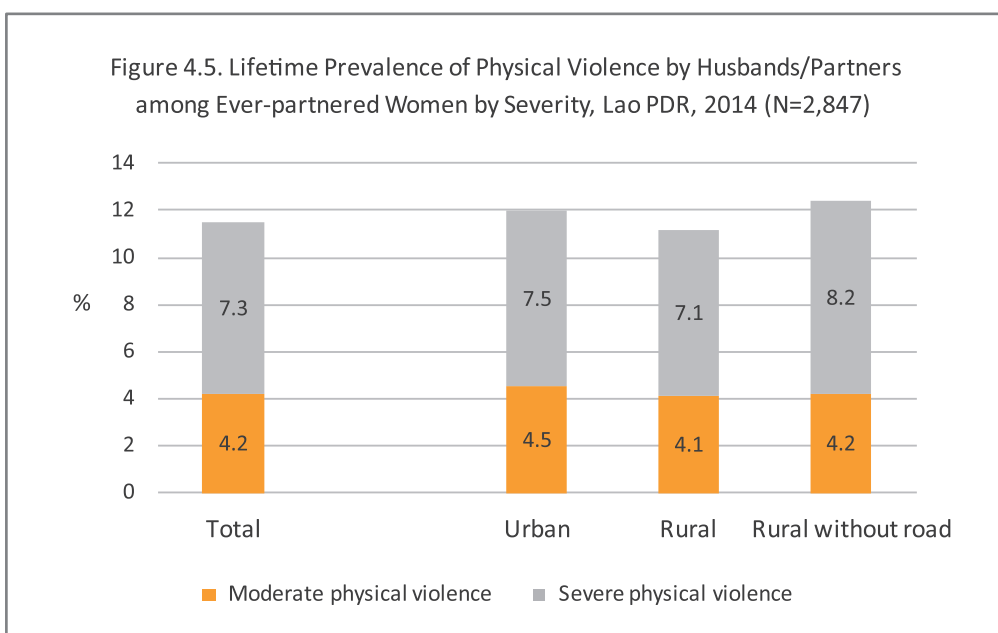
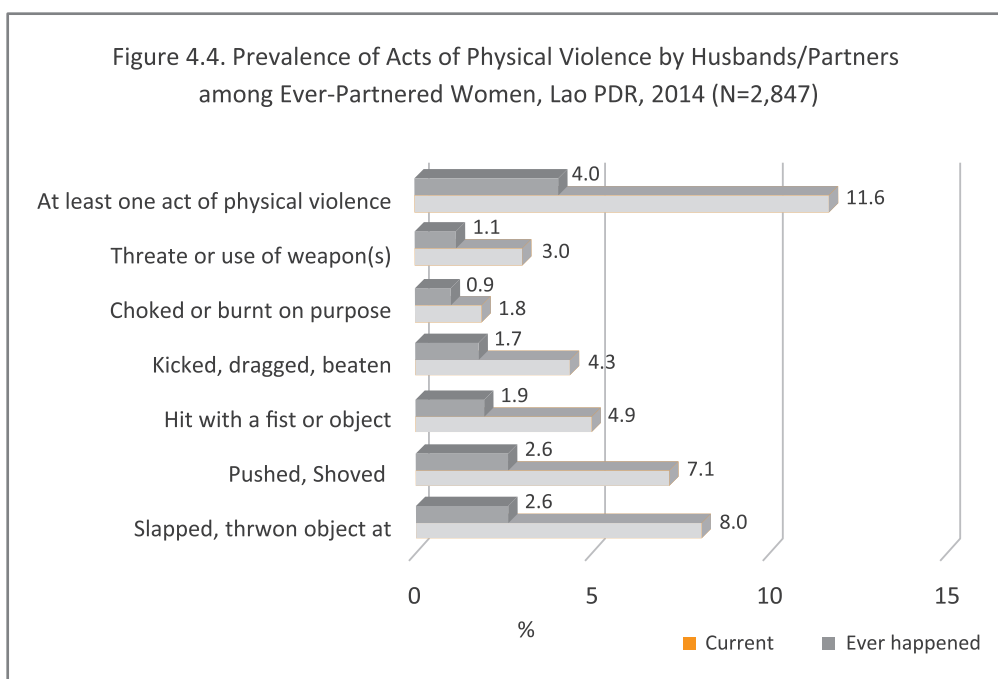
In the qualitative results, some interviewed women survivors had university or vocational college educations or worked in skilled positions with the Government, while others had limited education as low as Grade 2 to completion of primary school. Their experiences and tolerance of violence in marriages did not appear to differ by education level. Instead, a husband's education and career success could be a more significant factor. Despite an education, most women faced financial struggles, in part due to a lack of support from husbands/partners. Adult men in FGDs said a woman's low education could limit her ability to talk to her husband and keep him calm, implying a woman's skill set was important to maintain family harmony. However, this was not confirmed by women survivors as violence did not always depend on women's particular action or inaction or a decision to argue/challenge their husband nor education level.

The quotes featured in this page and throughout this report were captured during direct interviews and FGDs with female and male participants as well as KIIs.

**Adult Male,
Rural** *"Maybe it's because she is not well educated, she might not know how to talk to her husband."*

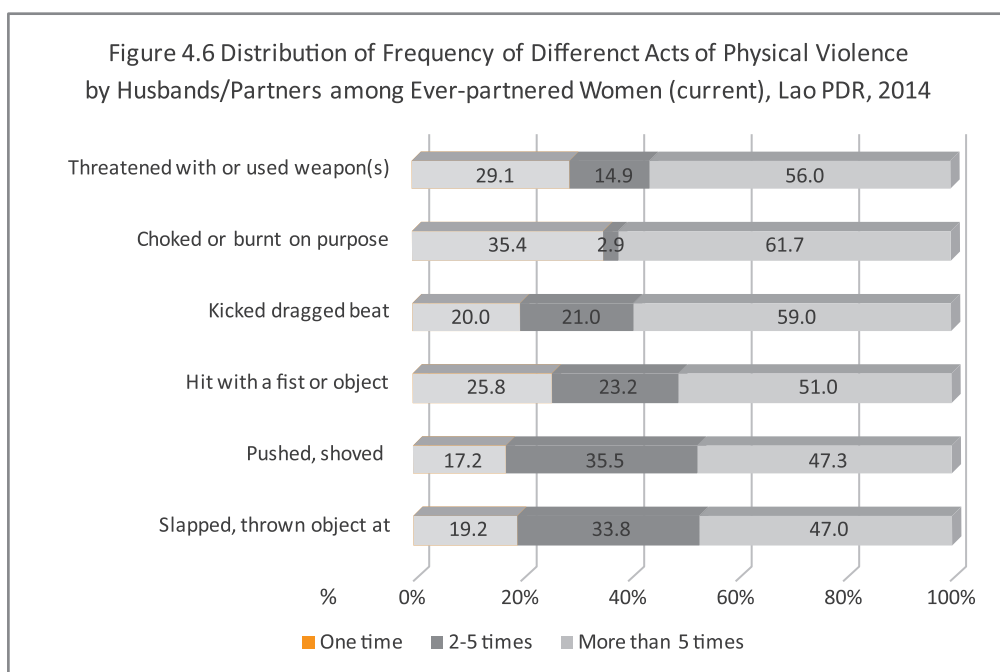
4.2.2 Acts of Physical Violence

Figure 4.4 demonstrates the prevalence of different acts of physical violence by a husband or partner among ever-partnered women. As reported earlier, 11.6% of women disclosed at least one act of physical violence. Of all ever-partnered women, 8% were slapped or thrown objects at and 7.1% pushed or shoved in their lifetime. These acts are categorised as 'moderate' violence. Those hit with a fist or object (4.9%), kicked, dragged and beaten (4.3%), choked or burnt on purpose (1.8%) and thrown or used weapons upon (3.0%) are categorised as having experienced 'severe' violence. Figure 4.5 shows the lifetime prevalence of physical violence by severity according to the two categories. In total, more women encountered severe physical violence (7.3%) than moderate physical violence (4.2%), a trend reflected across urban and rural areas (Figure 4.5).



4.2.3 Frequency of Physical Violence

Figure 4.6 shows the frequency of different acts of physical violence in the past 12 months. Almost half of women who encountered physical violence were slapped or had objects thrown at (47.0%) and/or pushed or shoved (47.3%) more than five times in their lifetime. More than half of women suffered severe physical violence, such as being kicked and dragged (59.0%), choked or burnt (61.7%) and threatened with weapons (56.0%) more than five times. This reflects the often continuous nature of such violent acts.



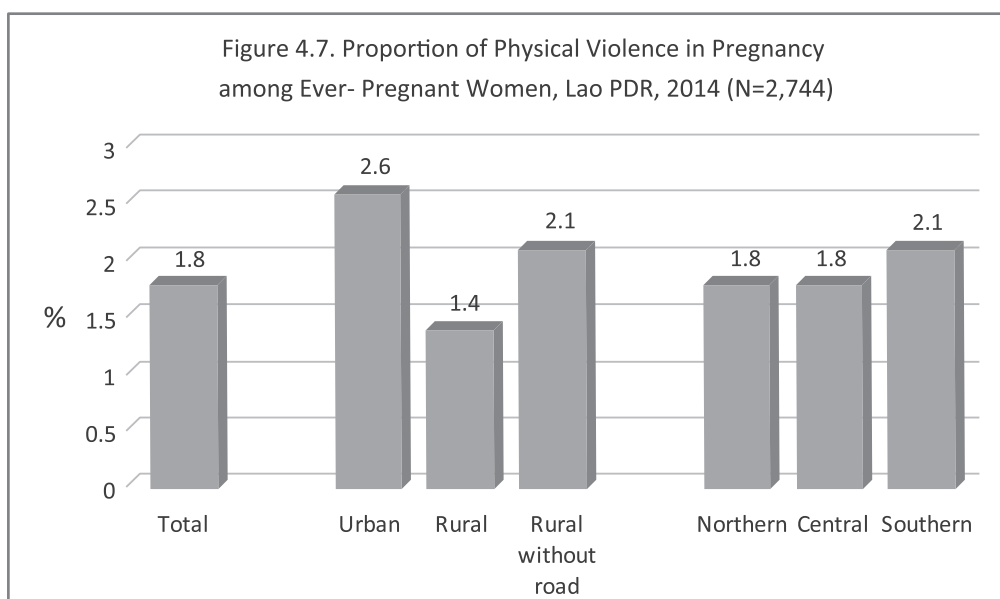
In the qualitative results women who participated in IDIs and had experienced physical violence reported multiple acts of physical violence, such as being hit (by a piece of wood, helmet), beaten, choked and kicked until they were bruised and seriously injured. The majority reported such acts occurred multiple times in a lifetime.

“Since he’s started having a mistress I think he’s hit me seven or eight times already. I can’t talk to [him] or mention his mistress. If I do, he’ll get angry and hit me. He hits, kicks and chokes me, hits my head and neck, hits me in areas that [could] kill me. [In the] most recent [case], he kicked and hit me on my back and hips [so hard] that I couldn’t go to work for weeks. I thought my hip was dislocated.”

*Woman Survivor,
Salavanh*

4.2.4 Physical Violence during Pregnancy

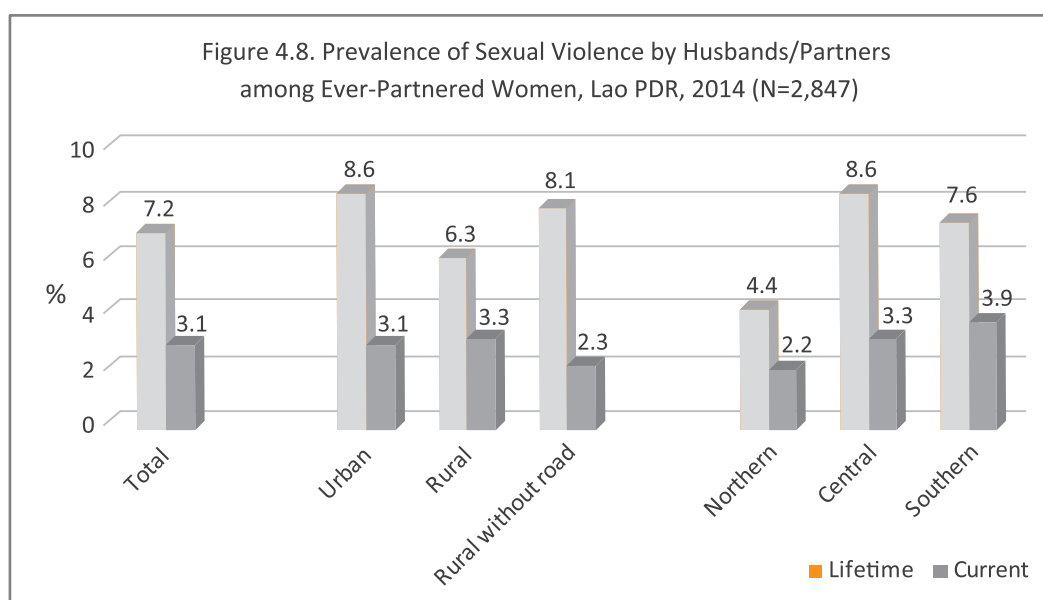
The proportion of ever-pregnant women who reported physical violence during at least one pregnancy was 1.8% (Figure 4.7). By region, this was more common in urban areas (2.6%) than rural areas (1.4%) and rural areas without road access (2.1%). Furthermore, those who attained higher education were less likely to report physical violence (0.8%), than those with less education (no education 2.2%, primary 1.8% and secondary 2.2%).



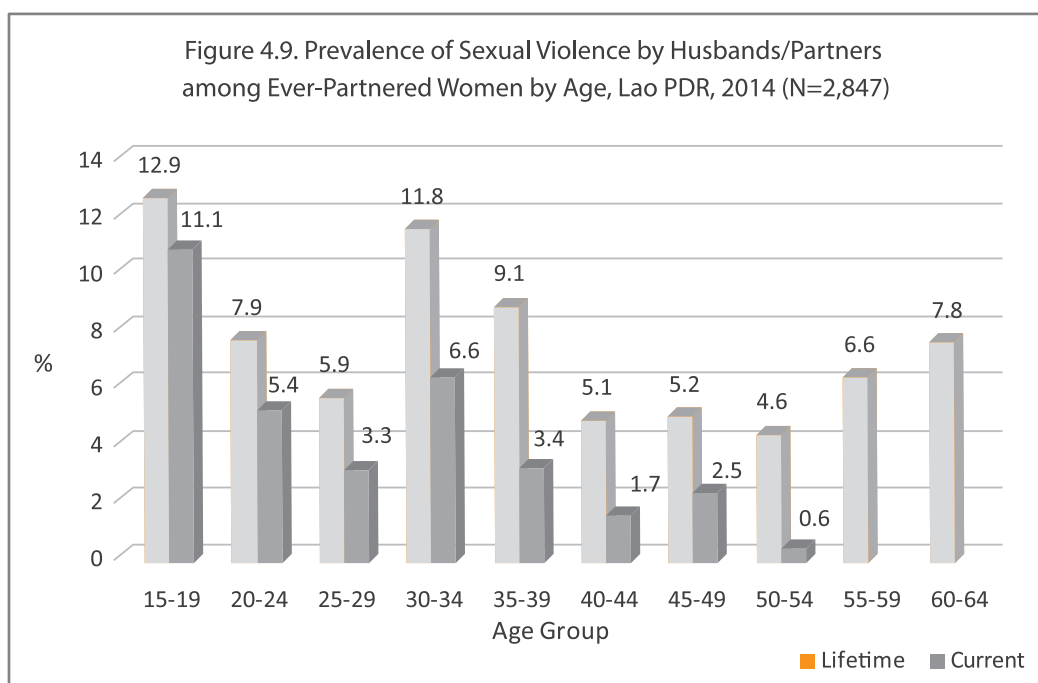
4.3 Sexual Violence

4.3.1 Prevalence of sexual violence

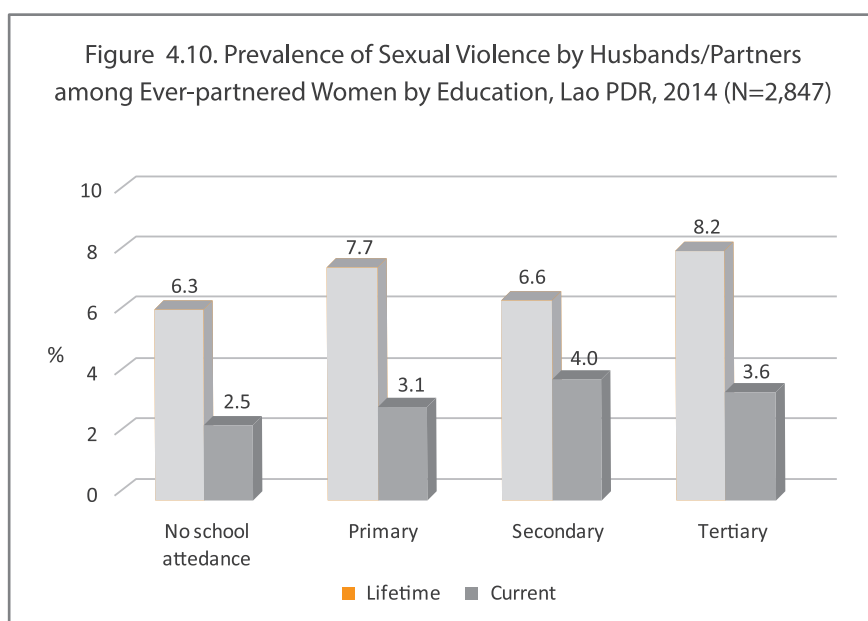
The total prevalence of lifetime sexual violence against ever-partnered women was 7.2% (Figure 4.8). By geographical distribution, women in urban areas showed a higher prevalence (8.6%) than rural areas (6.3%), although rural areas without road access came in higher (8.1%). By region, the north indicated a lower proportion of sexual violence (4.4%) than the centre (8.6%) and south (7.6%). Meanwhile, the total prevalence in the past 12 months was 3.1%, with little difference between urban (3.1%) and rural areas (3.3%), yet rural areas without road access posted a lower percentage (2.3%). Similar to lifetime prevalence, women in the north were less likely (2.2%) to experience sexual violence, than in the central (3.3%) and south (3.9%).



As for age distribution, unlike physical violence, younger women were more likely to be exposed to lifetime and current sexual violence. As shown in Figure 4.9, the lifetime prevalence of sexual violence among teenage women aged 15-19 years was 12.9% compared to those in their 50s and 60s (4.6% to 7.8%, respectively). Although women in their late 50s and early 60s reported lifetime sexual violence, none reported current violence.



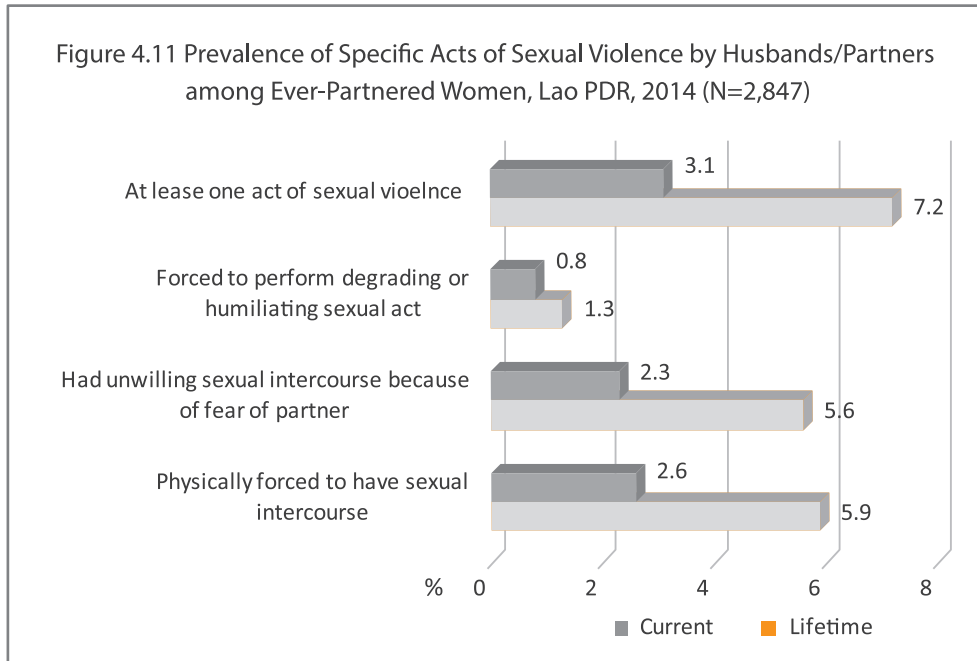
In relation to education levels (Figure 4.10), women who completed higher education were more likely to experience sexual violence (8.2%) during their lifetime than those with no formal (6.3%) and secondary education (6.6%).



4.3.2 Acts of Sexual Violence

Figure 4.11 shows the different acts of sexual violence. Some 5.9% of women were physically forced to have sexual intercourse at least once in their life, 5.6% submitted due fear of the consequences and 1.3% were forced to perform degrading or humiliating sexual acts. By region, more women in rural areas without road access reported forced sexual intercourse (7.6%) and had sexual intercourse out of fear (7.5%) compared with those in urban (6.5%, 6.4%) and rural areas (5.4%, 4.9%), respectively.

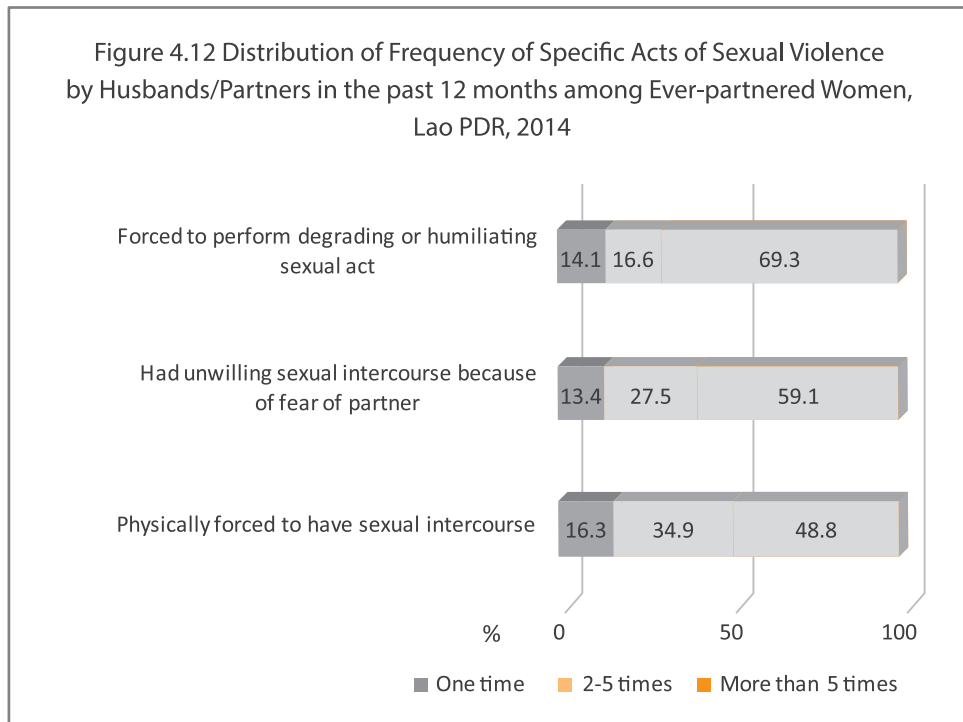
Figure 4.11 Prevalence of Specific Acts of Sexual Violence by Husbands/Partners among Ever-Partnered Women, Lao PDR, 2014 (N=2,847)



4.3.3 Frequency of Sexual Violence Acts

Regarding specific acts of sexual violence during the past 12 months, nearly 70% were forced to perform degrading or humiliating sexual acts more than five times, nearly 60% engaged in unwilling sexual intercourse because of fear more than five times and nearly half (48.8%) were physically forced to have sexual intercourse more than five times (Figure 4.12).

Figure 4.12 Distribution of Frequency of Specific Acts of Sexual Violence by Husbands/Partners in the past 12 months among Ever-partnered Women, Lao PDR, 2014



Although there were less cases of sexual violence in qualitative results, some survivors in IDIs said they had experienced multiple types of violence (sexual, physical and emotional). In the following example, the respondent engaged in sexual intercourse against her will out of fear of the consequences of rejecting her husband's advances.

Woman,
28 years old,
Vientiane Province

"I was tired from work and I didn't want to have sex with him. However, he still tried to play with my body, such as hug, kiss and try to have sex with me. But, if I refuse he gets angry and complains all day that I have a new boyfriend. Moreover, I don't like that he curses my father and mother. The reason I refused sex with him is that he is not happy with only once. He prefers to have [sex] two or three times per day that is impossible to give him, because sometimes I feel very tired after work. However, sometimes I give [into] him without feeling because it will make him happy and finish his complaining."

4.4 Prevalence of Physical and/or Sexual Violence

Physical and sexual violence, common in partner violence, often occurs together as part of a course of conduct rather than concrete incidents. When measuring IPV, the experience of physical and/or sexual violence is often taken as the main indicator for comparative analysis.

As shown in Figure 4.13, the total lifetime prevalence was 15.3%. Those living in urban areas had slightly higher prevalence of physical and/or sexual violence than those in rural areas and rural areas without road access. By region, southern (17.2%) and central (16.3%) regions had a higher prevalence than the north (11.9%). The total current prevalence was 6.0%, with similar trends across urban-rural areas and regions.

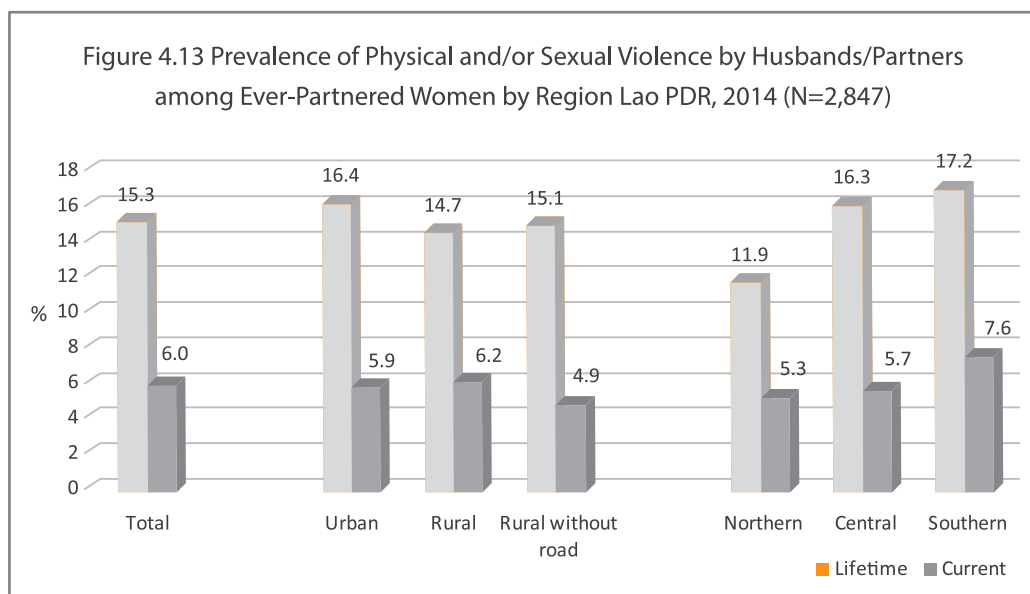
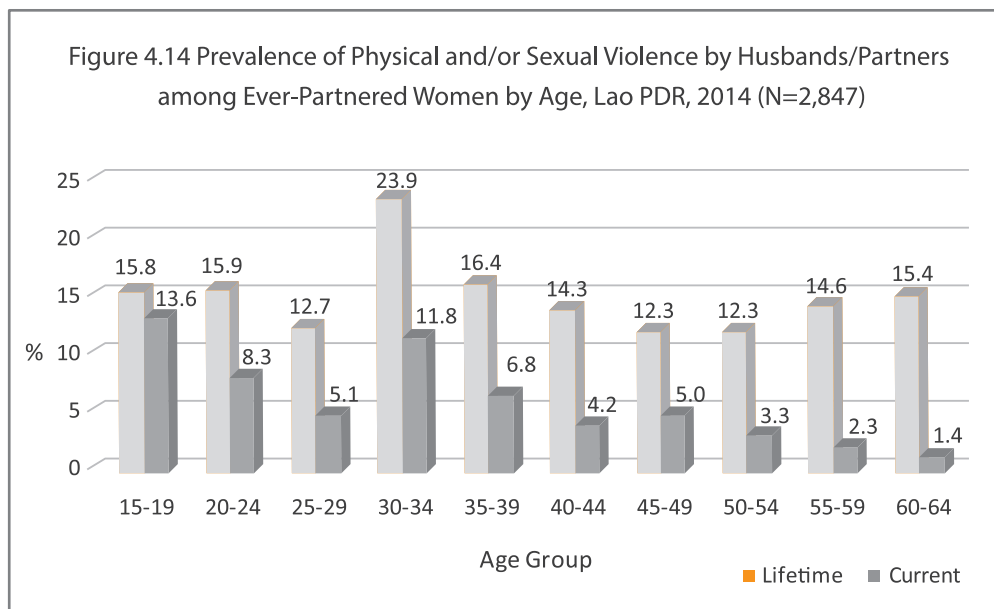
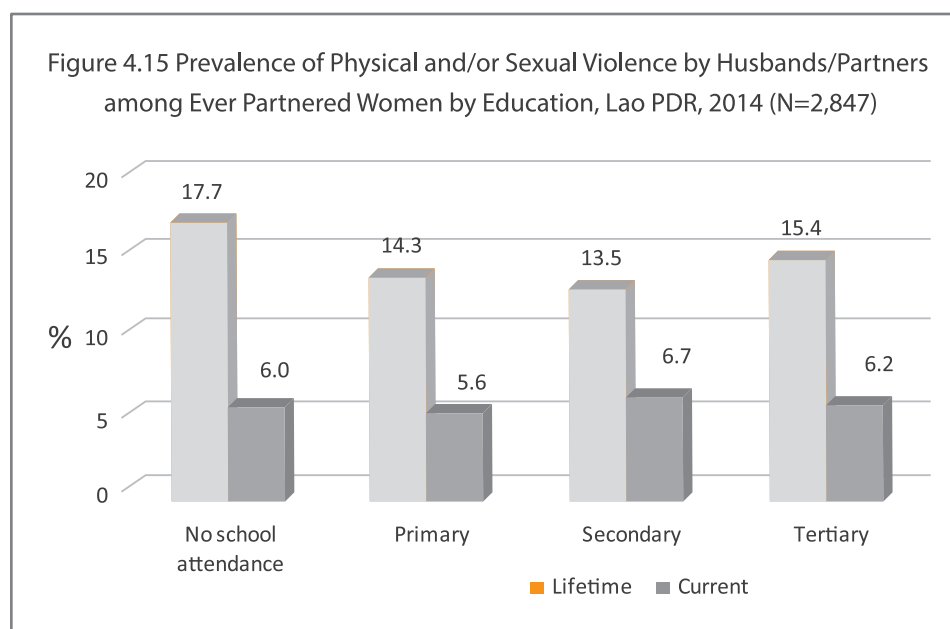


Figure 4.14 shows the breakdown by age group. Women in their early 30s have a higher lifetime prevalence of physical and/or sexual violence (23.9% aged 30-34 years). In current prevalence, teenagers (15-19 years) have the highest prevalence (13.6%), followed by those in their early 30s (11.8%).



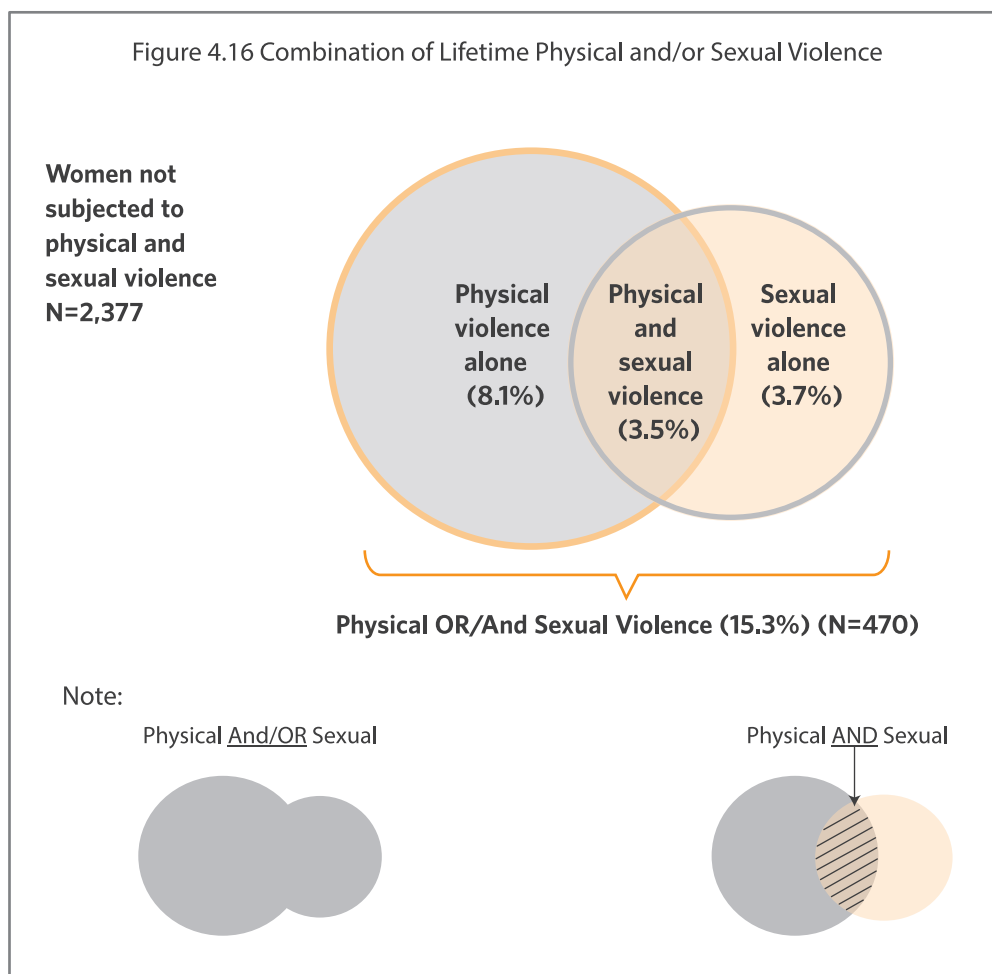
There was little difference in lifetime prevalence by education (Figure 4.15). Women without formal education had a slightly higher lifetime prevalence (17.7%), than those educated (14.3% to 15.4%).



4.5 Combinations of Different Types of Partner Violence

Regarding overlapping types of partner violence, physical and sexual violence is the concomitance of both types of violence (Figure 4.16). In this study, 15.3% of women reported either physical violence or sexual violence only, or both.

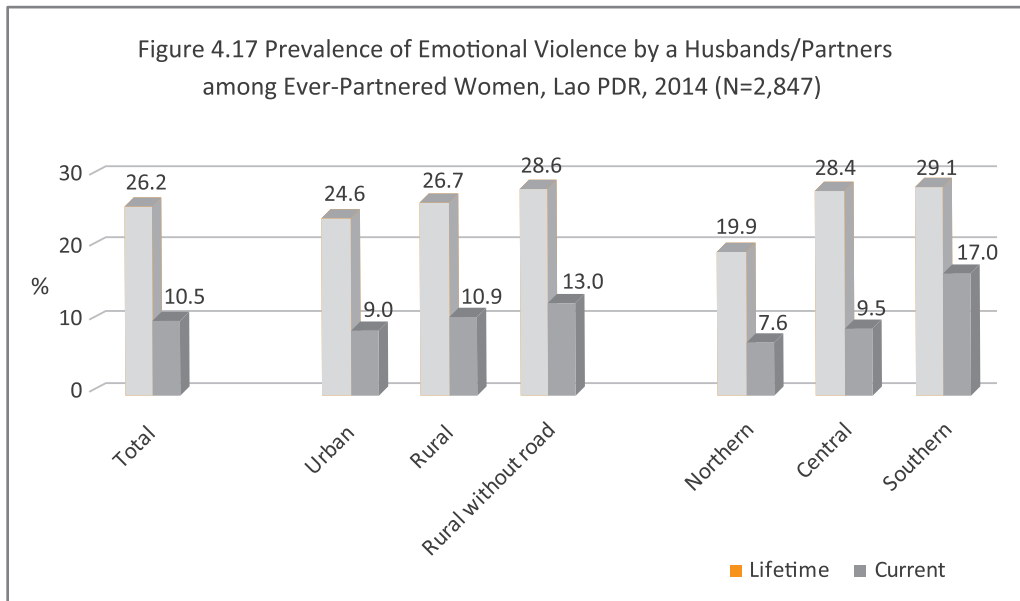
Figure 4.16 Combination of Lifetime Physical and/or Sexual Violence



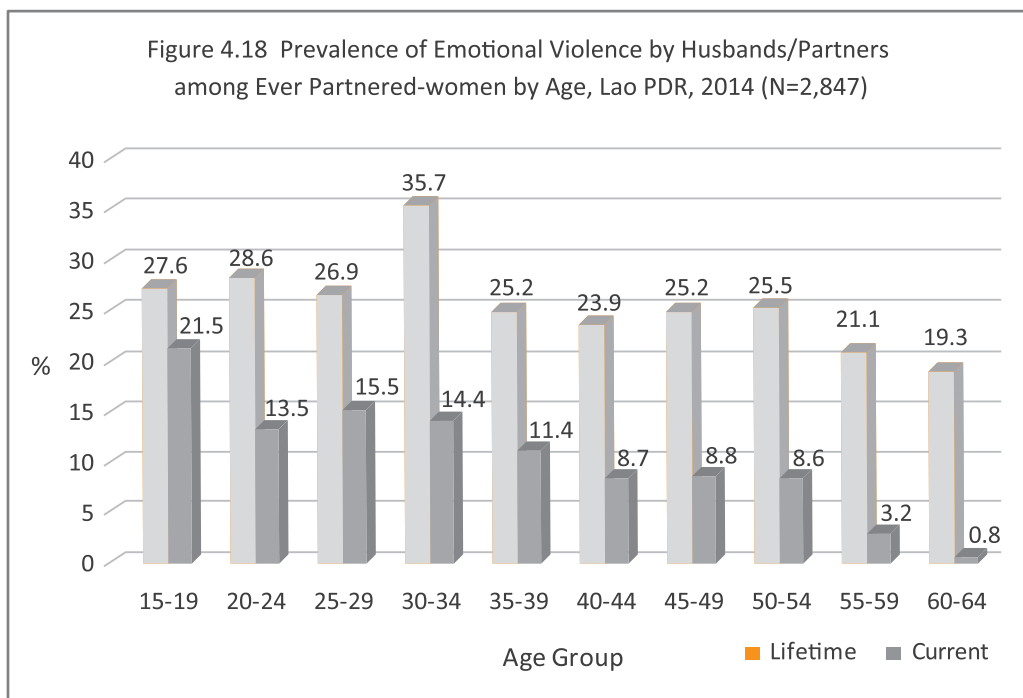
4.6 Emotional Violence

Psychological/emotional abuse is a common form of violence experienced by women. It is characterised by manipulation and coercion, and leaves an emotional rather than physical mark. Survivors of emotional abuse can often be made to carry a sense of guilt and this form of abuse is often underestimated, as it is not recognised due to its subtle and hidden nature. Thus, emotional violence is underestimated and considered unimportant compared to physical and sexual violence.

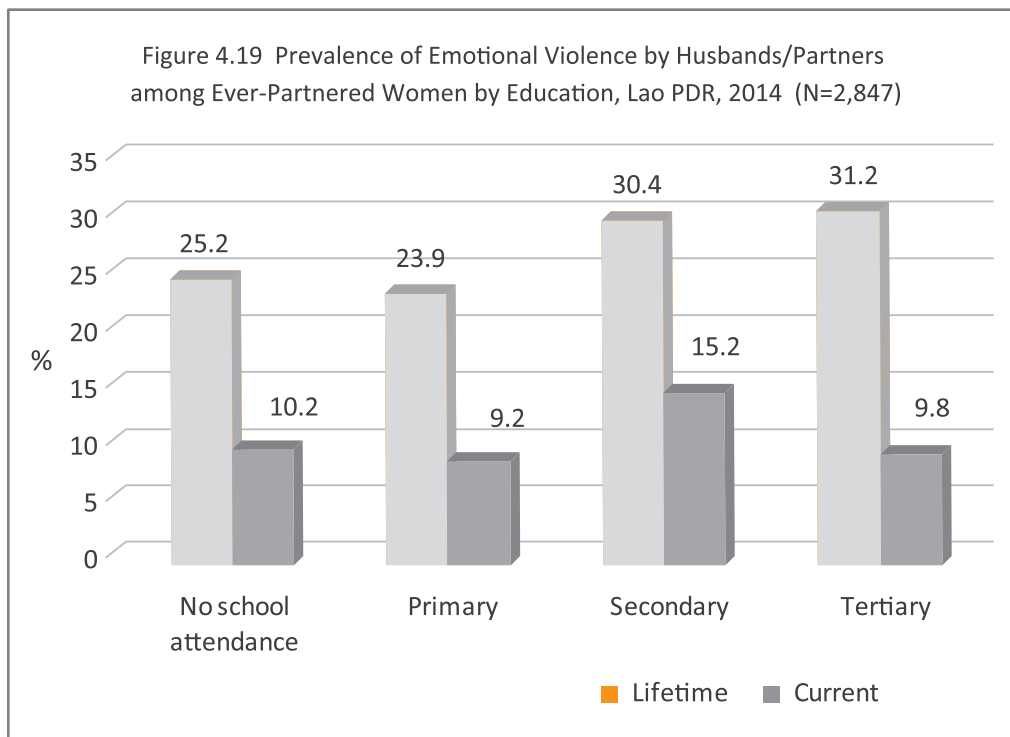
This study followed the WHO standard questionnaire, which defines “emotional violence” as specific acts of being insulted, humiliated in front of others, being made to feel scared, threatened with harm or engendered with a lack of self-worth. As shown in Figure 4.17, the total lifetime prevalence of emotional violence was 26.2%. By geographical distribution, more women in rural areas without road access experienced emotional violence (28.6%) than those in urban and rural areas (24.6% and 26.7%, respectively). Among the three regions, women from the north were less likely to be exposed to emotional violence (19.9%) than central (28.4%) and southern regions (29.1%). The total current prevalence trend is similar to the geographical distribution of lifetime prevalence.



There were minor differences in lifetime prevalence among age groups, except for those aged 30-34 years (35.7%) as shown in Figure 4.18. However, younger women emerged as encountering more emotional violence in regards to current prevalence. The trend of fewer older women being currently exposed to emotional violence was similar to physical and sexual violence results.



Looking at education levels (Figure 4.19), more highly educated women were revealed to have higher lifetime prevalence rates of emotional violence, 31.2% for tertiary and 30.4% for secondary school-educated women, compared to primary (23.9%) and no education attainment (25.2%).



Women were asked how often different forms of emotional violence occurred in their lifetime and in the past 12 months. Some 19.9% of women indicated they had been insulted and made to feel bad during their lifetime (Figure 4.20). In terms of frequency, more than half of the women (59.6%) were belittled or humiliated more than five times and nearly half (49.7%) were scared or intimidated more than five times.

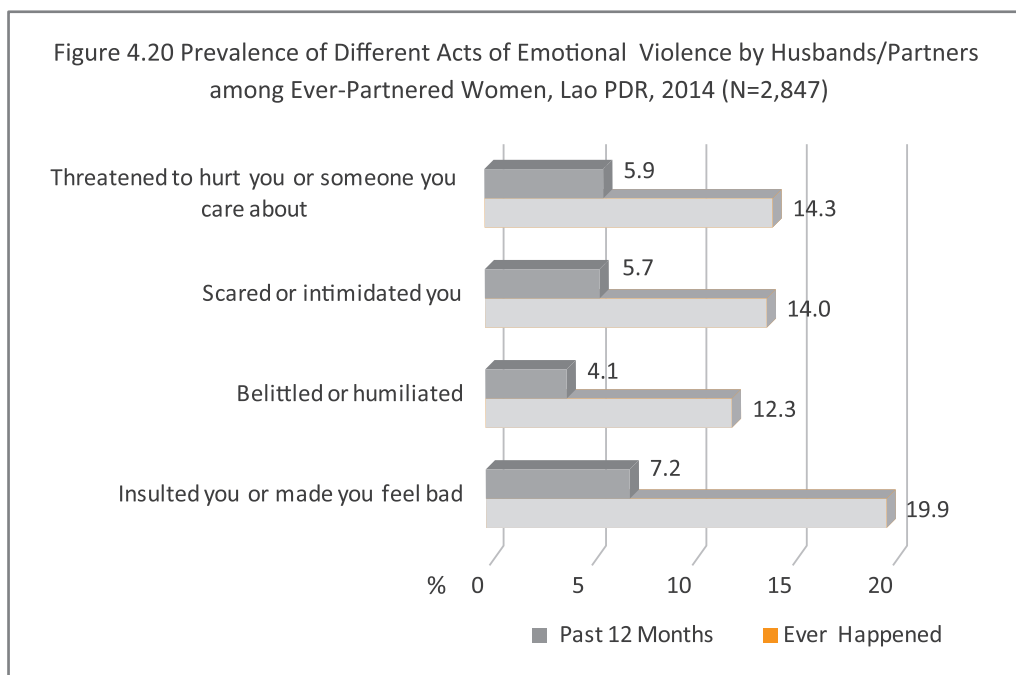
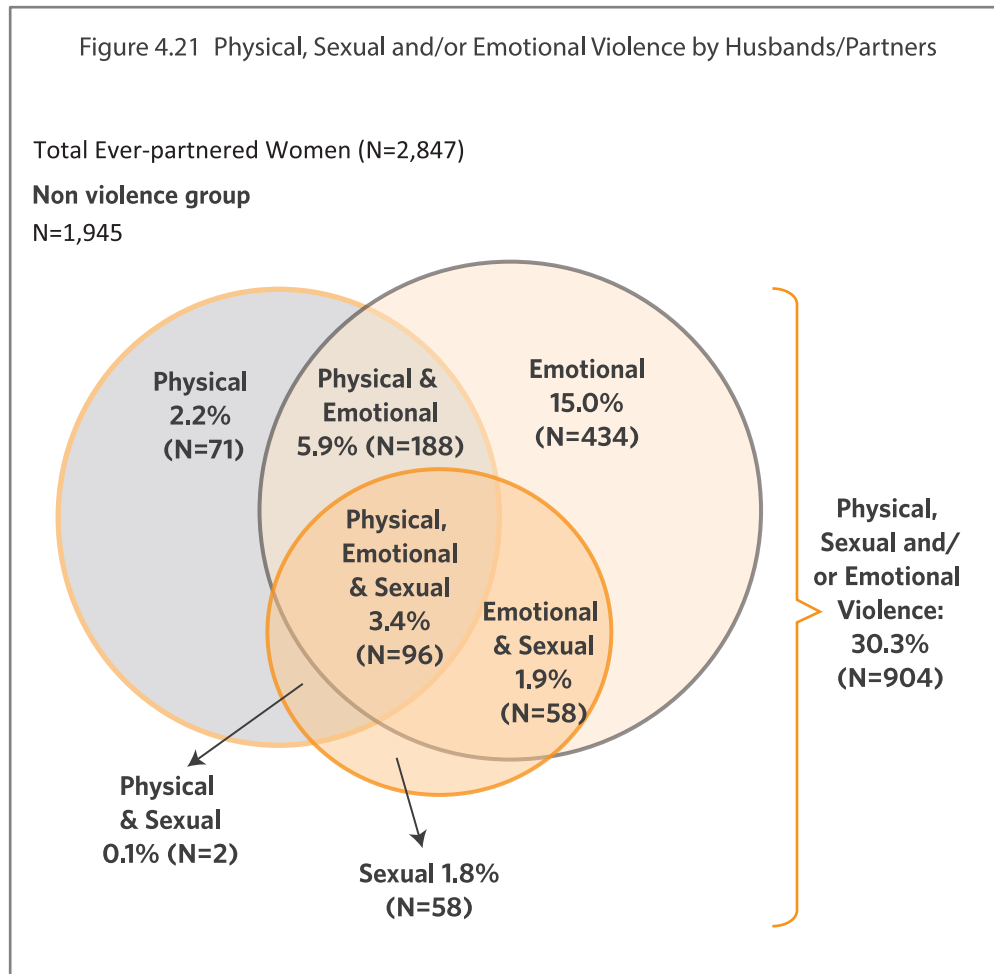


Figure 4.21 shows the proportion of overlaps between physical, sexual and emotional violence. Nearly one-third of ever-partnered women (30.3%) reported at least one of the three types of violence, with emotional violence the most predominant form of partner violence.

Figure 4.21 Physical, Sexual and/or Emotional Violence by Husbands/Partners



Similarly, the majority of women interviewed in the qualitative study had experienced emotional violence. Survivors were frequently exposed to verbal abuse and humiliation not only within the confines of the relationship, but also in front of others such as family, relatives and friends. According to women’s narratives, emotional violence resulted mostly from jealousy and mistrust associated with husband’s infidelity and alcohol-drinking behaviours. For example, a woman in the following quote felt the existence of a mistress was a cause of emotional violence because it symbolised insensitivity towards her feelings.

“No one knows how much pain I feel inside”.
Woman Survivor
 Rural

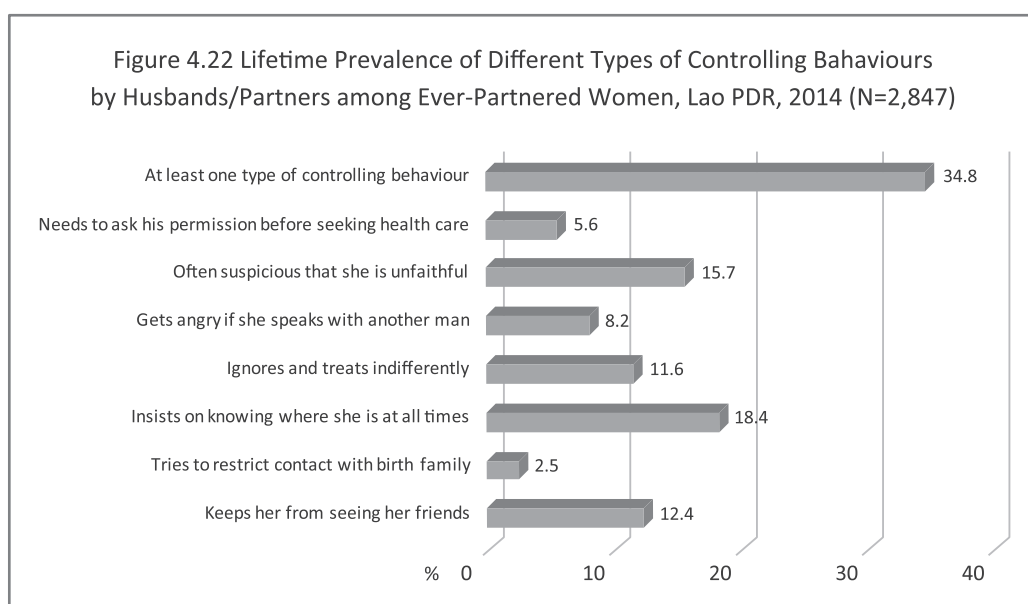
“Since my son was born, he [the husband] has reduced [violence] a bit, but not that much. He has a mistress problem. With the mistress he doesn’t even care for me or our daughter. He comes home late, or not at all, calls and talks to the mistress in front of me so I know. He doesn’t care for my feelings.”

Woman Survivor,
 Rural

4.7 Controlling Behaviours

Controlling behaviours are defined as a range of acts designed to make a person subordinate to the perpetrator and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.¹¹ In this study, which followed the WHO Multi-country Study, the behaviours measured included restriction of a woman's contact with her family or friends, insistence on knowing where she is at all times, ignoring her or indifferent treatment, control over her access to healthcare (i.e. requires that she obtains his permission to seek healthcare), constant accusations of being unfaithful and demonstration of anger if she speaks with other men (Garcia-Moreno et al.,2005:36).

Figure 4.22 shows lifetime prevalence of different forms of controlling behaviours. Among ever-partnered women, 34.8% had experienced at least one type of these controlling behaviours. The most common type was "insists on knowing where she is at all times" (18.4%), followed by "often suspicious that she is unfaithful" (15.7%) and "keeps her from her friends" (12.4%).



In the qualitative study, most women felt controlled by their husband when going out, coming home late at night or other behaviour that raised husband's suspicions of infidelity, no matter how unfounded.

**A 32-year-old
Married
Woman,
Vientiane
Province**

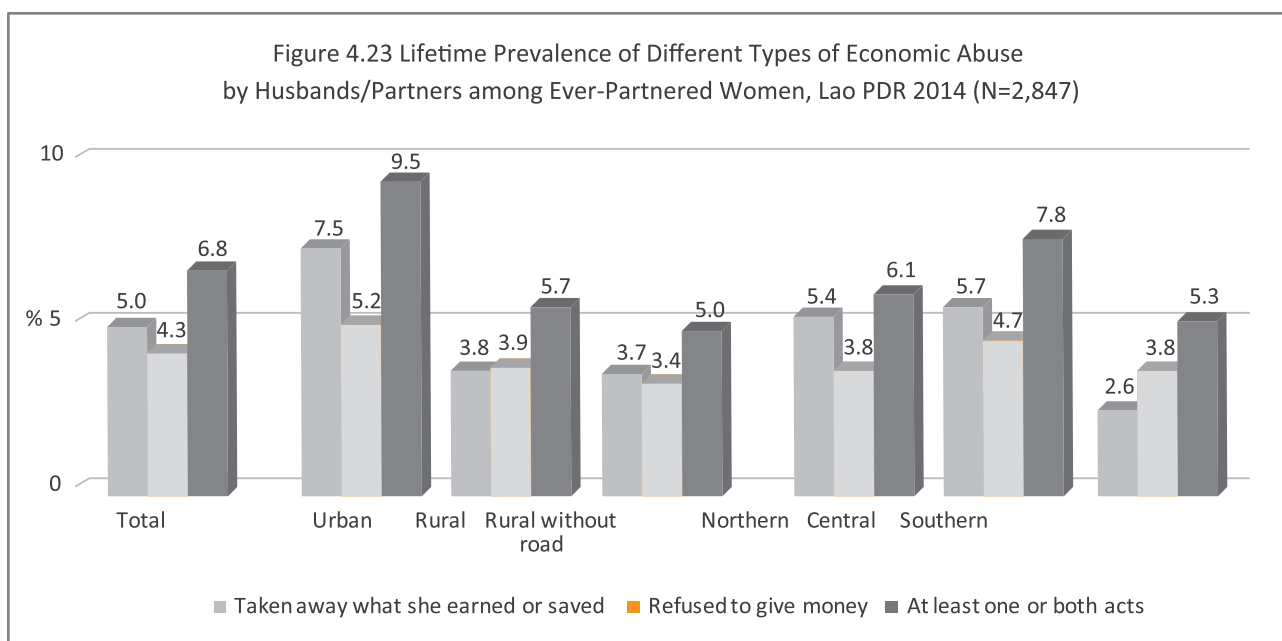
"The worst time was when I had to work late as a sales assistant. He came looking for me and thought I was late because I had a lover. He caught up with me when I was driving home and yelled and cursed all the way. When we got there, I hadn't even turned off the engine of my motorbike when he smashed my face with his helmet and choked me. Another time was when I worked as a cleaner at a hotel. He was drunk and he came looking for me at the hotel, making a racket and accusing me of sleeping with the guests at the hotel. I was so embarrassed. He doesn't let me go anywhere, he's afraid I would do something because he's very jealous. I'm afraid to go and of what would happen because he has a bad personality. When he's angry he'll just hit me, sometimes I can't run or hide in time [and] I get hurt."

¹¹ Women's Aid, What is domestic violence? Available at: <http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200410001&itemid=1272>, accessed in November 2014.

4.8 Economic Abuse

Economic abuse occurs when an intimate partner has control over the other's access to economic resources, which reduce the survivor's capacity to support him/herself and forces him/her to depend on the perpetrator in terms of financial access and control.

Figure 4.23 shows the prevalence of different acts of economic abuse among ever-partnered women. Total lifetime prevalence of "took away what she earned or saved" was 5.0%, "refused to give money" was 4.3% and those who had experienced at least one or both acts amounted to 6.8%. Looking at location differences, urban areas and central region showed a higher prevalence in all indicators.



The qualitative study revealed that while women were predominately responsible for managing household expenses with limited income, they were not trusted to spend men's earnings. This resulted in demands women hand over money they had earned to be spent against her wishes. In other settings, men felt jealous of women's jobs and became violent on her return from work. Or, in other examples, men of limited means would drink with friends who "sponsored" him for a liaison with a "beer girl",¹² or sex worker and initiated a habit he felt pressured to reciprocate to save face. Key informants also noted a family's economic state contributed to arguments over money, particularly expense increases to support children. Lack of trust related to money, income and spending habits were raised in KIIs.

"Some men have money and like to go drinking with their friends. If they don't go, their friends will call them to join. If they don't have money, they will ask their wife and if she doesn't have any to give, it will lead to arguments and fights."

**Adult Male,
Urban**

¹² 'Beer girl' is young service woman recruited and sent by a beer company as a campaign girl to serve beer in restaurants and beer gardens. They usually wear a tight and "sexy" uniform supplied by the beer company, promoting their own product. Sometimes after working hours, the girls go out with customers to have affairs, but this occurs under the agreement of both parties in the form of a one-night stand or a longer-term relationship. Both relationships may involve money or goods transfers. The former relationship could occur in the form of casual sex work, whereas the long-term relationship may develop into the girl becoming 'mistress' if the man is married.

*Key Informant,
Women and Children's
Protection and
Counselling Center*

"Many children have needs. Parents argue. The wife wants to buy stuff and the husband doesn't allow it. Also parents don't have enough time for their children and the husband and wife will blame each other regarding their children. Another reason for violence is poverty or economic problems. Children have needs, but there is not enough [money] to provide."

FGDs and IDIs identified numerous ways that a woman's life could be affected by violence. In particular, financial losses and emotional abuse were the most frequently noted consequences.

4.9 Discussion

This chapter has examined the prevalence of different forms of violence associated with frequency and severity, with the total prevalence of physical violence in a lifetime being 11.6% and 4.0% in the past 12 months. These results do not differ much from previous studies in Lao PDR, such as rural DV and gender research (17% in lifetime) conducted by GDG in 2003. Although there were no distinctive geographical differences, women in their 30s and without formal education had a slightly higher prevalence of physical violence in lifetime and in the past 12 months. Physical violence was generally not a one-off occurrence, as more than half of women experienced severe physical violence such as acts of being dragged/kicked or choked/burnt more than five times in a continuous and persistent manner. Similar findings were also obtained in the qualitative survey. Women who participated in IDIs reported multiple acts of physical violence until they were injured from two to five times in their lifetime. As for physical violence during pregnancy, 1.8% encountered violence during at least one pregnancy. Compared to regional countries, this proportion is slightly higher than a Japanese city (1.2%), but less than a Thai province (2.0%), a Thai city (4.5%) (Garcia-Moreno et al., 2005), and Viet Nam (4.7%) (Government of Viet Nam, 2010).

In terms of sexual violence, the total prevalence was 7.2% in a lifetime and 3.1% in the past 12 months respectively, higher than the GDG research results by 1.6% in a lifetime. While there were no constant geographical trends, women in their teenage years and 30s with higher education were more likely to experience sexual violence. Among those senior aged, women in their 60s had nearly the same lifetime prevalence (7.8%) as those in their early 20s (7.9%), but the current prevalence showed that no women in their late 50s and 60s were exposed to sexual violence. The specific reasons for this could not be made explicit in this study, but it could be interpreted that older women could have experienced sexual violence when younger. However as they got older, such incidents may have gradually reduced due to a decline in sexual activities. Also, some particularly senior women could presumably be unaware such behaviour is considered violent and unacceptable. Although a limited number of women in quantitative and qualitative studies had experienced sexual violence, one woman in the qualitative survey spelt out her strong reluctance to respond to her husband's sexual demands, but submitted out of fear for potential repercussions. However, she was unaware any sexual act without consent was an act of violence.

This study also found that more women experienced combined violence concomitance of physical and sexual violence, rather than a single type. The proportion of women who reported any act of physical or sexual violence or both was 15.3%, out of which 3.5% experienced physical and sexual violence. This result is consistent with numerous studies in different countries, including the WHO Multi-country Study.

In this study, the total prevalence of emotional violence was 26.2% in a lifetime and 10.5% in the past 12 months, less than the 35% in a lifetime in the previous research by GDG in 2003. Yet, physical, sexual and/or emotional violence amounted to 30.2% in a lifetime, indicating nearly one-in-three women have experienced a type of violence. Thus, the prevalence of emotional violence scored highest and all women

in IDIs in the qualitative survey reported suffering from emotional violence. The characteristic that emotional violence is usually more common than physical and sexual violence is consistent with other studies, including the WHO Multi-country Study. However, it is also often argued that emotional violence is methodologically difficult to measure (Garcia-Moreno et al., 2005), because it is more diverse than physical and sexual violence encompassing many different forms and acts and has different manifestations in different contexts. Nevertheless, emotional violence is often overshadowed by physical and sexual partner violence, which is closely related (Jewkes, 2010). Some researchers in general showed strong evidence that emotional abuse alone brought negative impacts on women's mental health. For example, emotional abuse during pregnancy would possibly be more crucial than physical and sexual violence in determining the development of post-natal depression (Ludermir et al., 2010). A population-based survey from Japan disclosed that women who only experienced emotional violence had a poorer self-reported health status, suicidal ideation, difficulties in daily activities, increased use of health services in the previous month and symptoms of distress (Yoshihama et al, 2009).

Other types of violence such as controlling behaviours and economic abuse are important factors to measure not only the level of violence, but also the degree of freedom to ensure women's space to participate in activities and decision-making. Regarding controlling behaviours, one-third of ever-partnered women experienced at least one type of controlling behaviour, nearly 20% were constantly monitored and scrutinised by a husband/partner regarding her whereabouts and 15.4% reported partners often suspected them of being unfaithful. These figures are higher than the prevalence of physical or sexual violence. Several other studies demonstrated that men's controlling behaviours are significantly associated with a higher likelihood of physical violence (Heise et al., 1999), sexual violence (Jenkin, 2000) and such controlling behaviours are closely related to power motives, which represent male dominance and control over females as well as subordinated systems of cultural oppression that promote masculinity. In the qualitative survey, a woman interviewed said her husband's controlling behaviours were aggravated by physical violence in association with his jealousy and scepticism of her faithfulness, particularly when away from the household at work. In terms of economic abuse, 6.8% of women experienced having income taken away or being refused money, particularly in urban areas. Although wives are traditionally in charge of controlling household finances in Lao PDR, those who experienced economic abuse stressed in IDIs that husbands often doubted how money was spent. In turn, husbands overspent in relation to alcohol and sometimes also on friends as well as so called "beer girls" in bars or nightclubs. Economic abuse is closely associated with the lack of mutual trust between a couple and can become exacerbated by alcohol and infidelity.

This study showed a lower prevalence of physical, sexual and emotional violence compared to other studies on VAW in Lao PDR by GDG in 2001, GRID in 2009 and other neighbouring countries. However, as each study applied different methodologies to examine the prevalence, impact and consequences of violence, a simple comparison of results is difficult. As a result, the WHO Multi-country Study developed a research methodology to analyse and present the results on VAW in a consistent manner. Nevertheless, the prevalence of physical and sexual violence in Lao PDR is relatively lower than the other 10 countries in the WHO Multi-country Study, positioning it close to Japan. This may be partly caused by under reporting and social stigma often associated with traditional Lao society. It is worth noting that in Japan, the reported prevalence of violence increased after the WHO Multi-country Study and subsequent heightened law enforcement in domestic VAW. Moreover, this facilitated cultural changes in society that made it more acceptable for women to report and speak out on their experiences of violence. Likewise, in the case of Lao PDR, the new law on VAWC and the results of this study may pave the way to create a momentum for awareness raising and promotion of policy dialogues towards the elimination of VAW. Accordingly, the prevalence of violence reported in Lao PDR may possibly alter in the short to medium-terms. Thus, prevalence data and other related information should be carefully monitored and updated in the future to capture changes and progress in the status of women subjected to violence. Similarly, strategies and responses to support these survivors should also be monitored.

5

**VIOLENCE
AGAINST
WOMEN BY
NON-PARTNERS**

CHAPTER 5. VIOLENCE AGAINST WOMEN BY NON-PARTNERS

Main Findings:

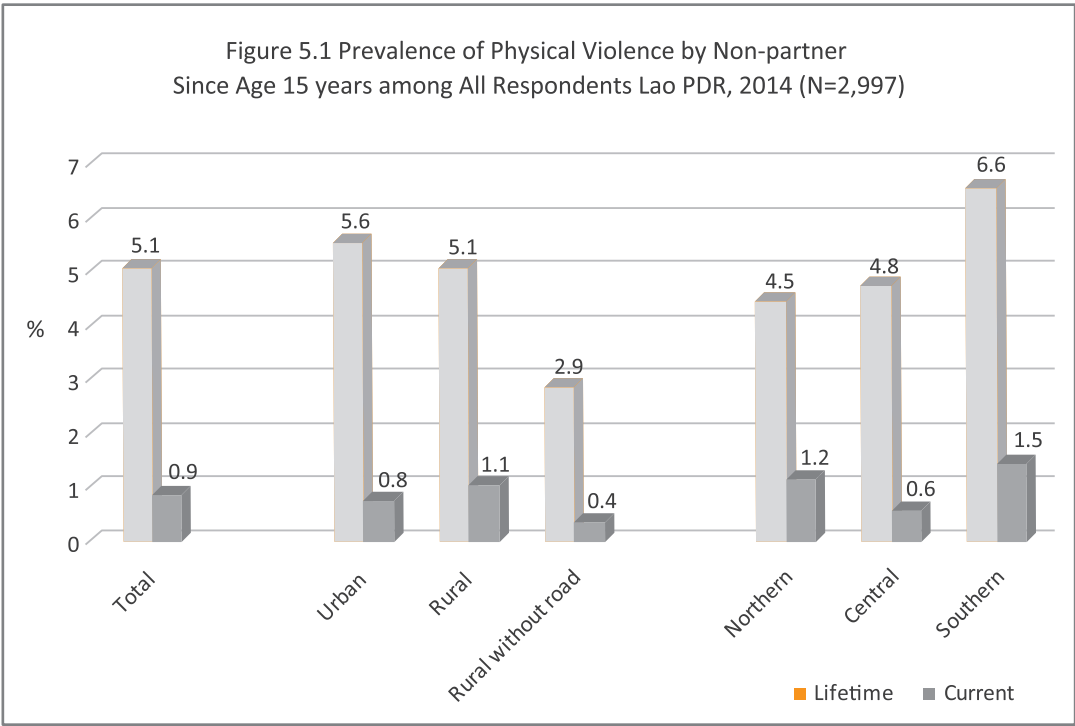
- 5.1% of women had experienced physical violence from a non-partner since the age of 15. Female family members were the most commonly reported perpetrators (34.9%), specifically mothers/stepmothers (26.8%).
- 5.3% of women experienced some type of sexual violence and 1.1% had forced sexual intercourse since the age of 15.
- The prevalence of women who experienced sexual abuse during childhood varied depending on how interview questions were asked. The proportion of women who disclosed Child Sexual Abuse (CSA) in face-to-face interviews was 0.9%. However, when answers could be given anonymously by using a card, 9.9% of women disclosed CSA and this further increased to 10.3% when a direct interview and/or a card were employed.
- The proportions of women who reported partner or non-partner violence or both were 14.4% for physical violence, 10.9% for sexual violence and 20.2% for physical and/or sexual violence.

5.1 Introduction

It is often pointed out that VAW mostly occurs within private residences and such acts are committed by persons known to the survivor as typified by IPV. However, the term 'VAW' also includes rape, sexual or physical assault by non-partners such as acquaintances, friends and strangers as well as sexual abuse encountered during one's childhood. This chapter examines women's physical and sexual violence experiences by non-partners since the age of 15 years and childhood sexual abuse (before age 15) as well as the identification of perpetrator(s).

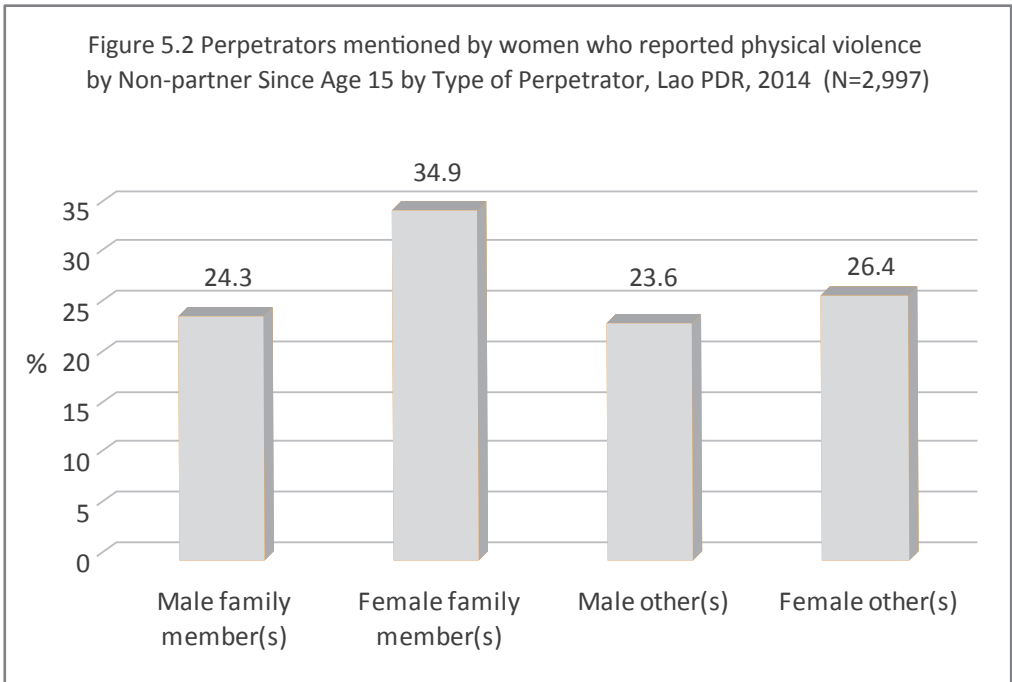
5.2 Physical Violence by Non-partners from the Age of 15

As shown in Figure 5.1, 5.1% of women interviewed had experienced physical violence by a non-partner in their lifetime from the age of 15. Looking at geographical distribution, there was a higher prevalence among women in urban areas (5.6%) and the southern region (6.6%). The total current prevalence was 0.9% with insignificant regional differences ranging from around 1% between urban and rural areas and among regions.



5.3 Perpetrators of Non-Partner Violence from the Age of 15

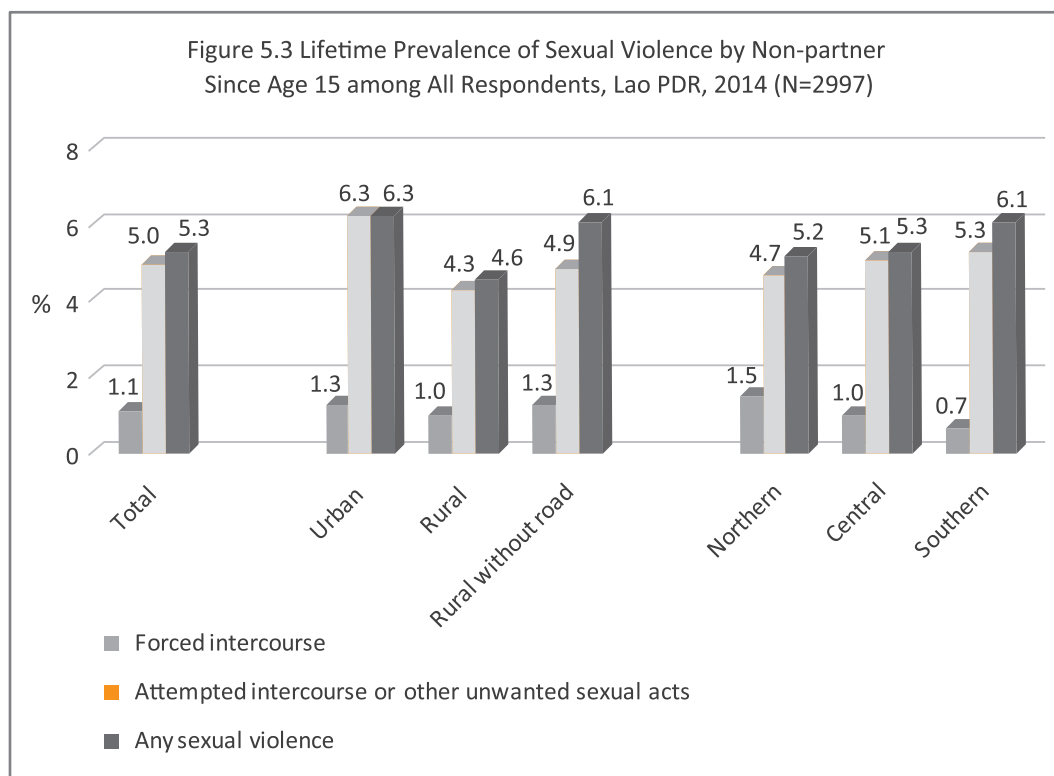
Perpetrators of non-partner violence included family as well as non-family members. While 4.2% of women who experienced non-partner physical violence had one perpetrator, 0.6% had more than one perpetrator. Looking at who performed physical violence (Figure 5.2), it is worth noting that female family members were the greatest perpetrators (34.9%), specifically mothers/stepmothers (26.8%) followed by female friends and acquaintances (19.6%). This result brought new understanding to how complex and entangled the elements of relationships associated with violence were created within families.



5.4 Sexual Violence by Non-partners from the Age of 15

Experiences of sexual violence by non-partners from the age of 15 were assessed from the aspects of forced intercourse, attempted forced intercourse and/or any other unwanted sexual act (Figure 5.3). The total lifetime prevalence of forced intercourse was 1.1%, whereas the attempt of intercourse/unwanted sexual acts was 5.0%. The proportion of women who reported any of these types of sexual violence was 5.3%. There was little difference between urban and rural areas, but the southern region had a slightly higher prevalence of any sexual violence (6.1%) than the northern (5.2%) and central regions (5.3%).

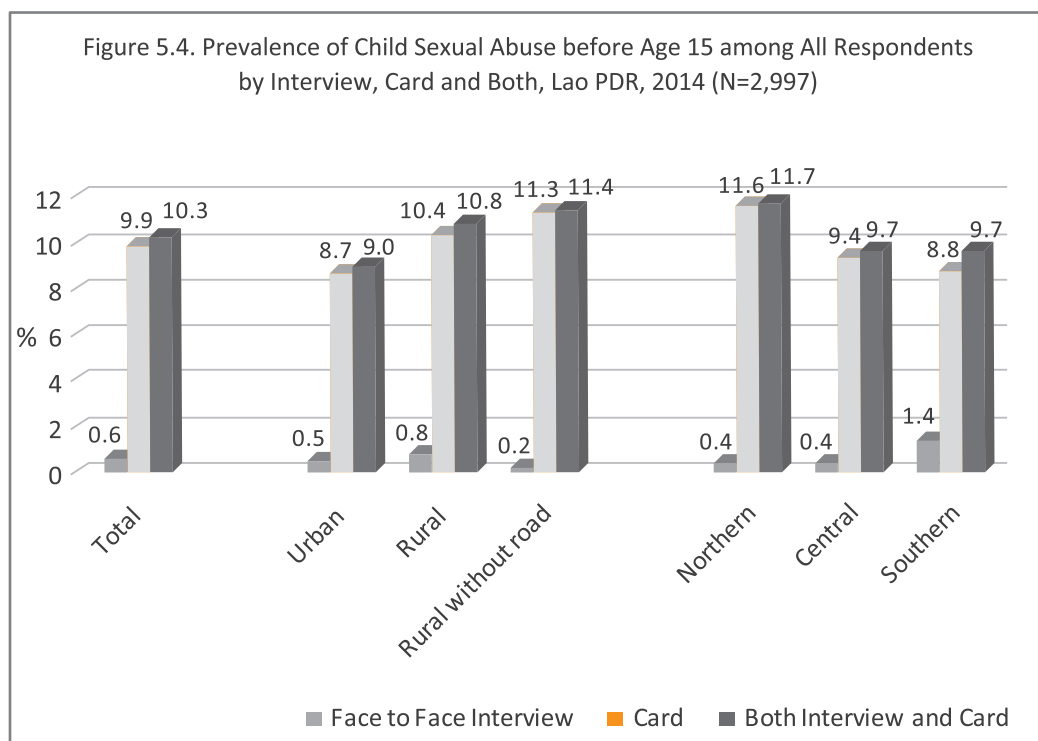
Most qualitative survey discussions and interviews narrowed issues and experiences associated with intimate partners and few participants talked about violence either by a non-partner or sexual abuse during childhood. In FGDs for young males and females, participants discussed cases of non-partner sexual violence in rural settings, particularly rape cases. In many circumstances, discussions within the family may include negotiations with the perpetrator for compensation, particularly if a young girl has been raped or lost their virginity outside of an official engagement or marriage by a young man. A demand for marriage in the case of rape is often the requirement in rural settings. Village authorities may not be involved if a resolution is reached between families. If the young woman is living away from her family, such as at a school or working in a factory, there may be no consequences for the man as she could be too ashamed to pursue it.



5.5 Sexual Abuse in Childhood

As explained in Chapter 2, as CSA is a sensitive issue to discuss, respondents were given a few options to disclose such cases. First, women were asked if anyone had ever touched them sexually or made them do something sexual against their will before the age of 15. At the end of the interview the question was repeated, but answers were not required to be directly disclosed to interviewers. Instead, they were advised to indicate answers by using face cards that either showed a tearful face to indicate “yes” and a smiling face for “no” (see Figure 2.1).

Figure 5.4 illustrates the prevalence of CSA by non-partners before the age of 15. The total prevalence identified from face-to-face interviews was just 0.6%, yet 9.9% of all respondents disclosed CSA anonymously when the cards were used. The prevalence rate based on combining answers from direct interviews and cards further increased to 10.3%. A similar trend was seen between urban and rural areas as well as among regions. This indicates the anonymity provided by the cards increased the percentage of positive responses.



5.6 Overlapping Non-partner and Partner Violence

Among all women interviewed (n=2,997), the proportions of women who reported partner or non-partner violence or both were 14.4% for physical violence, 10.9% for sexual violence and 20.2% for physical and/or sexual violence. Of them, the prevalence of non-partner violence alone was 3.7%, whereas partner physical violence was 9.3%, indicating that partner physical violence was nearly three times that by a non-partner. There was no significant difference between non-partner sexual violence alone (4.2%) and partner sexual violence (5.6%). Furthermore, 6.1% of women experienced non-partner physical and/or sexual violence compared with 10.9% who faced partner physical and/or sexual violence. Thus, overall, more women were subjected to partner violence than by non-partners. Meanwhile, regarding the overlap between partner and non-partner violence, 1.4% of women had experienced non-partner and partner physical violence, 1.1% encountered non-partner and partner sexual violence, and 3.2% had non-partner and partner physical and/or sexual violence. In sum, more women had experienced multiple types of violence from non-partners as well as partners.

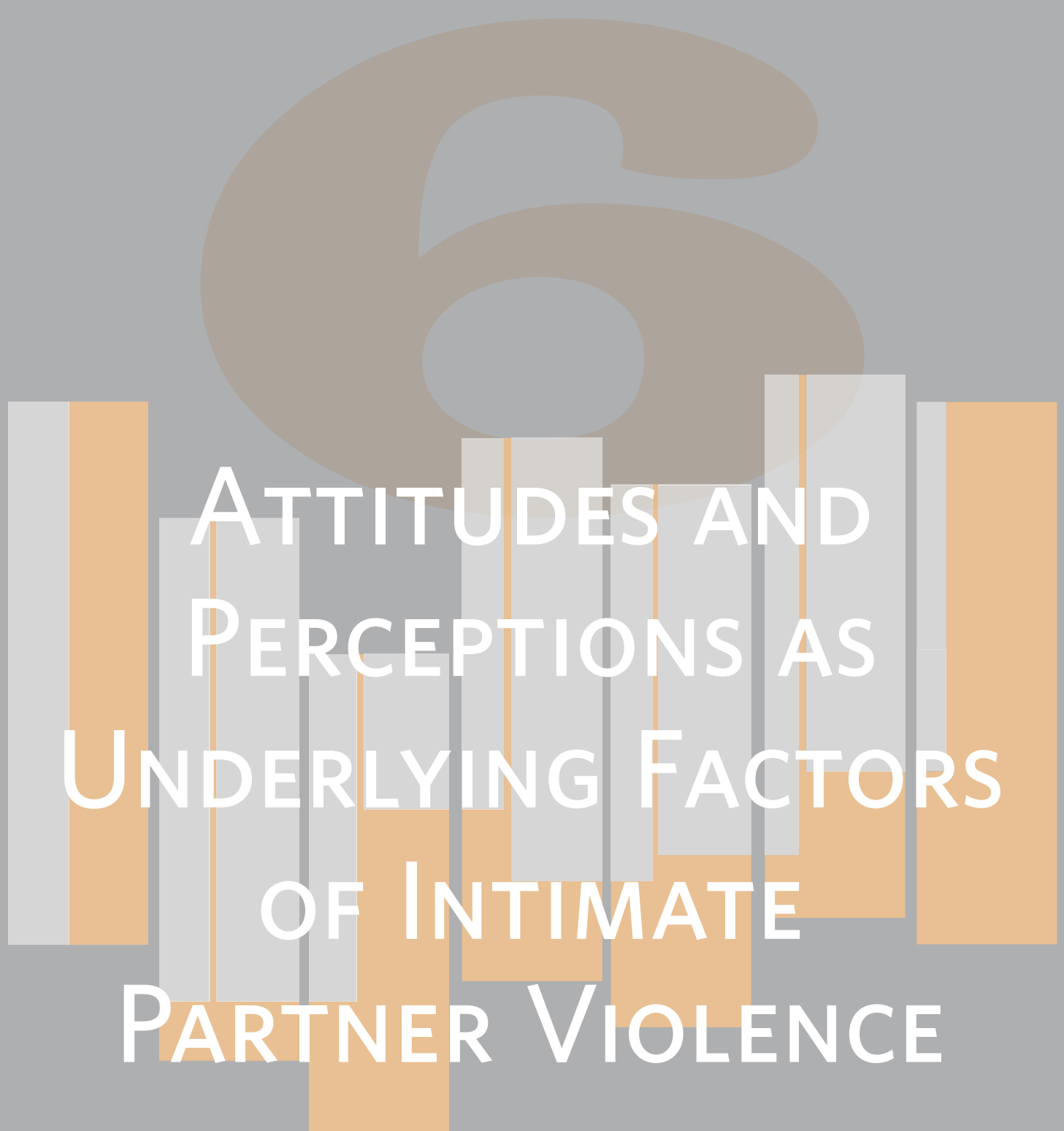
5.7 Discussion

This chapter examined non-partner violence, including physical and sexual aspects. Although 5.1% of women interviewed had experienced physical violence by a non-partner, there were insignificant differences among urban/rural areas and regions. One distinctive feature of the results is that female family members, particularly mothers/step-mothers, are the greatest perpetrators followed by female friends

and acquaintances. Potential reasons for this finding need careful examination. In Lao society, step families and extended family relations are complex, particularly among female members who spend longer times together for domestic work than with men, which may often intensify a feud or encourage physical force for discipline. A previous study indicated that violence or abuse are elevated in step families and that step-parent households appear more dangerous than genetic-parent households in the US (Daly & Wilson, 1996). More young women than men reported being the target of maternal (genetic and step) physical violence (Mallett & Rosenthal, 2008, Janus et al., 1995). Nevertheless, as this issue in the Lao context still remains a matter of speculation, it should be further researched.

Regarding sexual violence by non-partners from the age of 15, 5.3% of all women interviewed reported forced intercourse or attempted sexual intercourse or unwanted sexual acts mostly committed by male friends/acquaintances. This figure is slightly lower than the 7.2% global estimate of sexual violence by non-partners (WHO, 2013a). The qualitative survey saw few stories or discussions about non-partner violence, but some participants in FGDs pointed out that sexual violence by a non-partner, particularly rape cases involving young women, should be settled between the survivor and offender in the form of marriage, involving family reconciliation. It was also suggested such cases should not be disclosed publicly, thereby going unreported to the police or courts. This indicates that many cases of rape or sexual assault may go under reported and met with silence by means of marriage.

In terms of CSA prevalence, 0.9% of women reported sexual abuse by a non-partner during childhood (before aged 15) with 0.9% in oral interviews, but this percentage climbed to around 10% when cards were used and 10.3% when employing both interviews and cards. Thus, anonymity increased the percentage of positive responses. When compared with results in other Asian countries, the percentage of sexual abuse before age 15 was 1.5% in Viet Nam (Government of Viet Nam, 2010), 7.6% in Thailand (cities) and 9.6% in Japan by oral interview (Garcia-Moreno et al., 2005), then climbed to 2.5%, 8.9% and 13.8% by cards respectively (Ibid.), though these were reported prevalences, not actual numbers of cases. However, a simple comparison suggests Lao PDR has a higher reported prevalence of CSA with anonymity using cards than Viet Nam and Thai cities. Cards were only used when respondents were asked about cases of CSA, as such sensitive questions are often not answered accurately due to social stigma attached to shame and dishonour. As a result, it can be assumed that not only sexual violence, but also other types of violence mentioned in this survey are vastly under reported within society.



ATTITUDES AND
PERCEPTIONS AS
UNDERLYING FACTORS
OF INTIMATE
PARTNER VIOLENCE

CHAPTER 6. ATTITUDES AND PERCEPTIONS AS UNDERLYING FACTORS OF INTIMATE PARTNER VIOLENCE

Main Findings:

- Some 35.6% of interviewed women agreed with the statement that “a good wife obeys her husband, even if she disagrees”, 22.9% concurred that “a man should show he is boss” and 29.4% accepted that a wife was obliged to have sex with her husband. Women who experienced physical and/or sexual violence were more likely to agree with statements that confirmed traditional (unequal) gender roles than those who had never experienced violence.
- Nearly half of women interviewed (45%) agreed that a husband could hit his wife if she was discovered to be unfaithful. A woman who had experienced physical and/or sexual violence was more likely to accept a husband’s violence if she was suspected of being unfaithful or she disobeyed him, than a woman who had not encountered violence.
- Some 76.5% of women interviewed agreed sexual refusal was justified if she was unwilling or ill, or due to husbands’ alcohol consumption.
- Key triggers of VAW include gender norms in the Lao culture context, mistrust and jealousy associated with infidelity, alcohol intake, unemployment or financial difficulties.

6.1 Introduction

This chapter presents findings on gender attitudes and perceptions of all respondents, particularly reasons used to justify beatings by a husband or partner and a woman’s refusal to have sex with her husband/partner as well as other relevant factors in the quantitative survey associated with IPV.

In the qualitative component, specific situations examined included gender norms and attitudes, such as a wife’s acceptance of her husband’s demands and their sexual relationship as well as attitudes towards physical and sexual violence. As such attitudes are deeply embedded in the country’s cultural context and social norms, the qualitative component enabled this study to deepen as well as complement its analysis of quantitative data by incorporating rich perspectives on women’s feelings and subtle contexts surrounding these occasions. In this regard, the key triggers of VAW were identified within the following four themes.¹³

- a). Failure of a woman to meet the expectations of gender roles, including respecting her husband and his sexual demands
- b). Jealousy/mistrust/infidelity by the husband (presence of a mistress)
- c). Alcohol or drug use
- d). Unemployment/financial stress/money.

¹³ The words in the quotes in this section used in these four themes are directly translated from the original narratives of the Lao language in the interviews and discussions, and are not the result of free translation by the author.

6.2 Women's Attitudes towards Gender and Violence

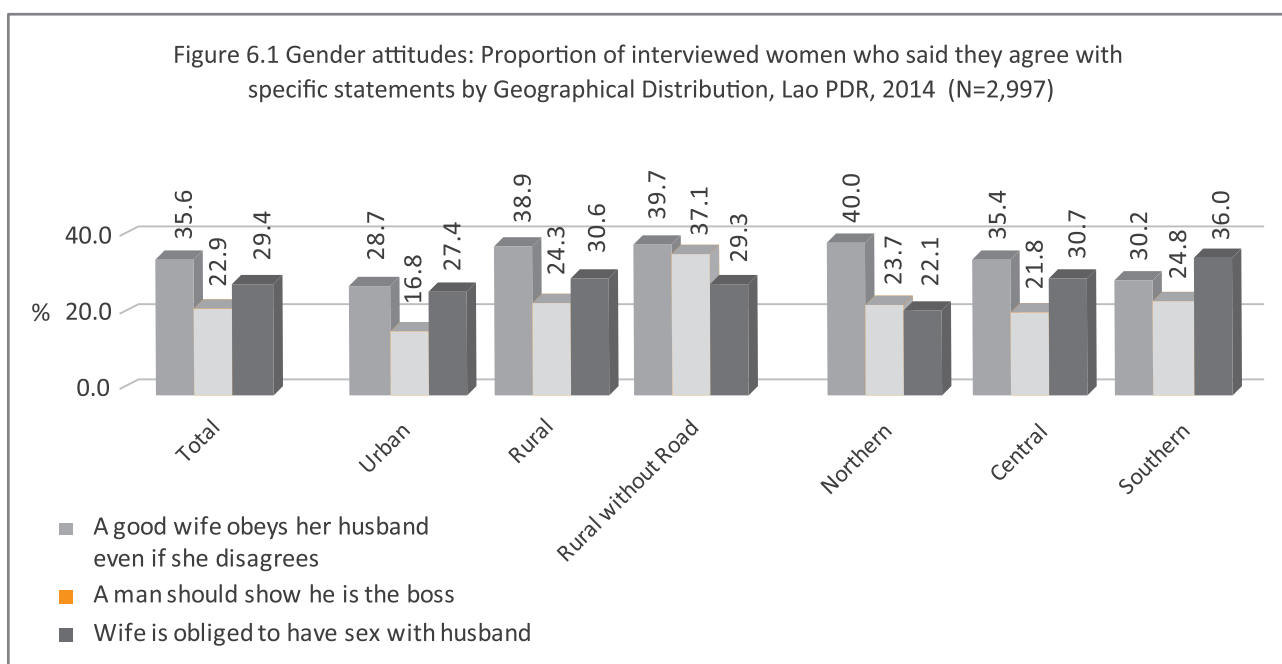
6.2.1 Differences in geography and among groups that have/not experienced violence

As shown in Figure 6.1, of the three statements presented to women (wife's obedience, authoritarian attitudes and sexual obligations), more agreed that "a good wife obeys her husband, even if she disagrees with him" (35.6%). By geographical distribution, women in rural areas (38.9%) and rural areas without road access (39.7%) tended to agree with this more. Northern region women were more in agreement with this (40.0%), than central (35.4%) and southern region (30.2%) women. The perception that a man should be authoritarian was more prevalent in rural areas without road (37.1%), than rural (24.3%) and urban areas (16.8%). More southern region women agreed with the concept of sexual obligations (36.0%), than those in the northern region (22.1%).

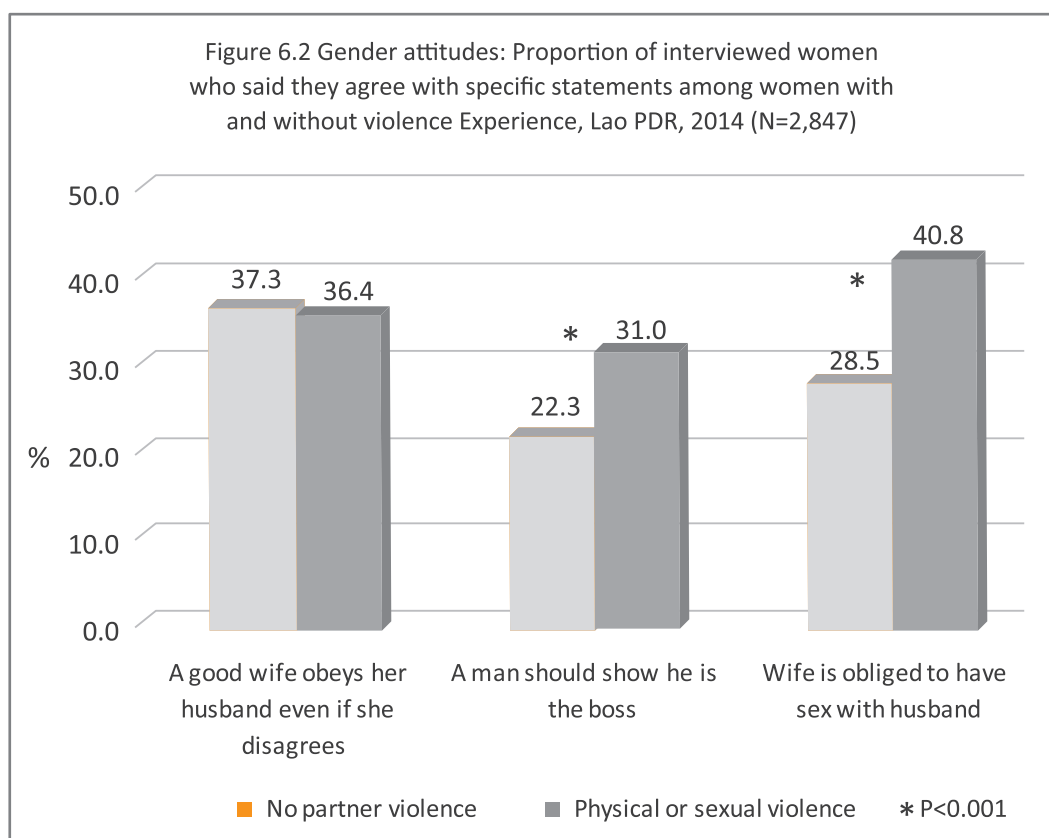
Box 6.1 What is P-value?

The *p*-value helps to determine whether or not to accept the null hypothesis, which represents "no difference" between two phenomena. The decision is made by figuring out how low a *p*-value should be when a null hypothesis is rejected. This cut-off point is called the "significance level", which is often set at 0.05, 0.01 or 0.001. The smaller the *p*-value, the more likely the two groups compared really differ from each other.

Women without a formal education were found to be more in agreement with wife obedience norms (43.8%) and men's authoritarian attitudes (28.7%) than those with other education levels. By age group, there was slightly greater agreement with the three statements among women in their 50s and 60s compared to younger ones.



The analysis also attempted to demonstrate differences in gender attitudes between women having experienced physical and/or sexual violence and those without, by comparing the mean interpreted using significance testing, *p* (probability) value (Box. 6.1). As shown in Figure 6.2, the results show there were statistically significant differences between women who had ever or never experienced partner violence in terms of the proportion that agree with the following statements: "A man should show he is boss" ($p < 0.001$) and "A wife is obliged to have sex with her husband" ($p < 0.001$). But, there was no significant difference regarding "A good wife obeys her husband, even if she disagrees".



6.2.2 Failure of Women to Meet Gender Roles

The qualitative results revealed that one of the triggers that caused intimate IPV was the failure of women to meet gender roles within Lao traditional norms. The LWU traditionally required women to follow the “Three Goods”, namely to be a “good mother, good wife and good citizen”. Recently, these concepts changed and that a good woman (good wife) should be a “good citizen, good in development and good cultural family”.¹⁴ In focus groups with women in rural and urban settings, women made it clear that if no effort was made to please her husband in terms of cooking, meeting his sexual needs, keeping an attractive appearance and dutifully caring for children, she risked and deserved his wrath. While women did not state that physical violence should follow if responsibilities were not met, they said husbands could justifiably become angry and could satisfy his needs with other women more attractive and attentive.

“I think the reason the husband has a mistress is because of women. It may be because when the husband comes home food is not prepared and on the table for him. Pa Kao Bor Ngai, Pa Ngai Bo Teng [women serve the food and serve the sex for the husband], so that is why a husband could have a mistress.”

Adult Woman,
Rural

Women survivors described situations where they asked husbands “where they were”, “who they were with” or asked/argued about money. This “disrespect” often provoked attacks.¹⁵ Women who spent time with friends or co-workers and not attended to husbands’ needs faced violent reactions, as did those who challenged husbands’ insults or talked back.

¹⁴ The IV National Lao Women’s Congress approved this revised slogan.

¹⁵ The term of ‘disrespect’ is a direct translation from Lao. The word “disrespect” and “like not giving each other respect” were used 13-14 times in the interview. The original words were [“Bor hai kied”], which means the same as not respecting and disrespect.

*Woman Survivor,
Rural*

"If the husband is eating and drinking with friends and the wife goes over to check on him, the husband could think she is disrespecting him and that she's calling and nagging him to come home. This could lead to them arguing or might cause the husband to hit the wife."

Adult women in focus groups tended to agree that not making an effort to please a husband could result in losing him.

"They believe their friends more than their wives. They can't stop drinking. Their friends always pay for them and invite them, and encourage them to drink. When they come home they compare a wife's ugly face to the nice girls at the beer shop."

*Adult Woman,
Urban*

Key informants working with survivors said traditional values in Lao PDR established women as the property of husbands and this was a leading cause of violence. This perception of differential gender values put women at risk of violence as well as human trafficking. These values were clearly expressed by those in authority in villages, the Police Women's Union and health workers who accepted that a woman's place was as an obedient servant to her husband.

*Key Informants, Female,
Women and Children's Protection
and Counselling Centre*

"The husband can do anything because he has paid a bride price", "Women are the property of men to provide sex."

Nevertheless, another factor spelt out by participants was women or their families were traditionally expected to own property. Several survivors concurred with adult male focus group participants who identified a source of power differential in relationships, where the woman did not have an inheritance. It is common in Lao PDR for a woman's husband to live in a house or on land provided by the woman's family. If the woman's family had no wealth to contribute to the couple, the woman may not receive as much respect as those whose families made such contributions. This makes women without an inheritance more vulnerable to violence and less able to leave.

"When he's yelling and shouting at me I feel sad. I'm an orphan, so when I hear those things he says I feel sad. If he kicks me out, I wouldn't have anywhere to go."

*Woman Survivor,
Rural*

*Adult Male,
Urban*

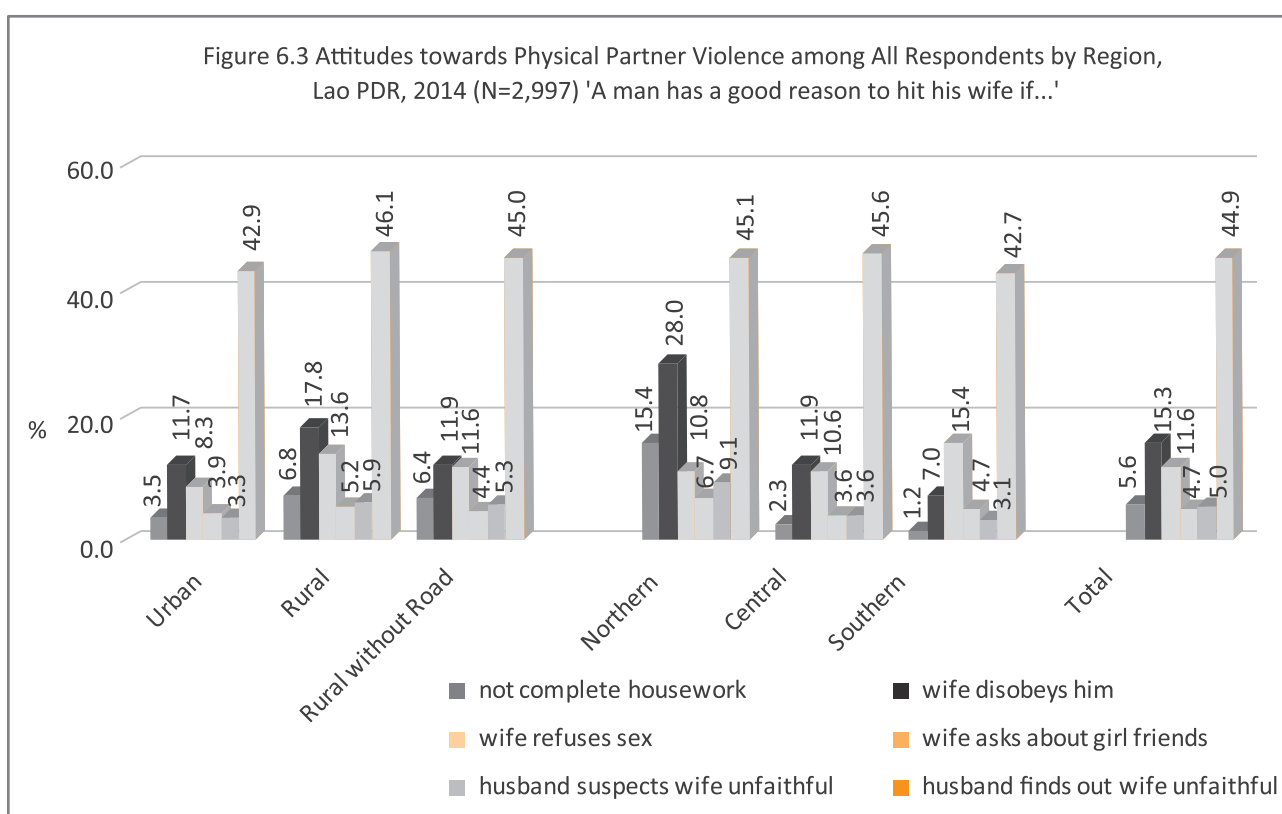
"She doesn't have anything and relies on the husband's house, so she does what the husband wants. The husband can kick or hit her, it's up to him. If she can't stand it, all she can do is run away."

The cultural belief that a woman belongs to her husband stunts the capacity to make decisions independently or contrary to his wishes.

6.3 Attitudes Towards Physical Partner Violence

6.3.1 Differences in geography and among groups that have/not experienced violence

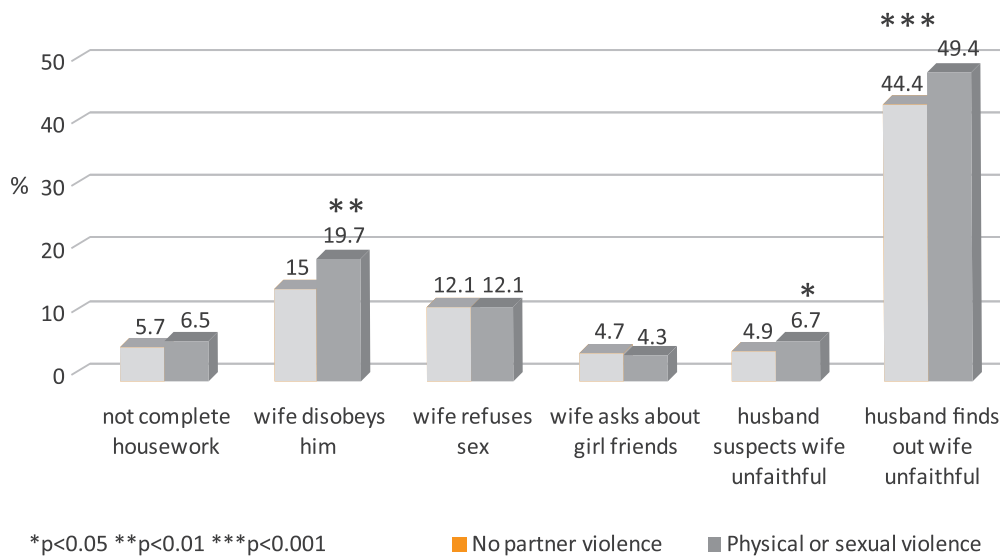
Women's perceptions of attitudes towards physical violence from husbands and partners were assessed by employing six different questions (Figure 6.3). Nearly half agreed a husband could hit his wife if she was unfaithful (45%) and this trend was spread across areas and regions. Regarding education level, tertiary-educated women were less likely to agree with a wife is "hit when housework was not completed" (1.9%) and "hit when she refused sex" (5.0%) compared with non-educated ones (6.8%) and (14.6%), respectively. More teenage women agreed a wife "gets hit when she disobeys a husband" (22.1%), compared to those in their 50s (11.7% in early 50s, and 11.9% in late 50s).¹⁶



Comparing women who have/not experienced physical and/or sexual violence (Figure 6.4), there were statistically significant differences in men's reasoning to hit wives if a "husband finds his wife being unfaithful" ($p < 0.001$), followed by "if the wife disobeys him" ($p < 0.01$) and "if husband suspects the wife of being unfaithful" ($p < 0.05$).

¹⁶ As shown in Figure 4.2, a teenager is classified as being from the age group of 15-19 years old and those in their 50s are divided into two sub-groups, 50-54 and 55-59 years old.

Figure 6.4 Attitudes towards physical partner violence: Proportion of interviewed women who said they agree that a man has good reason to hit his wife for reasons stated below, Lao PDR, 2014 (N=2,997)



6.3.2 Mistrust and Jealousy associated with Infidelity

Qualitative results also identified mistrust and jealousy associated with a husband's infidelity and presence of a mistress was a key driver to cause violence.¹⁷

Village heads in urban and rural settings, focus group and health workers all pinpointed mistress issues as a reason for violence in a marriage.

"Another fashion in modern society is that men have mistresses. They have a girl to show they are modern men."

Key Informant, Female, Women and Children's Protection and Counselling Centre

Woman Survivor, Rural

"His first mistress he met after Lao New Year this year in May-June 2014, and that's when he started to beat/hit me."

"If the husband goes off with another woman and goes out drinking, he doesn't beat his wife. But he doesn't come home when he is supposed to, doesn't care if the family has enough to eat. The wife is waiting for the husband to come home, she cries, she went to report to the village office. He said he would come back, but never returns. He went off with another woman. This is regarded as violence too."

Key Informant, Lao Women's Union, Female, Urban

¹⁷ Jealousy on the part of the husband is because he thinks (often incorrectly) his wife is unfaithful when in fact, it's he who is unfaithful. Many interviewees said it was common for men to have a mistress in Lao PDR and it leads to a devaluing of wives.

Many participants stressed that mistrust and infidelity brought not only physical violence, but also emotional violence which persists.

Women whose husbands threaten or took a mistress described the emotional violence experienced, as well as depression, loss of self-esteem and face in the community. Similarly, husbands who were jealous of their wives, can create volatile situations by following them, accusing them of infidelity and inflicting physical and emotional wounds. When alcohol is combined with jealousy, the results become even more likely to damage the relationship, with loss of trust and actions inconsistent with family harmony.

*Woman Survivor,
Urban*

"...because of unlimited jealousy and jealous of the wife. She can't go out to drink, they do not trust each other and they hurt each other's feelings."

6.3.3 Alcohol or Drug Use

"When he's drunk, he hits me."

*Woman Survivor,
Urban*

Lao PDR has one of the highest per capita consumption rates of alcohol in South East Asia, as is it culturally acceptable for women as well as men to drink. Drinking alcohol at festivals and gatherings is prevalent for youth as well as adults,¹⁸ and as noted by older males in FGDs, an increased number of beer gardens and drinking establishments were available for entertainment. In the qualitative field study, alcohol was mentioned by men and women in FGDs as playing roles in violence. Mixed with other factors, such as jealousy and mistrust, drinking alcohol could result in a volatile cocktail of angry interactions leading to physical or emotional violence.

*Young Male,
Urban*

"Some men are addicted to alcohol. When they don't drink they are good to their families, but once they are drunk and wives say something they don't like, they want to hit or curse the wives."

"When he drinks, he loses his temper. I can't talk back or say anything as he gets angry and starts hitting the furniture and things. Since my son was born he's calmed a bit, but not that much."

*Woman Survivor,
Rural*

A minority found alcohol to be such an unimportant factor.

*Woman Survivor,
Rural*

"I've not heard about hitting just because the husband's drunk, mostly it's because he has a mistress."

¹⁸ Baseline Survey of Alcohol Consumption: Availability and Effects on Individual Consumption: WHO; 2012 (report presented October 2013, Vientiane).

For women, having a husband who spent money drinking alcohol with friends or possibly with another woman or mistress was a source of emotional violence and arguments often arose on the husband's return home. Older men in focus groups labelled criticism for drinking alcohol with friends or accusations of spending time with another woman as disrespectful and such criticism was the root cause of violence, not the drinking.

In urban settings other drugs, such as "yaa baa" (methamphetamine), may trigger violence in families according to key informants and focus groups. Drug addiction and the constant need to fund such a habit led to stealing from the family and interactions with a drug addicts could result in violent arguments. Serious and life-threatening violence, in general, was associated with methamphetamine users.

"If the husband beats his wife, the wife has the right to send him to jail. Most of the cases deal with the husband taking drugs."

Key Informant Village Security, Male, Urban

6.3.4 Unemployment and Financial Stress

Unemployment and financial stress was linked to insecurity/jealousy/mistrust between the usual breadwinner and spouse. With limited income and women predominantly responsible for managing household expenses, situations were described where the man did not trust the woman to spend money he earned or demanded she give him her wages, to spend in ways she did not agree with. In other settings, a man felt jealous of her job and became violent upon her return from work. In other examples, a man of limited means would drink alcohol with friends who "sponsored" him for a liaison with a "beer girl" and initiated the habit for him to repeat, which would be done to save face. Key informants noted a family's economic state contributed to arguments over money, particularly increased expenses to support children. A lack of trust related to money, income and spending habits was also identified by Women and Children's Protection and Counselling Center experts and village leaders.

"Some men have money and like to go drinking with their friends. If they don't go, their friends will call them to join. If they don't have money, they will ask their wife and if she doesn't have any to give, it will lead to arguments and fights."

Adult Male, Urban

Key Informant, Women and Children's Protection and Counselling Center

"Many children have needs. Parents argue. The wife wants to buy stuff and the husband doesn't allow it. Also parents don't have enough time for their children and the husband and wife will blame each other regarding their children. Another reason for violence is poverty or economic problems. Children have needs, but there is not enough [money] to provide."

A typical scenario resulting in significant financial stress and upheaval for a wife begins with the husband accumulating debts with a mistress, depleting family savings by buying cars and houses or traveling with another woman. The wife or her family is then asked to financially support the husband's "addiction" to his mistress, resulting in ongoing violent interactions. Even after divorce, she may be saddled with significant debts incurred by the husband as a result of his mistress prior to dissolution of the marriage. One woman

respondent in the study said she knew of a husband who had a two-year live-in relationship with a woman in another province. The divorce settlement gave the wife half his debt and he received half her house and her father's land, which was a significant financial blow for her.

Even if a woman has a job, VAW has direct and indirect influences on women's socio-economic outlook. This study found the majority (more than 80%) of women were involved in some type of formal and/or informal sector economic activity. However, if violence severely damages a woman's daily life and health, her socio-economic activities are also adversely impacted on. For example, physical violence can make it impossible for a woman to work, due to pain from injuries and fears the visible results will affect her public appearance. Emotionally, she may suffer from depression, loss of face and reluctance to interact with others, which can deter her from working. These are particularly difficult circumstances for women who work in markets or in sales/peddling as they must be energetic and positive in front of customers to be successful. Women whose husbands react violently over jealousy may also be forced to quit jobs due to aggressive and drunken workplace attacks.

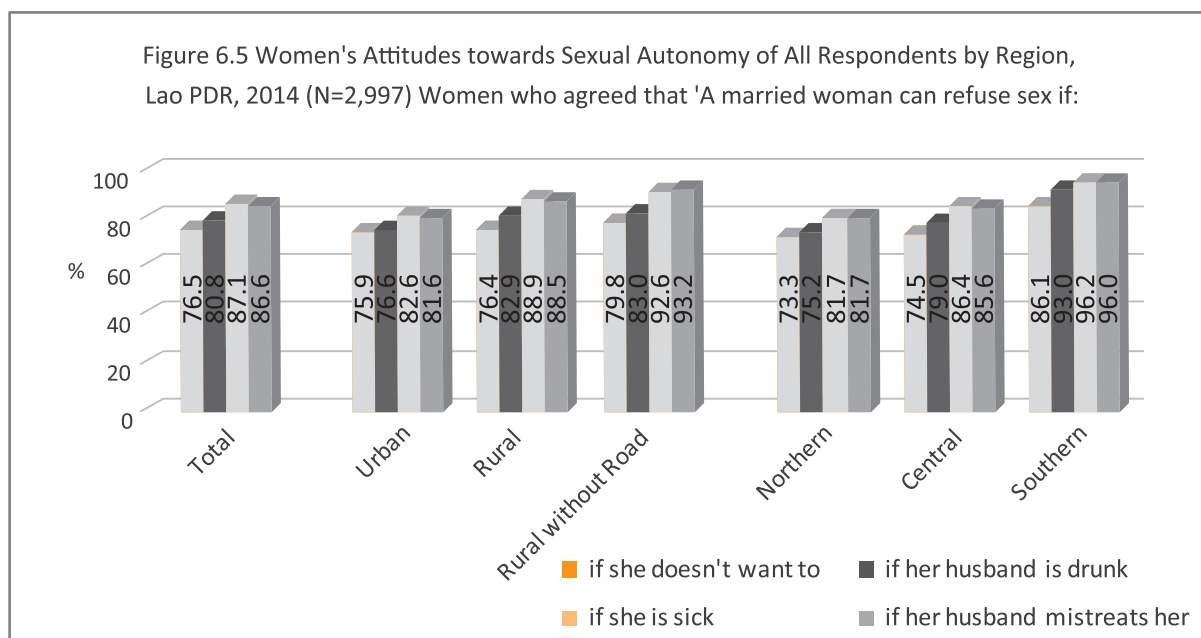
"Sometimes he doesn't work, so he drinks in the afternoon. If he doesn't work he comes and checks on me at work. I told him to go home, it's embarrassing for guests since he's drunk and not even walking straight, shouting and yelling at me."

*Woman Survivor,
Urban*

6.4 Attitudes towards Sexual Autonomy

6.4.1 Differences by Region

Women's attitudes towards sexual autonomy were assessed by asking if married women could refuse sex when reluctant or sick, if the husband was intoxicated or mistreated her (Figure 6.5). Some 76.5% of women agreed sexual refusal was appropriate if not in the mood, when sick (87.1%), when the husband was intoxicated (80.8%) and if he mistreated her (86.6%). There were no significant differences between urban and rural areas, but the southern region had slightly higher percentages than the northern and central regions. There was no evidence of age group or education level variations nor statistically significant differences between answers given by women who had/not experienced physical and/or sexual partner violence.



6.4.2 Dater-rape and other sexual assaults

Although few cases of sexual violence with an intimate partner were reported by the qualitative study, more focus was placed upon “date-rape” or “sexual assault/rape” incidents by non-partners.

Young women in Vientiane Capital felt sexual violence depicted in date-rape scenarios (see Annex III) was caused by young women wearing “sexy” clothing interpreted by boyfriends to mean there was a willingness to have sex. Urban and rural young women felt date-rape was sexual violence, but young women in rural settings had not heard of it occurring and stated sex before marriage was not acceptable. However, young women in urban settings felt sex before marriage between a boyfriend and girlfriend was normal.

*Young Woman,
Urban*

“If you wear a short dress, you let others see your body.”

“The guy is wrong for thinking that the girl is seducing him, but the girl is wrong too for dressing sexy.”

*Young Woman,
Rural*

*Young Woman,
Urban*

“Nowadays if they are boyfriend and girlfriend, if they want to have sex before marriage, it’s not a big problem. However, if they don’t know each other, then it would be rape.”

Men agreed both parties were to blame in the date-rape scenario used for discussion by this study, but felt substantial responsibility rested on the shoulders of the girl for having dressed in a “sexy” dress and allowing herself to drink too much alcohol. Urban and rural young men claimed she had not fully resisted and should have screamed to attract attention. In rural settings, young men felt it was not appropriate for a young woman to be out at night unless family members were with her. Young men in urban settings said it was common for girls to have sex with their boyfriends.

“In our society when the guy knows his friends have it (sex), he will want it too.”

*Young Male,
Urban*

*Young Male,
Urban*

“It’s normal to have sex because they are girlfriend and boyfriend.”

“He will think he needs to push her a little bit before she consents.”

*Young Male,
Rural*

Young men, with reference to the discussion scenario, recognised there was a risk in the young woman fighting back and the consequences would be severe.

*Young Male,
Rural*

"He was strong. If she resisted, she would have gotten hit."

"She's drunk and naked. If she screamed, everyone would come to her and seen her naked, so it's shameful for her. Furthermore, if she screamed loudly, he might hurt her even though she's his girlfriend."

*Young Male,
Urban*

As highlighted in Chapter 5, if a woman is raped by a non-partner various negotiations proceed between the perpetrator, survivor and her family. In most situations, a demand for marriage is required in rural settings to address the stigma a survivor and her family will face. But, if a young woman lives away from her family in an urban area, there may be no consequences for the man because she will be too ashamed to pursue it.

6.5 Attitudes and Perceptions from Men

6.5.1 Reasons for Violence

"If someone wants to hit, they don't need a reason."

*Adult Male,
Rural*

This study discovered important differences between men and women's reasons for violence. Older male focus group respondents said money or a lack of it, was the primary reason for violence, while urban and rural men pointed to economic challenges in raising children that pressured the marriage and led to arguments. It was also frequently mentioned that a wife's appearance and attitude towards her husband was a reason why he might seek a mistress or enjoy the company of another woman. The perception that a wife doesn't respect her husband was a common theme in reasons why violence was encountered. Male village and security police leaders in urban and rural settings blamed drinking and men's spending of money as root causes of disputes between a husband and wife, particularly when spent on a mistress. Men also said they have different desires than women.

*Adult Male,
Rural*

"[The] wife's face is ugly and black [Na lea na dam], you can't find anything pretty about her. So whenever she makes you angry you pick a fight to get a divorce."

"Whatever happens, there must be a reason for him to do that. The wife must be angry, yelling at him."

*Adult Male,
Rural*

The acceptability of a mistress was often implied with implicit acceptance, as long as spending on her was not excessive and the man continued to provide for his family.

**Adult Male,
Rural**

"[The] husband should be the main breadwinner and be responsible for his family. When he goes out [to his mistress] and spends excessively he not only loses money, he loses heart too - the hearts of the family, children and wife. This will destroy the family's future."

"[When] you are hooked on a girl, it's like you are hooked on drugs. You can't stop taking it because you are addicted."

**Adult Male,
Rural**

Older males in positions of responsibility, such as village security, felt alcohol played a significant role.

**Key Informant,
Village Security,
Rural, Male**

"Drinking is the main problem. Without drinking, there would be no problem. I think this is considered violence. After drinking a wife would say something, the man would say something. That causes violence in the family."

"Arguments are normal in the village, because [it is cases of] husbands and wives. We cannot do anything about it. What we can do the next day, after the argument, is invite them to the office to warn and teach them not to do this again. Most cases do not involve serious violence. Besides drinking, we don't have other cases. In 20 years of being [in the] village police, I only found drink-related cases that caused violence."

**Key Informant,
Village Security,
Male, Urban**

Interviewed men, like women, felt family violence and disturbances were best addressed within the family and not by authorities.

**Key Informant,
Village Security,
Male, Urban**

"If a husband and wife beat each other and the village police is not involved, you should not get involved. They are responsible for themselves. They say it is because they are drunk."

Therefore, women are encouraged to try and manage their violent husbands themselves.

In relation to the date-rape scenario, young men in urban and rural settings were concerned about the consequences of pregnancy and sexually transmitted diseases. If a woman became pregnant under such circumstances, illegal abortion or suicide were frequently mentioned by urban young men as probable consequences. In rural settings suicide was mentioned, but marriage would be encouraged if the young woman became pregnant, forcing the couple to drop out of school and jeopardise their futures.

"If she becomes pregnant while studying, it destroys her future. If she said he is the father of her baby, he must quit school as well, so both will lose their future. She will be embarrassed by the pregnancy. Some will be shy and not go to work. Consequently she will not have income and if she doesn't go to work, she might get fired."

**Young Male,
Rural**

Young Male
Urban

"It's because they don't understand there's traditional beliefs. [The young woman in the scenario] would think negatively about why this thing happened to her. She shouldn't have gone with him, she lost everything and lost the opportunity to be a better person. She might want to get an abortion or in the worst case, commit suicide and think everything is lost."

6.6 Discussion

Despite the replacement of the "Three Goods" (good mother, good wife and good citizen) with "good citizen, good in development and good cultural family" in response to changing gender equality and empowerment social values, little has changed in Lao society. The traditional idea of "Three Goods" is still accepted and deeply embedded in Lao society. This is apparent in beliefs still held by people, such as "a good wife must be faithful to her husband to deserve his confidence", "she advises him to overcome obstacles", "a good mother educates the children", and "she learns how to care for the children, while understanding child psychology" (Ngaosyvathn, 1995). In contrast, the "Three Goods" slogan has never applied to men through behaviour of a "good husband" (Ibid.). The "Three Goods" motto encourages women to be more skilled and knowledgeable, but does not champion female liberation. Instead, it reinforces women's household responsibilities, while liberating women to work harder outside of households (Ireson-Doolittle & Moreno-Black, 2004). It can be argued that women's conformity to traditional gender roles expressed in the "Three Goods" may be closely linked to acceptance and tolerance of VAW. As highlighted in Chapter 1, the numerous women, men and young people who justified VAW if women failed to adhere to gender roles and responsibilities may be rooted in the values of the "Three Goods" (MoH & LSB, 2012).

This study revealed that one-in-three women thought a good wife should obey her husband, even if she disagreed with him, particularly in rural areas and the northern region. In addition, women who had experienced physical and/or sexual violence were more likely to agree with a husband's superiority and an obligation to have sex, than those who had not. This implies women who transgress gender norms often become more vulnerable to resistance and feel obligated to conform to traditional gender norms, roles and relations. For example, women interviewed in the qualitative study said if a woman did not manage the household as per her gender role, the husband may turn to other women and result in violence against the wife. In terms of gender attitudes towards physical partner violence, only 5.6% of women interviewed said a husband could hit his wife if she did not complete housework. This result is not consistent with the previous study, (MICS/DHS, 2011-2012) which indicated that half of women and men justified VAW if she does not adhere to traditional gender norms and roles. Another notable feature was half of interviewed women agreed a husband could hit a wife if she was unfaithful regardless of age and regions, and particularly so among women who had experienced physical violence compared to those who had not. Being "unfaithful" includes wife's infidelity, but this study clearly indicates women tend to accept partner violence if specific reasons for such behaviour are accepted by the majority of society.

Regarding attitudes towards sexual violence, one-in-three women agreed with a wife's obligation to have sex with her husband and women who had experienced physical and/or sexual violence agreed more with this statement than those who had not. However on sexual autonomy, eight-in-10 women responded that a married woman could refuse sex if she did not want it, was sick or her husband was drunk. It is often argued that women are coerced into unwanted relationships and sex by religious, cultural and traditional norms of gender inequality and economic pressures by means of violence. Sexual autonomy implies the degree of women's freedom in decision-making to be released from vulnerability to a coerced or unwanted sexual relationship, which is a crucial dimension of gender inequality and women's human rights (Day, 1996). Women interviewed for this study appeared to implicitly agree with their perceived obligation to have sex with husbands, but in reality this was not an unconditional belief. Rather, women must firmly reject any sexual relationship accompanied by alcohol, when they are ill or without her consent. This paints a mixed picture, but these results show that Lao women have autonomy and freedom in choosing an

uncoerced sexual relationship with their husbands and partners. In the qualitative study, marital rape or unwanted sexual acts between married couples were little discussed. Instead, more focus was placed on “date-rape” among young couples. Most young men and women underlined girls’ attitudes and behaviours, demonstrated by wearing “sexy” dresses or being drunk. Some male participants expressed a belief that rape occurred as a result of women letting down their guard around men. This type of response clearly indicates that the myth of women being responsible for rape or sexual assaults is still alive.

Alcohol and infidelity were frequently reported in the qualitative study as factors linked with partner violence in step with society’s greater tolerance towards alcohol consumption, due to an increased number of restaurants and bars that serve alcohol in Lao PDR. The use of alcohol by perpetrators can lead to violence, sometimes because inhibitions and impulse controls are lessened. In Viet Nam, for example, while alcohol was a driving force for violence, men themselves stressed they used alcohol as an excuse for losing self-control (Government of Viet Nam, 2010). Jealousy and mistrust in relation to infidelity were also addressed in IDIs and FGDs, but this point alternated with alcohol consumption which also created opportunities to see other women, such as “beer girls”. Alcohol and infidelity are not direct causes of violence, but may be factors that increase risks of violence for perpetrators and survivors. Financial difficulties were also pointed out as being closely related to VAW. Research has shown that among couples who subjectively felt high levels of financial strain, the rate of DV was 9.5% compared with 2.7% for couples who subjectively felt low levels of financial strain (Benson & Fox, 2004). It is presumed that while economic stress may increase the risk of VAW, DV may cause financial difficulties for survivors of violence and entrap them in poverty and an abusive relationship (Renzetti, 2009). This study could not show evidence of causal association between financial stress and VAW, but it could be a secondary matter that elevated the risk of violence.

VAW is largely driven by factors associated with gender inequality, childhood experiences and enactment of negative forms of masculinity (Fulu et al., 2013). This study also aimed to elucidate the nature of violence, particularly men’s perceptions in view of masculinity, patriarchal beliefs, institutions and social norms and systems that promote VAW. While some men in FGDs agreed not all males committed violence, reasons for such behaviour were identified such as financial difficulties, wife’s appearance and attitudes, alcohol and infidelity. Some of these views highlighted the causes of violence attributed to women rather than men. Other factors witnessed by participants on a daily basis were discussed, but no profound discussion was held on underlying factors and causes encompassing gender norms, masculinity or other associated social systems. Instead, some local leaders reported that they had not actually witnessed serious cases of violence and others emphasised the family’s responsibility to settle problems of violence without outside interventions.



ASSOCIATION BETWEEN
PARTNER VIOLENCE
AND WOMEN'S
PHYSICAL, MENTAL AND
REPRODUCTIVE HEALTH

CHAPTER 7. ASSOCIATION BETWEEN PARTNER VIOLENCE AND WOMEN'S PHYSICAL, MENTAL AND REPRODUCTIVE HEALTH

Main Findings:

- 43.1% of women who reported physical and/or sexual violence had sustained injuries as a result in their lifetime, with 20.2% injured more than five times.
- Women who experienced physical and/or violence were more likely to have poor health (22.1%), problems walking (9.7%), difficulties with daily activities (7.8%), pain (6.2%) and loss of memory and concentration (10.9%) than women without such experiences (14.0%, 5.9%, 4.7%, 3.5% and 6.7%, respectively).
- Women who experienced physical and/or sexual violence were more likely to have suicide ideations (10.5%) than women without such experiences (2%).
- Women who experienced physical and/or sexual violence were more likely to have higher mental distress (measured by SRQ) at an average of 5.7, than those without (3.8).
- Women ever-pregnant and who experienced physical and/or sexual violence had a higher likelihood of miscarriage (30.6%) and abortion (18.5%) than those who did not experience violence (20.4% and 8.7%, respectively).
- Women who experienced physical and/or violence were more likely to have alcohol intake during pregnancy (25.6%) than those women who had not (13.3%).
- Women who had experienced physical and/or sexual violence were more likely to use contraception (12.3%, mainly condom) and ask their partner to use a condom (11.6%) than women who had not (5.5% and 5.7%, respectively).

7.1 Introduction

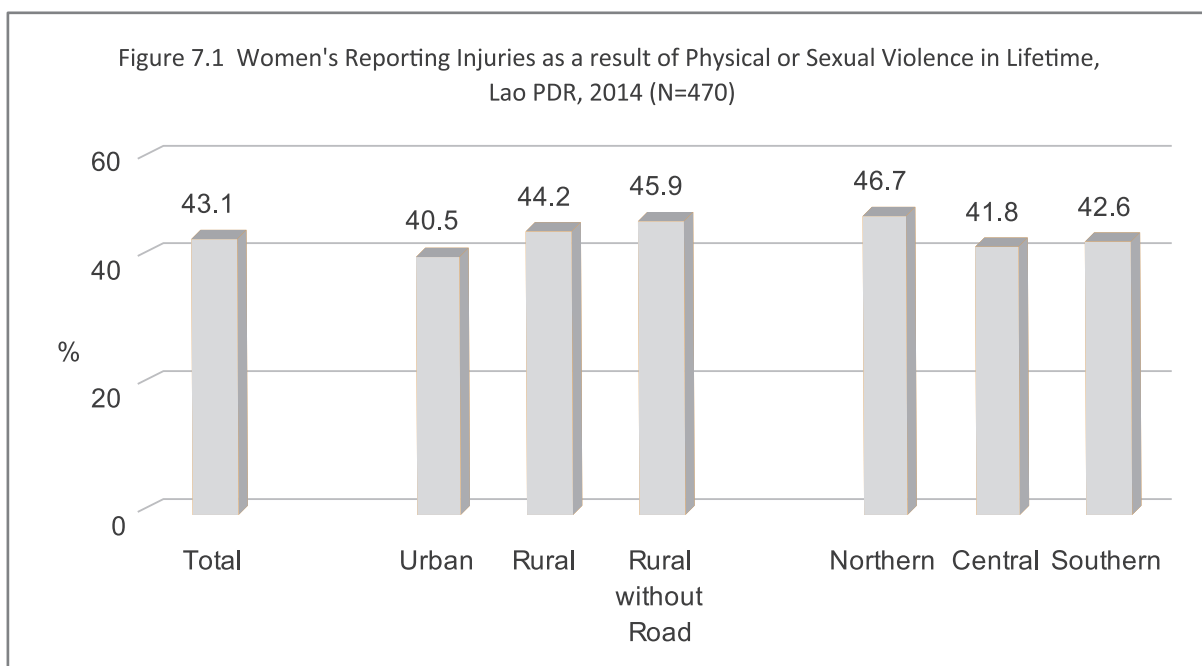
As discussed in Chapter 1, VAW is associated with fatal outcomes and a wide range of adverse health and life quality impacts. It also incurs enormous human and socio-economic costs. This chapter further examines the impacts of violence on women's health. It first analyses direct effects in the form of injuries caused by physical and/or sexual partner violence, then explores the association between women's lifetime experiences of physical/sexual violence and physical/mental health with screening scales to measure present health status. The last part of this chapter presents associations with reproductive health, including outcomes associated with pregnancy and contraception use.

7.2 Injuries as a Direct Result of Physical or Sexual Violence

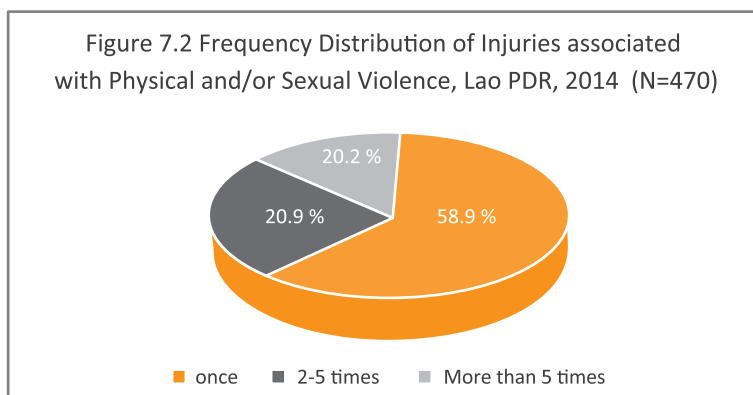
7.2.1 Prevalence, Frequency and Severity of Injuries

As shown in Figure 7.1, some 43.1% of women who experienced physical and/or sexual violence had been injured in their lifetime. Women living in rural areas without road have a slightly higher prevalence (45.9%)

of sustaining injuries from violence than those in urban areas (40.5%). Women in the northern region have a higher rate of injury (46.7%) than those in the central region (41.8%). Overall, nearly half of women who experienced violence suffered injuries.



Of women ever injured, 20.2% had been injured more than five times (Figure 7.2). Regarding types of injuries, 37.9% reported minor ones such as scratches, abrasions and bruises. Of severer injuries, 8.7% had broken eardrums and eye injuries, 2.1% had penetration injuries, deep cuts and gashes, 1.6% had fractures and broken bones. Overall, 8.6% of ever-injured women reported having lost consciousness and 11.5% sufficiently hurt to need healthcare.



The qualitative study revealed that women survivors sometimes sustained severe injuries, resulting in multiple hospitalisations, broken bones, cuts and bruises. Although physical pain heals, the fear of beatings continued to influence women's actions towards her husband.

"He used a piece of wood to beat me until I was hospitalised."
Woman Survivor, Rural

Woman Survivor, Urban
"When we got home I didn't have time to say anything, didn't even turn off the motorcycle yet he came and used the helmet to hit me on the head. That time my face was all bruised and I couldn't go to sell clothes the next day. I was embarrassed. My face was bruised, my neck was bruised and swollen, he choked me."

"I have bruises all the time, but I didn't go to the hospital. My body hurts all over."

**Woman Survivor,
Urban**

**Woman
Survivor, Rural**

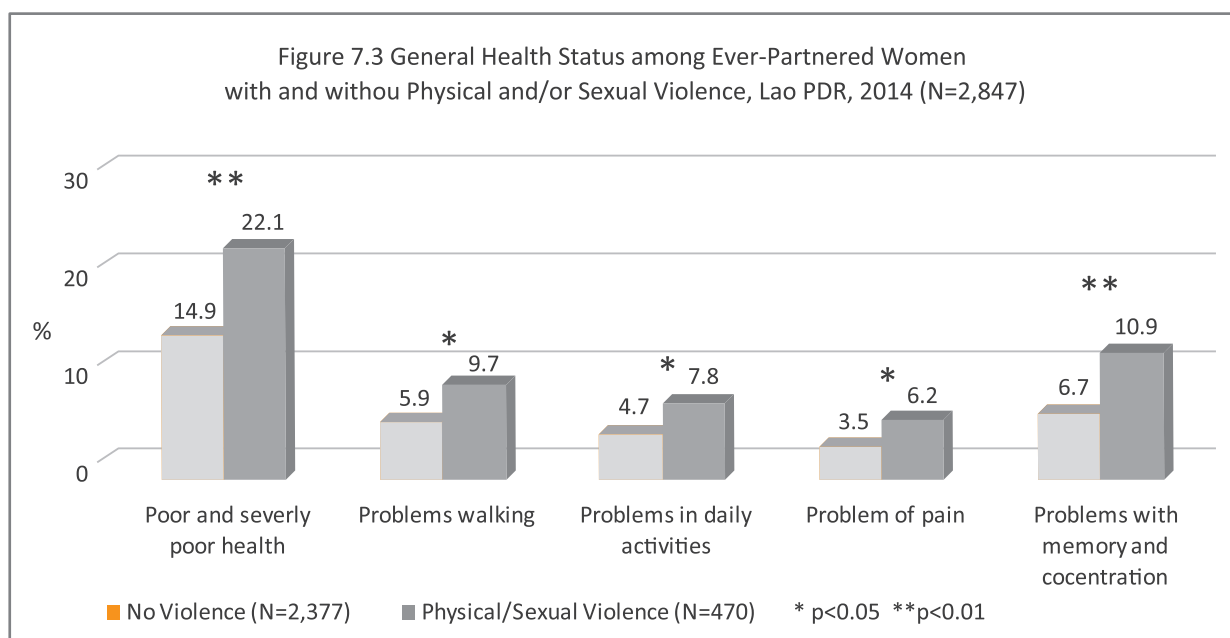
"Normal physical violence is just hitting with your fist and hands. When it's very violent, for me is when it's really bad and I am hospitalised."

7.3 Status of General Health, Mental Health Problems

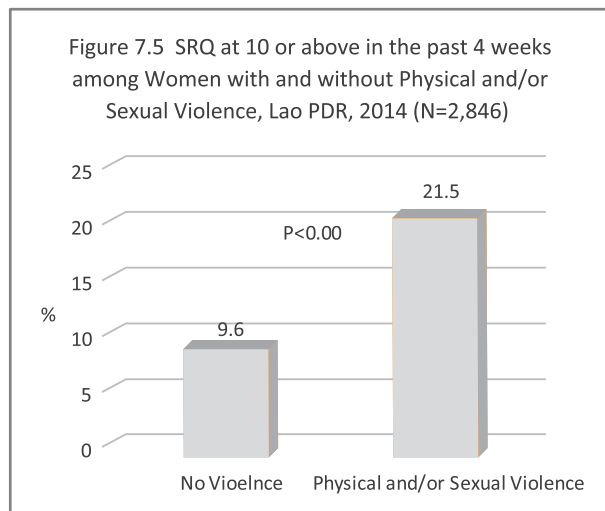
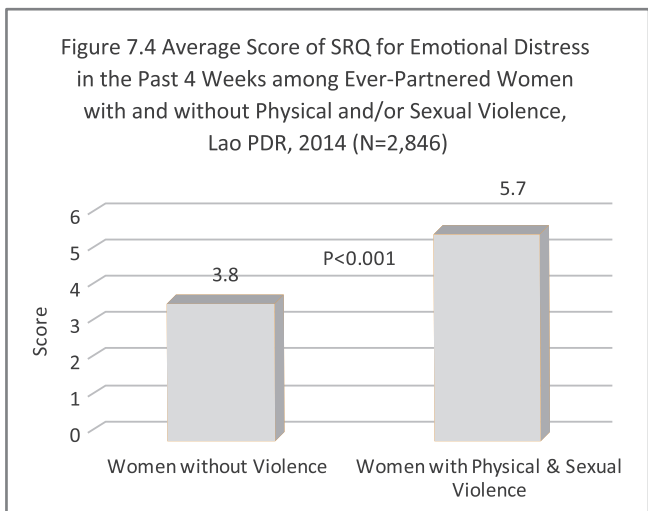
7.3.1 Association between Physical, Sexual and Emotional Violence and General and Mental Health

In terms of physical or sexual violence's overall direct impacts on health, 32.3% of women who reported physical and/or sexual partner violence reported major health effects, whereas 27.5% reported minor impacts and 40.2% said no such impacts were felt. Besides self-reporting, women who experienced physical and/or sexual partner violence were compared with those who had not experienced violence. Women exposed to violence specifically tended to suffer from poor physical and mental health. The study asked women about their general health status according to five criteria (sub-scales): poor health, problems walking, effect on daily activities, somatic symptoms (pain) as well as loss of memory and concentration.

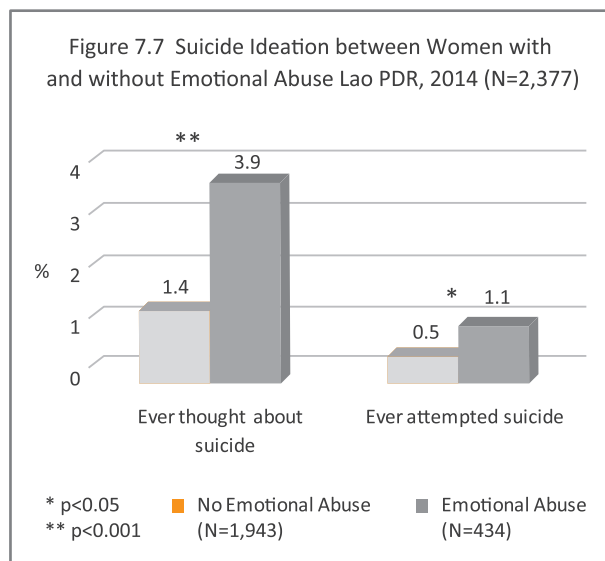
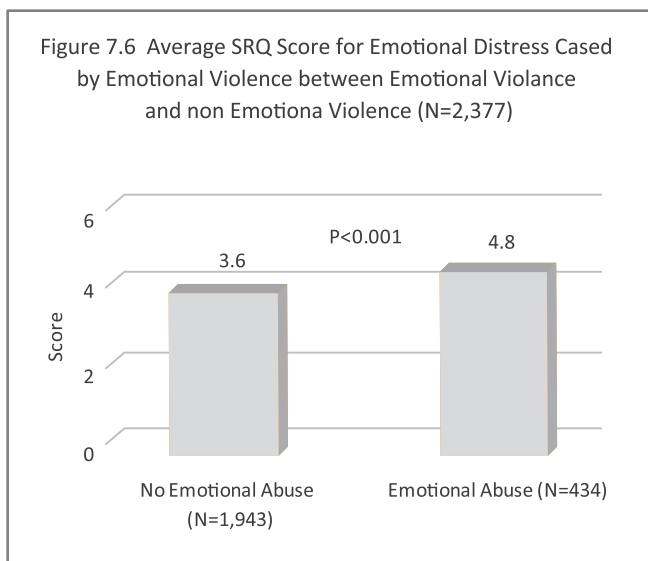
Figure 7.3 provides a comparison of general health between women who had experienced violence and who had not. Overall, women who encountered violence were more likely to have health problems in all sub-scales: poor/poorer health ($p < 0.01$), problems walking ($p < 0.05$), with daily activities ($p < 0.05$), with pain ($p < 0.05$) and loss of memory and concentration ($p < 0.01$).



This study also analysed emotional distress, measured by the WHO-developed SRQ method.¹⁹ Figure 7.4 illustrates the average SRQ score that measured the emotional status of study respondent women with and without physical and/or sexual violence during the four weeks before interviews. The average score of women with violence was higher (5.7) than those without (3.8), indicating statistically significant differences between these two groups ($p < 0.001$). Also, when looking at the proportion of women with SRQ scores 10 or above (Figure 7.5), women with violence had more symptoms of emotional distress (21.5%) than those without (9.5%), showing statistically significant differences between the two groups ($p < 0.001$).

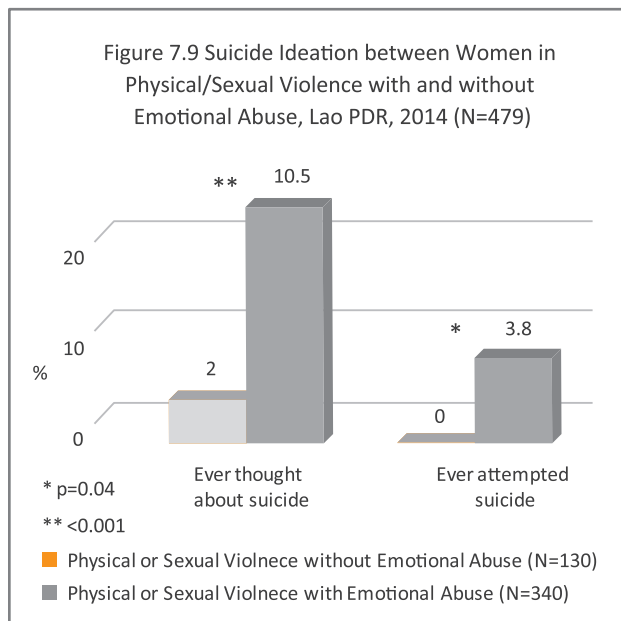
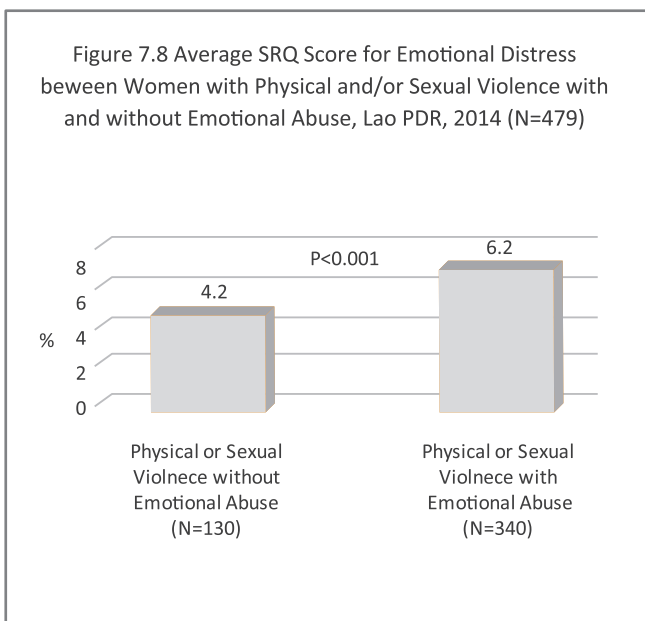


When comparing women who had/not experienced emotional violence (Figure 7.6), the average SRQ score for those with emotional violence was 4.8 and 3.6 for those without, with significant differences between the two groups ($p < 0.001$). In terms of suicide ideation, as shown in Figure 7.7, women who encountered emotional violence were more likely to have suicidal thoughts (3.9%) than those without (1.4%) ($p < 0.001$), and women with emotional violence had ever attempted suicide (1.1%) compared to those without (0.5%) ($p < 0.05$).



¹⁹ SRQ is an instrument designed to screen for psychiatric disturbances, especially in developing countries. It contains 20 “yes” or “no” questions, with a maximum score of 20, with higher scores indicating more probability of depression. It can be self- or interviewer-administered. For details, see http://whqlibdoc.who.int/hq/1994/WHO_MNH_PSF_94.8.pdf

A comparison was also made between groups of women who had experienced physical and/or sexual violence either with or without emotional violence. As shown in Figure 7.8, the group with emotional violence had a higher average SRQ score of 6.2 than those without emotional violence at 4.2 ($p < 0.001$). In terms of suicide ideation (Figure 7.9), 10.5% of women had suicidal thoughts at some point, while it was 2.0% for those without violence ($p < 0.001$). Some 3.8% of women with emotional violence had actually attempted suicide, while women without emotional violence had never made such an attempt, indicating a statistical difference ($p = 0.04$). Above all, it is clear that there are statistically highly significant differences between those with and without emotional violence, even if both groups were exposed to physical and/or sexual violence.



For use of healthcare services and medication, such as for surgeries or hospital stays, there were no statistically significant differences ($p = 0.448$ and $p = 0.140$, respectively) between ever-partnered women who had and had not experienced physical and/or sexual violence. Among these groups, women who experienced violence were more likely to have consulted doctors (42.1%) than those without (31%), with a statistically significant difference ($p < 0.001$).

In the qualitative study, women encountering physical and emotional violence revealed emotional wounds lingered longer than physical ones.

“As for my mental health, I don’t think I’m normal. When he hits me, yes, it hurts that day. I can get better, but my emotional well-being takes much longer to heal. I always run different scenarios in my head of how he treats me. He treats me like nothing, always angry and cursing when he comes home. But when his girlfriend/mistress calls, he answers so sweetly saying that “yes, I’m home already, thank you for calling”. Those scenarios have haunted me always.”

Woman Survivor, Rural

Woman Survivor, Rural

“If he hits, then it’s violence. But, even when he swears and yells I think it’s violence because I feel sad and unhappy.”

"When he's angry I'm afraid of him. I'm afraid at night he will come and burn down the house since he's threatened to do that before. Despite what I've gone through, I still go to work as normal and smile and act normal. No one knows how much pain I have inside."

**Woman Survivor,
Rural**

Some village males talked about women survivors who want to die due to feelings of depression, sadness and hopelessness.

**Adult Male,
Rural**

"She is tortured as she has to raise the children because her husband has a mistress. Maybe she can't find a solution so she will commit suicide. She doesn't have anyone to ask, her knowledge is limited. In her family, the husband has a mistress."

7.4 Association between Partner Violence and Women's Reproductive Health

As shown in Figure 7.10, 30.6% of ever-pregnant women who had experienced physical and/or sexual violence reported miscarriages, in contrast to 20.4% of women without violence ($p < 0.001$). Also, 18.5% of women with violence had experienced induced abortions, compared to 8.7% of those without violence ($p < 0.001$), indicating there were statistically significant differences in occurrences of miscarriages and induced abortions between these two groups. There was also a difference in experiences of stillbirth between these two groups, though not statistically significant.

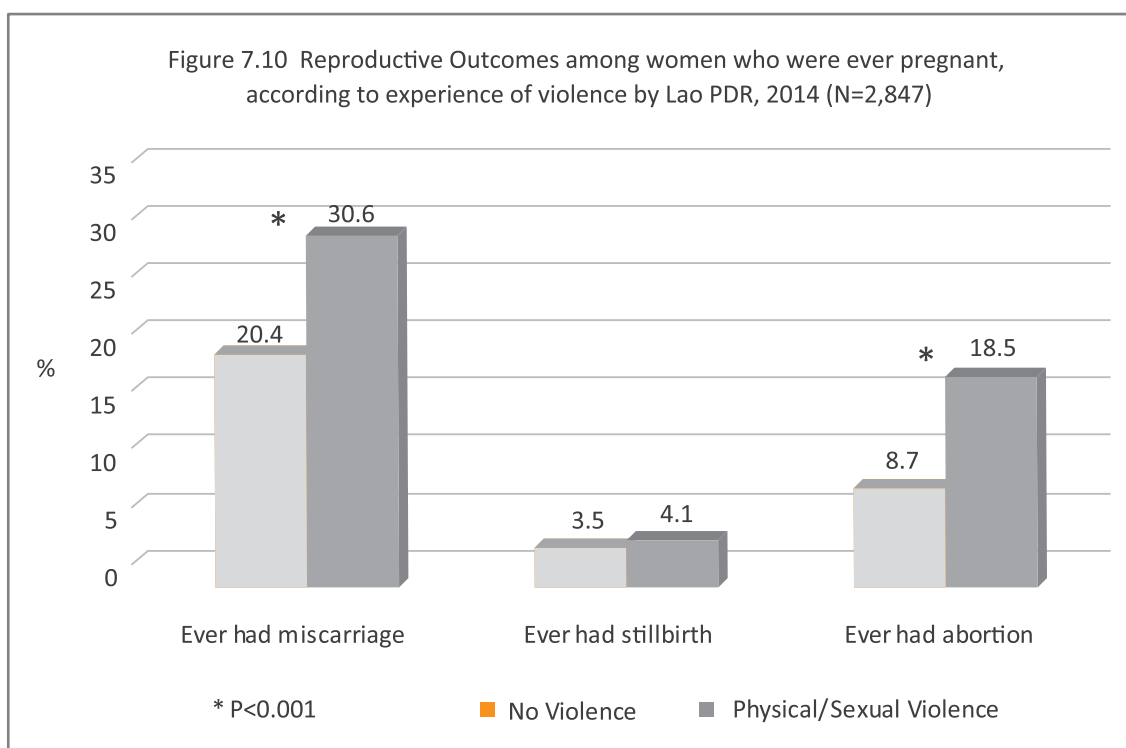
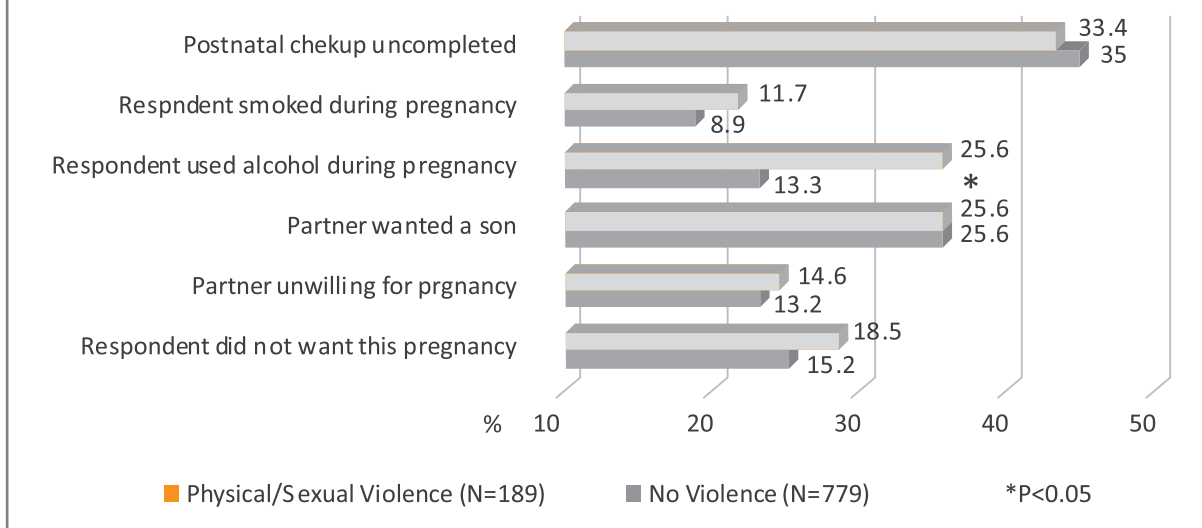


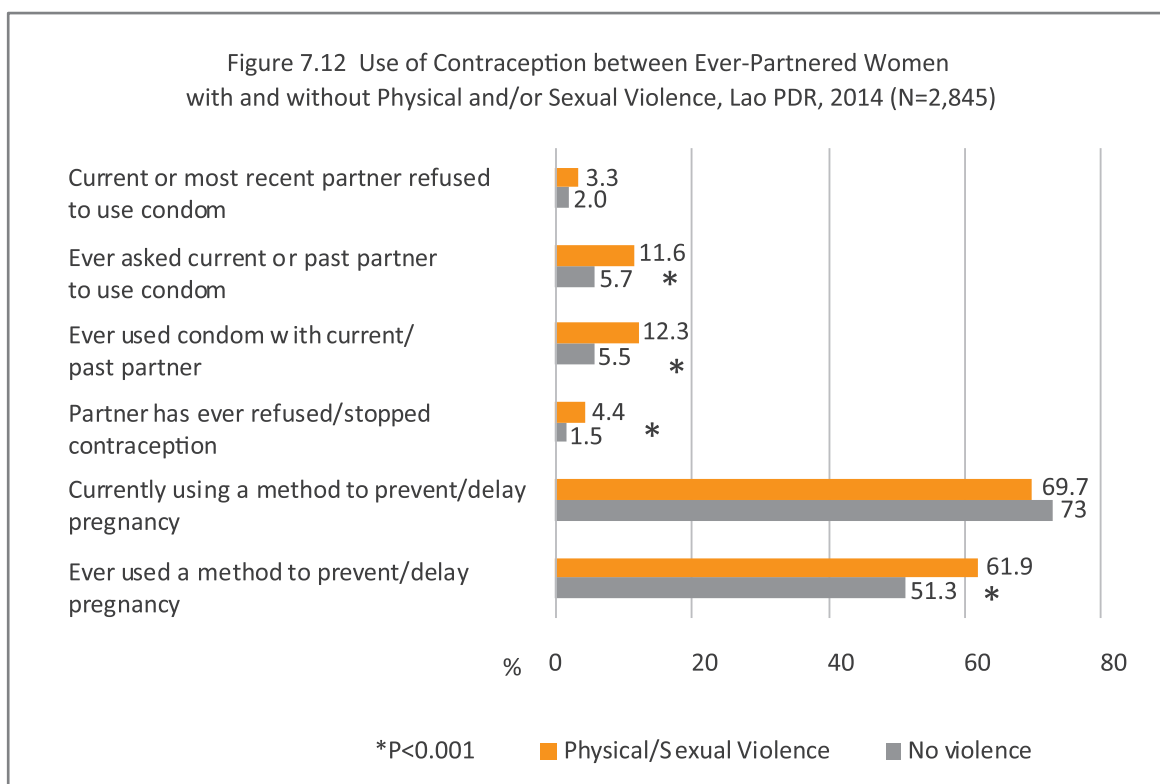
Figure 7.11 illustrates factors related to a last pregnancy among women who had a live birth in the past five years. The notable feature here is women who experienced physical and/or sexual violence were more likely to consume alcohol during pregnancy (25.6%), than those without violence (13.3%) ($P < 0.05$).

Figure 7.11 Factors related to Last Pregnancy among Women who had Live Birth in the past 5 Years, Lao PDR, 2014 (N= 968)



There was also a strong association between violence and use of contraception (Figure 7.12). Of women having encountered violence, 61.9% had used contraceptive methods to delay pregnancies compared to 51.3% without violence ($p < 0.001$). Of partners of women who had experienced violence, 4.4% had refused to use contraception compared to 1.5% of those without violence ($p < 0.001$). Regarding condom use, 12.3% of women with violence had used condoms with current/past partners, against 5.5% of those without violence ($p < 0.001$) and 11.6% of women with violence had asked current/past partners to use condoms in contrast to 5.7% of women without violence ($p < 0.001$).

Figure 7.12 Use of Contraception between Ever-Partnered Women with and without Physical and/or Sexual Violence, Lao PDR, 2014 (N=2,845)



7.5 Discussion

A number of previous studies have provided clear evidence of significant negative effects of VAW on women's physical and mental health (Campbell, 2002). Women's health and theoretical reasoning suggests that health problems are primarily outcomes of abuse rather than precursors (Ibid.), although this study does not intend to address such a relationship.

The main focus of this chapter is to determine the specific impacts of physical, sexual and emotional violence on women's physical, reproductive and mental health. Overall, the results of this study on the link between violence and health outcomes were consistent with findings from other previous studies (Ibid, Campbell et.al, 2002), including WHO Multi-country studies. In this study, nearly half of women (43.1%) who experienced physical and/or sexual violence had been injured, particularly ones living in rural areas without road access. This proportion in Lao PDR was relatively high compared to other countries listed in WHO Multi-country studies and the same as a Thai province (43.9%) and Peruvian city (45.9%), with a Peruvian province (55.4%) the highest (Garcia-Moreno et al., 2005). In the qualitative study, women survivors in IDIs revealed numerous beatings by husbands with objects that bruised and sometimes hospitalised them.

The association between violence and physical symptoms of illness is supported by other findings globally (Campbell et al., 2002, Plichta & Falik, 2001, Plichta & Abraham, 1996,). In this study, women who experienced violence reported poorer/very poor health, pain, problems with daily activities, walking as well as memory and concentration compared to those without violence. Regarding the impact of violence on women's mental health, distinctive symptoms include depression, PTSD and anxiety (Woods, 2000, Golding, 1999, Campbell et al., 1996). Experiences of violence were strongly associated with suicidal behaviour, sleep and eating disorders, social dysfunction and increased likelihoods of substance abuse (Kaslow et. al., 2002, Golding, 1999, Campbell & Lewandowski, 1997, Bergman & Brismar, 1991). This study found that women who encountered violence had significantly higher SRQ scores, in measuring emotional distress accompanied with suicide ideations, compared to women without. In addition, women who sustained emotional violence had higher SRQ scores and suicide ideation than violence survivors without emotional violence. The mean SRQ score among women who experienced violence was higher than for a Japanese city (2.6) and Samoa (3.6), but slightly lower than a Thai city (6.9) and province (7.9). The findings in Lao PDR with regard to mental health outcomes were consistent with many research results in developing and industrialised countries, including WHO Multi-country and other studies (Jewkes, 2013, Oram & Howard, 2013). Women who were exposed to violence interviewed in the qualitative survey also reported suicide ideation, depression, sadness and hopelessness.

VAW also had adverse impacts on women's sexual and reproductive health. Although there is no Lao official data on miscarriages and induced abortions which are illegal in Lao PDR, this study's results revealed a higher prevalence of miscarriages and induced abortions among ever-pregnant women who had experienced physical and/or sexual partner violence compared to those who had never experienced partner violence during a pregnancy. This causal relationship, however, could not be proved in this study. Therefore, further detailed research is required to explore the association between negative impacts on reproductive health (particularly the perinatal period) and experiences of partner violence in the Lao context.

Regarding contraception use, women who experienced violence were more likely to use contraceptives than those without violence, particularly condoms. Also, women with a current or most recent violent partner were more likely to request condom use, than women without violence. Although this study focused on a wide age range, from teenagers up to 64-years-old, the prevalence of contraceptive use was still high compared to the population data by the LSIS in 2011-2012, which accounted for 49.8% of reproductive aged women. Reasoning for the high contraception use rate of women who have experienced violence is unclear, but various studies showed women's concern for unintended pregnancy and contraction of STIs, as men performing violence often have multiple sex partners (Garcia-Moreno et al., 2005). Another characteristic of impacts on women's health is more women with violence reported alcohol consumption

during their most recent pregnancy. Similar findings were also reported in several other studies (Eaton et al., 2012, Jewkes, 2013). However, as this study did not examine women's previous history of alcohol-related problems, uncertainty remains whether experiences of IPV during pregnancy accelerated drinking habits.



ASSOCIATION
BETWEEN
INTIMATE PARTNER
VIOLENCE AND
CHILDREN

CHAPTER 8. ASSOCIATION BETWEEN INTIMATE PARTNER VIOLENCE AND CHILDREN

Main Findings:

- Women who experienced violence were more likely to report their children had behavioural problems, such as nightmares, bedwetting, quietness, aggressiveness, school failure/repetition and non-attendance/dropped-out of school than women who had not experienced violence.
- About 40% of women who experienced physical partner violence reported their children had witnessed violence in the family at least once.
- Women who experienced physical and/or sexual violence were more likely than women not exposed to violence to have: 1) a mother who was hit by her partner, 2) a husband/partner whose mother was hit by her partner and 3) a partner who was hit as a child.

8.1 Introduction

This chapter highlights the association between physical and/or sexual partner violence and children's well-being and school performance. It also presents findings from women whose children witnessed such physical abuse. Furthermore, it asks about the experiences of survivors' mothers and partners in relation to DV when growing up. The qualitative survey explores how children witnessing violence behaved and reacted, and what impacts it had on children's long-term future.

8.2 Impacts on Children's Well-being

Figure 8.1 illustrates the well-being of children aged 6-11 years of ever-partnered women by comparing women who experienced physical and/or sexual partner violence with those who had not. The criteria included children's physical and emotional responses and school behaviour. There were statistically significant differences in occurrences of 'nightmares', 'quiet/withdrawn' behaviour, 'aggressiveness' and 'two or more physical and emotional responses' among children with mothers subjected to violence and those who were not ($p < 0.001$). Nearly half of women who experienced physical violence (43.4%) reported their children showed passive, quiet and withdrawn behaviours. There were also statistically significant differences with regards to 'bedwetting', 'school failure/repetition' and 'school drop-outs' among these two groups ($p < 0.05$).

Regarding children who witness violence at home as reported by women who encountered physical and/or sexual violence (Figure 8.2), 40.6% of women who had experienced physical violence reported their children had witnessed violence once or twice, 10% several times and 13% numerous times. Women living in urban and rural areas encountering violence were more likely to have children who witness violence at least once than those in rural areas without road access, while half of northern region women reported their children had witnessed violence at least once.

Figure 8.1 Well-being of Children aged 6-11 years reported by Women with and without physical and/or Sexual Violence, Lao PDR, 2014 (N=2,847)

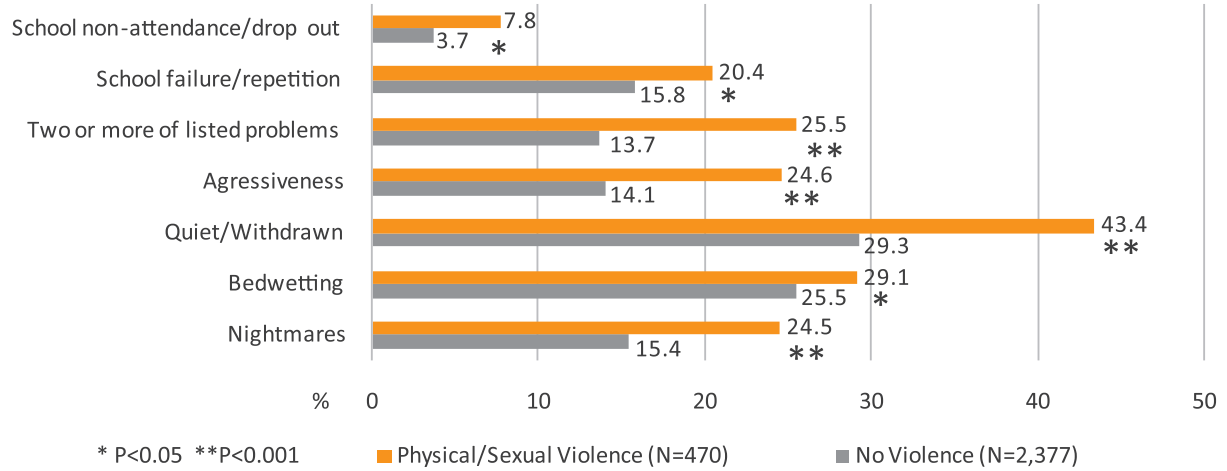
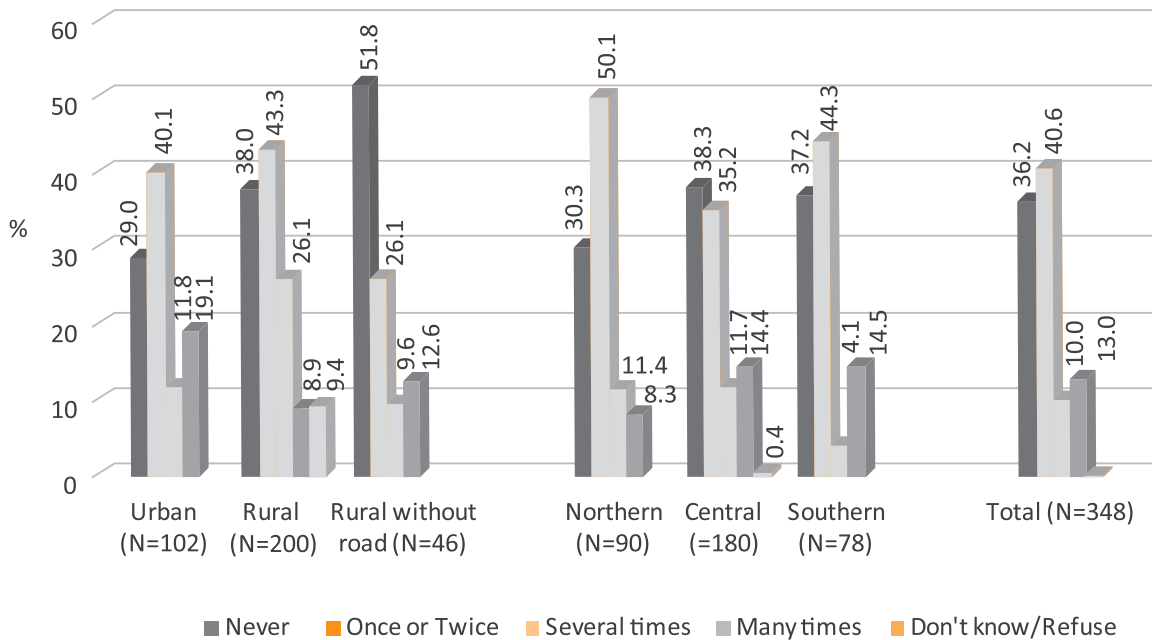


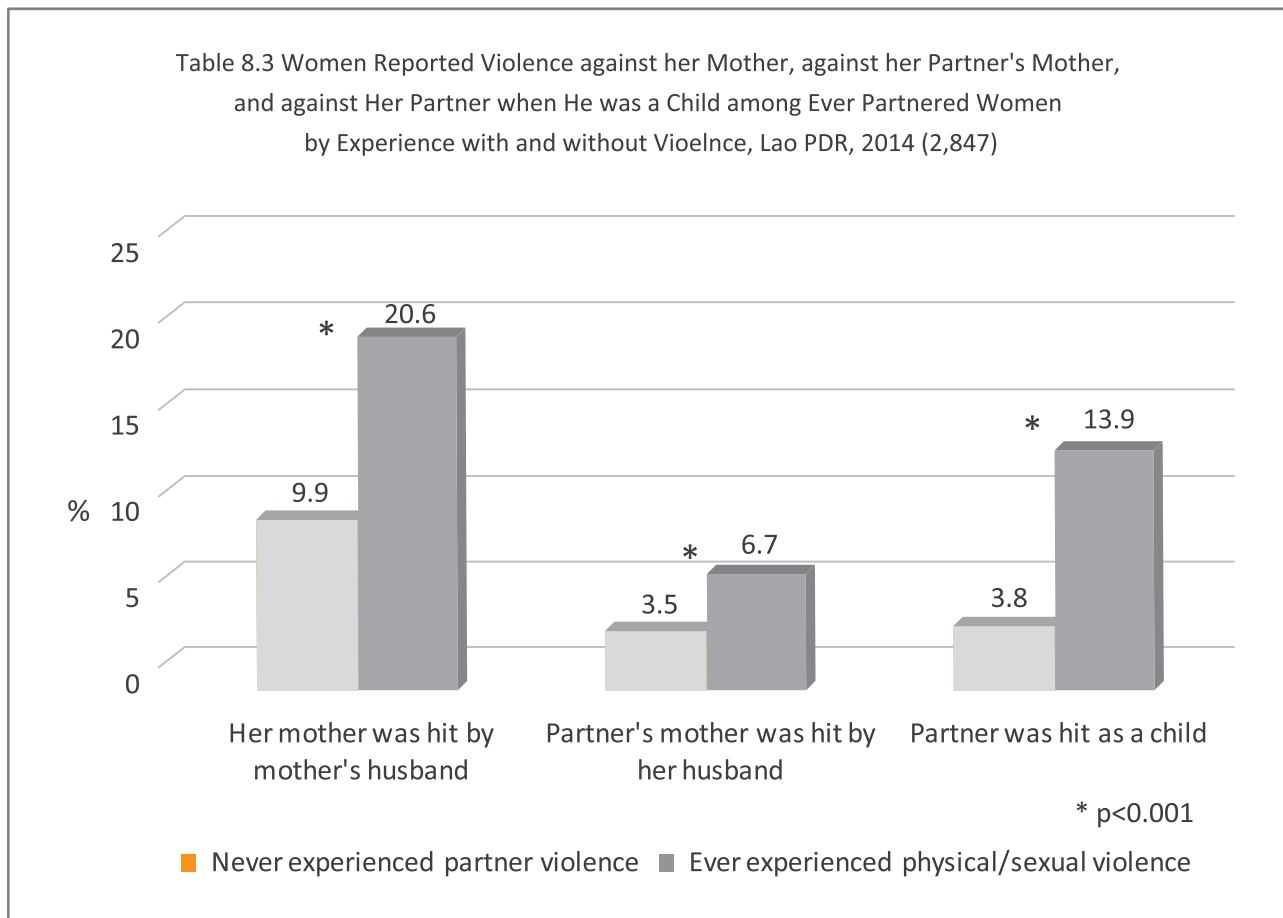
Figure 8.2 Children Witnessing Violence reported by Women with Physical Partner Violence, Lao PDR, 2014 (N=348)



Violence is closely associated with life experiences of survivors and perpetrators during their youth. Some 11.6% of women reported they heard or saw their mother hit by their mother's husband, 4.0% reported their husband's mother was hit by her husband and 5.3% of women reported their husbands were beaten as a child.

Compared to women who experienced physical and/or sexual violence and those who had not (Figure 8.3), there was a significant difference with regard to survivors' mothers' exposure to violence. While 9.9% of women without violence reported their mothers were hit by husbands, 20.6% with violence admitted

their mothers were hit ($p < 0.001$). Meanwhile, 6.7% of women with violence and 3.5% of those without reported their partners' mothers were hit by husbands ($p < 0.001$). There was also statistically significant differences in the experiences of women's partners, with 13.9% of partners of women who experienced partner violence and 3.8% of partners of women who had never experienced violence having been hit while growing up ($p < 0.001$).



Participants in the qualitative study were not specifically asked about family violence impacts on children at home. However, some women survivors as well as male and female focus group participants expressed opinions as part of discussions about violence impacts.

"When we argue and fight, I think the children can sense it because they always cry, especially the son as he's breastfeeding." **Woman Survivor, Rural**

Woman Survivor, Rural *"My son doesn't listen to me and hits me when he doesn't get his way. I don't know why he kicks and hits me, I've tried everything and even the doctors have tried. Everyone in Salavan said they've never seen a child as naughty as my son. When I hear other people say those things I feel sad. They don't know what I'm going through. I'm afraid of what my son will grow up to be."*

Young men also expressed concerns at the impacts of violence on children.

"When they [children] make mistakes, later they get hit. Once they have their own family, they will do the same."

**Young Male,
Urban**

**Young Male,
Rural**

"[The] community can't interfere in family business. It's not good. For example, if parents fight each other, their children will be vulnerable and become moody. Children will think it's normal to argue and fight in the family, so they will do the same to their family."

Adult men generally downplayed the impact of physical and emotional violence on women. However, they felt it could be problematic for children and lead to family breakdowns, setting children up for problems as young adults.

"It will impact on children, as they will have problems and feel belittled. Sometimes they might see their parents fighting and hide and cry. When they go to school, they might tell their friends their parents fight."

**Adult Male,
Urban**

Older men said children's embarrassment as a result of family conflicts could lead to social problems and detachment from the family.

**Key Informant,
Village Chief,
Urban**

"Family problems lead children to become thieves and take drugs, because they don't receive warmth from their family."

One young woman in a focus group, who had grown up in a violent home, had a positive outlook on her situation.

"Even though my mother was under my father's power, it inspired me to get an education and earn money to support myself and my mother."

**Young Woman,
Urban**

Some women expressed confidence they could protect their children, as some were not home during arguments or physical violence or lived separately from parents.

**Woman Survivor,
Rural**

"When the children were young, he used to hit them. But now they're older he doesn't, as they are teenagers. Hitting them in front of others is embarrassing for them."

"I don't see any impact on my work or children. The children are still young, I don't think they know anything."

***Woman Survivor,
Rural***

In general, it appeared children were not impacted on in many cases as violence occurred when absent from the house or sleeping in another room. Few women expressed concern over their children witnessing violence.

***Woman Survivor,
Urban***

"I don't think it affects my child because I take a good care of him and not make him feel less than kids who have both parents. It's not only me who faces this problem. I will talk to my child when he grows up, he will understand."

8.3 Discussion

In this study, seven criteria encompassing physical and emotional responses as well as schooling problems were used as indicators to assess impacts on children. They revealed children living with mothers experiencing DV were more likely to suffer from nightmares, bedwetting, mood swings and have schooling difficulties. Thus, violence has a negative impact on children's health and developmental process.

Nearly half of women encountering physical violence had children who witnessed abusive incidents more than once. As witnesses, children may be considered secondary survivors who can be harmed psychologically and emotionally. Even if the chances of witnessing DV appear to diminish as children grow older, impacts can live on throughout adulthood. Evidence showed that boys who witnessed their fathers physically abuse their mothers were at an increased risk of abusing their girlfriends during adolescence and partners in adulthood.²⁰ Girls who witness DV often believe violence is acceptable and may fail to protect themselves against violent partners. Instead, such women may blame themselves for creating situations that generate violence and tolerate partners' demeaning and disrespectful behaviours. Research has shown that girls who grow up in homes where DV is prevalent are at increased risk of becoming survivors of abuse in adulthood.²¹

A link between violence and childhood experiences also emerged in this study. Women who experienced physical and/or sexual violence were more likely to have a mother who was hit by her partner, a husband/partner whose mother was hit by her partner and a partner who was hit as a child. Children who grow up in families where there is IPV learn to accept this behaviour and may become survivors themselves (WHO, 2010). In addition, childhood abuse is associated with IPV perpetration, physical, sexual and emotional abuse, neglect and exposure to one's mother being abused (Fulu et al., 2013). Therefore all forms of child abuse, including that of boys who potentially become perpetrators of violence, in childhood and early adolescence must be prevented. Instead, healthy family, parenting and non-violent school environments must be promoted.

A woman interviewed in the qualitative survey talked about adverse effects on a young son who cried, particularly when she and her husband fought. Another woman showed concern for her son's behavioural problems, presumably because of the violent environment that surrounded him on a daily basis. Men

²⁰ Swerdlow-Freed, D. H. Child Custody Articles: 'Domestic Violence against women and children', article available at:<http://www.drswerdlow-freed.com/pdf/child-custody/DOMESTIC%20VIOLENCE%20AGAINST%20WOMEN%20AND%20CHILDREN.2011.pdf>

²¹ Ibid.

in FGDs expressed concern about the cyclical pattern of violence that could burden future generations. Although violent incidents were still considered “family matters”, participants viewed them more seriously when children were involved. However, no specific action to protect children and prevent DV were addressed or suggested.



WOMEN'S
COPING STRATEGIES
AND RESPONSES TO
PARTNER VIOLENCE

CHAPTER 9. WOMEN'S COPING STRATEGIES AND RESPONSES TO PARTNER VIOLENCE

Main Findings:

- Of women who experienced physical and/or sexual partner violence, 43.2% never told anyone. Among all women who reported violence, the most common people reached out to were family members, such as parents (34.2%) and siblings (36.9%), or friends (19.5%).
- Only 28.6% of women who encountered physical and/or sexual violence sought help from local authorities, 18.9% from local leaders and 11.7% a Village Mediation Unit (VMU). Only a handful of women approached a women's organization, police or healthcare facilities.
- The main reasons for survivors to seek help were because they were "unable to endure [violence anymore]" (64.2%) and "encouraged by family/friends" (39.7%). Some were threatened with death by husbands/partners or badly injured. The key reasons not to seek help included "embarrassment/shame" (36.6%) and "trivializing the situation" (thought it not serious) (35.3%). Some women feared ending the relationship with their partner. Overall many women, particularly in rural areas, were told by family or community leaders to be patient and resolve issues at home.
- Some 15.2% of women who experienced physical and/or sexual violence in urban and rural areas actually left home once, whereas only 3.1% of women in rural areas without road access left home once. The main reasons to leave were being unable to endure (74.5%) and afraid of being killed (17.9%). Among women who left home, the main reasons they returned were a reluctance to separate from children (66.1%) and the hope their partner would change (38.6%).
- Some 21.2% of women who experienced violence fought back at least once and more than half (51%) reported violence had decreased after fighting back.
- Regarding legal system knowledge in relation to VAW, 16.9% of women in urban areas and 5.4% in rural areas and 1.5% in rural areas without road access were aware of the LDPW. Higher levels of education equated with more knowledge of related laws, with tertiary-educated women reporting greater knowledge (33.4%) than women only with primary (5%) and no formal education (1.1%). Levels of legal knowledge were clearly associated with the areas women lived in and their education.

9.1 Introduction

Women subject to violence by partners respond to abuse in many ways such as by seeking help, pursuing a protection order and staying away from the perpetrator (Sabina & Tindale, 2008). While past research has focused on women's use of different support services such as refuges, shelters or counselling centres, little is known about women's strategies to cope with, or respond to violence in their daily life, and specifically, informal support extended by families and the network of friends as well as from formal agencies like government and non-governmental organisations (Garcia-Moreno et al., 2005).

This chapter first explores whether women sought help to address violence. If so, from whom and what factors influenced decisions to seek help? In the quantitative survey, those who left home were asked about the frequency and reasons for leaving as well as returning. Following these questions, respondents were asked whether they were aware of relevant laws that protect and support survivors and children. These results are crucial to understanding gaps in the existing laws, acquired knowledge and use of legal and judiciary systems, which will be useful in developing a legal system and action plan for VAW adaptable to the needs of women who experience violence.

9.2 Who were Notified about Violence?

To establish whether women report experiences of partner violence and to whom, respondents were given multiple answer questions. Of women who experienced physical and/or sexual partner violence, nearly half (43.2%) never told anyone (Figure 9.1). Among those who told someone, the first person was a family member such as parents (34.2%) and siblings (35.9%), followed by friends (19.5%), uncles/aunts (17.9%) and family members of husband/partner. About 10% talked to local leaders and neighbours (11.9% and 9.6%, respectively). A handful of women talked to police, women’s organisations/NGOs or medical professionals. In most cases, direct family members were the first choice to confess to when facing trouble from partners.

Similarly of women who sought help, 34.3% received it from parents, 34.5% from siblings, followed by friends (20.2%), uncles/aunts (16.4%) and partner’s family (16.2%). About 10% received help from local leaders and neighbours (10.6% and 9.8%, respectively), though other officials such as police, women’s organisations and medical staff in health centres/hospitals played a very limited role (2.8% and 0.9%) in providing survivors with support.

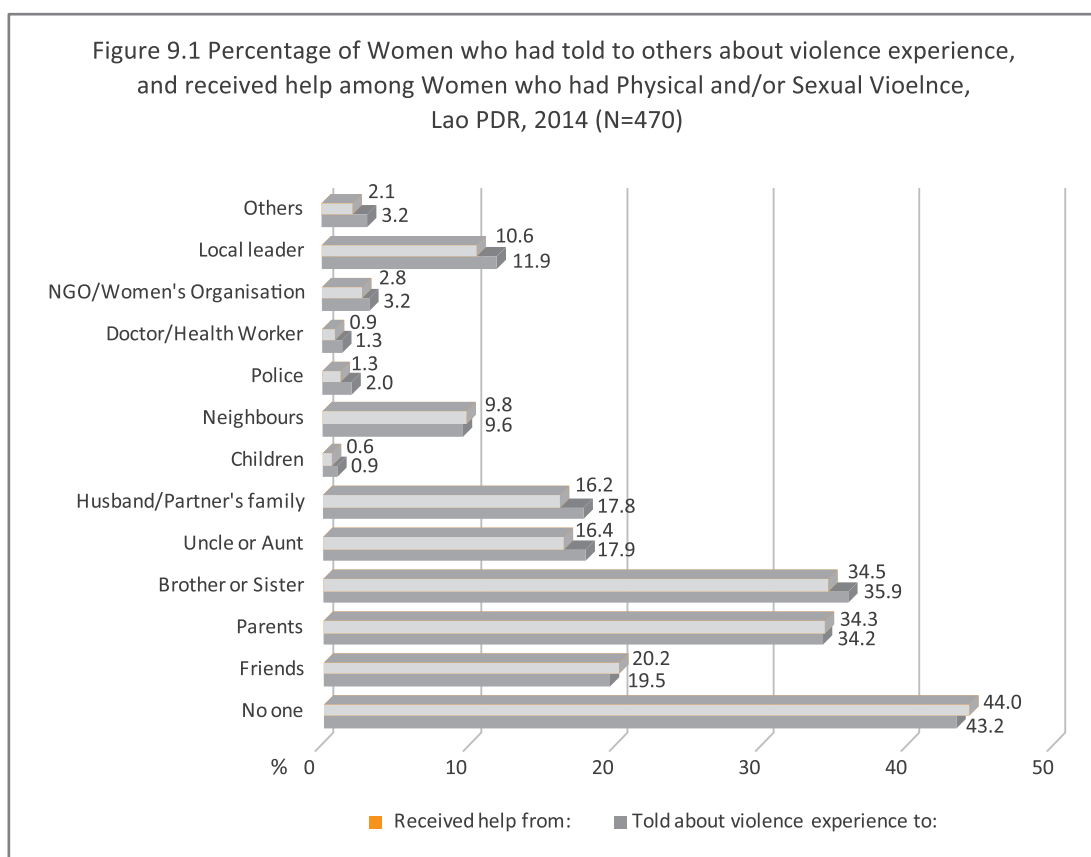
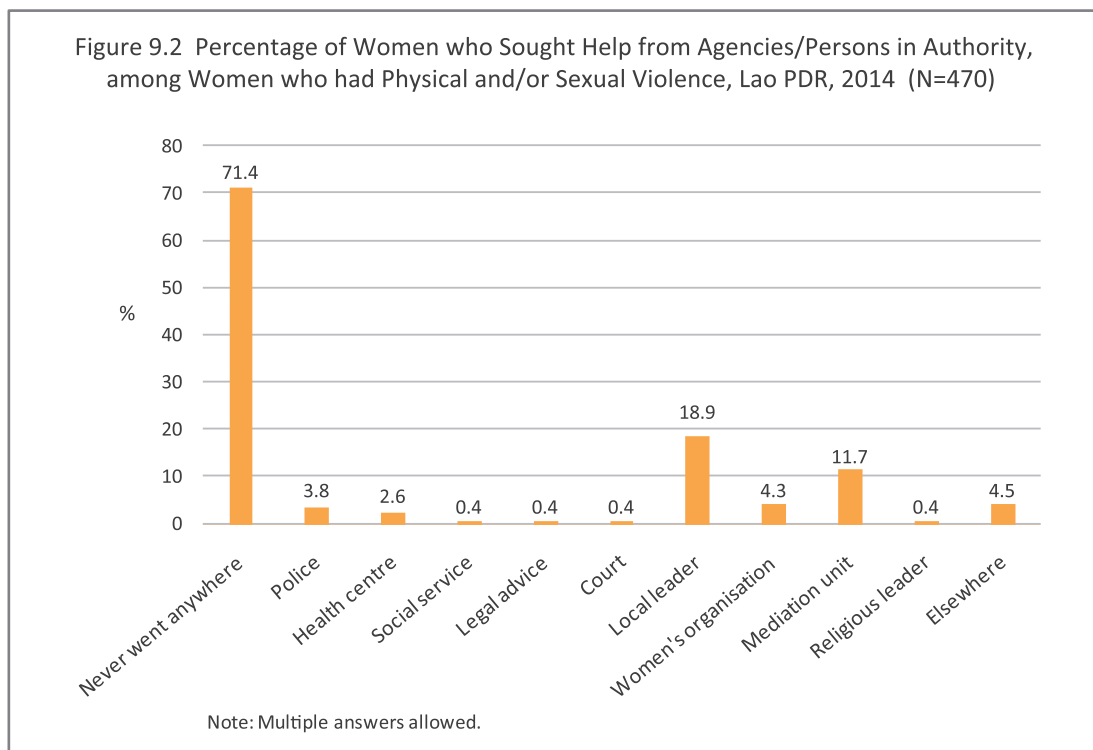


Figure 9.2 presents the proportion of women who sought help from local authorities for physical and/or sexual violence. Those who sought help from local leaders accounted for 18.9% of all survivors, followed by VMUs (11.7%). Some women approached women’s organisations (4.3%), police (3.8%) and health centres (2.6%). However, almost none brought a case to court or sought legal advice. Although a limited number sought help from authorities, most reported satisfaction with support received. Importantly, however, a large majority of women (71.4%) who experienced physical and/or sexual violence did not seek help from local authorities.



After an incident of violence, women in IDIs said they initially sought advice from friends and family. If the husband continued to be violent and the woman was able to reach the home of a male relative or parents of the husband, it could be effective in stopping an attack.

"I went to talk to my brothers and sisters. They were helpful. We didn't tell anyone else, since it was just one incident and he didn't hit or do anything to me. He just hit the door, so they told me to talk to him and see if we could work things out and understand each other. My brother doesn't want the issue to expand, just to try to forgive and work things out for the family to be together."

Woman Survivor, Urban

On the other hand, when married women discussed their situation with someone, in most cases family or friends encouraged them to be patient and remain with their partner. Even in the face of significant violence, women were encouraged to remain with their partner.

Woman Survivor, Urban

"They suggested I be patient and try to talk with each other nicely."

"When I first found out about this issue [the mistress] and he was hitting me, I told my friends and they told me to be patient and not to tell anyone, since it's embarrassing. I kept it bottled inside me so much that I couldn't eat or sleep. If I ate something, I would vomit. I felt like I was going to die."

**Woman Survivor,
Rural**

9.3 Reasons for Seeking Help or Not

The main reason women in violent situations sought help was they could no longer endure violence (64.2%) and were persuaded by friends or family to get help (39.7%). Other reasons include death threats from a partner (14.6%) and severe injury (11.4%) (Table 9.1). Reasons for not seeking help included shame associated with disclosing violence (36.6%), trivialising the situation (35.3%), stigmatisation in family (16.4%), fear of separation from partner (16.3%) and reluctance to separate from children (8.5%).

Table 9.1 Main Reasons for Seeking or Not Seeking Support from Agencies among Women Who Experienced Physical and/or Sexual Violence, Lao PDR, 2014 (N=346)

Main Reasons for Seeking Help (N=123)		Main Reasons for Not Seeking Support	
Encouraged by friends/family	39.7%	Did not know/No answer	2.6%
Could not endure anymore	64.2%	Fear of threats/consequences	7.3%
Badly Injured	11.4%	Trivialising the situation	35.3%
Death threats	14.6%	Embarrassed/ashamed	36.6%
Threats to hit children	6.3%	Did not believe in help	3.4%
Saw children were suffering	6.4%	Afraid relationship would end	16.3%
Kicked out of home	2.4%	Afraid to lose children	8.5%
Afraid she would kill him	3.7%	Bring bad name to family	16.4%
Afraid he would kill her	11.7%	Did not know of any options	2.6%
Others	14.7%	Others	20.1%

Note: Multiple answers allowed.

The qualitative study also found similar results. In many cases, immediate help from outside groups or agencies was not sought due to the stigma associated with marital discord. Unlike results from the quantitative survey, talking to friends was not preferred by young women, due to fear of gossip. Hence, most felt it was safest to talk to parents, but some were not sure parents would believe reports of date-rape.

Some women, disclosed in IDIs, did not talk about their experiences for several months or never (prior to the interview), fearing undermining self-image or that of the husband. The shame women experienced from violence was evident and some survivors did not disclose their experiences to interviewers or downplayed their stories. Agencies working with women see this frequently.

**Key Informant,
Female, NGO**

"People are concerned they will bring shame to their parents if they bring a case to the mediation committee. Everything should be discussed at home."

Even when others witnessed violence, most delayed talking about their problems. The shame women experience is significant as is the need to protect others, particularly those outside the immediate family, to prevent loss of face in the community.

"His mother used to be the village chief. She doesn't want to call them because it'll embarrass the family."

***Woman Survivor,
Urban***

***Woman Survivor,
Urban***

"We can't tell others about the family problems. We need to keep some secret, it's shameful if we tell them all."

When telling others, if the option of divorce came up, most women perceived it as a worst-case outcome and were encouraged by friends and family to remain in the marriage due to shame associated with divorce.

"I think it's family business and it's personal. If we talk to a nice person, we will get good advice, but if we talk to a bad person, that person will incite us to get divorced."

***Woman Survivor,
Urban***

***Woman Survivor,
Urban***

"If I think a lot I can't sleep, can't eat. I am afraid to be a divorced woman, I don't know what to do."

However in many cases, the woman relied on others to assist in taking a case to village authorities for fear of reprisals from her husband. Most participants stated that unless you were a member of the immediate family and only when asked, could someone step in to assist a woman in danger. The commonly held perspective - described in all focus groups, survivor interviews and reflected in key informant opinions - was family matters should be kept in the family and this created a dangerous situation for women unable to approach authorities for help on their own.

"If she is my family, I can call and stop them. However if not, I cannot help."

***Adult Woman,
Rural***

If families of a young couple cannot reach a solution or in the case of married couples, parents and the couple jointly feel further recourse is needed, a discussion with a representative from the LWU and/or village head will be sought. In most cases of violence, the VMU will levy a fine on the offender and request a change in behaviour toward the partner. Frequently, shared responsibility is placed on the couple, with the wife or partner asked to be more understanding and seek greater harmony. In general, a couple must meet with a VMU three times to have consultations before resolution by divorce is accepted.

"It's easy to tell others to be patient and endure, but I am dying inside".

***Woman Survivor
Rural***

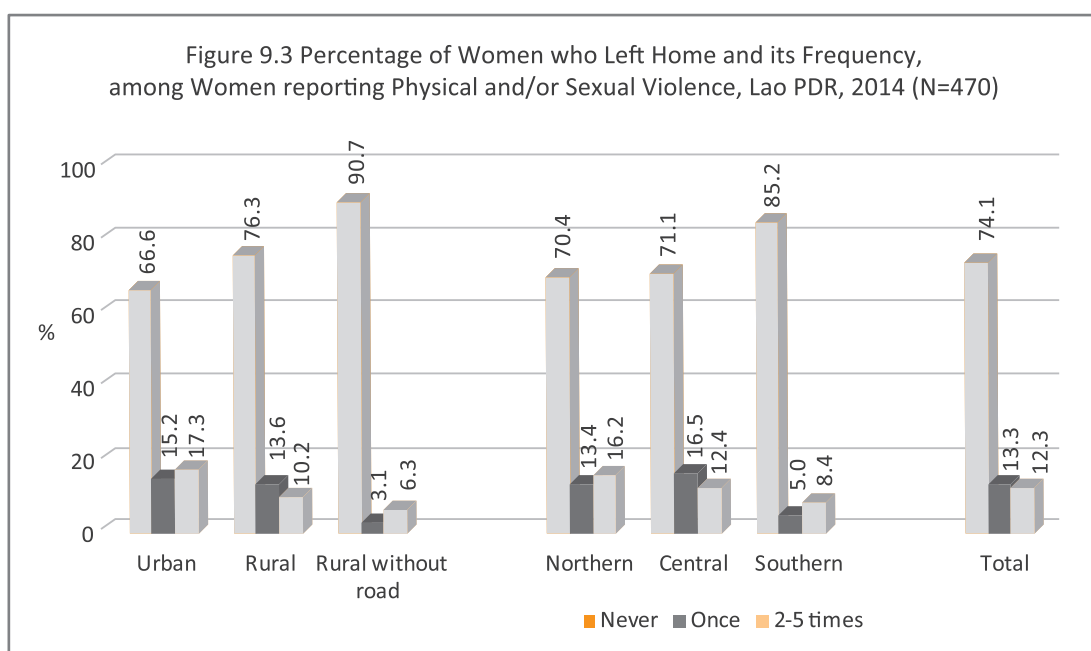
"If a couple argues and the husband leaves and doesn't say anything, they're not divorced. If the husband leaves for three months and returns, the family will fine him. The wife will want the husband to remarry her again. They call it "KanHa", apologising to the wife's parents. If she requests pigs, then he must provide pigs [for the wife's family to eat]. He will then be required to make a "KanHa" or "KanPhed" [a higher-level apology than a "KanHa"] to his mother and father-in-law. That's how they fine the husband according to old traditions. If he is a player and has a mistress, he will have [committed] eight wrongs, so he will need to do a "KanHa" and "KanPhed"²²".

Village Headman,
Rural

9.4 Leaving Home Due to Violence

As shown in Figure 9.3, some 13.3% of women who experienced violence left home at least once. In urban areas, 15.2% of women left home once and 17.3% do so at least twice. Interestingly few women in rural areas did so, particularly in rural areas without roads where more than 90% of women had never left home. Looking at regional disparities, small differences were observed between northern and central regions, whereas the majority of southern region women never left home.

The main reasons women left home after encountering violence were similar to those for seeking help as described in the previous section of this report. They included "could not endure [violence] any more" (74.5%), followed by "fear of being killed" (17.9%) and "threats of being killed" (16.4%). However, 110 women with physical and/or sexual violence experiences said they left home once but eventually returned; 66.1% of whom reported they did not want to leave their children, 38.6% thought their husbands/partners would change, 26.5% were asked to return by their husband and 21.7% still loved the husband. In summary, attachment to children and husbands/partners were the major driving factors to return home.



²² In Lao culture, the offering of flowers (five or eight pairs of blossoms) along with pairs of candles is made to atone for insults to the family. The offerings are made to the wife's parents, five pairs of flowers and candles for cursing or insulting them (including violence against their daughter) and eight pairs of flowers and candles for taking a mistress when married to their daughter.

For most women survivors interviewed in the qualitative study, divorce was perceived as a worst-case outcome as they were encouraged by friends and family to remain in the marriage due to shame associated with divorce.

Some divorced women survivors stated they felt stronger having taken action against their husbands, while some reported having returned to their pre-married life with the addition of children. Others felt proud having supported their families and seen their children graduate. While reaching a state of calm and happiness, they acknowledged it had taken time.

9.5 Women's Self Defense

Women who experienced physical partner violence were asked whether they had physically fought back in retaliation or self defense. Figure 9.4 illustrates that nearly 40% of women who experienced violence had fought back at least once, whereas more than 60% had never attempted. Women in urban and rural areas were more likely to defend themselves (23% and 21.5%, respectively) against violence from a husband once or twice than those in rural areas without road access (13.2%).

Some women survivors who had never fought back reported in IDIs that when faced with an angry partner, they responded by being submissive to not escalate the situation. When faced with physical violence and during beatings, women would attempt to escape to a safe venue such as homes of parents or family members.

Woman Survivor, Rural
"I don't say anything, I don't argue. I just hide at my parents' place."

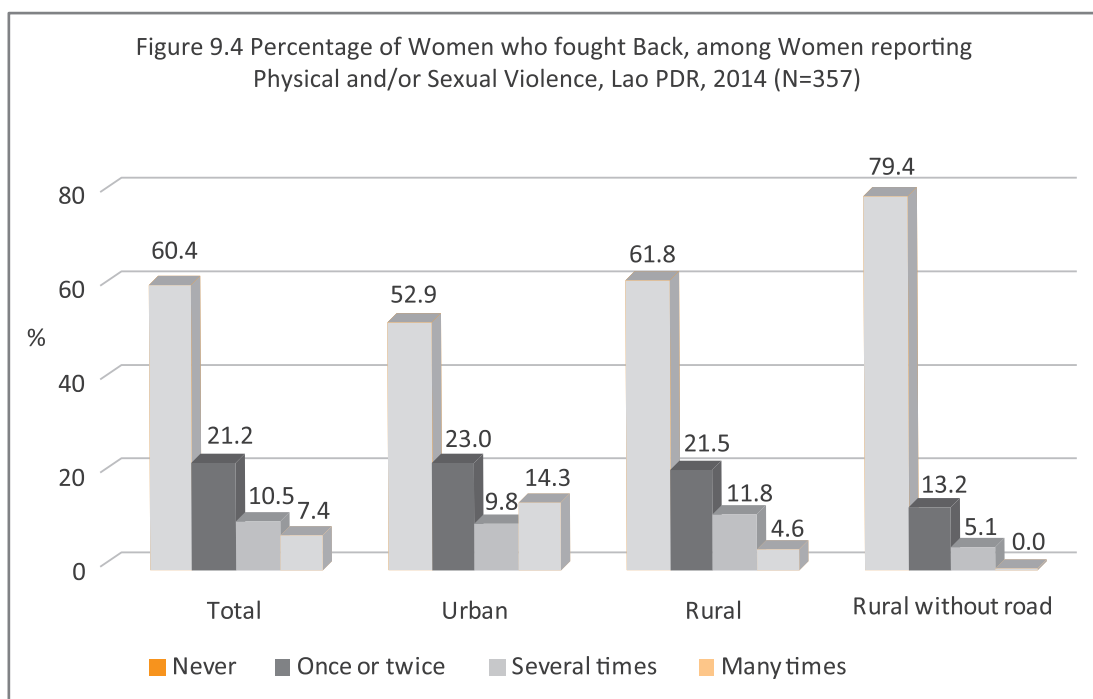
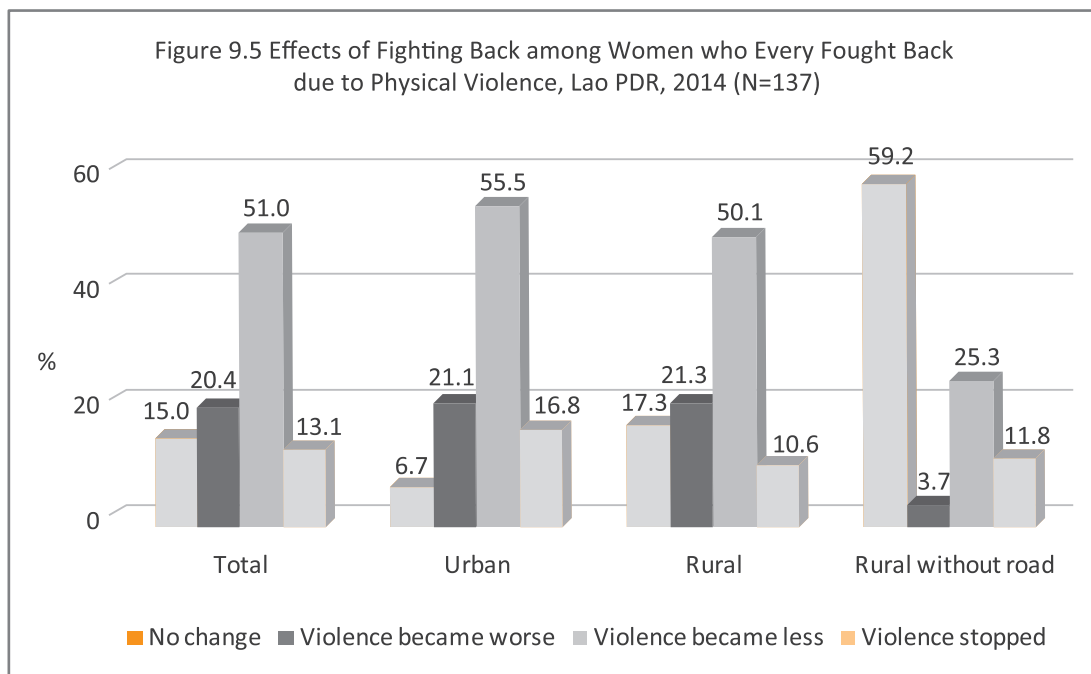


Figure 9.5 reveals the results of fighting back against husbands. In total, more than half of women responded that violence had decreased (51%). Only 15% said there was no change, yet nearly 60% of women living in rural areas without roads reported no change and only a quarter reported any decrease. However, it is important to note that women’s retaliatory actions clearly contribute to reducing or stopping a husband’s acts of violence.



9.6 Knowledge about Legal System and Judiciary Involvement to Support Survivors

This section of the study explored whether women were aware of support systems based on law and justice. Some 32.5% of women in urban areas knew of the LDPW, in contrast to 19.7% in rural areas and 5.0% in rural areas without road access. While 16.8% of urban area women knew of other laws such as those in criminal law or the Penal Law, less did in rural areas (6.2%) and rural areas without road access (1.6%).

Figure 9.6 illustrates that 16.9% of women in urban areas knew of the LDPW and other laws, whereas only 5.4% in rural areas and 1.5% in rural areas without roads did so. Thus, urban area women were found to have more knowledge of relevant laws than those in rural areas. Higher education levels equated with greater legal knowledge, 33.4% for tertiary-educated, 12.8% for secondary-educated, 5% for primary-educated and 1.1% for non-educated women.

Figure 9.7 compares women’s knowledge of the laws in relation to VAW based on whether or not they have experienced physical and/or sexual violence. The results showed that women who experienced partner violence were less aware of the LDPW than those who had*not ($p < 0.01$). When women’s awareness of other laws or the LDPW and other laws were compared, no significant difference was observed between these two groups.

Figure 9.6 Percentage of Women who Know Law on Development and Protection and other related Laws among All Women Interviewed, Lao PDR, 2014 (N=2,997)

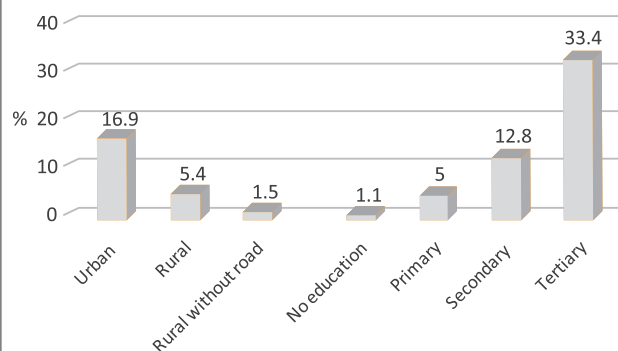
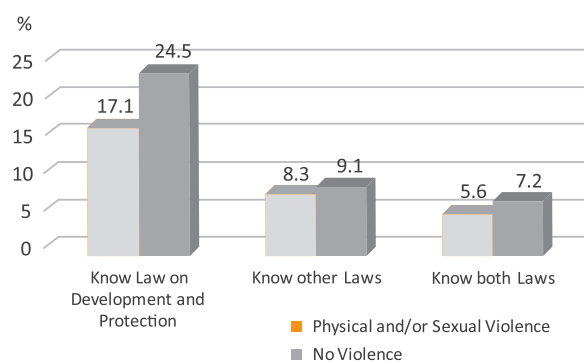


Figure 9.7 Percentage of Women's knowledge of Law on Development and Protection and other related laws between Women with and without Violence, Lao PDR, 2014 (N=2,847)



In the qualitative survey, a few respondents had knowledge of the LDPW's content, but several confused it with the Convention on Rights and Protection of the Child, thinking it was related to child labour. Some young men in focus groups learned about the law in school. In general, those who could describe the concept of women's development thought it was related to women having equal rights to men, access to education and opportunities to obtain Government positions, particularly district governor roles. Many also believed the law supported women's right to disagree with men, yet some directly responsible for protecting women were unaware of the law.

"I haven't seen it [a related law]. I always go to meetings, but I haven't heard about it. I don't know when this law was introduced."

**Key Informant,
Village Security,
Male, Rural**

**Key Informant,
Village Security,
Male, Urban**

"I've heard about it [a related law], but haven't read it. I don't know how to answer because I haven't read it."

Respondents in rural settings felt the law did not protect women, as family violence was a family affair and authorities had no right to intervene.

"If the wife dies, then that's another story. This one depends on the village."

**Adult Man,
Rural**

The majority of women respondents perceived themselves and their families as unfairly treated by the courts. In an interview with a health provider in Vientiane Capital, it was noted that a woman who needed an examination for forensic evidence following an alleged rape would need to pay for such services herself. The suggestion of an agency to help women understand their rights, and the due process of law was made.

**Key Informant,
Female, NGO**

"Even though we have the law, if the implementation is not effective it doesn't work. The law should be clear and specific. Compared to other countries, our law is not easy to follow."

"I would like to have an organisation to help women navigate the justice and court systems, so court rulings will be equal for women in this situation."

**Woman Survivor,
Rural**

9.7 Discussion

The findings in this chapter illustrate the immense difficulties and complicated issues that women experiencing violence face in seeking help and necessary information to address their predicament. Nearly half of women who experienced partner violence have never reported it and those who did seek help did so because they could no longer endure violence, often with encouragement from family and friends. However, many did not reach out due to embarrassment, fear and the attitude to trivialise the situation. These results were also consistent with the previous study of rural DV by GDG. Whether or not they sought help was closely related to the frequency and severity of abuse. One assertion is that women subject to violence feel helpless to bring about change and are not expected to seek help (Walker, 1979). Another hypothesis is the opposite relationship - more women seek help when the abuse is dangerous (Gondolf, & Fisher, 1988). In the context of Lao PDR, women may feel helpless and powerless due to prevailing gender norms and attitudes that restrict access to reporting and outreach due to stigma or loss of face for the survivor and family. Also, because of the unequal gender power relationship that implicitly supports the idea of women's subordination to men, women fear retaliation from husbands if violence is reported, potentially leading to adverse outcomes associated with divorce or separation.

The majority of women who sought help first turned to their immediate network of family and friends, rather than a formal network and services from local leaders, police or other related organisations as also reported in the study by GDG (GDG, 2005) and WHO Multi-country Study (Garcia-Moreno et al., 2005). A similar trend was found in the way help was sought, as most received support from families and friends, whereas there was limited involvement from local leaders, VMU and LWU. When trouble occurred between a couple, traditionally the first step was to seek advice from family or respected elders. In a rural setting, this was universally parents, friends and other family members trusted not to divulge information outside the immediate family. Young male and female participants in FGDs said parents were preferred to friends as an initial source of advice as they feared disclosure of confidential information by friends, which risked shame for the couple and their families.

Under Lao civil law, family disputes are mediated by a VMU as such issues are not regarded as "high value", stated as follows: "Small disputes or disputes which are not of high value such as family disputes, disputes relating to the possession of animals, rights of way and other [disputes] must be settled by the village mediation unit".²³ In cases of VAW, unless there is severe violence or death, cases are handled at village level. If fighting or violence is evident to neighbours or other village members, village security may be called to immediately force parties to cease fighting, otherwise the case is referred to the VMU. The VMU consists of up to six members, including the village headman, LWU village representative and village security officer or police, village elders and other key village administration figures. Parties have the right for a dispute to be heard three times by a VMU, which has the authority to determine fines and process divorce decisions without additional input from district or provincial authorities. If no agreement is reached at village level, the couple has recourse to approach district authorities and the court for further review and mediation. Figure 9.8 illustrates the formal process to seek help if a couple is unable to reconcile themselves. In extreme cases, such as murder, the village security, district police and courts will respond. In an urban setting, village security and leaders are the first "official" source of assistance and reliance on family members appears less important than in rural settings.

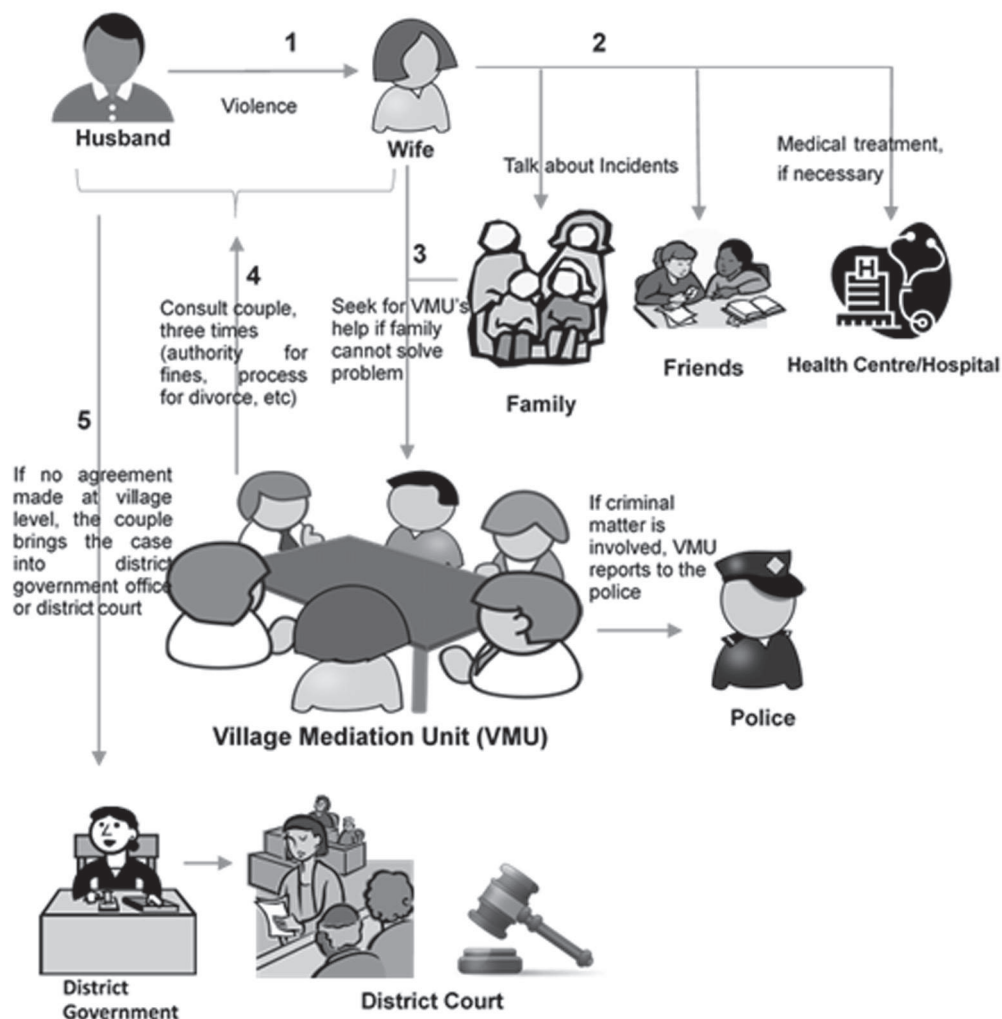
"In other countries, people go straight to the police if someone hits or kicks others. But, in our village you can't do that."

Adult Woman, Urban

²³ Law on Civil Procedure, Article 79 (2004).

VMUs often take conservative approaches and avoid vigorous interventions to meet survivors' needs. Even if the new law on VAWC is enacted to effectively respond to survivors' needs, VMUs are still the entry point for women to seek solutions. Indeed, the VMU process and procedures specified in the new law on VAWC to support survivors are similar to those in the existing system (Figure 9.8) and few changes are expected. This means survivors will remain without multiple options to seek help. While healthcare providers could be a first point of contact, they are more focussed on medical/psychological support and interventions. Therefore, if reconciliation or settlement is required, healthcare providers could refer survivors to relevant agencies, such as a VMU.

Figure 9.8 Process to Seek Formal Support for Reconciliation



Although more than 50 survivors in the quantitative survey sought help from VMUs. Most were satisfied with the support received, but this to a degree contradicts the qualitative survey findings. Many participants in IDIs and FGDs felt the VMU was unable to help women reach long-term or sustainable solutions. While VMUs listen and consult couples, they often work to appease both parties and urge reconciliation, which results in women remaining in violent environments. Community leaders' approach to managing violence consists of largely unsuccessful attempts to urge partners to stop violent behaviour. Another issue to highlight is inherent problems with institutional processes. In Lao PDR, a VMU is awarded a prize by the government if no report of community/family violence and other related troubles is submitted. In other words, the adverse action of 'non-reporting' and 'hushing-up' attitudes are inevitably commonplace in community organisations. As a result, survivors of violence are highly likely to deal with their troubles in silence even if they want to report and ask for help officially. Overall, some participants pointed to limited roles and capacities influencing leaders' attitudes and values that reflect social and cultural norms to protect peace at any price in the Lao context.

To overcome this institutional impasse, promotion of community-based training/education for attitudinal changes would be an effective primary prevention to eliminate VAW. It is also essential for VMU members to understand the complexity of issues associated with gender inequality and GBV in order to achieve behavioural changes and social transformation. A profound knowledge of the most salient issues would enhance the quality of counselling and treat violence within families with the seriousness it deserves. Such a training programme would allow influential groups within society to understand traditional gender norms as well as unequal power relationships between men and women associated with patriarchy and masculinity that institutionalise male power over females with domination and control, because this is the root cause of VAW. Furthermore, the programme would allow for more sensitive and responsive solutions for survivors, provide skills and knowledge on ways to protect and support women from current or future violence and assist survivors to recover from violence.

Meanwhile, a direct solution to escape a partner's violence is to leave home. While one-third of women respondents left home because of violence, two-thirds did not due to concern for children and attachment to their husband. A significant number of women who chose to remain at home did so in the expectation the husband would change or they were attached to him. In reality, it is not feasible for Lao women to take decisive action to stop violence by staying away from the home. In contrast, several previous studies reported that many abused women actually do not stay: one study showed that 88% of women left at least once after an abusive incident (Dobash & Dobash, 1979), and other two studies reported 50% (Campbell et al, 1998) and 41% (Ellsberg et al., 2001), respectively. Leaving is a process and is not a one-time act (Ibid.). Women in another study described leaving as a process often filled with difficulty, hardship, loneliness and poverty (Steutel, 1998). From results and views highlighted in this study, it can be assumed that Lao women who experienced violence were forced to stay at home because of social stigma and shame associated with divorce or separation with fear of economic difficulties that may continue to cause pain in different ways, despite being free from violence.

Another important issue is the level of support provided by LWU services. A women's shelter, the Lao Women's Union Counselling and Protection Centre for Women and Children, was established by the LWU in Vientiane Capital in 2006 with support from the Lao Government and donor agencies. In addition to its focus on DV, it provides services for human trafficking and sexual abuse cases. Specific services include provision of safe temporary accommodation, legal counselling, healthcare referrals, vocational training and safe returns home. No institution, other than the LWU, provides a temporary refuge for women in Lao PDR escaping violent or abusive situations, such as DV and rape. For example, the shelter can help women in many ways, its accessibility remains problematic as its hotline is intermittently available. Nevertheless, agencies working on gender issues and with vulnerable women said the service was the only site of its type to refer women in need.

**Key Informant,
Female, NGO**

"We also refer them to the LWU shelter, they can call the free hotline number. Even though the service is slow, it is working."

However, available resources limit its effectiveness. Having not directly interviewed women in the shelter, this study could not collect their voices and suggestions on the quality of services and support. However, there is a need for a comprehensive multi-agency, nationwide solution that shares the burden of supporting women whose lives are disrupted by violence. In addition, apart from its available resources, the LWU should change its conservative approach that limits its ability to challenge gender norms and attitudes that accept VAW. Enhanced advocacy to encourage more proactive responses is needed.

Regarding other relevant professionals to support survivors, healthcare providers are generally the first professional point of contact for women who experience domestic violence or sexual assaults, even if they do not disclose experiences of violence (WHO, 2013b). Also, there is evidence that abused women use healthcare services more than non-abused women (Ibid.), as is the case in Lao PDR. In this regard, it is

important to strengthen the capacities of healthcare providers to respond sensitively and appropriately to the medical needs of women and children who encounter violence. Early identification, treatment and referral to appropriate experts or institutions are key. The WHO has developed a clinical handbook in collaboration with UNFPA and UN Women for healthcare providers as a practical guide (WHO, 2014). This handbook can help healthcare providers in Lao PDR develop capacities for awareness raising on VAW and gain knowledge and skills to appropriately respond to women in clinical practice.

Another barrier for women to tackle violence is the lack of information to navigate through legal proceedings. In general, women's knowledge of law and justice in relation to VAW is not comprehensive. Among ever-partnered women, one-third in urban areas know of the LDPW, whereas its proportion among rural area women is less than 10%. In addition, law and justice knowledge corresponds to women's education level, with one-third of women who completed tertiary education aware of the LDPW, in contrast to only 1% of those without a formal education and 5% with a primary education. Furthermore, women subjected to violence were less informed about the law that provides protection and safeguards their personal and social independence than those who were not. Therefore, to provide necessary programmes and services, special attention should be paid to survivors in need of adequate and timely access to information and individual counselling. This indicates an urgent need to broaden public awareness of the legal system, especially for those in remote rural areas, for an adequate understanding of women's legal rights including protection, prevention and legal sanctions against offenders.

In the meantime, as outlined in Chapter 1, current laws in relation to VAW (Penal Law, LDPW) do not fully meet the needs of survivors. Examples include the exclusion of unmarried couples from the LDPW, no concept of marital rape, no pre-litigation measures for referral to a shelter or another safe place, a mitigation system that obscures crucial points and diverts from judicial proceedings. In this regard, the recently developed new law on VAWC, will play a key role in overcoming existing legal limitations and advancing practical approaches to meet the real needs of women and children who suffer from violence and abuse.

10

FACTORS
ASSOCIATED
WITH INTIMATE
PARTNER
VIOLENCE

CHAPTER 10. FACTORS ASSOCIATED WITH INTIMATE PARTNER VIOLENCE

Main Findings:

- Of ever-partnered women, those who encountered physical violence and/or sexual abuse by a non-partner since the age of 15 years were 3.9 times more likely to have experienced partner violence in the past 12 months than those who had not.
- Women sexually abused/assaulted by a non-partner since the age of 15 were 2.9 times more likely to have experienced partner violence in the past 12 months than those who had not.
- Women sexually abused/assaulted before the age of 15 were 2.4 times more likely to have encountered partner violence in the past 12 months than those who had not.
- Women whose partner fought other men were in excess of four times more likely to have experienced partner violence in the past 12 months than those with a partner who did not fight.
- Women with a husband who saw other women were 2.5 times more likely to have experienced partner violence in the past 12 months than those whose husband did not.
- Women with a partner who consumes alcohol were nearly twice as likely to have encountered partner violence in the past 12 months than those with a partner who had not.
- Women with a husband who was hit as a child were 3.8 times more likely to have suffered partner violence in the past 12 months than those with a husband who was not.
- Women who live in a community that does not support those in need, such as due to illness or accidents, in the family were 3.5 times more likely to experience partner violence than those who live in communities that have such support.

10.1 Introduction

This chapter explores factors associated with lifetime and current (in the past 12 months) physical and/or sexual IPV, obtained by using multivariate logistic regression. Because of the cross-sectional and retrospective aspects of the study, this analysis does not present causal effects between violence and other selected indicators. Nevertheless, the

Box. 10.1 What is Multivariate Logistic Regression?

Logistic regression measures the relationship between a categorical (binary) dependent variable (outcome) and continuous, categorical or both independent variables (exposure), by converting the dependent variable to probability scores. It has univariate (single) and multivariate (multiple) variables. In this study, multivariate logistic regression was used to determine which factors (characteristics or experiences of women interviewed) are associated with women's experiences of IPV. If p-value is less than 0.05, a statistically significant association can be confirmed when the percentage of women who experienced IPV is larger among those who, for example, experienced sexual abuse during childhood or adolescence compared with those who did not. Multiple logistic regression produces a 'Odds Ratio', which is the ratio of probability of occurrence of an event to that of non-occurrence. (see Box 10.2).

results have helped to identify and develop prevention and intervention strategies for this study's policy recommendations to enhance the new law and NPA on VAWC. This chapter first presents the method of analysis, including sampling and factors associated with increased risks of current physical and/or sexual violence.

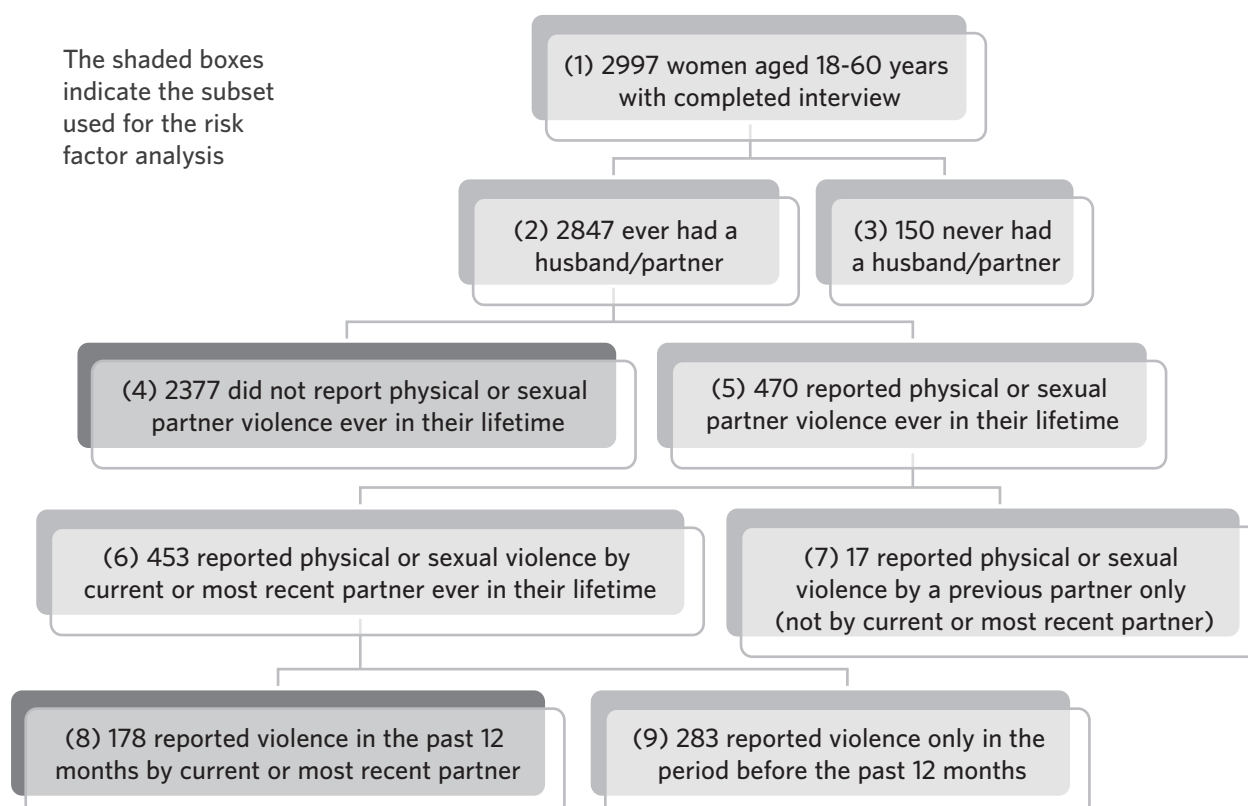
10.2 Method for Analysis

Multivariate logistic regression modelling (Box 10.1) was performed to explore factors associated with IPV, adjusted for potentially confounding factors. The sample used in the analysis was ever-partnered women who experienced physical and/or sexual violence from partners.²⁴

Of ever-partnered women, 470 reported physical and/or sexual violence by a husband at least once in their life, while 2,377 had never experienced such violence. For statistical modelling, the sub-sample used was 187 women whose current or most recent partner was physically and/or sexually violent in the past 12 months included in the group exposed to violence (Group 8 in Figure 10.1). This group was compared to the 2,377 ever-partnered women who did not report any partner violence (Group 4 in Figure 10.1).

Only women whose current or most recent partner was violent were chosen (not those who reported violence by a previous partner only), because data on partner characteristics were collected for the current or most recent partner only. Thus, the 17 women who reported physical and/or sexual violence by a previous partner only were excluded in the analysis where partner characteristics were considered. The 187 women who reported violence by a current or most recent partner were included in the analysis of current exposure to violence.

Figure 10.1 Number of Women in the Survey According to their Partnership Status and their Experience of Physical and Sexual Partner Violence



²⁴ The risk factor analysis replicates the exact modeling plan that was done for the 2010 national VAW study in Viet Nam. Jansen H. et al. "Why do some women in Viet Nam experience more violence by husbands than others? Risk factors associated with violence by husbands from a cross-sectional national study." *Social Science & Medicine* (submitted 2015).

The analysis was conducted to compare risk factors for women who reported violence by current or most recent partners, in the past 12 months, versus women with no physical or sexual partner violence. The analysis focused on potential factors that increased risks (“independent variables” or “exposure variables”), chosen based on the conceptual model (ecological framework, see Chapter 1) and published findings on risk factors as well as context-specific ones hypothesised to be related to IPV in the context of Lao PDR. Forty factors regarding women, their husbands, relationships and communities were examined. Factors included socio-demographic characteristics of women and husbands (age and education), other experiences of violence, attitudes, husbands’ behaviours, couple characteristics and support from family and close networks. The 40 variables/factors and their categories are listed in Annex V. For each factor, the distribution of categories (sub-groups) as well as prevalence of current physical or sexual violence for each sub-group in the total sample of ever-partnered women was reviewed prior to conducting the risk factor analysis on the sub-sample.

Box 10.2 Odds Ratio and Confounding Factors

The results of multivariate logistic regression produces ‘odds ratio’, interpreted as how many times on average a woman is more likely to experience violence if exposed to a particular factor. For example, the odds ratio of the occurrence of IPV and past experience of child sexual abuse being 2.5, means that women who had experienced childhood sexual abuse are 2.5 times more likely to experience IPV compared with those who did not. This is an unadjusted or crude odds ratio, meaning that any other factors other than child sexual abuse were not considered when looking at the association.

On the other hand, other factors such as age, education, socio-economic situation, or partner’s characteristics may potentially affect the outcome. These other factors are called confounding factors (variables), which are ‘something else’ or unseen variables that also correlate with outcome. Adjusted Odds Ratio (AOR) takes into account these confounding factors at the same time and accounts for correlations between different factors, thus it captures a better picture of the complex nature of IPV.

Although lifetime and current violence were measured in other chapters, this multivariate analysis chose current violence alone. This is because one of the disadvantages of lifetime violence is some women may have experienced violence a long time ago before (current) risk factors became relevant. Another disadvantage of using lifetime violence is the possibility of recall bias. Furthermore, association with violence may be diluted as many women with lifetime violence may no longer live in situations of violence, which could weaken the association. Among the advantages of looking at associations with current rather than lifetime violence, is greater certainty about temporal relationships. It also has more relevance for interventions as they deal with women’s current situations.

In the analysis process, univariate logistic regression was first performed to assess crude odds only considering the factor of interest. Variables which appeared associated with partner violence in the univariate regression were subsequently included in an intermediate multivariate logistic regression model. This considered the variables of age, ethnicity and region to figure out the Adjusted Odds Ratio (AOR), as an intermediate step to discover variables in the final logistics model. The final model included all variables with a P-value of 0.05 or less, considered significant to determine factors independently associated with IPV.

10.3 Factors Associated with Intimate Partner Violence in the Past 12 Months

Three main factors (women’s background and characteristics, men’s background and life history childhood as well as other factors) and eight specific factors were identified as associated with physical and/or sexual violence by intimate partners that women experience (Figure 10.2 and Annex V). The intermediate and final modes are presented in Annex V.

1). Women’s background and characteristics:

- Women who encountered physical violence by non-partner since the age of 15 are 3.9 times more likely to have IPV experiences than women who had not ($p < 0.001$).

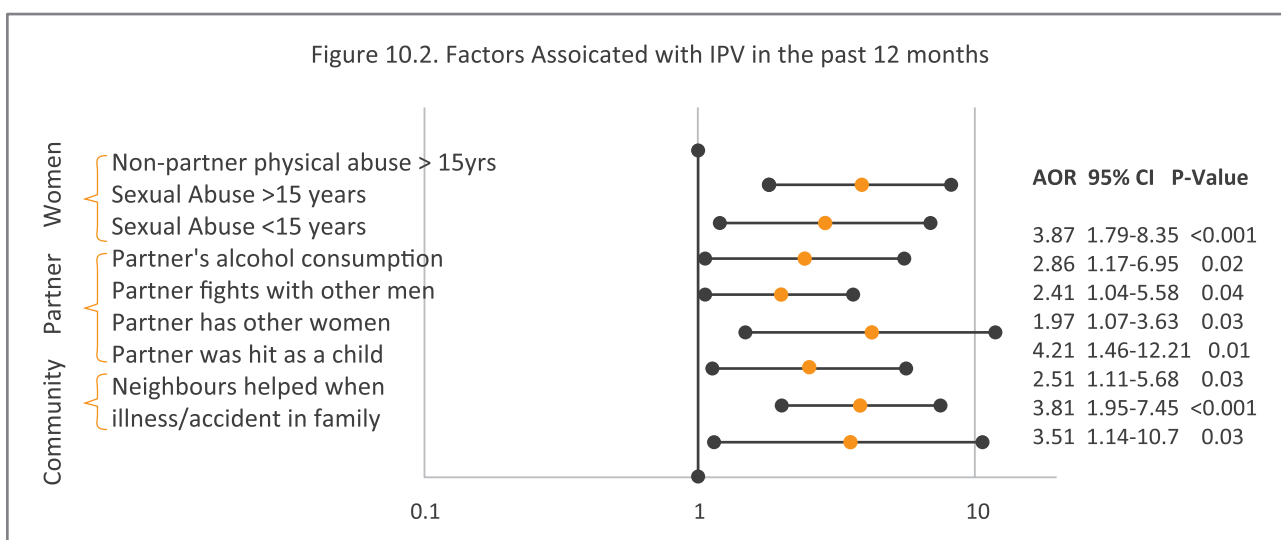
- Women sexually abused/assaulted by non-partner since the age of 15 are 2.9 times more likely to have IPV than women who had not. (P<0.02).
- Women sexually abused/assaulted before the age of 15 are 2.4 times more likely to have IPV than women who had not. (P<0.04)

2). Background or life history of husband/partner:

- Women with a partner who consumes more alcohol are nearly twice as likely to experience IPV than women with a partner who does not. (p<0.03).
- Women with a partner who fights other men are 4.2 times more likely to experience IPV than women whose partner does not. (P<0.01)
- Women with a partner who sees other women are 2.5 times more likely to experience IPV than women whose partner does not. (P<0.03)
- Women with a partner who was hit as a child are 3.8 times more likely to experience IPV than women whose partner was not. (p<0.001)

3). Other factors:

- Women whose neighbours do not help when someone is ill or had an accident in the family are 3.5 more likely to experience IPV than women with help. (p<0.03)



Note: 95% Confidence Interval (CI) is used to estimate the precision of the odds ratio. It is the range of values (with a lower and an upper value) that can achieve 95% confidence that encompasses the true value of the odds ratio. If the CI does not contain the value of 1, this result is statistically significant. If it does contain the value of 1, the odds ratio would not be statistically significant.

10.4 Discussion

This chapter examined factors that increased risks of intimate and non-partner VAW. The significant factors that increased risks were women's experience of physical and sexual violence, men's anti-social behaviours such as fighting, alcohol, infidelity, previous experiences of violence and lack of neighbour/community support systems.

Factors associated with IPV and sexual violence can be identified by the ecological model framework on men and women, such as characteristics of the individual (age, education, income, child maltreatment, anti-social behaviour, mental disorder, substance use, acceptance of violence), relationship (multiple partners/infidelity), community (weak community sanctions, poverty) and society (traditional gender and social norms supportive of violence) (WHO, 2010). Men's use of VAW is also associated with a complex interplay of factors at individual, relationship, community and greater society levels. Such factors cannot

be interpreted in isolation and should be taken as existing within a broader environment of pervasive gender inequality (Fulu et al., 2014). In other words, gender equality as well as gender and social norms that reject and deter VAW are primary protective factors. Other protective factors for VAW are attributed to 'education', 'healthy parenting and family environment', 'leaving partners', 'supportive family', 'living with extended family', 'belonging to association' and 'women's ability to recognise risks of sexual violence' (WHO, 2010, Gidycz et al. 2007, Schwartz et al., 2006, Ellsberg et al., 1999).

This study found that at an individual level, women previously abused by non-partners during adulthood and childhood were more likely to experience future IPV compared to those without prior exposure to violence. This result is consistent with a study from India indicating that women who reported previous non-partner violence were 3.8 times more likely to report partner violence compared to those without previous exposure (Boyle et al., 2009).

For survivors, a history of intergenerational violence is an important predictor for lifetime and current partner violence. When a girl grows up in a family where her mother is beaten, she learns that violence is a "normal" part of relationships between women and men (Fiji Women's Crisis Centre, 2013). Hence, one protective factor is to ensure parenting styles and the environment encourage well-being and healthy choices in the family and community. For primary prevention measures, in case of child maltreatment including sexual abuse, several options for prevention strategies are suggested. These are to identify and treat children with emotional disorders, provide interventions for children and adolescents subjected to child maltreatment and/or exposed to IPV and offer school-based training for social and emotional skills development and prevention of bullying and all forms of violence (WHO, 2010). As for sexual abuse or assault cases often unreported in Lao PDR as revealed in the qualitative study, it is important to change current social and cultural norms focused on maintaining family honour and sexual purity, as well as men's idea of masculinity demonstrated as sexual expression, strong male superiority, dominance over women, physical strength and male honour, often associated with rape.

Another individual level factor on the men's side this study found was the high prevalence of women's partners who fight with other men. Aggressiveness that provokes fights can become exacerbated due to family backgrounds, where boys had encountered unstable relationships with exposure to consistent violence. In this study men's aggressive behaviour associated with fights was the strongest predictor of violence compared to other factors, recording an AOR of 4.21. Some previous studies suggested an association between anti-social personality disorders and related characteristics (such as impulsivity and lack of empathy) and perpetration of IPV or sexual violence (Ibid.). Individual attitudes are one way to prevent and intervene. However, it is unlikely to result in a significant impact on the frequency of violence by itself (Fulu et al., 2013). For primary prevention, it is more realistic to design and introduce measures for adolescent males and younger boys aimed at social and emotional skills development to understand interpersonal communication, respectful relationships and negotiation skills at school as well as community as a part of gender sensitisation training. Also, men abused when children are more likely to perform partner violence. This is crucial evidence of their childhood experiences. If a man experienced violence in his family as a child, he is not only at risk to experience problems with his well-being, health and schooling, but also he has a higher risk to become a perpetrator of violence against women when he becomes an adult (Fiji Women's Crisis Centre, 2013).

Alcohol was also found by this study to be a trigger for violence. The multivariate analysis and qualitative survey also showed harmful use of alcohol was associated with perpetration of intimate partner and sexual violence. In some cases, men used alcohol in a premeditated manner to enable them to beat their partners because they felt this was socially expected and accepted (Jewkes, 2002). A substantial amount of research has found an association between IPV or sexual violence and harmful use of alcohol and illicit drugs in developing and developed countries (WHO, 2010). However despite these findings, it is argued the link should be carefully reviewed because the evidence for a causal relationship between harmful uses of alcohol and violence is weak (Gil-Gonzalez et al., 2006). In other words, the effect of alcohol use in the experience of IPV and sexual violence is not clearly explained and validated. Also, men's use of violence

against women is associated with a complex web of factors that cannot be isolated. In fact, these factors are closely linked to a broader environment of gender inequalities, therefore 'simply stopping one factor - such as alcohol abuse - will not end violence against women (Fulu et al., 2013)'.

At a relationship level, men with multiple sexual partners as reported by female partners are also more likely to perpetrate IPV or sexual violence. The issue of multiple partners is also articulated in this study's multivariate analysis and qualitative study. Men may seek out multiple sexual partners as a source of peer status and self-esteem, while relating to their female partners impersonally and without appropriate emotional bonding (Jewkes et al., 2006). Also, attitudes about having multiple sexual partners or sex with commercial sex partners result from the combination of a preoccupation with demonstrating (hetero) sexual performance or sexual dominance over women (Malamuth, 2003). Such patterns are combined with masculinities that emphasise strength, toughness and dominance over other men as well (Knight & Sims-Knight, 2003). In the qualitative study, the issue of mistresses was frequently reported in relation to alcohol intake and "beer girls" at nightclubs. Infidelity undermines trustful relationships and may become a source of frequent disputes between couples. A lack of marital satisfaction and marital discord are also strongly correlated with the occurrence of the perpetration and experiencing of IPV (Tang & Lai, 2008, Morrison et al., 2004, Stith et al., 2004). Similar to issues related to alcohol, husband/partner's infidelity alone cannot be the root cause of violence. Further research of relationship disharmony and quarrelling in relation to IPV may be needed to see if this is merely part of the outcome or if it is a potential pathway to such violence (Fulu et al., 2013).

At community level, support is based upon mutual help and solidarity, also a vital factor to protect women and children from violence. This study discovered that women who live in a community that supports those in need, such as due to illness or accidents, in the family were less likely to experience partner violence than those who do not have such support. In reality, women subject to violence are unable to easily speak up and this makes it difficult for neighbours to take prompt action to meet women's needs when DV is involved. Nevertheless, this finding shows that a stronger neighbourhood support system could be an enabling factor to stop violence and create a climate of non-tolerance towards violence. Such support needs to be further strengthened through community outreach and mobilisation that provide a range of activities and interventions, such as community meetings, trainings and sensitisation to change traditional gender norms and values that allow violence in communities. Training can be particularly done with VMUs to enhance their capacities and promote community-wide solutions for eliminating violence against women (Jewkes, 2002). At the same time, activities to empower women can be rolled out at community level to achieve awareness raising, promotion of women's rights, provision and formation of safe spaces for women to participate, support enforcement of stricter punishments for perpetrators and legal sanctions to stop VAW in Lao PDR society.



CONCLUSIONS

CHAPTER 11. CONCLUSIONS

11.1 Introduction

This study aims to provide strong evidence of VAW, including DV, for policy-making and advocacy to effectively address the issue in Lao PDR. By undertaking population-based research across the country, following the methods of the WHO Multi-country Study, the results of this study provide robust data that illustrate common situations where women are exposed to violence. The findings will also make a substantial contribution towards policies and actions such as the NPAVAW, the new law on VAWC, the CEDAW report and relevant advocacy campaigns.

This chapter provides a brief summary of the study's findings along with an assessment of its strengths and limitations.

11.2 Prevalence, Types and Frequencies of Violence

Among ever-partnered women, the total prevalence of physical violence was 11.6% in a lifetime and 4.0% in the past 12 months. These results do not differ much from previous studies, such as the rural DV and gender research (17% in a lifetime) conducted by GDG in 2003. In terms of sexual violence, the total prevalence was 7.2% in a lifetime and 3.1% in the past 12 months, higher than results from the GDG study (1.6%). While no geographical differences emerged in this study, women in their teenage years and 30s with higher education were more likely to experience sexual violence. The study found that more women experienced multiple forms of violence, separately or simultaneously, than a single form of violence as 15.3% of ever-partnered women reported physical and/or sexual violence. The prevalence of emotional (or psychological) violence among ever-partnered women was 26.2% in a lifetime and 10.5% in the past 12 months. It was also the most common form of the three forms of violence and many women interviewed in the qualitative study reported suffering from emotional violence. By nature emotional violence can be invisible and overlooked, unlike physical and sexual violence, but it can equally have adverse impacts on a woman's life and health. By combining data from physical, sexual and emotional violence, nearly one-third (30.3%) of ever-partnered women experienced one of these types of violence once in their lifetime. Other types of violence, such as controlling behaviours and economic abuse, are also key factors to measure the degree of freedom in women's activities and ability for decision-making. Some 34.8% of women had experienced controlling behaviours by partners at some point in their lives and 6.8% had experienced economic abuse either by having income taken away or being refused money.

Non-partner violence encompassed physical and sexual factors in this study. Some 5.1% of women interviewed had experienced physical violence by non-partners since the age of 15, with few differences across urban/rural and regions. Female family members, particularly mothers/step-mothers, were the greatest perpetrators followed by female friends and acquaintances. The total lifetime prevalence of forced intercourse was 1.1% for respondents, whereas attempted intercourse/unwanted sexual acts amounted to 5% and any sexual violence was 5.3%. Regarding CSA, the total prevalence identified from face-to-face interviews was only 0.9%, but the percentage increased to 9.9% when the card technique was used and climbed further to 10.3% with a combination of direct interviews and cards. Furthermore, the results also revealed women who had previously experienced non-partner violence and sexual abuse during childhood were more likely to be exposed to IPV. The combined prevalence of partner and non-partner physical and/or sexual violence was 20.2%, while sexual violence alone was 10.9% and physical violence was 14.4%.

Gathering accurate data focussed on prevalence is challenging in many countries and Lao PDR was no different due to the high level of non-disclosure, as shown in reports of CSA using cards. Thus, there may be numerous underreported cases of not only sexual violence, but also other types of violence mentioned in the survey.

11.3 Perceptions and Attitudes of Women and Men on Violence against Women

Underlying gender inequalities between women and men are a fundamental cause of VAW. Such inequalities increase the vulnerability of women and girls to physical, sexual and emotional violence by men as well as diminish their ability to be seen and receive appropriate services and support. VAW in Lao PDR, is culturally accepted and enforces gender hierarchy, patriarchy and women's subordination, as shown in several previous surveys and studies. In this study that asked all respondents about their perceptions and attitudes towards VAW, one-in-three women reported a "good wife" should obey her husband, even if she disagreed with him and this was particularly so in rural areas and the northern region. This may imply that women who transgress gender norms often become more vulnerable to resistance and therefore feel obligated to conform to traditional gender norms and roles. In addition, women who had experienced physical and sexual violence were more likely to believe in a partner's authoritarian attitude and a wife's obligation to have sex than those who had not encountered such violence. In contrast, the majority of women responded that a married woman could refuse sex if not in the mood, if sick or if her husband was drunk. These results present a mixed picture, but at the same time show that women have autonomy and freedom in choosing an uncoerced sexual relationship with their husbands and partners. Another distinctive feature of gender attitudes in terms of physical partner violence is that nearly half of women agreed that a husband could hit a wife if she was unfaithful regardless of differences in age and regions. This was particularly so among women who had experienced physical violence compared to those women who had not. Being "unfaithful" includes a wife's infidelity, but this implies women accept and justify acts of partner violence if specific reasons are identified and considered to be plausible.

In the qualitative study, the key triggers of VAW were divided into four themes. The themes were: 1) failure of women to meet expectations of gender roles, including respecting husbands and their sexual demands, 2) jealousy/mistrust/infidelity, 3) alcohol or other drug use and 4) unemployment/financial stress. Some women said men looked at other women because of negligence in being a good wife by not managing the household properly or being too inquisitive about a husband's daily activities, which triggered anger and violence. Alcohol and infidelity were frequently reported as factors linked with partner violence. The use of alcohol by the perpetrator could lead to violence, sometimes because his inhibitions were lessened. Infidelity and mistrust in a couple alternated with alcohol consumption, which created opportunities to see other women, such as "beer girls". Another trigger pointed out was financial difficulties associated with unemployment and husband's overspending through alcohol intake and mistresses. However, this study could not provide causal association between financial stress and violence. Alcohol, infidelity and financial stress are not direct causes of violence, but may be secondary factors that elevate the risk of violence for perpetrator and survivor of violence.

This study also aimed to deepen the understanding of men's perceptions, particularly with regards to masculinity, patriarchal beliefs, institutions and social norms. VAW is largely driven by factors associated with gender inequality, a violence-condoning environment in society, childhood experiences and enactment of negative forms of masculinity. While not all men engaged in violence, men's FGDs helped identify factors behind violence such as financial difficulties, wife's appearance and attitudes, alcohol and infidelity, which are not direct causes of violence. Of note, many men also stressed that violence was a family issue that could be resolved without external involvement and this is recognition that issues surrounding VAW are deeply structured in communities and society. Thus, VAW associated with gender norms, gender inequality and power imbalances specific to the Lao context were rarely highlighted and discussed.

11.4 Association between Partner Violence and Health and Life of Women, Children and Family

This study revealed that experiences of IPV had adverse health impacts on women, children and family. Nearly half of women (43.1%) who had ever experienced physical and/or sexual violence had been injured as a result of such incidents. This was particularly so among those living in rural areas without road access. More than two-thirds of these women who were injured experienced severe injuries, which seriously endangered their safety. In terms of health status, women who experienced violence were more

likely to have poor or very poor health with walking, pain and memory problems compared to women without violence. Regarding emotional distress measured by SRQ, women with violence had significantly higher scores with suicidal ideation than those without. In addition, women who encountered emotional violence scored higher in SRQ and with suicide ideation than violence survivors without emotional violence. Importantly, injuries and poor health do not only remain health concerns, they also have other adverse impacts on women's daily lives, particularly with regard to economic activities. Women interviewed in the qualitative study mentioned physical violence made it impossible to work due to pain from injuries and bruises affecting their appearance. Emotionally they suffer from depression, loss of face and an unwillingness to interact with others, which limit employment opportunities.

Partner violence also negatively affects women's sexual and reproductive health. Ever-pregnant women who experienced physical and/or sexual partner violence were significantly more likely to have experienced miscarriages and induced abortions than those who had never experienced partner violence during pregnancy. Regarding contraceptive use, women who encountered partner violence were more likely to use contraception, particularly condoms, than those without violence. Also, women with a violent current or most recent partner were more likely to have requested condom use, than women without violence. It is unclear why women suffering from violence have a higher rate of contraceptive use, but various studies highlight women's concern for unintended pregnancies and contraction of STIs. In addition, it is noteworthy that more women with violence were likely to consume alcohol during pregnancy. This study did not ask about women's previous history of alcohol-related problems, thus there remains uncertainty about whether partner violence during pregnancy accelerated drinking habits.

Domestic violence also has serious negative impacts on children's lives and development. The study revealed that children with family violence had serious physical and emotional as well as schooling problems. For example, children living with mothers with IPV were more likely to suffer from nightmares, bedwetting, to be quiet or aggressive and have schooling difficulties than others. This study also found a clear association between partner violence and childhood experiences of violence. Women who experienced physical and sexual violence were more than twice as likely to have had mothers who were beaten by partners compared to those whose mothers were not. Also, women with a partner who was hit as a child were more likely to experience IPV than those whose partners were not hit.

11.5 Women's Responses to Violence, Strategies to Reduce Adverse Consequences and Support Systems

Nearly half of women who experienced violence never reported it. Of those who did, the majority chose an immediate network like family or friends as the first contact to seek help, rather than a formal network and services such as local leaders, police or related organisations. Women who sought help did so because they could no longer endure violence or were encouraged by family and friends. Others did not reach out because of embarrassment, fear and the attitude to trivialise the situation. Women may feel helpless and powerless due to prevailing cultural traditions and gender norms that restrict reporting and outreach out of fear of stigma or shame being brought upon the survivor and her family. Because of the unequal gender power relationship that implicitly supports women's subordination to men, women fear retaliation from husbands if violence is reported and the potentially adverse outcomes associated with divorce or separation.

While the VMU and LWU are key organisations to support families in conflict and protect women's rights and safety, in reality their roles are limited. A number of qualitative study participants disclosed that a VMU did not provide sufficient help to women in reaching long-term or sustainable solutions. A VMU usually listens and consults with a couple, but often appeases both parties by persuading them to reconcile and return home where the abusive environment still exists. This pattern may continue exposing women's lives and health to danger. In general, a VMU's approach focuses on behavioural changes, such as the husband stopping abuse and the wife being more patient by primarily obeying the husband and elders. Such "amicable settlements" rarely stop violence.

The LWU provides survivors with services through a shelter, 'The Lao Women's Union Counselling and Protection Centre for Women and Children' in Vientiane Capital. With capacity to accommodate up to 50 women and girls, the centre is routinely full and its hotline is intermittently available. Moreover its resources are too limited to have an impact, yet no other agency directly supports survivors. Overall, the LWU is encouraged to change its conservative approach and become more proactive in challenging existing gender norms and attitudes that accept VAW. There is a need for a comprehensive multi-sector, nationwide solution for institutional development that shares responsibilities to support the many needs of women whose lives are endangered by violence.

Apart from the VMU and LWU, healthcare providers are likely to be the first professional point of contact for women who experience DV or sexual assaults, even if they do not disclose such violent experiences. This study found that women who experienced violence saw healthcare services more than non-abused women. In this regard, strengthening the capacities of healthcare providers is vital to respond sensitively and appropriately to the medical needs of women subject to violence. The WHO Clinical Handbook, just developed, is a good resource to help healthcare providers in Lao PDR to develop their capacities with regard to VAW and gain the clinical practice knowledge and skills to appropriately respond to women subject to violence.

Regarding women's self-defense strategies, nearly 40% of women who experienced violence fought back at least once or several times in their lifetime. Of women who fought back, more than half reported that violence had decreased, whereas only 15% said they saw no change. This study was unable to prove the effectiveness of women's retaliation against husband's violence, however, it can be assumed that certain resistance by women may slow down the escalation of partner violence. Another strategy is to leave the partner and/or home, but two-thirds of women who experienced violence did not leave because of concern for children or attachment to partners.

In general, women were found to have limited legal and justice knowledge of issues surrounding VAW. Among ever-partnered women, one-third in urban areas knew of the LDPW, whereas its proportion among women in rural areas was less than 10%. Also, legal knowledge corresponded to women's education level, with tertiary educated-women more knowledgeable than those without formal or primary educations. The study also revealed that women subjected to violence were less informed about the law relating to their rights and protection than those who had not experienced violence. Therefore, special attention should be paid to survivors who need adequate and timely access to information and individual counselling. In addition, any activity aimed at information dissemination must be target oriented, such as by focusing on school children, women in remote areas or minority group members. Above all, there is an urgent need to inform the public about women's legal rights including protection, prevention and legal sanctions against offenders. Penal law and LDPW in relation to VAW do not fully meet the needs of women affected by violence due to the exclusion of unmarried couples in the LDPW, the omission of marital rape and other cultural aspects that hinder appropriate legal procedures. The implementation of existing laws has limitations and remain a significant challenge. In this regard, the recently developed new law on VAWC will play a key role in overcoming problems in existing laws and advance practical approaches to meet the real needs of women and children who suffer from violence and abuse.

11.6 Factors Associated with Violence Against Women

Men's use of violence against women is associated with a complex interplay of factors at individual, relationship, community and society levels. Such factors cannot be interpreted in isolation and should be taken as existing within a broader environment of pervasive gender inequality. In other words, gender equality as well as gender and social norms that reject and deter VAW are primary protective factors.

This study explored factors associated with physical and/or sexual IPV through using multivariate logistic regression. Women who encountered physical violence and/or sexual abuse by a non-partner since the age of 15 or were sexually abused by a non-partner before the age of 15 were more likely to have

experienced partner violence in the past 12 months than women who had not. Since the environment where women grow up is key, an important protective factor is to ensure parenting and environments encourage the well-being and healthy choices in the family and community. In terms of factors associated with husbands/partners, women with partners who physically fight with other men are more likely to have suffered violence from a partner in the past 12 months than those with a partner who had not. Compared to other factors, men's aggressive behaviour associated with physical fighting is the strongest predictor of violence. Although challenging to change individual attitudes, an important primary prevention could be the introduction of education on social and emotional skills development for adolescent males and younger boys. Furthermore, women with male partners who saw other women and consumed alcohol were more likely to have experienced violence by partners in the past 12 months than women with partners who did not. As presented in Chapter 6, infidelity and alcohol were frequently reported by participants in the qualitative study. While these triggers increased the risk of violence, they were not the direct causes of violence. On a community level, women who live in environments that support those in need, such as through sickness or accidents, in the family are less likely to experience partner violence than those who live in communities that do not have such support. While it is challenging for women to raise their voices and seek help from neighbours, stronger neighbourhood support systems could be an enabling factor to stop violence and create a climate of zero tolerance towards violence.



**POLICY
IMPLICATIONS
AND
RECOMMENDATIONS**

CHAPTER 12. POLICY IMPLICATIONS AND RECOMMENDATIONS

The National Study on Women's Health and Life Experiences 2014 in Lao PDR has explicitly shown that VAW is widespread, socially embedded and has a significant impact on the health and well-being of women, children and families. This study was facilitated and coordinated by steering and technical committees (composed of the NCAW, LWU, LSB, MoH, MoJ and MoPS), with support from UNFPA, UN Women and WHO. The following policy implications and recommendations were drawn based on results derived from a vast volume of data and information in addition to numerous discussions among these two committees. The policy implications and recommendations are broadly divided into three categories – 'political commitment and an enabling environment', 'primary prevention and protection' and 'responses'. In line with these principles, the need to address, prevent and respond to VAW requires concrete action plans by various actors across sectors and agencies. Policy-makers, national and local governments, donors, NGOs and CSOs should refer to these recommendations when formulating policies and implementing programmes/projects to support women and children subject to violence.

12.1 Promoting Political Commitment and an Enabling Environment to Eliminate Violence against Women

12.1.1 Implementation of New Law on VAWC and National Plan of Action for Violence against Women and Children

A State has a clear obligation to enact, implement and monitor legislation to address all forms of VAW, in response to the International Law of Human Rights. Laws and policies play a crucial role in changing attitudes and behaviours that promote gender inequality as well as developing comprehensive strategies such as on awareness-raising, appropriate services to protect and support survivors along with strict punishment of offenders.

Although Lao PDR has developed associated laws, such as the Penal Law and LDPW, the narrow definition of VAW provides many loopholes for perpetrators of violence to avoid persecution. In response to these issues and the recommendation of CEDAW (Recommendation No.24), the Government of Lao PDR drafted and recently approved the new law on VAWC endorsed by the NA and soon to be enacted. The new law on VAWC covers the definition of violence, ways to prevent and prohibit violence as well as protect citizens along with judicial proceedings. These components are designed to address deficiencies in the LDPW that exclude violence between unmarried couples and marital rape. However, the new law on VAWC is just the beginning of a complex process to better respond to women's needs with provision of effective services alongside the transformation of social norms that currently reinforce constructions of masculinity into those conducive to respectful and equal relationships between women and men.

Legislation is most likely to be implemented effectively when accompanied by a policy framework in line with an action plan or strategy. The NPAVAW (2014-2020) in Lao PDR supports the implementation of basic elements of the new law on VAWC, encompassing prevention, protection, partnership, legal assistance and integration support. For effective implementation of the new law on VAWC and NPAVAW to be achieved, effective responses to the following recommendations are required.

- Enforce the implementation of the new law on VAWC, other policies and NPAVAW to protect and support women and children from violence and abuse as well as impose strict legal sanctions on perpetrators in accordance with the new law on VAWC. Raise nationwide awareness of the new law on VAWC and that violence is a criminal offense and a violation of human rights.

- Ensure survivors' direct and timely access to legal advice from lawyers and counsellors to facilitate the application and benefits of the new law on VAWC.
- Conduct close and periodic monitoring to observe whether the new law on VAWC is abided by the public as well as its implementation and use of service.
- Revised or amend accordingly, if there are any limitations in legislation articles to ensure they are realistic and responsive to the needs of survivors.
- Develop the NPAVAW in an innovative and targeted way to bring about change and determine effective outcomes, activities, timeframes and resources (budgets, human resources and other necessary resources such as financial and in-kind contributions) by incorporating inputs from all relevant actors and sectors.

12.1.2 Public Awareness and Advocacy Campaign

Heightened public awareness and advocacy are essential to achieving social transformation and systematic reforms by influencing attitudes, behaviours, policies and practices to prevent VAW in Lao society. Dynamic strategies are needed to drive forward media campaign and policy advocacy initiatives.

- Support and mobilise journalists and the media to promote gender equality as a primary prevention for violence against women and children, through electronic and printed publications to enhance public awareness and spark active dialogue on the issue.
- Develop materials for awareness-raising through TV programmes, campaign DVDs and teaching materials at schools for nationwide dissemination.²⁵
- Develop inclusive public relations approaches, such as broadcasting and publication of public documents, to end violence against women and children that are accurately translated and interpreted into local languages considering the ethnic diversity of Lao society.
- Accelerate policy advocacy to disseminate the enactment of legislation and development of the NPAVAW to prevent and respond to violence against women and children.
- Advocate for campaigns to raise awareness, including whether the new law on VAWC and NPAVAW are properly administered in terms of allocation of resources for implementation as well as effective interventions, including achievements and impacts of projects or programmes.

12.1.3 Commitment to Budget Allocation for Eliminating VAW

Without adequate funding, legislation cannot be implemented effectively. Securing resources, especially sufficient funding, is central to successfully undertaking implementation efforts and sustaining them. The new law on VAWC mandates the allocation of a budget to implement all relevant activities to eliminate VAW.

- Pursue funding and resources from various sources, such as governments, donors, civil society, private sector or even the public in the form of monetary or in-kind contributions, including technical assistance, facilities, equipment or materials needed for services and free broadcasting by media to raise awareness and information dissemination to benefit survivors.
- Secure resources and funding for longer-term budget lines built in from the beginning of programme planning and design.
- Secure and allocate multi-sectoral or sector-specific budgets at national and local levels to support survivors. This should correspond to gender-responsive budgeting, to promote a more equitable allocation and utilisation of government resources for gender equality, fulfilment of women's rights

²⁵ One example is a DVD titled 'Domestic Violence Documentary by Lao New Wave Cinema' developed by NCAW and NCMC with support from the Australian Government. The video is available at: <https://www.youtube.com/watch?v=V4wtjVW5a7s>

and advance commitments to prevent and respond to violence.

- Organise campaigns for periodical fundraising to prevent and eliminate violence against women and children in Lao society.

12.1.4 Development of Database, Further Research, Monitoring and Evaluation

Collecting data, developing and updating the database and periodical research/studies are of crucial importance to monitor the current situation of violence, its changes and progress in implementation of legislation and action plans. The new law on VAWC and NPAVAW clearly address the need to establish and strengthen database, statistics and research systems on issues of violence. A systematic and unified database enables governments to be more accountable and to contribute to planning and services to reflect survivors' needs.

- Establish a unified database on violence against women and children collected by different sectoral governments and agencies.
- Build capacity to establish a database system accompanied by skills for data collection, statistical analysis and interpretation in the framework of research and projects/programmes looking at planning, implementation, and monitoring and evaluation.
- Provide additional research and activities to collect relevant data to further understand gender norms, attitudes and other drivers of violence among majority or marginalised populations (ethnic minorities or underdeveloped villages), which were not surveyed in this study.
- Update periodic and reliable data about prevalence, access to justice, number of survivors and perpetrators identified in healthcare, police, legal advice or protection and counselling, and other related activities/projects/programmes.
- Closely monitor data on budgets and public expenditures used specifically for prevention and responses to VAW to confirm accountability and transparency.
- Strengthen VAW reporting at central to local levels to support women and public reporting.
- Take advantage of the rich store of data and information collected by this study for future in-depth analysis.

12.2 Promoting Primary Prevention

12.2.1 Efforts to Change Social, Cultural and Gender Norms that Promote Violence

This study revealed that many barriers to addressing VAW were primarily rooted in traditional gender norms and violence-condoning environments, with unequal gender-defined power relationships. In Lao PDR, half of women and men think VAW is acceptable if women do not adhere to traditional gender roles and responsibilities. Changing beliefs, norms, attitudes and stereotypes on gender are therefore essential and enhanced awareness of gender equality and GBV must not only be achieved at national level, but also community level. Such efforts can be undertaken through community-based training underpinned by gender norms, masculinity and a process to transform attitudes towards gender roles and power relations. For example, the process of gender analysis in training can provide tools to understand the causes and consequences of VAW. Participants will be enabled to gain an in-depth understanding of the nature of violence and develop strategies to eliminate violence, and to increase community awareness on women's rights (Tumursukh et al.,2013).²⁶ Considering its role in family disputes including VAW, VMUs should be

²⁶ One useful method to focus on gender norms and GBV is 'Transforming Gender Masculinities for Gender Justice' developed by Regional Learning Community for East and Southeast Asia, with support from P4P (Partner For Prevention). For details, see 'Transforming Masculinities Towards Gender Justice Foundational Knowledge for Action (by RLC)', Supported by Partners for Prevention: a UNDP, UNFPA, UN Women and UNV Regional joint programme for GBV prevention in Asia and the Pacific. Available online at: http://www.partners4prevention.org/sites/default/files/resources/rlc_curriculum_final.pdf

the first group to receive such training.

- Promote gender equality and challenge traditional gender norms to end violence against women and children, particularly girls at community-based organisations, schools and workplaces.
- Mobilise communities to take a zero tolerance approach to any form of VAW and impose sanctions on those who practice and condone violence.
- Provide community-based training on gender equality and to fight GBV, particularly local leaders, men, young men and boys, including gatekeepers.
- Involve and empower women in changing gender norms and inequalities, addressing violence and encouraging decision-making for prevention, protection and freedom of choice (to prevent forced marriage after a rape case, leaving home).
- Arrange different outreach measures in addition to formal gender training, such as folk theatre and drama, particularly for community residents who have difficulty reading and writing.

One example to promote primary prevention of VAW in the community includes the 'SASA!' methodology, to be piloted in rural Lao PDR communities (Box 12.1).

Box 12.1 SASA! Approach: Pilot Programme for Primary Prevention of VAW in the Community

SASA! (Start, Awareness, Support and Action) is an approach for community mobilisation that originated in Sub-Saharan African countries to raise awareness to prevent violence against women and combat HIV/AIDS. Although it includes the HIV/AIDS component, its principles and gender sensitive approaches can be applied to schools and communities.

The 'SASA!' methodology was recently introduced to promote community engagement in gender equality and prevention of violence against women and girls. UN Women played a key role in disseminating SASA! methodology to the LWU, NCAW, Ministry of Education and Sports (MoES) and CARE International. An introductory course was held in March 2015. Accordingly, CARE International is now introducing SASA! methodology as a useful and relevant tool for community-based primary prevention of violence against women and girls, which will be piloted further in rural communities.

12.2.2 Education for Zero Tolerance of VAW and Children at School

Children often witness acts of DV and IPV. Sometimes they themselves become survivors of violence and violations of children's rights. They may be placed in situations of particular vulnerability, including direct exposure to abuse, rape, trafficking and harassment.

This study revealed that VAW directly impacts on children's development, particularly in health, attitudes and schooling. This, in turn, has negative impacts on academic achievements and long-term prospects. To break this vicious cycle of violence and enable children and young adults to learn about their rights and protection, school-based prevention efforts could be an effective step forward.

- Promote and implement human rights and gender equality in the compulsory education system.
- Increase students' understanding of gender equality and human rights in all schools, including school violence and GBV as well as enhance students' knowledge and access to support systems when in contact with violence.
- Enhance prevention of violence in peer relationships and promote positive gender norms by teachers.

Provide teaching and support staff with training packages to acquire skills for teaching and promoting gender equality and human rights.

- Develop curriculums and teaching materials on gender equality, respectful relationships, communication and life skills.

Similar to the SASA! community-based primary prevention approach, its methodology was also introduced and adapted in a school-based violence prevention programme (Box 12.2).

Box 12.2 Pilot Programme for School-based Education for Prevention of GBV

A pilot project was undertaken to introduce school-based education for the prevention of GBV in Lao PDR. The MoES and UN Women developed a manual for use in schools to end violence against women and girls. Ten selected teachers were trained in early 2015 on the concepts of gender equality and GBV as well as basic principles and methods to teach students using the manual. Following the training, the teachers and 30 female and 30 male students from secondary schools in Vientiane participated in the pilot project using the newly developed manual. In line with this, the MoES also integrated the SASA! approach into its gender mainstreaming training, already conducted three times on staff. The MoES is finalising the manual for school-based education for prevention of VAW including the essence of SASA! approach, expected to be a key tool to extend the school project nationwide.

12.3 Putting Appropriate Protection and Responses in Place

Quality multi-sector services to support survivors of violence are essential for effective implementation of the new law on VAWC and NPAVAW. This includes women and children's increased access to police and justice, social and welfare support as well as healthcare services. Specifically, these services should ensure security, safety and protection, with appropriate healthcare for injuries and psychological trauma, sexual and reproductive health needs, including provision of post-rape care and counselling. Often a sector-specific approach for assistance is affected by sectionalism among different organisations and agencies. Therefore, a service delivery system should be implemented in a coordinated and seamless manner among relevant partners who understand their respective services and provide timely and appropriate referrals.

12.3.1 Welfare and other Social Services

As described in Chapter 9, there is currently only one shelter in Lao PDR and its LWU-run services are limited, especially accessibility through a hotline. Just one centre nationwide is insufficient to meet the needs of survivors who seek help from an official agency. Welfare services must be enhanced and capacities strengthened for prompt and effective responses to survivors.

- Provide and increase the number of safe and secure shelters nationwide to respond to survivors with children, by providing accommodation until they can rebuild their lives and integrate back into society.
- Establish multi-sectoral case management for survivors, including health, welfare, counselling, and legal services in one location at central and provincial levels.
- Increase and strengthen counselling services and quality by training qualified social workers or psychologists who provide welfare and psychosocial support and refer to legal procedures.
- Ensure effective access to the current shelter's hotline by improving telephone lines and simplifying its phone number (down to three or four digits), easily remembered by potential users.

- Review or map available services, specifically addressing or sensitive to VAW.

Effective and responsive implementation of these essential services can be developed and reinforced through technical cooperation with UN agencies, donors or independent experts in collaboration with national and local governments. Furthermore, it is a prerequisite to secure sufficient funds including earmarked budgets, human resource development and in-kind assistance to scale-up service operations.

12.3.2 Strengthening the Health Sector for Appropriate Responses to Survivors

As this study has shown, VAW has serious direct and indirect consequences on women's physical and mental health, in the short and long terms. The health sector, therefore, has an important role to play in tackling this issue by: (i) strengthening the health sector's contribution to a multi-sector response to VAW, including its measurement and prevention and (ii) strengthening the sector's own response to VAW, including healthcare for women subjected to intimate partner or non-partner (sexual) violence. A healthcare provider may be the first professional contact for survivors of IPV or sexual violence, as this study found that women who reported partner violence were more likely to consult healthcare providers than those who did not. While universal screening by healthcare providers is not recommended, routine enquiries in specific settings such as during antenatal care and HIV testing and counselling when assessing conditions associated with violence, may be considered. Healthcare providers can provide important support to women by offering appropriate health services and follow-ups, with assistance and timely referrals to other agencies and services, such as welfare offices, support groups and police.

It is also important to acknowledge barriers women and girls may experience in accessing care. The study has shown that unless survivors are seriously injured or mentally ill, they rarely go to a clinic or hospital for further treatment or counselling. This could be due to an inability to leave home because of constant scrutiny by husbands and/or family and/or financial difficulties in accessing health facilities, particularly in remote areas. Women may also be unaware how healthcare providers can respond to their needs.

In recognising the health sector's important role to address survivors' needs, the WHO published clinical and policy guidelines to respond to IPV and sexual violence (WHO, 2013b). These guidelines provide recommendations for healthcare providers, managers and policy-makers on women-centred care, identification and care for survivors, training healthcare providers, healthcare policy and provision along with reporting. Meanwhile, several countries in the region have developed national policy and clinical guidelines or protocols that clarify the roles of healthcare providers. However, Lao PDR is one of a number of countries that does not have such a system in place. To enhance dissemination and adaptation of policy and clinical guidelines, the WHO recently developed a clinical handbook in collaboration with UNFPA and UN Women to provide practical guidance to healthcare providers (WHO, 2014). The handbook stresses the importance of the 'first line of support', drawing attention to four kinds of needs. These are immediate emotional/psychological health, immediate physical health, ongoing safety and support as well as mental health needs. The handbook often frames the first line of support as the most important care a health worker can provide to respond to a woman's emotional, physical, safety and support needs without intruding on her privacy. The handbook also includes five tasks to support survivors called 'LIVES' (Listen, Inquire about needs and concerns, Validate, Enhance safety, Support). This handbook is a good resource to help healthcare providers in Lao PDR develop their capacities for awareness-raising on VAW and gain knowledge and skills in clinical practice to appropriately respond to survivors.

The following recommendations are designed to support strategies and respond to VAW issues in the health sector:

- Healthcare for survivors should be integrated into existing health services, rather than stand-alone services.
- Establish and enhance a physical and mental healthcare system to respond to survivors throughout the country with affordable payment. Eventually, this can be integrated into services of a 'one-stop crisis centre'.

- Train and build capacities of healthcare providers (emergency unit services, reproductive health services, mental health clinics) with adequate knowledge and skills that correspond to international standards.
- Provide opportunities to healthcare providers to learn and apply the WHO Clinical Handbook by practicing first line support, including the four kinds of 'first line of support' needs and 'LIVES'.
- Incorporate training in responding to survivors into medical and nursing education.
- Establish an effective referral system to other clinical specialists or connect to other relevant social and safety support networks.
- Ensure health centres/clinics/hospitals are safe places for survivors to confidentially report incidents of violence.

12.3.3 Police and Judicial Services

Although police and legal systems have important roles in protecting survivors of violence, this study found very few women who managed to approach such services. This may be a result not only of their hesitancy, due to shame and stigma, but also a lack of awareness and knowledge about available services and support systems. Also, police and judicial systems have limited experience and capacity to ensure safety and protection of survivors.

- Ensure police units and prosecutors effectively respond and investigate cases of violence and abuse.
- Provide women with access to information for heightened awareness of their legal rights under national and international laws, through formal and informal channels.
- Provide training to duty bearers and officers who work at district and village levels. Training or capacity building should focus on engendering the legal system including strengthening of capacities of the police, lawyers and judges to ensure gender-sensitive services for survivors and appropriate measures to approach and handle perpetrators.
- Facilitate survivors' easy access to the legal system (procedures, legal officers, lawyers), without concern of costs incurred.
- Review judicial processes and procedures in court proceedings related to VAW.

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ANNEX I.

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ANNEX II: SURVEY QUESTIONNAIRES

INDIVIDUAL CONSENT FORM FOR WOMAN'S QUESTIONNAIRE

Hello, my name is *. I work for *. We are conducting this survey in to learn about women's health and life experiences. You have been chosen by chance to participate in the study.

I want to assure you that all of your answers will be kept strictly confidential. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in Lao PDR.

Do you have any questions?

(The interview takes approximately..... minutes to complete.) Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

[] DOES NOT AGREE TO BE INTERVIEWED ➡ THANK PARTICIPANT FOR HER TIME AND END

[] AGREES TO BE INTERVIEWED



Is now a good time to talk?

It's very important that we talk in private. Is this a good place to hold the interview, or is there somewhere else that you would like to go?

TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT PROCEDURE TO THE PARTICIPANT.

SIGNED:

DATE OF INTERVIEW: day [][] month [][] year [][][][]		
100. RECORD THE START TIME OF THE WOMAN'S INTERVIEW	HH [][] (24 hrs) MM [][]	
SECTION 1 RESPONDENT AND HER COMMUNITY		
QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>. INSERT NAME OF COMMUNITY/VILLAGE/NEIGHBOURHOOD ABOVE AND IN QUESTIONS BELOW. IF NO NAME, SAY "IN THIS COMMUNITY/VILLAGE/AREA" AS APPROPRIATE.		
101	Do neighbours in your COMMUNITY NAME generally tend to know each other well?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED/NO ANSWER.....9
102	If there were a street fight in your (COMMUNITY NAME) would people generally do something to stop it?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED/NO ANSWER.....9
103	If someone in (COMMUNITY NAME) decided to undertake a community project would most people be willing to contribute time, labour or money?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED/NO ANSWER.....9
104	In this neighbourhood do most people generally trust one another in matters of lending and borrowing things?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED/NO ANSWER.....9
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED/NO ANSWER.....9
106	What is your date of birth (day, month and year that you were born)?	DAY.....[][] MONTH.....[][] YEAR.....[][][][] DON'T KNOW YEAR..... 9998 REFUSED/NO ANSWER 9999
107	How old are you (completed years)?	AGE (YEARS).....[][]
108	How long have you been living continuously in (COMMUNITY NAME)?	NUMBER OF YEARS.....[][] LESS THAN 1 YEAR.....00 LIVED ALL HER LIFE95 VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD)96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99

108 a	What is your religion?	NO RELIGION.....1 ISLAM.....2 CATHOLIC/PROTESTANT/ CHRISTAINITY.....3 BUDDHIST.....4 HINDU.....5 ANIMIST.....6 OTHER :7 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
108 b	What ethnic group do you identify with most? <i>Ethnic codes are in the manual</i>	Ethnicity name: Ethnicity code:/.....	
109	Can you read and write?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
110	Have you ever attended school?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	~111c
111	1) What is the highest level of education that you attend?	PRIMARY.....1 SECONDARY2 FIRST LEVEL TECHNICAL.....3 SECOND LEVEL TECHNICAL4 HIGHER LEVEL TECHNICAL5 BACHERLOR6 POST-GRADUATE/MASTER/HIGHER7 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	
	2) What is the highest grade you completed at that level?	Grade...../.....	
	3) Number of year schooling	Number of year schooling...../..... years	

111 c	<p>What is your <u>main</u> daily occupation?</p> <p>PROMPT: that can earn you income/wages?</p> <p>[MARK ONE]</p>	<p>NOT WORKING.....01</p> <p>Domesitc worker.....02</p> <p>STUDENT.....03</p> <p>AGRICULTURAL WORK04</p> <p>GOVERNMENT.....05</p> <p>CLERICAL.....06</p> <p>SMALL BUSINESS.....07</p> <p>PROFESSIONAL08</p> <p>RETIRED09</p> <p>WORK FOR PRIVATE SECTOR.....10</p> <p>LABOURER.....11</p> <p>HANDICRAFT WORK.....12</p> <p>BEAUTICIAN.....13</p> <p>TRADITIONAL MESSENGER.....14</p> <p>OTHER (SPECIFY) _____96</p> <p>DON'T KNOW/DON'T REMEMBER98</p> <p>REFUSED/NO ANSWER.....99</p>	
111 d	<p>What is <u>now</u> the main source of income for you and your household?</p> <p>[MARK ONE]</p>	<p>NO INCOME.....1</p> <p>SALARY.....2</p> <p>MONEY FROM OWN WORK.....3 (self-employed)</p> <p>SUPPORT FROM HUSBAND/PARTNER.....4</p> <p>SUPPORT FROM OTHER RELATIVES.....5</p> <p>PENSION.....6</p> <p>SOCIAL SERVICES/WELFARE.....7</p> <p>OTHER (SPECIFY) _____8</p> <p>DON'T KNOW/DON'T REMEMBER.....9</p> <p>REFUSED/NO ANSWER.....10</p>	
112	<p>Where did you grow up?</p> <p>PROBE: Before age 12 where did you live longest?</p>	<p>THIS COMMUNITY/NEIGHBOURHOOD.....1</p> <p>ANOTHER RURAL AREA/VILLAGE.....2</p> <p>ANOTHER TOWN/CITY.....3</p> <p>ANOTHER COUNTRY.....4</p> <p>ANOTHER NEIGHBOURHOOD IN SAME TOWN5</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	
113	<p>Do any of your family of birth live close enough by that you can easily see/visit them?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>LIVING WITH FAMILY OF BIRTH3</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	~115

121	Why did the <u>last partnership with a man</u> ended?	DIVORCED1 SEPARATED/BROKEN UP.....2 WIDOWED/PARTNER DIED..... 3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	~123
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	RESPONDENT.....1 HUSBAND/PARTNER.....2 BOTH (RESPONDENT AND PARTNER).....3 OTHER: _____6 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
123	How many times in your life have you been married and/or lived together with a man? (INCLUDE CURRENT PARTNER IF LIVING TOGETHER)	NUMBER OF TIMES MARRIED OR LIVED TOGETHER..... [][] NEVER MARRIED OR LIVED TOGETHER..... 00 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	~S2
124	Do/did you live together (in the same home) with your husband/partner's parents or any of his relatives?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
125	IF CURRENTLY WITH HUSBAND/PARTNER: Do you <u>currently</u> live with your parents or any of your relatives? IF NOT CURRENTLY WITH HUSBAND/PARTNER: Were you living with your parents or relatives <u>during your last relationship</u> ?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
129	Did you have any kind of marriage ceremony to formalize the union? What type of ceremony did you have? MARK ALL THAT APPLY	NONE..... A CIVIL MARRIAGE.....B RELIGIOUS MARRIAGE.....C CUSTOMARY MARRIAGE.....D OTHER: _____X	~S.2
130	In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR.....[][][][] DON'T KNOW.....9998 REFUSED/NO ANSWER.....9999	
131	Did you yourself choose your <u>current/most recent</u> husband, did someone else choose him for you, or did he choose you? IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your <u>current/most recent</u> husband for you?	BOTH CHOSE 1 RESPONDENT CHOSE..... 2 RESPONDENT'S FAMILY CHOSE3 HUSBAND/PARTNER CHOSE.....4 HUSBAND/PARTNER'S FAMILY CHOSE.....5 OTHER: _____6 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	~S.2 ~S.2

132	Before the marriage with your <u>current /most recent</u> husband, were you asked whether you wanted to marry him or not?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9
-----	---	---

BEFORE STARTING WITH SECTION 2:
REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.

SECTION 2 GENERAL HEALTH

201	I would now like to ask a few questions about your health and use of health services. In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT1 GOOD.....2 FAIR.....3 POOR.....4 VERY POOR.....5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9
202	Now I would like to ask you about your health in the past 4 weeks. How would you describe your ability to walk around? Which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS.....1 VERY FEW PROBLEMS.....2 SOME PROBLEMS.....3 MANY PROBLEMS.....4 UNABLE TO WALK AT ALL.....5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9
203	In the past 4 weeks did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS.....1 VERY FEW PROBLEMS.....2 SOME PROBLEMS.....3 MANY PROBLEMS.....4 UNABLE TO PERFORM USUAL ACTIVITIES.....5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9
204	In the past 4 weeks have you been in pain or discomfort? Please choose from the following 5 options.	NO PAIN OR DISCOMFORT.....1 SLIGHT PAIN OR DISCOMFORT.....2 MODERATE PAIN OR DISCOMFORT.....3 SEVERE PAIN OR DISCOMFORT.....4 EXTREME PAIN OR DISCOMFORT.....5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9
205	In the past 4 weeks have you had problems with your memory or concentration?	NO PROBLEMS.....1 VERY FEW PROBLEMS.....2 SOME PROBLEMS.....3 MANY PROBLEMS.....4 EXTREME MEMORY PROBLEMS.....5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9

207	<p>In the <u>past 4 weeks</u>, have you taken medication:</p> <p>a) To help you calm down or sleep?</p> <p>b) To relieve pain?</p> <p>c) To help you not feel sad or depressed?</p> <p>FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?</p>	<table border="1"> <thead> <tr> <th></th> <th>NO</th> <th>ONCE OR TWICE</th> <th>A FEW TIMES</th> <th>MANY TIMES</th> </tr> </thead> <tbody> <tr> <td>a) FOR SLEEP</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b) FOR PAIN</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c) FOR SADNESS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES	a) FOR SLEEP	1	2	3	4	b) FOR PAIN	1	2	3	4	c) FOR SADNESS	1	2	3	4
	NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES																		
a) FOR SLEEP	1	2	3	4																		
b) FOR PAIN	1	2	3	4																		
c) FOR SADNESS	1	2	3	4																		
208	<p>In the <u>past 4 weeks</u>, did you consult a doctor or other professional or traditional health worker because you yourself were sick?</p> <p>IF YES: Whom did you consult?</p> <p>PROBE: Did you also see anyone else?</p>	<p>NO ONE CONSULTED.....A</p> <p>DOCTOR.....B</p> <p>NURSE (AUXILIARY).....C</p> <p>MIDWIFE.....D</p> <p>COUNSELLOR.....E</p> <p>PHARMACIST.....F</p> <p>TRADITIONAL HEALER.....G</p> <p>TRADITIONAL BIRTH ATTENDANT.....H</p> <p>OTHER: _____.....X</p>																				

			YES	NO
209	<p>The next questions are related to other common problems that may have bothered you in the <u>past 4 weeks</u>. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.</p> <p>a) Do you often have headaches? b) Is your appetite poor? c) Do you sleep badly? d) Are you easily frightened?</p> <p>e) Do your hands shake? f) Do you feel nervous, tense or worried? g) Is your digestion poor? h) Do you have trouble thinking clearly?</p> <p>i) Do you feel unhappy? j) Do you cry more than usual? k) Do you find it difficult to enjoy your daily activities? l) Do you find it difficult to make decisions?</p> <p>m) Is your daily work suffering? n) Are you unable to play a useful part in life? o) Have you lost interest in things that you used to enjoy? p) Do you feel that you are a worthless person?</p> <p>q) Has the thought of ending your life been on your mind? r) Do you feel tired all the time? s) Do you have uncomfortable feelings in your stomach? t) Are you easily tired?</p>	<p>a) HEADACHES b) APPETITE c) SLEEP BADLY d) FRIGHTENED</p> <p>e) HANDS SHAKE f) NERVOUS g) DIGESTION h) THINKING</p> <p>i) UNHAPPY j) CRY MORE k) NOT ENJOY l) DECISIONS</p> <p>m) WORK SUFFERS n) USEFUL PART o) LOST INTEREST p) WORTHLESS</p> <p>q) ENDING LIFE r) FEEL TIRED s) STOMACH t) EASILY TIRED</p>	<p>1 2 1 2 1 2 1 2</p> <p>1 2 1 2 1 2 1 2</p> <p>1 2 1 2 1 2 1 2</p> <p>1 2 1 2 1 2 1 2</p> <p>1 2 1 2 1 2 1 2</p> <p>1 2 1 2 1 2 1 2</p>	
210	<p>Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you <u>ever</u> thought about ending your life?</p>	<p>YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9</p>		→212
211	<p>Have you <u>ever</u> tried to take your life?</p>	<p>YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9</p>		
212	<p>In the <u>past 12 months</u>, have you had an operation (other than a caesarean section)?</p>	<p>YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9</p>		

213	In the <u>past 12 months</u> , did you have to spend any nights in a hospital because you were sick (other than to give birth)? IF YES: How many nights in the past 12 months? (IF DON'T KNOW GET ESTIMATE)	NIGHTS IN HOSPITAL.....[][] NONE.....00 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99																			
216	How often do you drink alcohol? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 - 3 times a month 4. Occasionally, less than once a month 5. Never/Stopped more than a year ago	EVERY DAY OR NEARLY EVERY DAY.....1 ONCE OR TWICE A WEEK.....2 1 - 3 TIMES IN A MONTH.....3 LESS THAN ONCE A MONTH.....4 NEVER.....5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	→S.3																		
217	On the days that you drank in the <u>past 4 weeks</u> , about how many alcoholic drinks did you usually have a day?	USUAL NUMBER OF DRINKS.....[][] NO ALCOHOLIC DRINKS IN PAST 4 WEEKS.....00																			
218	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking? a) money problems b) health problems c) conflict with family or friends d) problems with authorities (bar owner/ police, etc) x) other, specify.	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) MONEY PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEALTH PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) CONFLICT WITH FAMILY OR FRIENDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) PROBLEMS WITH AUTHORITIES</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) OTHER: _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) MONEY PROBLEMS	1	2	b) HEALTH PROBLEMS	1	2	c) CONFLICT WITH FAMILY OR FRIENDS	1	2	d) PROBLEMS WITH AUTHORITIES	1	2	x) OTHER: _____	1	2	
	YES	NO																			
a) MONEY PROBLEMS	1	2																			
b) HEALTH PROBLEMS	1	2																			
c) CONFLICT WITH FAMILY OR FRIENDS	1	2																			
d) PROBLEMS WITH AUTHORITIES	1	2																			
x) OTHER: _____	1	2																			

SECTION 3 REPRODUCTIVE HEALTH

	Now I would like to ask about all of the children that you may have given birth to during your life.		
301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN.....[][] IF 1 OR MORE→ NONE00	→303
302	Have you ever been pregnant?	YES.....1 NO.....2 MAYBE/NOT SURE3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	→304 →310 →310 →310 →310

303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN [][] NONE00	
304	Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age. IF NO, PROBE: Any baby who cried or showed signs of life but survived for only a few hours or days?	YES1 NO2	↪306
305	a) How many sons have died? b) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD [][] b) DAUGHTERS DEAD..... [][] IF NONE ENTER '00'	
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER1 MORE THAN ONE FATHER2 N/A (NEVER HAD LIVE BIRTH)7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	↪308
307	How many of your children receive financial support from their father(s)? Would you say none, some or all? IF ONLY ONE CHILD AND SHE SAYS 'YES,' CODE '3' ('ALL').	NONE1 SOME2 ALL3 N/A7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) TOTAL NO. OF PREGNANCIES. [][] b) PREGNANCIES WITH TWINS [] c) PREGNANCIES WITH TRIPLETS []	
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? Or an abortion? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?	a) MISCARRIAGES [][] b) STILLBIRTHS [][] c) ABORTIONS [][] IF NONE ENTER '00'	
310	Are you pregnant now?	YES1 NO2 MAYBE3	↪A ↪B ↪B
DO EITHER A OR B: IF PREGNANT NOW ==> IF NOT PREGNANT NOW ==> VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.		A. [301] ____ + [309 a+b+c] ____ + 1 = [308a] ____ + [308b] ____ + [2x308c] ____ = ____ B. [301] ____ + [309 a+b+c] ____ = [308a] ____ + [308b] ____ + [2x308c] ____ = ____	
311	Have you <u>ever</u> used anything, or tried in any way, to delay or avoid getting pregnant?	YES1 NO2 N.A. (NEVER HAD INTERCOURSE)7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	↪315 ↪S.5

312	Are you <u>currently</u> doing something, or using any method, to delay or avoid getting pregnant?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	→315
313	What (main) method are you <u>currently</u> using? IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL/TABLETS01 INJECTABLES.....02 IMPLANTS (NORPLANT).....03 IUD04 DIAPHRAGM/FOAM/JELLY05 CALENDAR/MUCUS METHOD06 FEMALE STERILIZATION.....07 CONDOMS08 MALE STERILIZATION09 WITHDRAWAL10 HERBS.....11 OTHER:.....96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	→315 →315 →315
314	Does your <u>current</u> husband/partner know that you are using a method of family planning?	YES.....1 NO.....2 N/A: NO CURRENT HUSBAND/PARTNER7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
315	Has/did your <u>current/most recent</u> husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	YES.....1 NO2 N.A. (NEVER HAD A PARTNER).....7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	→317 →S.4 →317 →317
316	In what ways did he let you know that he disapproved of using methods to avoid getting pregnant? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE.....A SHOUTED/GOT ANGRYB THREATENED TO BEAT MEC THREATENED TO LEAVE/THROW ME OUT OF HOMED BEAT ME/PHYSICALLY ASSAULTED.....E TOOK OR DESTROYED METHOD.....F OTHERX	
317	Apart from what you have told me before, I would now like to ask some specific questions about condoms. Have you ever used a condom with your <u>current/most recent</u> husband/partner?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	→317
317a	The last time that you had sex with your <u>current/most recent</u> husband/partner did you use a condom?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	

318	Have you ever asked your <u>current/most recent</u> husband/partner to use a condom?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
319	Has your <u>current/most recent</u> husband/partner ever refused to use a condom?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	→S.4 →S.4 →S.4
320	In what ways did he let you know that he disapproved of using a condom? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE.....A SHOUTED/GOT ANGRY.....B THREATENED TO BEAT ME.....C THREATENED TO LEAVE/THROW ME OUT OF HOME.....D BEAT ME/PHYSICALLY ASSAULTED.....E TOOK OR DESTROYED METHOD.....F ACCUSED ME OF BEING UNFAITHFUL/NOT A GOOD WOMAN.....G LAUGHED AT/NOT TAKE ME SERIOUS.....H SAID IT IS NOT NECESSARY.....I OTHER.....X	

BEFORE STARTING WITH SECTION 4:

REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.

SECTION 4 CHILDREN

CHECK: Ref. Sheet, box B, point Q (s4bir)	ANY LIVE BIRTHS [] ↓ (1)	NO LIVE BIRTHS [] ~ (2)	~S.5
401	I would like to ask about the last time that you gave birth (Live birth, regardless of whether the child is still alive or not). What is the date of birth of this child?	DAY.....[][] MONTH.....[][] YEAR.....[][][][]	
402	What name was given to your last born child? Is (NAME) a boy or a girl?	NAME: _____ BOY.....1 GIRL.....2	
403	Is your last born child (NAME) still alive?	YES.....1 NO.....2	→405
404	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS CHECK AGE WITH BIRTH DATE	AGE IN YEARS.....[][] IF NOT YET COMPLETED 1 YEAR.....00	→406 →406

405	How old was (NAME) when he/she died?	YEARS.....[][] MONTHS (IF LESS THAN 1 YEAR).....[][] DAYS (IF LESS THAN 1 MONTH).....[][]	
406	CHECK IF DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN 5 YEARS AGO	5 OR MORE YEARS AGO.....1 LESS THAN 5 YEARS AGO.....2	→417
407	I would like to ask you about your <u>last pregnancy</u> . At the time you became pregnant with this child (NAME), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way?	BECOME PREGNANT THEN.....1 WAIT UNTIL LATER.....2 NOT WANT CHILDREN.....3 NOT MIND EITHER WAY.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
408	At the time you became pregnant with this child (NAME), did your husband/partner want you to become pregnant then, did he want to wait until later, did he want no (more) children at all, or did he not mind either way?	BECOME PREGNANT THEN.....1 WAIT UNTIL LATER.....2 NOT WANT CHILDREN.....3 NOT MIND EITHER WAY.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
409	When you were pregnant with this child (NAME), did you see anyone for an antenatal check? IF YES: Whom did you see? Anyone else? MARK ALL THAT APPLY	NO ONE.....A DOCTOR.....B OBSTETRICIAN/GYNAECOLOGIST.....C NURSE/MIDWIFE.....D AUXILIARY NURSE.....E TRADITIONAL BIRTH ATTENDANT.....F OTHER: _____ _____.....X	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received antenatal care for your pregnancy?	STOP.....1 ENCOURAGE.....2 NO INTEREST.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
411	When you were pregnant with this child (NAME), did your husband/partner have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?	SON.....1 DAUGHTER.....2 DID NOT MATTER.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
412	During this pregnancy, did you consume any alcoholic drinks?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	

414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	YES.....1 NO.....2 NO, CHILD NOT YET SIX WEEKS OLD.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9																					
415	Was this child (NAME) weighed at birth?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	→417 →417																				
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD [][].....1 KG FROM RECALL [][].....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9																					
417	Do you have any children aged between <u>6 and 11</u> years? How many? (include 6-year-old and 11-year-old children)	NUMBER.....[][] NONE.....00	→S.5																				
418	a) How many are boys? b) How many are girls?	a) BOYS.....[] b) GIRLS.....[]																					
419	How many of these children (ages 6-11 years) currently live with you? PROBE: a) How many boys? b) How many girls?	a) BOYS.....[] b) GIRLS.....[] IF "0" FOR BOTH SEXES ===== GO TO →	→S.5																				
420	Do any of these children (ages 6-11 years): a) Have frequent nightmares? b) x c) Wet their bed often? d) Are any of these children very timid or withdrawn? e) Are any of them aggressive with you or other children?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) NIGHTMARES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) WET BED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) TIMID</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>e) AGGRESSIVE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) NIGHTMARES	1	2	8	c) WET BED	1	2	8	d) TIMID	1	2	8	e) AGGRESSIVE	1	2	8	
	YES	NO	DK																				
a) NIGHTMARES	1	2	8																				
c) WET BED	1	2	8																				
d) TIMID	1	2	8																				
e) AGGRESSIVE	1	2	8																				
421	Of these children (ages 6-11 years), how many of your boys and how many of your girls have ever run away from home?	a) NUMBER OF BOYS RUN AWAY.....[] b) NUMBER OF GIRLS RUN AWAY.....[] IF NONE ENTER '0'																					
422	Of these children (ages 6-11 years), how many of your boys and how many of your girls are studying/in school?	a) BOYS.....[] b) GIRLS.....[] IF "0" FOR BOTH SEXES ===== GO TO →	→S.5																				
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 6-11 YEARS.	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9																					
424	Have any of these children stopped school for a while or dropped out of school? MAKE SURE ONLY CHILDREN AGED 6-11 YEARS.	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9																					

SECTION 5 CURRENT OR MOST RECENT HUSBAND/PARTNER

CHECK: Ref. sheet, Box A	CURRENTLY MARRIED, OR LIVING WITH A MAN/ ENGAGED OR DATING A MALE PARTNER (Options K, L) [] ↓ (1)	FORMERLY MARRIED/ LIVING WITH A MAN/ ENGAGED OR DATING A MALE PARTNER (Option M) [] ↓ (2)	NEVER MARRIED/ NEVER LIVED WITH A MAN (NEVER MALE PARTNER) (Option N) [] → (3)	
(s5mar)				~S.6
501	I would now like you to tell me a little about your <u>current/most recent</u> husband/partner. How old is your husband/partner (completed years)?	AGE (YEARS) [][]		
502	PROBE: MORE OR LESS	YEAR..... [][][][] DON'T KNOW/DON'T REMEMBER 9998 REFUSED/NO ANSWER 9999		
502 a	IF MOST RECENT HUSBAND/PARTNER DIED: How old would he be now if he were alive?	SAME COMMUNITY/NEIGHBOURHOOD 1 ANOTHER RURAL AREA/VILLAGE..... 2 ANOTHER TOWN/CITY..... 3 ANOTHER COUNTRY..... 4 OTHER: 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
503	Can (could) he read and write?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
504	Did he ever attend school?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		~506
505	1) What is the highest level of education that you attend?	PRIMARY.....1 SECONDARY.....2 FIRST LEVEL TECHNICAL.....3 SECOND LEVEL TECHNICAL.....4 HIGHER LEVEL TECHNICAL5 BACHERLOR6 POST-GRADUATE/MASTER/HIGHER.....7 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99		
	2) What is the highest grade you completed at that level?	Grade...../.....		
	3) Number of year schooling	Number of year schooling/..... years		

506	<p>IF CURRENTLY WITH HUSBAND/ PARTNER: Is he currently working, looking for work or unemployed, retired or studying?</p> <p>IF NOT CURRENTLY WITH HUSBAND/ PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?</p>	<p>WORKING 1</p> <p>LOOKING FOR WORK/UNEMPLOYED..... 2</p> <p>RETIRED 3</p> <p>STUDENT 4</p> <p>DISABLED/LONG TERM SICK 5</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	<p>→508</p> <p>→508</p> <p>→509</p>
507	<p>When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)</p>	<p>IN THE PAST 4 WEEKS..... 1</p> <p>4 WKS - 12 MONTHS AGO..... 2</p> <p>MORE THAN 12 MONTHS AGO..... 3</p> <p>NEVER HAD A JOB 4</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	<p>→509</p>
508	<p>What kind of work does/did he normally do?</p>	<p>NOT WORKING.....01</p> <p>Domestic worker.....02</p> <p>STUDENT.....03</p> <p>AGRICULTURAL WORK04</p> <p>GOVERNMENT.....05</p> <p>CLERICAL.....06</p> <p>SMALL BUSINESS.....07</p> <p>PROFESSIONAL08</p> <p>RETIRED09</p> <p>WORK FOR PRIVATE SECTOR.....10</p> <p>LABOURER.....11</p> <p>HANDICRAFT WORK.....12</p> <p>BEAUTICIAN.....13</p> <p>TRADITIONAL MESSENGER.....14</p> <p>OTHER: _____ 96</p> <p>DON'T KNOW/DON'T REMEMBER 98</p> <p>REFUSED/NO ANSWER 99</p>	
509	<p>How often does/did your husband/partner drink alcohol?</p> <p>1. Every day or nearly every day</p> <p>2. Once or twice a week</p> <p>3. 1-3 times a month</p> <p>4. Occasionally, less than once a month</p> <p>Never/less than once a year/stopped more than a year ago</p>	<p>EVERY DAY OR NEARLY EVERY DAY..... 1</p> <p>ONCE OR TWICE A WEEK..... 2</p> <p>1-3 TIMES IN A MONTH..... 3</p> <p>LESS THAN ONCE A MONTH..... 4</p> <p>NEVER 5</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	<p>→512</p>
510	<p>In the <u>past 12 months</u> (In the <u>last 12 months of your last relationship</u>), how often have you seen (did you see) your husband/partner drunk? Would you say most days, weekly, once a month, less than once a month, or never?</p>	<p>MOST DAYS 1</p> <p>WEEKLY 2</p> <p>ONCE A MONTH..... 3</p> <p>LESS THAN ONCE A MONTH..... 4</p> <p>NEVER 5</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	

511	In the <u>past 12 months</u> (In the <u>last 12 months</u> of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking? a) Money problems b) Family problems Any other problems, specify	<p style="text-align: right;">YES YES</p> a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 x) OTHER: _____ 1 2	
512	Does/did your husband/partner ever use drugs? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 - 3 times a month 4. Occasionally, less than once a month 5. Never 6. In the past, not now	EVERY DAY OR NEARLY EVERY DAY..... 1 ONCE OR TWICE A WEEK..... 2 1 - 3 TIMES IN A MONTH..... 3 LESS THAN ONCE A MONTH..... 4 NEVER 5 IN THE PAST, NOT NOW 6 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	
513	<u>Since you have known him</u> , has he ever been involved in a physical fight with another man?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	~512 ~512
514	In the <u>past 12 months</u> (In the <u>last 12 months</u> of the relationship), how often has this happened?	NEVER 1 ONCE OR TWICE..... 2 A FEW (3-5) TIMES..... 3 MANY (MORE THAN 5) TIMES..... 4 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	
515	Has your <u>current/most recent</u> husband/partner had a relationship with any other women while being with you?	YES 1 NO 2 MAY HAVE 3 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	~S.6 ~S.6
516	Has your <u>current/most recent</u> husband/partner had children with any other woman while being with you?	YES 1 NO 2 MAY HAVE 3 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	

SECTION 6 ATTITUDES

	In this community and elsewhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers.				
601	A good wife obeys her husband even if she disagrees	AGREE	1		
		DISAGREE	2		
		DON'T KNOW	8		
		REFUSED/NO ANSWER	9		
602					
603	It is important for a man to show his wife/partner who is the boss	AGREE	1		
		DISAGREE	2		
		DON'T KNOW	8		
		REFUSED/NO ANSWER	9		
604					
605	It's a wife's obligation to have sex with her husband even if she doesn't feel like it	AGREE	1		
		DISAGREE	2		
		DON'T KNOW	8		
		REFUSED/NO ANSWER	9		
606					
607	In your opinion, does a man have a good reason to hit his wife if:		YES	NO	DK
	a) She does not complete her household work to his satisfaction	a) HOUSEHOLD	1	2	8
	b) She disobeys him	b) DISOBEYS	1	2	8
	c) She refuses to have sexual relations with him	c) NO SEX	1	2	8
	d) She asks him whether he has other girlfriends	d) GIRLFRIENDS	1	2	8
	e) He suspects that she is unfaithful	e) SUSPECTS	1	2	8
	f) He finds out that she has been unfaithful	f) UNFAITHFUL	1	2	8
608	In your opinion, can a married woman refuse to have sex with her husband if:		YES	NO	DK
	a) She doesn't want to	a) NOT WANT	1	2	8
	a) He is drunk	b) DRUNK	1	2	8
	a) She is sick	c) SICK	1	2	8
	a) He mistreats her	d) MISTREAT	1	2	8

SECTION 7 RESPONDENT AND HER HUSBAND /PARTNER

CHECK: Ref. sheet, Box A (s7mar)	EVER MARRIED/EVER LIVING WITH A MAN/MALE PARTNER (Options K, L, M) [] ↓ (1)	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER MALE PARTNER (Option N) [] → →S.10 (2)	
---	---	---	--

When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept confidential, and that you do not have to answer any questions that you do not want to. May I continue?

701	In general, do (did) you and your (<u>current or most recent</u>) husband/partner discuss the following topics together: a) Things that have happened to him in the day b) Things that happen to you during the day c) Your worries or feelings d) His worries or feelings	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) HIS DAY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) YOUR DAY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>c) YOUR WORRIES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>d) HIS WORRIES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	a) HIS DAY	1	2	8	b) YOUR DAY	1	2	8	c) YOUR WORRIES	1	2	8	d) HIS WORRIES	1	2	8	
	YES	NO	DK																				
a) HIS DAY	1	2	8																				
b) YOUR DAY	1	2	8																				
c) YOUR WORRIES	1	2	8																				
d) HIS WORRIES	1	2	8																				
702	In your relationship with your (<u>current or most recent</u>) husband/partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often?	RARELY 1 SOMETIMES.....2 OFTEN.....3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																					

701	I am now going to ask you about some situations that are true for many women. Thinking about your husband/partner or <u>any other</u> (the <u>current</u> or the <u>lastest one</u>), would you say it is generally true that he:	A) a) Tries to keep you from seeing your friends a) SEEING FRIENDS 1 2 b) Tries to restrict contact with your family of birth b) CONTACT FAMILY 1 2 c) Insists on knowing where you are at all times c) WANTS TO KNOW 1 2 d) Gets angry if you speak with another man d) GETS ANGRY 1 2 e) Is often suspicious that you are unfaithful e) SUSPICIOUS 1 2 f) Expects you to ask his permission before seeking health care for yourself f) HEALTH CARE 1 2 g) Your husband/partner refuses to give you enough money for household expenses, even when he has money for other things? g) REFUSES MONEY 1 2	B) ONLY ASK IF 'YES' IN 703A Has this happened in the past 12 months? YES NO YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
CHECK: Question 703	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [] ↓	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) []	→704
703 k	Was the behaviour you just talked about (MENTION ACTS REPORTED IN 703a) to h)) by your <u>current</u> or <u>most recent</u> husband/partner, by any other husband or partner that you may have had before or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER.....1 PREVIOUS HUSBAND/PARTNER2 BOTH3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	

704	<p>The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you.</p> <p>Has your <u>current</u> husband/partner, or <u>any other partner</u> ever....</p> <p>a) Insulted you or made you feel bad about yourself?</p> <p>b) Belittled or humiliated you in front of other people?</p> <p>c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?</p> <p>d) Verbally threatened to hurt you or someone you care about?</p>	<p>A) (If YES continue with B. If NO skip to next item)</p> <p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	<p>B) Has this happened in <u>the past 12 months</u>?</p> <p>(If YES ask C and D. If NO ask D only)</p> <p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	<p>C) In the <u>past 12 months</u> would you say that this has happened once, a few times or many times?</p> <p>One Few Many</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p>	<p>D) Did this happen <u>before the past 12 months</u>?</p> <p>IF YES: would you say that this has happened once, a few times or many times?</p> <p>No One Few Many</p> <p>0 1 2 3</p> <p>0 1 2 3</p> <p>0 1 2 3</p> <p>0 1 2 3</p>	
CHECK: Question 704	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [] ↓		MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) []			→705
704 e	Was the behaviour you just talked about (MENTION ACTS REPORTED IN 704) by your <u>current or most recent</u> husband/partner, by any other husband or partner that you may have had before or both?	<p>CURRENT/MOST RECENT HUSBAND/ PARTNER.....1</p> <p>PREVIOUS HUSBAND/PARTNER2</p> <p>BOTH3</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>				

705	Has <u>he or any other partner</u> ever....	A) (If YES continue with B. If NO skip to next item)	B) Has this happened <u>in the past 12 months</u> ? (If YES ask C and D. If NO ask D only)	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times?	D) Did this happen <u>before the past 12 months</u> ? IF YES: would you say that this has happened once, a few times or many times?
		YES NO	YES NO	One Few Many	No One Few Many
	a) Slapped you or thrown something at you that could hurt you?	1 2	1 2	1 2 3	0 1 2 3
	b) Pushed you or shoved you or pulled your hair?	1 2	1 2	1 2 3	0 1 2 3
	c) Hit you with his fist or with something else that could hurt you?	1 2	1 2	1 2 3	0 1 2 3
	d) Kicked you, dragged you or beaten you up?	1 2	1 2	1 2 3	0 1 2 3
	e) Choked or burnt you on purpose?	1 2	1 2	1 2 3	0 1 2 3
	f) Threatened with or actually used a gun, knife or other weapon against you?	1 2	1 2	1 2 3	0 1 2 3
CHECK: Question 705	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [] ↓	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) []		→706	
705 g	Was the behaviour you just talked about (MENTION ACTS REPORTED IN 705) by your <u>current or most recent</u> husband/partner, by any other husband or partner that you may have had before or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER.....1 PREVIOUS HUSBAND/PARTNER2 BOTH3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9			

706		A) (If YES continue with B. If NO skip to next item)	B) Has this happened in the past 12 months? (If YES ask C and D. If NO ask D only)	C) In the past 12 months would you say that this has happened once, a few times or many times?	D) Did this happen before the past 12 months? IF YES: would you say that this has happened once, a few times or many times?	
		YES NO	YES NO	One Few Many	No One Few Many	
		a) Did your current husband/partner or any other husband/partner ever force you to have sexual intercourse when you did not want to, for example by threatening you or holding you down?	1 2	1 2	1 2 3	0 1 2 3
		b) Did you ever have sexual intercourse you did not want to because you were afraid of what your partner or any other husband or partner might do if you refused?	1 2	1 2	1 2 3	0 1 2 3
	c) Did your husband/partner or any other husband or partner ever forced you to do anything else sexual that you did not want or that you found degrading or humiliating?	1 2	1 2	1 2 3	0 1 2 3	

CHECK: Question 706	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [] ↓	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) []	→ 707
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706 d	Was the behaviour you just talked about (MENTION ACTS REPORTED IN 706) by your <u>current or most recent</u> husband/partner, by any other husband or partner that you may have had before or both?	CURRENT/MOST RECENT HUSBAND/ PARTNER.....1 PREVIOUS HUSBAND/PARTNER2 BOTH3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9
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707	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE, SEE QUESTION 705	YES, PHYSICAL VIOLENCE1 NO PHYSICAL VIOLENCE2	MARK IN BOX C
708	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE, SEE QUESTION 706	YES, SEXUAL VIOLENCE1 NO SEXUAL VIOLENCE2	MARK IN BOX C
708 a	Are you afraid of your <u>current/most recent</u> husband or partner?	NEVER.....1 SOMETIMES.....2 MANY TIMES.....3 MOST/ALL OF THE TIMES.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
905	Have you ever hit or physically mistreated your husband/partner when he was not, hitting or physically mistreating you?	NEVER.....1 ONCE2 2-5 TIMES.....3 > 5TIMES.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
CHECK : Ref. sheet, Box B	(s7preg) (s7prnum) (s7prcur)	EVER BEEN PREGNANT (option P) (1) [] ↓ NUMBER OF PREGNANCIES (option T) [][] ↓ CURRENTLY PREGNANT? (option S) YES...1 NO....2 ↓	NEVER PREGNANT (2) [] ↗ ↗ S8
709	You said that you have been pregnant TOTAL times. Was there ever a time when you were pushed, slapped, hit, kicked or beaten by (<u>any</u> of) your husband/partner(s) while you were pregnant?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	↗ S8 ↗ S8 ↗ S8
710	IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "01" IF RESPONDENT WAS PREGNANT MORE THAN ONCE: Did this happen in one pregnancy, or more than one pregnancy?	NUMBER OF PREGNANCIES IN WHICH THIS HAPPENED.....[][]	

710 a	Did this happen in the <u>last</u> pregnancy? IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
711	Were you ever punched or kicked in the abdomen while you were pregnant?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
IF VIOLENCE REPORTED IN ONE PREGNANCY, REFER TO THAT PARTICULAR PREGNANCY IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED			
712	During the <u>most recent pregnancy in which you were beaten</u> , was the husband/partner who did this to you the father of the child?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
713 a	Was the man who did this your current or most recent husband/partner?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
714	Had the same person also done such things to you before you were pregnant?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	→ S8 → S8
715	Compared to before you were pregnant, did the slapping/beating (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe.	GOT LESS.....1 STAYED ABOUT THE SAME.....2 GOT WORSE.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	

SECTION 8 INJURIES

CHECK: Ref. sheet Box C (S8phsex)	WOMAN EXPERIENCED PHYSICAL AND/ OR SEXUAL VIOLENCE ("YES" TO Option U or V) [] <div style="text-align: center;">↓</div> (1)	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" to BOTH Option U and V) [] → → S.10 (2)																																																	
I would now like to learn more about the injuries that you experienced from (<u>any</u> of) your husband/partner's acts that we have talked about (MAY NEED TO REFER TO SPECIFIC ACTS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.																																																			
801	Have you <u>ever</u> been injured as a result of these acts by (any of) your husband/partner(s). Please think of the acts that we talked about before.	YES..... 1 NO..... 2 → 804a DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																																																	
802 a	In <u>your life</u> , how many times were you injured by (any of) your husband(s)/partner(s)?	ONCE..... 1 SEVERAL (2-5) TIMES 2 MANY (MORE THAN 5) TIMES 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																																																	
802 b	Has this happened <u>in the past 12 months</u> ?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																																																	
803 a	What type of injury did you have? Please mention any injury due to (any of) your husband/partners acts, no matter how long ago it happened. MARK ALL PROBE: Any other injury?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td colspan="3" style="text-align: center;">b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u>?</td> </tr> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>CUTS, PUNCTURES, BITESA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SCRATCH, ABRASION, BRUISES B</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SPRAINS, DISLOCATIONS C</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BURNS..... D</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>PENETRATING INJURY, DEEP CUTS, GASHES..... E</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BROKEN EARDRUM, EYE INJURIES F</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FRACTURES, BROKEN BONES G</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BROKEN TEETH H</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>INTERNAL INJURIES I</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER (specify): _____ X</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u> ?				YES	NO	DK	CUTS, PUNCTURES, BITESA	1	2	8	SCRATCH, ABRASION, BRUISES B	1	2	8	SPRAINS, DISLOCATIONS C	1	2	8	BURNS..... D	1	2	8	PENETRATING INJURY, DEEP CUTS, GASHES..... E	1	2	8	BROKEN EARDRUM, EYE INJURIES F	1	2	8	FRACTURES, BROKEN BONES G	1	2	8	BROKEN TEETH H	1	2	8	INTERNAL INJURIES I	1	2	8	OTHER (specify): _____ X	1	2	8	
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804 a	In your life, did you <u>ever</u> lose consciousness because of what (any of your) your husband/partner(s) did to you?	YES..... 1 NO..... 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	↪ 805a ↪ 805a
804 b	Has this happened <u>in the past 12 months</u> ?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
805 a	In your life, were you <u>ever</u> hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)? IF YES: How many times? IF NOT SURE: More or less?	TIMES NEEDED HEALTH CARE.....[][] REFUSED/NO ANSWER99 NOT NEEDED..... 00	↪ S.9
805 b	Has this happened <u>in the past 12 months</u> ?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
806	In your life, did you <u>ever</u> receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	YES, SOMETIMES..... 1 YES, ALWAYS..... 2 NO, NEVER 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	↪ S.9
807	In your life, have you ever had to spend any nights in a hospital due to the injury/injuries? IF YES: How many nights? (MORE OR LESS)	NUMBER OF NIGHTS IN HOSPITAL.....[][] IF NONE ENTER '00' DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	
808	Did you tell a health worker the real cause of your injury?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

SECTION 9 IMPACT AND COPING

I would now like to ask you some questions about what effects your husband/partner's acts has had on you . With acts I mean... (REFER TO SPECIFIC ACTS THE RESPONDENT HAS MENTIONED IN SECTION 7).

IF REPORTED MORE THAN ONE VIOLENT HUSBAND/PARTNER, ADD: I would like you to answer these questions in relation to the most recent/last husband/partner who did these things to you..

CHECK: Ref. sheet Box C	WOMAN EXPERIENCED PHYSICAL VIOLENCE ("YES" TO Option U) [] ↓ (1)	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to option V) [] ↷ (2)	
(S9phys)			↷ 906
901	<p>Are there any particular situations that tend to lead to (or trigger) your husband/partner's behaviour?</p> <p>REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE.</p> <p>PROBE: Any other situation?</p> <p>MARK ALL MENTIONED</p>	<p>NO PARTICULAR REASON A</p> <p>WHEN MAN DRUNK B</p> <p>MONEY PROBLEMS.....C</p> <p>DIFFICULTIES AT HIS WORK D</p> <p>WHEN HE IS UNEMPLOYED E</p> <p>NO FOOD AT HOME..... F</p> <p>PROBLEMS WITH HIS OR HER FAMILY G</p> <p>SHE IS PREGNANT H</p> <p>HE IS JEALOUS OF HER I</p> <p>SHE REFUSES SEX.....J</p> <p>SHE IS DISOBEDIENTK</p> <p>HE WANTS TO TEACH HER A LESSON, EDUCATE OR DISCIPLINE HER L</p> <p>HE WANT TO SHOW HE IS BOSS M</p> <p>OTHER (specify):.....X</p>	
CHECK: (Ref. sheet, Box B, option R)	CHILDREN LIVING [] ↓ (1)	NO CHILDREN ALIVE [] ↷ (2)	
(s9child)			↷ 906
902	<p>For any of these incidents, were your children present or did they overhear you being beaten?</p> <p>IF YES: How often? Would you say once or twice, several times or most of the time?</p>	<p>NEVER 1</p> <p>ONCE OR TWICE..... 2</p> <p>SEVERAL TIMES..... 3</p> <p>MANY TIMES/MOST OF THE TIME 4</p> <p>DON'T KNOW 8</p> <p>REFUSED/NO ANSWER 9</p>	
904	<p>During the times that you were hit, did you ever fight back physically or to defend yourself?</p> <p>IF YES: How often?</p>	<p>NEVER 1</p> <p>ONCE..... 2</p> <p>SEVERAL TIMES..... 3</p> <p>MANY TIMES/MOST OF THE TIME 4</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER 9</p>	↷ 906

904 a	<p>What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.</p>	<p>NO CHANGE/NO EFFECT 1 VIOLENCE BECAME WORSE 2 VIOLENCE BECAME LESS 3 VIOLENCE STOPPED 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9</p>	
906	<p>Would you say that your husband / partner's behaviour towards you has affected your physical or mental health? Would you say, that it has had no effect, a little effect or a large effect?</p> <p>REFER TO SPECIFIC ACTS OF PHYSICAL AND/OR SEXUAL VIOLENCE SHE DESCRIBED EARLIER</p>	<p>NO EFFECT 1 A LITTLE 2 A LOT 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9</p>	
907	<p>In what way, if any, has your husband/ partner's behaviour (the violence) disrupted your work or other income-generating activities?</p> <p>MARK ALL THAT APPLY</p>	<p>N/A (NO WORK FOR MONEY) A WORK NOT DISRUPTED B HUSBAND/PARTNER INTERRUPTED WORK C UNABLE TO CONCENTRATE D UNABLE TO WORK/SICK LEAVE E LOST CONFIDENCE IN OWN ABILITY F OTHER (specify): X</p>	
908	<p>Who have you told about his behaviour?</p> <p>MARK ALL MENTIONED</p> <p>PROBE: Anyone else?</p>	<p>NO ONE A FRIENDS B PARENTS C BROTHER OR SISTER D UNCLE OR AUNT E HUSBAND/PARTNER'S FAMILY F CHILDREN G NEIGHBOURS H POLICE I DOCTOR/HEALTH WORKER J PRIEST K COUNSELLOR L NGO/WOMEN'S ORGANIZATION M LOCAL LEADER N OTHER (specify): X</p>	

909	<p>Did anyone ever try to help you?</p> <p>IF YES, Who helped you? MARK ALL MENTIONED</p> <p>PROBE: Anyone else?</p>	<p>NO ONE..... A</p> <p>FRIENDS..... B</p> <p>PARENTS C</p> <p>BROTHER OR SISTER..... D</p> <p>UNCLE OR AUNT E</p> <p>HUSBAND/PARTNER'S FAMILY..... F</p> <p>CHILDREN..... G</p> <p>NEIGHBOURS H</p> <p>POLICE..... I</p> <p>DOCTOR/HEALTH WORKER..... J</p> <p>PRIEST K</p> <p>COUNSELLOR L</p> <p>NGO/WOMEN'S ORGANIZATION..... M</p> <p>LOCAL LEADER..... N</p> <p>OTHER (specify): X</p>																																																																										
910	<p>Did you ever go to any of the following for help? READ EACH ONE</p> <p>a) Police</p> <p>b) Hospital or health centre</p> <p>c) Social services</p> <p>d) Legal advice centre</p> <p>e) Court</p> <p>f) Shelter</p> <p>g) Local leader</p> <p>h) Lao Women Union/Lao Youth Union/other mass organization</p> <p>i) Mediation unit</p> <p>j) Priest/Religious leader</p> <p>x) Anywhere else? Where?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) POLICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HOSPITAL/ HEALTH CENTRE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) SOCIAL SERVICES</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) LEGAL ADVICE CENTRE</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) COURT</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) SHELTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) LOCAL LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) WOMEN'S/YOUTH UNION/ MASS ORGANIZATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) MEDIATION UNIT:</td> <td>1</td> <td>2</td> </tr> <tr> <td>j) PRIEST, RELIGIOUS LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) ELSEWHERE (specify) :_____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) POLICE	1	2	b) HOSPITAL/ HEALTH CENTRE	1	2	c) SOCIAL SERVICES	1	2	d) LEGAL ADVICE CENTRE	1	2	e) COURT	1	2	f) SHELTER	1	2	g) LOCAL LEADER	1	2	h) WOMEN'S/YOUTH UNION/ MASS ORGANIZATION	1	2	i) MEDIATION UNIT:	1	2	j) PRIEST, RELIGIOUS LEADER	1	2	x) ELSEWHERE (specify) :_____	1	2	<p>910 b.</p> <p>ASK ONLY FOR THOSE MARKED YES in 910a.</p> <p>Were you satisfied with the help given?</p> <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) POLICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HOSPITAL/ HEALTH CENTRE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) SOCIAL SERVICES</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) LEGAL ADVICE CENTRE</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) COURT</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) SHELTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) LOCAL LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) WOMEN'S/YOUTH UNION/ MASS ORGANIZATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) MEDIATION UNIT:</td> <td>1</td> <td>2</td> </tr> <tr> <td>j) PRIEST, RELIGIOUS LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) ELSEWHERE (specify) :_____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>			YES	NO	a) POLICE	1	2	b) HOSPITAL/ HEALTH CENTRE	1	2	c) SOCIAL SERVICES	1	2	d) LEGAL ADVICE CENTRE	1	2	e) COURT	1	2	f) SHELTER	1	2	g) LOCAL LEADER	1	2	h) WOMEN'S/YOUTH UNION/ MASS ORGANIZATION	1	2	i) MEDIATION UNIT:	1	2	j) PRIEST, RELIGIOUS LEADER	1	2	x) ELSEWHERE (specify) :_____	1	2
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<p>CHECK: Question 910a * **</p> <p>(s9check)</p>	<p>MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *)</p> <p>[]</p> <p>↓</p> <p>(1)</p>	<p>MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **)</p> <p>[]</p> <p>(2)</p>	<p>↪ 906</p>																																																																									

911	<p>What were the reasons that made you go for help?</p> <p>MARK ALL MENTIONED AND GO TO 913</p>	<p>ENCOURAGED BY FRIENDS/FAMILY.....A COULD NOT ENDURE MORE B BADLY INJURED.....C HE THREATENED OR TRIED TO KILL HER..D HE THREATENED OR HIT CHILDRENE SAW THAT CHILDREN SUFFERING.....F THROWN OUT OF THE HOMEG AFRAID SHE WOULD KILL HIMH AFRAID HE WOULD KILL HERI</p> <p>OTHER (specify): _____ _____X</p>	<p>FOR ALL OPTIONS GO TO 913</p>
912	<p>What were the reasons that you did not go to any of these?</p> <p>MARK ALL MENTIONED</p>	<p>DON'T KNOW/NO ANSWER.....A FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCE B VIOLENCE NORMAL/NOT SERIOUSC EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMEDD BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPED.....E AFRAID WOULD END RELATIONSHIPF AFRAID WOULD LOSE CHILDRENG BRING BAD NAME TO FAMILYH DID NOT KNOW HER OPTIONSI</p> <p>OTHER (specify): _____ _____X</p>	
913	<p>Is there anyone that you would like (have liked) to receive (more) help from? Who?</p> <p>MARK ALL MENTIONED</p>	<p>NO ONE MENTIONEDA HIS RELATIVES B HER RELATIVES.....C FRIENDS/NEIGHBOURS.....D HEALTH CENTREE POLICEF PRIEST/RELIGIOUS LEADER.....G SOCIAL WORKERI VILLAGE CHIEF.....J MEDIATION UNIT.....K</p> <p>OTHER (specify): _____X</p>	
914	<p>Did you ever leave, even if only overnight, because of his behaviour?</p> <p>IF YES: How many times? (MORE OR LESS)</p>	<p>NUMBER OF TIMES LEFT..... [] [] NEVER..... 00 N.A. (NOT LIVING TOGETHER) 97 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99</p>	<p>↪ 919 ↪ S.10</p>

915	<p>What were the reasons why you left <u>the last time</u>?</p> <p>MARK ALL MENTIONED</p>	<p>NO PARTICULAR INCIDENTA ENCOURAGED BY FRIENDS/FAMILY B COULD NOT ENDURE MOREC BADLY INJUREDD HE THREATENED OR TRIED TO KILL HER...E HE THREATENED OR HIT CHILDRENF SAW THAT CHILDREN SUFFERING.....G THROWN OUT OF THE HOMEH AFRAID SHE WOULD KILL HIMI ENCOURAGED BY ORGANIZATION: J AFRAID HE WOULD KILL HER K OTHER (specify): _____X</p>	
916	<p>Where did you go <u>the last time</u>?</p> <p>MARK ONE</p>	<p>HER RELATIVES..... 01 HIS RELATIVES 02 HER FRIENDS/NEIGHBOURS.....03 HOTEL/LODGINGS 04 STREET05 CHURCH/TEMPLE 06 SHELTER07 OTHER (specify): _____96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99</p>	
917	<p>How long did you stay away <u>the last time</u>?</p> <p>RECORD NUMBER OF DAYS OR MONTHS</p>	<p>NUMBER OF DAYS (IF LESS THAN 1 MONTH)[][]1 NUMBER OF MONTHS (IF 1 MONTH OR MORE)[][]2 LEFT HUSBAND/PARTNER / DID NOT RETURN/ NOT WITH HUSBAND?PARTNER 3</p>	<p>→ S.10</p>

918	<p>What were the reasons that you returned?</p> <p>MARK ALL MENTIONED AND GO TO SECTION 10</p>	<p>DIDN'T WANT TO LEAVE CHILDREN.....A SANCTITY OF MARRIAGE B FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR).....C COULDN'T SUPPORT CHILDREN.....D LOVED HIME HE ASKED HER TO GO BACK.....F FAMILY SAID TO RETURN.....G FORGAVE HIMH THOUGHT HE WOULD CHANGE.....I THREATENED HER/CHILDREN J COULD NOT STAY THERE (WHERE SHE WENT).....K VIOLENCE NORMAL/NOT SERIOUSL</p> <p>OTHER (specify):X</p>	<p>FOR ALL OPTIONS GO TO Section 10</p>
919	<p>What were the reasons that made you stay?</p> <p>MARK ALL MENTIONED</p>	<p>DIDN'T WANT TO LEAVE CHILDREN.....A SANCTITY OF MARRIAGE B DIDN'T WANT TO BRING SHAME ON FAMILYC COULDN'T SUPPORT CHILDREN.....D LOVED HIME DIDN'T WANT TO BE SINGLE.....F FAMILY SAID TO STAYG FORGAVE HIMH THOUGHT HE WOULD CHANGE.....I THREATENED HER/CHILDREN J NOWHERE TO GOK VIOLENCE NORMAL/NOT SERIOUSL</p> <p>OTHER (specify):X</p>	

SECTION 10 OTHER EXPERIENCES

N01	<p>READ TO RESPONDENT:</p> <p>In their lives, many women have unwanted experiences and experience different forms of maltreatment and violence from all kinds of people, men or women. These may be relatives, other people that they know, and/or strangers. If you don't mind, I would like to ask you about some of these situations. Everything that you say will be kept confidential. I will first ask about what has happened since you were 15 years old (from age 15 onwards until now), and thereafter during the past 12 months.</p> <p>FOR WOMEN WHO WERE EVER MARRIED OR PARTNERED ADD: These questions are about people other than your husband/partner(s).</p>					
N01	<p>READ TO RESPONDENT:</p> <p>In their lives, many women have unwanted experiences and experience different forms of maltreatment and violence from all kinds of people, men or women. These may be relatives, other people that they know, and/or strangers. If you don't mind, I would like to ask you about some of these situations. Everything that you say will be kept confidential. I will first ask about what has happened since you were 15 years old (from age 15 onwards until now), and thereafter during the past 12 months.</p> <p>FOR WOMEN WHO WERE EVER MARRIED OR PARTNERED ADD: These questions are about people other than your husband/partner(s).</p>					
N02	<p>A. Since the age of 15 until now, has anyone ever done any of the following to you:</p>	A.		B. IF YES: Has this happened in the past 12 months?		
		YES	NO	YES	NO	DK
	a). Slapped, hit, beaten, kicked or done anything else to hurt you?	1	2	1	2	8
	b). Thrown something at you? Pushed you or pulled your hair?	1	2	1	2	8
	c). Choked or burnt you on purpose?	1	2	1	2	8
	d). Threatened with or actually used a gun, knife or other weapon against you?	1	2			
CHECK N02	AT LEAST ONE '1' MARKED IN COLUMN A. [] ↓	ONLY '2' MARKED		[] →	→ N06	

N03	<p>a) Who did this to you? PROBE: Anyone else? How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else? DO NOT READ OUT THE LIST MARK ALL MENTIONED</p>	<p>b) ASK ONLY FOR THOSE MARKED in a).</p> <p>How many times did this happen since you were 15? Once, a few times, or many times?</p>	<p>c) ASK ONLY FOR THOSE MARKED in a).</p> <p>How many times did this happen in the past 12 months? Once, a few times, or many times?</p>																																																																																																																																																																														
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N04	<p>INDICATE BELOW THE LETTERS FOR THE PERPETRATORS THAT WERE MENTIONED.</p> <p>IF MORE THAN 3 PERPETRATORS HAVE BEEN MENTIONED, ASK WHICH 3 WERE THE MOST SERIOUS AND INDICATE THE LETTERS AS IN ABOVE LIST HERE:</p> <p style="text-align: center;">PERPETRATOR 1 []</p> <p style="text-align: center;">PERPETRATOR 2 []</p> <p style="text-align: center;">PERPETRATOR 3 []</p> <p>ASK N05 a, b, and c, FIRST FOR PERPETRATOR 1, THEN FOR PERPETRATOR 2 AND FINALLY FOR PERPETRATOR 3.</p> <p>WHEN NO MORE PERPETRATORS, GO TO N06.</p>
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N05	Did the following ever happen as a result of what ... (USE SAME WORDS TO REFER TO THE PERPETRATOR AS RESPONDENT) did to you?	A) PERPETRATOR 1		B) PERPETRATOR 2		C) PERPETRATOR 3		
		YES	NO	YES	NO	YES	NO	
		a) You had cuts, scratches, bruises or aches.	1	2	1	2	1	2
		b) You had injuries to eye or ear, sprains, dislocations or burns.	1	2	1	2	1	2
		c) You had deep wounds, broken bones, broken teeth, internal injuries or any other similar injury.	1	2	1	2	1	2
	IF AT LEAST ONE 'YES' to a) b) or c):							
	d) Did the injury (injuries) happen in the past 12 months?							
	ONLY ASK FOR THE PERTRATORS INDICATED IN N04.	IF MORE THAN 1 PERPETRATOR, GO TO B		IF MORE THAN 2 PERPETRATORS GO TO C				

N06a	<p>Now I would like to ask you about other unwanted experiences you may have had. Again, I want you to think about any person, man or woman.</p> <p>FOR WOMEN WHO EVER HAD A PARTNER ADD IF NECESSARY: except your husband/male partner.</p> <p>Since the age of 15 until now, has anyone ever forced you into sexual intercourse when you did not want to, for example by threatening you, holding you down, or putting you in a situation where you could not say no. Remember to include people you have known as well as strangers. Please at this point exclude attempts to force you.</p> <p>IF NECESSARY: We define sexual intercourse as oral sex, anal or vaginal penetration.</p>	YES	1	~ N08
		NO	2	

NO7	a) Who did this to you? PROBE: Anyone else? How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else? DO NOT READ OUT THE LIST MARK ALL MENTIONED	b) ASK ONLY FOR THOSE MARKED in a).			c) ASK ONLY FOR THOSE MARKED in a).			
		Once	A few times	Many times	NO	Once	A few times	Many times
	FATHER/STEPFATHER A	1	2	3	0	1	2	3
	MOTHER/STEPMOTHER B	1	2	3	0	1	2	3
	MOTHER IN LAW C	1	2	3	0	1	2	3
	OTHER MALE FAMILY MEMBER D	1	2	3	0	1	2	3
	OTHER FEMALE FAMILY MEMBER E	1	2	3	0	1	2	3
	SOMEONE AT WORK - MALE F	1	2	3	0	1	2	3
	SOMEONE AT WORK - FEMALE G	1	2	3	0	1	2	3
	FRIEND/ACQUAINTANCE - MALE H	1	2	3	0	1	2	3
	FRIEND/ACQUAINTANCE - FEMALE I	1	2	3	0	1	2	3
	RECENT ACQUAINTANCE - MALE J	1	2	3	0	1	2	3
	RECENT ACQUAINTANCE - FEMALE K	1	2	3	0	1	2	3
	COMPLETE STRANGER - MALE L	1	2	3	0	1	2	3
	COMPLETE STRANGER - FEMALE M	1	2	3	0	1	2	3
	TEACHER - MALE N	1	2	3	0	1	2	3
	TEACHER - FEMALE O	1	2	3	0	1	2	3
	DOCTOR/HEALTH STAFF - MALE P	1	2	3	0	1	2	3
	DOCTOR/HEALTH STAFF - FEMALE Q	1	2	3	0	1	2	3
	RELIGIOUS LEADER - MALE R	1	2	3	0	1	2	3
	POLICE/ SOLDIER - MALE S	1	2	3	0	1	2	3
	OTHER - MALE (specify) _____W	1	2	3	0	1	2	3
	OTHER - FEMALE (specify) _____X	1	2	3	0	1	2	3

N08	<p>Again, I want you to think about any person, man or woman.</p> <p>FOR WOMEN WHO EVER HAD A PARTNER ADD: except your husband/male partner.</p> <p>Apart from anything you may have mentioned, can you tell me if, since the age of 15 until now, any of the following has happened to you? Remember to include people you have known as well as strangers.</p> <p>a) Has anyone attempted to force you to perform a sexual act you did not want, attempted to force you into sexual intercourse (which did not take place)</p> <p>b) Touched you sexually. This includes for example touching of breasts or private parts.</p> <p>c) Made sexual remarks or sending sexual text messages or facebook messages against your will.</p> <p>d) Made you touch their private parts against your will,</p> <p>e) Showed sexual explicit pictures against your will,</p> <p>f) Sexual harassment in the workplace, at school, etc.</p> <p>g) anything else sexually that you did not want: _____</p> <p>_____</p>	<p>A.</p> <p>YES NO</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	<p>B.IF YES: Has this happened <u>in the past 12 months?</u></p> <p>YES NO DK</p> <p>1 2 8</p> <p>1 2 8</p> <p>1 2 8</p> <p>1 2 8</p> <p>1 2 8</p> <p>1 2 8</p>
CHECK N02	<p>AT LEAST ONE '1' MARKED IN COLUMN A. []</p> <p style="text-align: center;">↓</p>	<p>ONLY '2' MARKED [] →</p>	<p>→ N06</p>

N09	<p>a) Who did this to you? PROBE: Anyone else? How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else? DO NOT READ OUT THE LIST MARK ALL MENTIONED</p>	b) ASK ONLY FOR THOSE MARKED in a).			c) ASK ONLY FOR THOSE MARKED in a).			
		How many times did this happen since you were 15? Once, a few times, or many times?			How many times did this happen in the past 12 months? Once, a few times, or many times?			
		Once	A few times	Many times	NO	Once	A few times	Many times
	FATHER/STEPFATHER A	1	2	3	0	1	2	3
	MOTHER/STEPMOTHER B	1	2	3	0	1	2	3
	MOTHER IN LAW C	1	2	3	0	1	2	3
	OTHER MALE FAMILY MEMBER D	1	2	3	0	1	2	3
	OTHER FEMALE FAMILY MEMBER E	1	2	3	0	1	2	3
	SOMEONE AT WORK - MALE F	1	2	3	0	1	2	3
	SOMEONE AT WORK - FEMALE G	1	2	3	0	1	2	3
	FRIEND/ACQUAINTANCE - MALE H	1	2	3	0	1	2	3
	FRIEND/ACQUAINTANCE - FEMALE I	1	2	3	0	1	2	3
	RECENT ACQUAINTANCE - MALE J	1	2	3	0	1	2	3
	RECENT ACQUAINTANCE - FEMALE K	1	2	3	0	1	2	3
	COMPLETE STRANGER - MALE L	1	2	3	0	1	2	3
	COMPLETE STRANGER - FEMALE M	1	2	3	0	1	2	3
	TEACHER - MALE N	1	2	3	0	1	2	3
	TEACHER - FEMALE O	1	2	3	0	1	2	3
	DOCTOR/HEALTH STAFF - MALE P	1	2	3	0	1	2	3
	DOCTOR/HEALTH STAFF - FEMALE Q	1	2	3	0	1	2	3
	RELIGIOUS LEADER - MALE R	1	2	3	0	1	2	3
	POLICE/ SOLDIER - MALE S	1	2	3	0	1	2	3
	OTHER - MALE (specify) _____ W	1	2	3	0	1	2	3
	OTHER - FEMALE (specify) _____ X	1	2	3	0	1	2	3

1003	<p>When you were a girl, before you were 15 years old, do you remember if any- one in your family ever touched you sexually, or made you do something sexual that you didn't want to?</p> <p>IF NO: CONTINUE PROMPTING:</p> <p>How about someone at school? How about a friend or neighbour? Has anyone else done this to you?</p> <p>IF YES CONTINUE WITH 1003a</p>	<p>YES1</p> <p>NO2</p>	<p>→ 1006</p>
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1003 a)	a) IF YES: Who did this to you? CONTINUE: How about someone at school? How about a friend or neighbour? Has anyone else done this to you?	ASK ONLY FOR THOSE MARKED IN 1003a					
		b) How old were you when it happened with this person for the first time? (more or less)	c) How old was this person? PROBE: roughly (more or less).	d) How many times did this happen?			
				Once	Few times	Many times	
	FATHER/STEPFATHER	A	[][]	[][]	1	2	3
	MOTHER/STEPMOTHER	B	[][]	[][]	1	2	3
	MOTHER IN LAW	C	[][]	[][]	1	2	3
	OTHER MALE FAMILY MEMBER	D	[][]	[][]	1	2	3
	OTHER FEMALE FAMILY MEMBER	E	[][]	[][]	1	2	3
	SOMEONE AT WORK - MALE	F	[][]	[][]	1	2	3
	SOMEONE AT WORK - FEMALE	G	[][]	[][]	1	2	3
	FRIEND/ACQUAINTANCE - MALE	H	[][]	[][]	1	2	3
	FRIEND/ACQUAINTANCE - FEMALE	I	[][]	[][]	1	2	3
	RECENT ACQUAINTANCE - MALE	J	[][]	[][]	1	2	3
	RECENT ACQUAINTANCE - FEMALE	K	[][]	[][]	1	2	3
	COMPLETE STRANGER - MALE	L	[][]	[][]	1	2	3
	COMPLETE STRANGER - FEMALE	M	[][]	[][]	1	2	3
	TEACHER - MALE	N	[][]	[][]	1	2	3
	TEACHER - FEMALE	O	[][]	[][]	1	2	3
	DOCTOR/HEALTH STAFF - MALE	P	[][]	[][]	1	2	3
	DOCTOR/HEALTH STAFF - FEMALE	Q	[][]	[][]	1	2	3
	RELIGIOUS LEADER - MALE	R	[][]	[][]	1	2	3
	POLICE/ SOLDIER - MALE	S	[][]	[][]	1	2	3
	OTHER - MALE (specify) _____W		[][]	[][]	1	2	3
	OTHER - FEMALE (specify) _____X		[][]	[][]	1	2	3
					DK = 98		
1003e	During any of the instances you mentioned before, did this person put his penis or something else into your vagina, your backside (anus), or mouth ?		YES.....1				
			NO.....2				
			DON'T KNOW.....8				
			REFUSED/NO ANSWER.....9				
1004	How old were you when you first had sex (intercourse)? IF NECESSARY: We define sexual intercourse as oral sex, anal or vaginal penetration.		AGE YEARS (MORE OR LESS)[][]				→ S.5
			NOT HAD SEX.....95				
			REFUSED/NO ANSWER.....99				

1005	How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?	WANTED TO HAVE SEX 1 NOT WANT BUT HAD SEX 2 FORCED TO HAVE SEX 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	
1005c	Was the first time you had sex with the person who was (at the time or later) your husband/cohabiting partner, or was it with someone else?	HUSBAND/PARTNER..... 1 SOMEONE ELSE 2 REFUSED /NO ANSWER 9	
1005a	The number of sexual partners women have had differs a lot from person to person. Some women report having had one sex partner, some 2 or more, and still others report many, even 50 or more. <u>In your life</u> how many different men have you had sex with? IF NEEDED PROBE: More or less; I do not need to know the exact number.	PARTNERS.....[] [] DON'T KNOW/DON'T REMEMBER..... 998 REFUSED/NO ANSWER 999	
1005b	IF ONE PARTNER IN 1005a; ASK: Did you have sex in the past 12 months? IF YES, ENTER "01" IF NONE ENTER "00" IF MORE THAN ONE PARTNER IN 1005a, ASK With how many of these men did you have sex in the <u>past 12 months</u> ? INCLUDE CURRENT PARTNER IN TOTAL	PARTNERS.....[] [] DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER 99	
1006	When you were a child, was your mother hit by your father (or her husband or boyfriend)?	YES 1 NO 2 PARENTS DID NOT LIVE TOGETHER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	
1007	When you were a child, did anyone in your family ever:		YES NO DK
	a) Slapped or spanked you (with hand)?	a) SLAPPED	1 2 8
	b) Beat or kicked you or hit you with fist?	b) BEAT, KICKED	1 2 8
	c) Hit you with a belt, stick, broom or something else?	c) HIT WITH OBJECT	1 2 8
	d) Tied you with a rope?	d) TIED WITH ROPE	1 2 8
	x) Anything else? Specify _____	x) ANYTHING ELSE	1 2 8
* CHECK: Ref. sheet Box A (s10mar)	EVER MARRIED/EVER LIVING WITH A MAN/DATING PARTNER (Options K,L,M) [] ↓	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER DATING (Option N) [] ↗	↗ S.11
	(1)	(2)	

1008	As far as you know, was your (most recent) husband?partner's mother hit or beaten by her husband/partner?	YES 1 NO 2 PARENTS DID NOT LIVE TOGETHER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	
1010	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family, when he was a child?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	

SECTION 11 FINANCIAL AUTONOMY

Now I would like to ask you some questions about things that you own and your earnings. We need this information to understand the financial position of women nowadays.

1101	Please tell me if you own any of the following, either by yourself or with someone else: a) Land b) Your house c) A company or business d) Large animals (cows, horses, etc.) e) Small animals (chickens, pigs, goats, etc.) f) Produce or crops from certain fields or trees g) Large household items (TV, bed, cooker) h) Jewellery, gold or other valuables j) Motor car k) Savings in the bank? x) Other property, specify FOR EACH, PROBE: Do you own this on your own, or do you own it with others?		YES Own by self	YES Own with others	NO Don't own
		a) LAND	1	2	3
		b) HOUSE	1	2	3
		c) COMPANY	1	2	3
		d) LARGE ANIMALS	1	2	3
		e) SMALL ANIMALS	1	2	3
		f) PRODUCE	1	2	3
		g) HOUSEHOLD ITEMS	1	2	3
		h) JEWELLERY	1	2	3
		j) MOTOR CAR	1	2	3
		k) SAVINGS IN BANK	1	2	3
x) OTHER PROPERTY:	1	2	3		
1102	a) Do you earn money by yourself? IF YES: What exactly do you do to earn money? ASK ALL. SPECIFY: b) Job c) Selling things, trading d) Doing seasonal work x) Any other activity, specify	NO A	↪*s11mar		
			YES	NO	
			1	2	
		b) JOB: _____	1	2	
		c)SELLING/TRADING: _____	1	2	
	d)EASONAL WORK: _____	1	2		
	x)OTHER: _____				

* CHECK: Ref. sheet, Box A (s11mar)	CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN (Option K) [] ↓ (1)	NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST MALE DATING PARTNER (Options L, M, N) [] ↗ (2)	↗S.12
CHECK 1102	1. OPTIONS b) c) d) or x) MARKED [] ↓	2. OPTION a) MARKED [] ↗	↗1105
1103	Are you able to spend the money you earn how you want yourself, or do you have to give all or part of the money to your husband/partner?	SELF/OWN CHOICE 1 GIVE PART TO HUSBAND/PARTNER 2 GIVE ALL TO HUSBAND/PARTNER.....3 DON'T KNOW 8 REFUSED/NO ANSWER 9	
1104	Would you say that the money that you bring into the family is more than what your husband/partner contributes, less than what he contributes, or about the same as he contributes?	MORE THAN HUSBAND/PARTNER..... 1 LESS THAN HUSBAND/PARTNER 2 ABOUT THE SAME3 DO NOT KNOW..... 8 REFUSED/NO ANSWER 9	
1105	Have you ever given up/refused a job for money because your husband/partner did not want you to work?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
1106	Has your husband/partner ever taken your earnings or savings from you against your will? IF YES: Has he done this once or twice, several times or many times?	NEVER..... 1 ONCE OR TWICE..... 2 SEVERAL TIMES.....3 MANY TIMES/ALL OF THE TIME..... 4 N/A (DOES NOT HAVE SAVINGS/EARNINGS)..... 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
1107	Does your husband /partner ever refuse to give you money for household expenses, even when he has money for other things? IF YES: Has he done this once or twice, several times or many times?	NEVER..... 1 ONCE OR TWICE..... 2 SEVERAL TIMES.....3 MANY TIMES/ALL OF THE TIME..... 4 N/A (PARTNER DOES NOT EARN MONEY)..... 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
1108	In case of emergency, do you think that you alone could raise enough money to house and feed your family for 4 weeks? This could be for example by selling things that you own, or by borrowing money from people you know, or from a bank or moneylender?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	

1109	Do you know any Law in Lao PDR to protect women from violence against women caused by the husband/partner?		YES	NO	DK	NO ANSWER
	a). Law on the Development and Protection of Women	a). Law on the Development and Protection of Women	1	2	8	9
	b). Other law (specify)	b). Other law (specify) _____	1	2	8	9

SECTION 12 COMPLETION OF INTERVIEW

1201	<p>I would now like to give you a card. On this card are two pictures. No other information is written on the card. The first picture is of a sad face, the second is of a happy face.</p> <p>No matter what you have already told me, I would like you to put a mark below the sad face if someone has ever touched you sexually, or made you do something sexual that you didn't want to, <u>before you were 15 years old</u>.</p> <p>Please put a mark below the happy face if this has never happened to you.</p> <p>Once you have marked the card, please fold it over and put it in this envelope. This will ensure that I do not know your answer.</p> <p>GIVE RESPONDENT CARD AND PEN. MAKE SURE THAT THE RESPONDENT FOLDS THE CARD; PUTS IT IN THE ENVELOPE; AND SEALS THE ENVELOPE BEFORE GIVING IT BACK TO YOU. ON LEAVING THE INTERVIEW SECURELY ATTACH THE ENVELOPE TO THE QUESTIONNAIRE (OR WRITE THE QUESTIONNAIRE CODE ON THE ENVELOPE).</p>	<p>CARD GIVEN FOR COMPLETION.....1</p> <p>CARD <u>NOT</u> GIVEN FOR COMPLETION.....2</p>	
1202	<p>We have now finished the interview. Do you have any comments, or is there anything else you would like to add?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

1202 a	<p>Do you have any recommendations or suggestions that could help to stop domestic violence against women in this country?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
1203	<p>I have asked you about many difficult things. How has talking about these things made you feel?</p> <p>WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>GOOD/BETTER 1</p> <p>BAD/WORSE 2</p> <p>SAME/ NO DIFFERENCE.... 3</p>	
1204	<p>Finally, do you agree that we may contact you again if we need to ask a few more questions for clarification?</p> <p>COUNTRIES TO SPECIFY TIME PERIOD DEPENDING ON WHEN THEY PLAN TO DO QUALITY CONTROL VISITS</p>	<p>YES 1</p> <p>NO 2</p>	

	<p>FINISH ONE - IF RESPONDENT HAS DISCLOSED PROBLEMS/VIOLENCE</p> <p>I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about their health and experiences of violence.</p> <p>From what you have told us, I can tell that you have had some very difficult times in your life. No one has the right to treat someone else in that way. However, from what you have told me I can see also that you are strong, and have survived through some difficult circumstances.</p> <p>Here is a list of organizations that provide support, legal advice and counselling services to women in STUDY LOCATION. Please do contact them if you would like to talk over your situation with anyone. Their services are free, and they will keep anything that you say confidential. You can go whenever you feel ready to, either soon or later on.</p> <p>FINISH TWO - IF RESPONDENT HAS NOT DISCLOSED PROBLEMS/VIOLENCE</p> <p>I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about women's health and experiences in life.</p> <p>In case you ever hear of another woman who needs help, here is a list of organizations that provide support, legal advice and counselling services to women in STUDY LOCATION. Please do contact them if you or any of your friends or relatives need help. Their services are free, and they will keep anything that anyone says to them confidential.</p>						
1205	RECORD TIME OF END OF INTERVIEW: HH [] [] MM:[] []						
1206	ASK THE RESPONDENT. How long did you think the interview lasted? THIS SHOULD BE HER OWN ESTIMATE Hours [] Minutes [] []						
INTERVIEWER COMMENTS TO BE COMPLETED AFTER INTERVIEW							
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>						
<p>FOR OFFICE USE ONLY:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 SAD</td> <td style="width: 50%;">3 NOT CLEAR</td> </tr> <tr> <td>2 HAPPY</td> <td>4 CARD EMPTY</td> </tr> <tr> <td></td> <td>5 NO CARD</td> </tr> </table>		1 SAD	3 NOT CLEAR	2 HAPPY	4 CARD EMPTY		5 NO CARD
1 SAD	3 NOT CLEAR						
2 HAPPY	4 CARD EMPTY						
	5 NO CARD						

REFERENCE SHEET (THIS WILL BE USED IF VIOLENCE QUESTIONS APPLIED TO ALL WOMEN WHO EVER HAD A HUSBAND/PARTNER, CURRENT OR PAST)

Box A. MARITAL STATUS

Copy exactly from Q119 and 120. Follow arrows and mark **only ONE** of the following for marital status:

	Are you <u>currently</u> married, living together or involved in a relationship with a man without living together?	CURRENTLY MARRIED AND LIVING TOGETHER...1 CURRENTLY MARRIED NOT LIVING TOGETHER ...2 LIVING WITH MAN, NOT MARRIED3 CURRENTLY HAVING A REGULAR PARTNER (ENGAGED, DATING), NOT LIVING TOGETHER4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A RELATIONSHIP WITH A MAN).....5 CURRENTLY HAVING FEMALE PARTNER.....6	<input type="checkbox"/> Currently married and/or living with man (K) <input type="checkbox"/> Currently with regular partner; dating relationship (L) <input type="checkbox"/> Previously married/ previously lived with man; (no current relationship) (M1) <input type="checkbox"/> Previously had (dating) relationship (M2) <input type="checkbox"/> Never married /never lived with man; (never (dating) relationship) (N)
120a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED.....1 LIVED WITH A MAN, NOT MARRIED.....3 NO5	
120b	Have you ever been involved in a relationship with a man without living together (such as being engaged or dating)?	YES.....1 NO.....2	
123. Number of times married/lived together with man:		[][] (O)	

Box B. REPRODUCTIVE HISTORY

Check and complete ALL that applies for reproductive history of respondent:

(P) Respondent has been pregnant at least once (Question 308, 1 or more) [] Yes [] No

(Q) Respondent had at least one child born alive (Question 301, 1 or more) [] Yes [] No

(R) Respondent has children who are alive (Question 303, 1 or more) [] Yes [] No

(S) Respondent is currently pregnant (Question 310, option 1) [] Yes [] No

(T) Number of pregnancies reported (Question 308): [][]

Box C. VIOLENCE BY HUSBAND/PARTNER

Check and complete ALL that applies for respondent:

(U) Respondent has been victim of physical violence (Question 707) [] Yes [] No

(V) Respondent has been victim of sexual violence (Question 708) [] Yes [] No

ANNEX III: QUALITATIVE INTERVIEWS GUIDES (IDI, FGD, KII)

In-depth semi structured interview (to Woman in violence)

Identification code for tape: _____

Date: _____

Location: Interviewee: _____

Objectives

To gain better understanding of:

- main problems faced by women and men in family
- perceptions of the contexts in which violence occurs, and its causes
- situations where different acts of violence are acceptable or unacceptable;
- the consequences of domestic violence for women, their families and the community
- interventions and support system in the community where victim is living
- suggestions and way forward to improving the situations of violence against women

Time:

60-90 minutes

Introduction

Thank you for coming. My name is xxxx form Burnet Institute. We are conducting research on your health, life and relationship with your husband. We have invited you here to learn about your experiences, and to seek your advice about how we can best help women who have similar problems. .

All of the information that you choose to provide is voluntary, and will be kept strictly secret. You are free to stop the interview at any point, or not to answer any of the questions that we ask. I will not write down your name.

Your answers will be used to draw government attention to the problems faced by women, and to develop better services for women. Again, I would like to assure you that everything that you say will be kept secret.

Do you agree to be interviewed?

Record response

Yes/No

If you don't mind, I would like to tape record our discussion. This is to help me record what you say. The tape will not be played to anyone, and once I have taken notes from the tape, it will be destroyed. If you would prefer that we do not tape record the interview, I can take notes instead.

Do I have your permission to tape record our conversation?

Record response

Yes/No

Thank you.

Comments, to be completed after interview

Key questions

1. General information on personal profile (build up relationship, put woman at ease)

- Can you please tell me a little about yourself?
 - ✓ Age
 - ✓ Place of birth, current address
 - ✓ Education background
 - ✓ Employment, Job
 - ✓ Children- number and age
 - ✓ Husband- where met with him, age, how long being together, his occupation

2. Experiences of Incidents

- Can you tell me about the experience and relationship with your husband/partner? I would like to start with **the last time** your husband was treating you badly.

Prompts

i. Just before the incident of the last time

- Where were you, and what were you doing?
- What was your husband doing?
- What exactly happened?
- Why the incident occurred?
(Physically. Sexually or emotional?)

ii. After the incident

- What happened afterwards
- What did you do?
- What did he do?
- How did you feel?
- How did you think your husband feel?.
- What happened next?

iii. First time of this kind of incident

- When did it happen at first time?
- What exactly happened?

iv. Lifetime (during their relationship period)

- How often does this happen?
- Have you ever felt fear to be seriously injured or danged in your life?
- Are you continuously afraid of him?

- How did your experience of violence affect your life?

Prompts

Relationship with husband/partner

Health (physical and mental)

Self confidence

House work, Job

Children, other family members

Personal care, social life

- Why do you think violence occurs between people, particularly in close relationship like family members?
- What event(s) would you consider as violence for you? Why? (from BI)

Why would you consider that experience as your worse? Would you mind telling me? (from BI)

3. Responding to Violence

- What did you do when violence occurred? How did you cope with it?

Prompts	Talked to somebody? If yes, were they helpful? How? If did not talk to anybody, why? Have talked to somebody other than family, friends? (LWU, police, health workers, hospital, etc.) Did you spontaneously told them about your situation or did they ask you if there was something wrong at home and with your husband/partner? Were they helpful? Met your needs? Is there anything that can make her husband change his behavior? How long did you experience violence before you decided to speak up or tell people? What made you come forward?
---------	---

4. Suggestions

- What advice would you give other women who are exposed to violence with their partners?
- Is there any support system for violence victims in the community? If so, what do you expect them to do for you and other women with similar situation?
- What kind of support networks do you miss in your community (if any) or do you think would be helpful to support women who experience violence by their husbands/ partners?
- Do you know Law on Law on Development and Protection of Women for combating domestic violence against women and children was enacted in 2004? Do you think this law will help prevent violence against women? If yes, how, if not, why?
- Are you happy or satisfied with the outcome? (assuming the issue has been resolved by the time we interview the women) (BI)
- If Yes: would you have come forward with your issue sooner?
- If No: what would you like to see differently or change to better suit your needs concerning your case (BI)

5. Wrap up

Thank you for sharing this with me. I appreciate that we have asked very difficult questions, and thank you for being so open. What you have told us is very important, and will help us in our work to address violence against women.

- Give details of follow-up counselling support available both immediately and later. If you plan to give the woman a paper or leaflet with the support resources available, discuss with her and ensure this is done in a way that her risk of exposure to violence (i.e if the husband/partner sees it) is not increased.
- Give more general information about services available in the community.

Focus Group Discussion (for Female group and Male group)

Identification code for tape: _____

Date: _____

Location:

Number of participants: _____

Age range of participants: Senior, Married, Mixed(socioeconomic background)

Objectives:

Small number of people (6-8) were selected from different backgrounds to share common interest and characteristics which are relevant to topic discussed. Participants are not recruited on the basis of their exposure to or knowledge of violence against women, and the focus groups does not intend to obtain stories from who had experienced violence. Instead, the discussions explore women's and men's attitudes and beliefs, common perceptions on violence such as:

- main problems faced by women and men, male and female roles and images
- perceptions of the contexts in which violence occurs, and its perceived causes
- situations where different acts of violence are acceptable or unacceptable
- situations where intervention by family members, neighbours or friends to intervene is appropriate
- the consequences of violence for women, their families and the community
- perceptions concerning whether domestic violence is an important health issue, as an issue of concern for men, or as a family issue.
- Identify attitude and practice of community in responding to violence
- Assess current support system and services for women exposed to violence

Time:

90 minutes

Materials:

Flip chart, Marker,

Introduction:

Thank you for your coming today. My name is xxxxx from Burnet Institute. We are conducting research on family problems and their possible solutions. We have invited you here today to discuss this issue with you. Your opinions and responses will be used to help make materials and develop services to assist family issues regarding relationships and conflict that women and men are facing. .

All discussions here will be kept strictly secret. We will be producing a report on our findings, but will not reveal your name if we quote anything you say.

If you don't mind, we would like to tape record our discussion. This is to help us record what has been said. The tape will not be played to anyone. Once notes have been taken from the tape, it will be destroyed.

Is everyone happy to participate in this discussion? Record response Yes/No

Is there anyone who would like to leave now? Record if someone leaves

Thank you.

We hope that you will all feel free to discuss your opinions openly. There are no right or wrong answers - and we would like to hear your honest opinions about the issue. All of your responses will remain confidential.

Notes on background of participants and comments on discussion

To be completed after interview

1. Warm-up

- Icebreaking
- Introducing members

(tell us something about yourself, your family, your work and the things you like to do.

- Prompt question: What is the biggest problem facing families today?

2. Reading Story and Rule

I would like to start our discussion by reading you a story, not about real people, but as an example so you can imagine a real situation between a wife and a husband.

Read the story to the group

“See lives with her husband Xay and their two children, a 3-year-old son and a 5-year-old daughter. She finished fifth grade primary school and has a small business selling vegetables in the market, but for some time now she has been unhappy. Xay has a mistress and spend his money on her. When he comes home from seeing his mistress, See argues with him, and this makes him angry and he shouts at her, and sometimes even hits her. See has tried talking to him, but he doesn’t want to talk about it. She has put up with this situation for the last 4 years and hasn’t told anyone else. She doesn’t know what to do...”

Okay, does everyone understand the situation with See and Xay?

Before we start, I would like to explain a few rules to facilitate discussion properly.

First, I will give you several questions from this story, and you will answer these questions. Please remember that there are no right or wrong answers. It is important to discuss freely and openly, and hear as many people’s opinions as possible. If there are opinions that you don’t agree or you feel wrong, please do not criticize or blame others personally. Instead, you will discuss it together to think why different opinions or disagreement came out.

3. Key questions

The facilitator then describes the alternatives that See has, and asks people for their comments concerning the following:

(1) Questions related to the story

- What are the problems that See is facing? And what might be the causes of her problems?
- What are Xay’s problems? Why do you think Xay behaves like this? What makes Xay behave like this?
- How do these problems affect See?

Prompts

Her daily life
Work
physical and emotional health
Children
Self confidence

- Is the way Xay treats See acceptable or not acceptable in your community? If yes/no, why?
- If you were See’s neighbor and you knew what was happening, what would you do?
- If you were close to Xay, what and when would you feel that you should intervene or advise?

Prompts

As a family
As a relative
As a neighbor
As a friend

- If See needs help, can she ask for help in your community? If so, who and which organization/agencies?

(2) Extra questions:

- In your eyes: is this violence? Why? Why not?
- In your eyes is this a crime?
- Is Xay responsible? Is See responsible? Explain?
- Should anyone be punished? Are there any other solutions in Lao?

(3) Did you hear about the Law on Development and Protection of Women that was enacted in 2004? What is this law about according to you?

- Do you think this law influences any acts of violence against women? If yes, how, if no, why?

Focus Group Discussion for Youth

Identification code for tape: _____ Date: _____

Location: _____ Sex: _____ M/F,

Number of participants: _____

Age range of participants: Youth

Objectives:

Small number of people (6-8) were selected from youth (from late teens to early 20s) to share common interest and characteristics which are relevant to topic discussed. Participants are not recruited on the basis of their exposure to or knowledge of violence against women, and the focus groups does not intend to obtain stories from who had experienced violence. Instead, the discussions explore women's and men's attitudes and beliefs, common perceptions on violence such as:

- main problems faced by women and men, male and female roles and images
- perceptions of the contexts in which violence occurs, and its perceived causes
- situations where different acts of violence are acceptable or unacceptable
- situations where intervention by family members, neighbours or friends to intervene is appropriate
- the consequences of violence for women, their families and the community
- perceptions concerning whether domestic violence is an important health issue, as an issue of concern for men, or as a family issue.
- Identify attitude and practice of community in responding to violence
- Assess current support system and services for women exposed to violence

Time:

90 minutes

Materials:

Introduction:

Thank you for coming today. My name is xxxxx from Burnet Institute. We are conducting research on family problems and their possible solutions. We have invited you here today to discuss this issue with you. Your opinions and responses will be used to help make materials and develop services to assist women experiencing violence.

All discussions here will be kept strictly secret. We will be producing a report on our findings, but will not reveal your name if we quote anything you say.

If you don't mind, we would like to tape record our discussion. This is to help us record what has been said. The tape will not be played to anyone. Once notes have been taken from the tape, it will be destroyed.

Is everyone happy to participate in this discussion? Record response Yes/No

Is there anyone who would like to leave now? Record if someone leaves

Thank you.

We hope that you will all feel free to discuss your opinions openly. There are no right or wrong answers – and we would like to hear your honest opinions about the issue. All of your responses will remain confidential.

Notes on background of participants and comments on discussion

To be completed after interview

1. Warm-up

Icebreaking

Introducing members

(tell us something about yourself, your family, your work and the things you like to do.

What are the biggest problem facing women (men) today?

2. Reading Story and Rule

I would like to start the discussion by reading you a story (leuangteng) that describes an imaginary (jin ta nag an) husband and wife.

One Story, Two Experiences:

See 19 years old

"I'll never forget that night as long as I live. Xay had been my boyfriend (pailin) for a while and he had always acted like are ally sweet guy —we had done some kissing and hugging each other but not more than that .

The night of the festival I wore a beautiful dress that I borrowed from my sister. It made me feel very attractive and grown up but maybe it was a little too tight (hat poth]. At the party I had some beer and it made me really tired so I wanted to go home. Maybe I shouldn't have suggested we together but Xay was going to take me home. Instead of taking me home, he took me to a [KatoobXay/Tiengnha] (rice hut) or motel. The next thing I know he's all over me, forcing me to have sex with him. It was horrible. I didn't want to scream and make a fool of myself in front of the other couples. I tried to fight him off but he was too strong. Needless to say, I never want to see Xay again. He seemed like such a nice guy. What happened?"

Xay 20 years old

I still don't understand what happened. See and I had been seeing each other for about two months and although we hadn't slept together yet, I had made it pretty clear that I was very attracted to her and eventually expected to have sex with her. We were at the festival together and she wore a sexy dress I thought maybe it was her way of saying she was ready. At the festival we drank some beer, which made her sort of sleepy and physical [got/japdai]. When she said she wanted to go home and wanted me to come, what was I supposed to think? Of course I thought she wanted to have sex. She did grumble a bit when I started to undress her but I just thought she wanted to be persuaded. My friends told me they had to push their girlfriends to have sex the first time. I don't know. We had sex and it was fine. I took her home after and I thought everything was okay. But ever since then she refuses to talk to me or go out with me. I thought she really liked me. What happened?"

Key questions:

- Whose story do you think is right?

(Hands up for See hands up for Xay, hands up for both, hands up not sure)

Why do you think so? What is your opinion?

- Why would two people have different experiences and perceptions?

Prompts

Agreement/consent

Respectful relationship

Power

Different assumptions/Interpretations

- How did this experience impact on See and Xay?

Prompts Relationship
 Schoolwork
 Health (physical and emotional)
 Trust in others

- Do you think that what See had experienced was sexual violence? If yes/no, why do you think so?

- Have you ever heard or known somebody (your family, relatives, friends, acquaintances) who experienced sexual violence? If yes, how did you feel about the story? Did you do something to support her? If so, what and how?
- If no, why not? (since they might know but not willing to help)

- If someone experiences sexual violence, how and where do they ask for support?

Prompts Police or hospital- the first place to go?
 Friends
 Family – how would they react?
 Doing nothing – sorting out oneself

- The example given shows one type of violence that sometimes occurs within couples: sexual violence. Do you think there are other types of violent behaviors that are common between young couples in your community? (prompts: control, psychological violence, physical)
- Do you think these are acceptable?
- Do you know about the Law on Development and Protection of Women? Do you think this law influences any acts of violence against women? If yes, how, if not, why?

Key informant Interview (for Community Leader, Health Worker, Police, Village Women's Union)

Identification code for tape: _____ **Date:** _____

Location: _____ **Sex:** M/F

Interviewee: _____ **Organisation**

Objective:

Key informant interview is to collect information from people with first-hand knowledge in different group or organisation in the community about a topic of interest in order to know about relations between women and men, and situation, response and support system of violence problems in the community. It specifically aims to:

- clarify family problems and relationships between women and men, nature and extent of violence or conflict occurred
- identify perception, causes, risks, and consequences of violence
- explore perceptions on intervention from outsiders: who, when and how
- identify available resources, services and supports to violence victims and survivors
- draw recommendations for policy making and program development

Time:

60-90 minutes

Introduction

Thank you for coming. My name is xxxxx from Burnet Institute. We are conducting research on violence against women. We have invited you here to learn about your experiences as a community leader/health worker/police/village women's union, and to seek your advice about how we can best help women who experience violence by their husband/partner.

All of the information that you choose to provide is voluntary, and will be kept strictly secret. You are free to stop the interview at any point, or not to answer any of the questions that we ask. I will not write down your name.

Your answers will be used to draw government attention to the problems faced by women, and to develop better services for women. Again, I would like to assure you that everything that you say will be kept secret.

Do you agree to be interviewed? Record response Yes/No

If you don't mind, I would like to tape record our discussion. This is to help me record what you say. The tape will not be played to anyone, and once I have taken notes from the tape, it will be destroyed. If you would prefer that we do not tape record the interview, I can take notes instead.

Do I have your permission to tape record our conversation? Record response Yes/No

Thank you.

Comments, to be completed after interview

Key Questions

A. General

- Can you describe your work and area of responsibility?

Prompts: Role and responsibilities
 Years of service

B. Violence situation

1. What is the family problem that community is facing today?

Prompts: Relationships between husband and wife
 Parenting, Education
 Household economy, Income generation
 Health

2. In your interpretation, what does violence (against women) mean?
3. Why do you think domestic violence occurs? What makes men use violence against women? Is there any case that violence to wife is acceptable or justifiable?
4. Do women use violence against men? What makes this happen?
5. How do you think violence impacts on women, children and men?

Prompts: Relationships between husband and wife, or between other family members
 Parenting, Education
 Household economy, Income generation
 Health

What do you think is the cause of violence against women? Who is responsible? In your eyes are there forms of violence that are crimes? Which forms?

Do you think men can change? What do you propose? What role can you/your organization play?

C. Interventions and Resources to support

1. Has your organisation/group ever intervened any case of domestic violence? If so, what kind of cases, and can you estimate how many cases of such incidents are reported in your village (office) so far?

Prompts: To victims/survivors
 To Perpetrators

2. As a member of organisation/group, what are the advantages, risks and challenges to intervene and support those violence victims?
3. What are traditional ways to respond to problems of domestic violence in your community? Do they work? Why are they good or not good?
4. If a woman experiences violence, where and how could she seek support?
5. Do you know about the Law on Development and Protection of Women for combating domestic violence against women and children enacted in 2004? What is this law about? Is there any change in your work since this law has been enforced?
6. What would you recommend to prevent domestic violence in family, community and societal levels?
7. Comments to add, if any.

Key informant Interview (for International and Local NGOs)

Identification code for tape: _____ Date: _____

Location: _____ Sex: M/F

Interviewee: _____ Organisation Name

Objective:

Key informant interview is to collect information from people with first-hand knowledge in different group or organisation in the community about a topic of interest in order to know about relations between women and men, and situation, response and support system of violence problems in the community. It specifically aims to:

- clarify family problems and relationships between women and men, nature and extent of violence or conflict occurred
- identify perception, causes, risks, and consequences of violence
- explore perceptions on intervention from outsiders: who, when and how
- identify available resources, services and supports to violence victims and survivors
- draw recommendations for policy making and program development

Time:

60-90 minutes

Introduction

Thank you for coming. My name is xxxxx from Burnet Institute. We are conducting research on violence against women. We have invited you here to learn about your experiences, and to seek your advice about how we can best help women in situations like your own.

All of the information that you choose to provide is voluntary, and will be kept strictly secret. You are free to stop the interview at any point, or not to answer any of the questions that we ask. I will not write down your name.

Your answers will be used to draw government attention to the problems faced by women, and to develop better services for women. Again, I would like to assure you that everything that you say will be kept secret.

Do you agree to be interviewed? Record response Yes/No

If you don't mind, I would like to tape record our discussion. This is to help me record what you say. The tape will not be played to anyone, and once I have taken notes from the tape, it will be destroyed. If you would prefer that we do not tape record the interview, I can take notes instead.

Do I have your permission to tape record our conversation? Record response Yes/No

Thank you.

Comments, to be completed after interview

Key Questions

A. General:

1. Can you describe your work and area of responsibility?

Prompts: Role and responsibilities
 Years of service

2. Can you briefly describe the project/programme relating to violence against women?

Prompts: Title of project/programme
 Objectives, outputs, impacts,
 Duration
 Target areas

B. Violence Situation

1. In your interpretation, what does violence (against women) mean?
2. Why do you think domestic violence occurs? What makes men use violence against women? Is there any case that violence to wife is acceptable or justifiable?
3. Do women use violence against men? What makes this happen?
4. How do you think violence impacts on women, children and men?

Prompts: Relationships between husband and wife, or between other family members
 Parenting, Education
 Household economy, Income generation
 Health

C. Interventions and Resources to support

1. You have already briefly mentioned and described before (question A.2) the projects/programmes within your organization related to violence against women. Let's now go into more detail. Has your organisation/group ever intervened any case of domestic violence? If so, what kind of cases, and can you estimate how many cases of such incidents are reported in your village (office) so far?

Prompts: To victims/survivors
 To Perpetrators

2. If a woman experiences violence, where, how and when could she seek for help and support? In your opinion, who and which organisations should work on or intervene in violence against women in the community?
3. What are traditional ways to respond to problems of violence against women?
4. In your experience of project/programs implementation, what are advantage, risk and challenges to intervene and support those victims?
5. Do you collaborate with other organisations or group to share information and provide services? If so, with whom, what and how do you collaborate?
6. After the Law on Law on Development and Protection of Women for combating domestic violence against women and children was enacted in 2004, do you find any changes in your work since this law was enforced? If so, what and how?
7. What would you recommend to prevent violence against women in family, community and societal levels?
8. Comments to add, if any.

ANNEX IV: METHOD TO DEVELOP INDEX OF SOCIAL ECONOMIC STATUS

The Lao National Survey on Women's Health and Life Experiences 2014

1. INTRODUCTION

The Lao National Survey on Women's Health and Life Experiences 2014 collected information on a number of individual variables related to household assets that reflect different dimensions of household socio-economic status (SES). This annex describes the method used to develop a single measure or SES index, an "asset index", to utilize this information. A key issue to derive a single measure SES index that uses different indicators is how to assign weights to individual variables. A principal components analysis (PCA) is a commonly used approach to develop statistically-derived weights for asset indices. PCA is a multivariate statistical technique that reduces the number of variables in a data set into a smaller number of components. Each component is a weighted combination of the original variables. The higher the degree of correlation among the original variables in the data, the fewer components are required to capture the common information. An important property of such components is that they are uncorrelated. Therefore, each component captures a dimension in the data. The next section of this annex details the steps taken to develop a PCA-based asset index.

2. METHOD

This study took three steps, guided by Vyas and Kumaranayake (2006), to build a PCA-based asset index - a descriptive analysis, construction of the PCA-based asset index and classification of households into asset wealth groups. The analysis was conducted using STATA version 13.00 statistical software.

2.1 Descriptive analysis

The first step was to conduct a descriptive analysis, which involved establishment of the overall sample size, frequency of each variable and patterns of missing data for individual variables. This descriptive analysis was essential exploratory work to ensure data quality, appropriate data coding and recoding for further analysis.

Overall sample size

Household selection forms and questionnaires were administered and completed by 2,997 households. The household questionnaire gathered information on different household asset indicators and the asset index was constructed using data from all households where full asset data were collected.

Frequency analysis

The purpose of the frequency analysis was to establish the extent to which the variables were distributed across households and inform subsequent coding of the variables. PCA is optimal when asset variables are correlated, but also when the distribution of variables varies across households. Assets more unequally distributed between households are weighted more heavily by a PCA. For example, an asset which all or no households own would exhibit no variation between households and carry a weight close to zero. A second feature of a PCA is data in categorical form are not suitable for inclusion in an analysis. This is because categories are converted into a quantitative scale, which does not have any meaning. To avoid this, qualitative categorical variables are recoded into binary variables.

This survey gathered information on housing infrastructure characteristics, such as household source(s) of drinking water, type(s) of toilet facility, main roofing material(s) and electricity. It also looked at household ownership of six different durable assets, four types of vehicles, land ownership as well as the number of rooms used for sleeping and total number of people in a household. A description and frequency distribution of variables for the total sample is displayed in Table 1.

The findings revealed variability in the main sources of drinking water, types of sanitation facilities and main materials used for roofing. The predominant sources of drinking water were spring water (21.2%), well-water with household (10.7%) and “other” (38.0%). The remaining households were distributed across eight additional categories of water sources, such as tube well/borehole (7.2%), outside/public well (6.0%) and piped water in residence (3.1%). Respondents who reported “other” as their main source of drinking water (N=1,139) were asked to specify the source and virtually all responded “boiled water”, “clean water”, “drinking water” or “pure water”. Households reported two main types of toilet facility. Approximately two-thirds (64.0%) reported ventilated pit latrine and 27.8% no facility or bush/field (27.8%). More than a half (55.7%) said the main material used for roofing was zinc, more than one-third (35.8%) reported tiled or concrete roofing and less than 10% used a natural source. Of the 17 households that said an “other” material was utilized, virtually all pointed to natural materials such as bamboo, wood, soil and grass. The vast majority of households had electricity (87.6%).

A generally high level of household durable asset ownership was found. A large number of households possessed a mobile phone (84.3%), a television (77.6%) and more than a half had a refrigerator (56.5%). Slightly over one-in-10 households owned a computer (11.1%). While most households owned a motorcycle (79.6%), relatively few had a car (15.5%). The vast majority of households owned land (92.3%).

Table 1: Description and frequency of SES variables

Variable long (short) name/ Variable type	Variable Label	N	%/Mean (Std. dev.) (N=2,997)
Main source of drinking water (q01) <i>Categorical</i>	Tap/piped water in residence	94	3.1
	Outside tap (piped) with household	87	2.9
	Public tap	105	3.5
	Well-water with household	319	10.7
	Outside/public well	180	6.0
	Spring water	634	21.2
	Tube well/borehole	217	7.2
	River/stream/pond/lake/dam	195	6.5
	Rainwater	23	0.8
	Tanker/truck/water vendor	4	0.1
Other	1,139	38.0	
Toilet facility (q02) <i>Categorical</i>	Own flush toilet	107	3.6
	Share flush toilet	78	2.6
	Ventilated improved pit latrine	1,918	64.0
	Traditional pit toilet/latrine	52	1.7
	River/canal	1	0.0
	No facility/bush/field	834	27.8
	Other	7	0.2
Main roofing materials (q03) <i>Categorical</i>	Natural materials	238	7.9
	Rudimentary (plastic/carton)	1	0.0
	Tiled or concrete	1,072	35.8
	Zinc	1,669	55.7
	Other	17	0.6
Electricity	Yes	2,624	87.6
	No	373	12.5

Radio	Yes	866	28.9
	No	2,131	71.1
Television	Yes	2,325	77.6
	No	672	22.4
Table telephone	Yes	1,283	42.8
	No	1,713	57.2
	Don't know	1	0.0
Mobile phone	Yes	2,525	84.3
	No	472	15.8
Refrigerator	Yes	1,694	56.5
	No	1,303	43.5
Computer	Yes	334	11.1
	No	2,661	88.8
	Don't know	2	0.1
Bicycle	Yes	1,153	38.5
	No	1,842	61.5
	Don't know	2	0.1
Motorcycle	Yes	2,385	79.6
	No	611	20.4
	Don't know	1	0.0
Car	Yes	463	15.5
	No	2,507	83.7
	Don't know	27	0.9
Tak Tak (tractor with lorry)	Yes	1,054	35.2
	No	1,932	64.5
	Don't know	11	0.4
Land owner in household (q06) <i>Categorical</i>	Yes	2,767	92.3
	No	226	7.5
	Don't know	4	0.1
Rooms for sleeping (q07)	Continuous	2,995	2.14 (1.00)
Total in household (hh1)	Continuous	2,997	5.78 (2.40)

2.2 Analytical approach

Coding of variables

Table 2 describes the coding for each asset variable. Responses for the main source of drinking water were grouped into categories based on water supply. Five separate binary variables were created:

- Piped water into the house (*intap*)
- Water supplied to the household, but not directly into the residence (*outtap*) that combined outside tap and well-water with household and tanker/truck/water vendor

- Public water (*pubwat*) that combined public tap, outside/public well and tube well/borehole
- Natural water (*natwat*) that combined spring water, river/stream/pond/lake/dam and rainwater
- Other water source (*othwat*).

Type of toilet facility was grouped into five categories:

- Own flush toilet (*ownflush*)
- Shared flush toilet (*shared*) that combined shared flush toilet and other
- Ventilated improved pit latrine (*vip*)
- Traditional pit latrine (*pit*)
- No sanitation facility (*nosanit*) that combined no facility/bush/field and river/canal.

Three binary variables were created for main roofing material:

- Natural materials (*natroof*) that combined natural materials, rudimentary and other
- Tiled or concrete (*tiled*)
- Zinc roof (*zinc*).

Electricity in the household and all six durable assets, type of vehicles and land ownership remained as separate binary variables. A 'crowding' index was created as the ratio between the number of people in the household and rooms used for sleeping.

Table 2: Description of SES variables used in PCA analysis

Variable description (variable short name)	Type of variable	Value labels
Tap in residence (<i>intap</i>)	Binary	No=0 Yes=1
Water with household-outside tap/well (<i>outtap</i>)	Binary	No=0 Yes=1
Public water-public tap/well (<i>pubwat</i>)	Binary	No=0 Yes=1
Natural source-spring/river/rainwater (<i>natwat</i>)	Binary	No=0 Yes=1
Other water (<i>othwat</i>)	Binary	No=0 Yes=1
Own flush toilet (<i>ownflush</i>)	Binary	No=0 Yes=1
Shared flush toilet (<i>shared</i>)	Binary	No=0 Yes=1
Ventilated pit latrine (<i>vip</i>)	Binary	No=0 Yes=1
Pit latrine (<i>pit</i>)	Binary	No=0 Yes=1
No sanitation facility/bush/field (<i>nosanit</i>)	Binary	No=0 Yes=1
Natural materials (<i>natroof</i>)	Binary	No=0 Yes=1
Tiled/concrete roof (<i>tiled</i>)	Binary	No=0 Yes=1
Zinc roof (<i>zinc</i>)	Binary	No=0 Yes=1
Electricity	Binary	No=0 Yes=1
Radio	Binary	No=0 Yes=1
Television	Binary	No=0 Yes=1
Table telephone	Binary	No=0 Yes=1
Mobile phone	Binary	No=0 Yes=1
Refrigerator	Binary	No=0 Yes=1
Computer	Binary	No=0 Yes=1
Bicycle	Binary	No=0 Yes=1
Motorcycle	Binary	No=0 Yes=1
Car	Binary	No=0 Yes=1
Tak Tak(tractor with lorry)	Binary	No=0 Yes=1
Land ownership	Binary	No=0 Yes=1
Crowd (No. people in hh/No. of rooms for sleeping)	Continuous	0.5-16.0

A second data issue to emerge was the number of “don’t know” responses for the following variables: ownership of table telephone, computer, bicycle, motorcycle, car, tak tak(tractor with lorry), land and the number of rooms for sleeping. For ownership of household durable items and vehicles, “don’t know” responses were coded as “no”. The number of rooms used for sleeping was coded to the mean for that variable for the two households that responded “don’t know”.

3. PRINCIPAL COMPONENTS ANALYSIS

Inclusion of variables in PCA analyses

Based on the frequency distribution of all the indicators, all variables were considered for inclusion in the PCA analysis. The first principal component is considered a measure of asset wealth and is, therefore, retained. The output from a PCA is a table of factor scores or weights for each variable. Generally, a variable with a positive factor score is associated with higher asset wealth and conversely a variable with a negative factor score is associated with lower asset wealth. An initial PCA was conducted using all original asset variables described in Table 2. However, the weight associated with the variable land was almost zero and excluded from a subsequent model²⁶. The results from the final PCA model are displayed in Table 3.

A household that obtains water from “other” sources (boiled, drinking, pure, clean), has a flush toilet or ventilated pit latrine, tiled or concrete roof and electricity in the household would attain a higher asset wealth score. All other household infrastructure variables had either very low positive or negative weights. A main water source from a public supply or spring or river, a pit latrine or no toilet facility and a roof made from natural materials or zinc displayed high negative weights. Households with more durable assets - such as a television, mobile phone, refrigerator and computer - would attain a higher asset score. Household ownership of any of the four types of vehicles was associated with higher asset wealth, with ownership of a motorbike or car yielding the highest weights. Households with higher levels of household population density would attain a lower asset score.

Table 3: Results from principal components analysis

SES indicator	Total sample (N=2,297)		
	Mean	Std. dev	PC score
Tap in residence	0.031	0.174	0.048
Water with household (outside tap/well)	0.137	0.344	0.015
Public water (public tap/well)	0.168	0.373	-0.119
Natural source (spring/river/rainwater)	0.284	0.451	-0.244
Other water	0.380	0.485	0.291
Own flush toilet	0.036	0.186	0.112
Shared flush toilet	0.028	0.166	0.081
Ventilated pit latrine	0.640	0.480	0.225
Pit latrine	0.017	0.131	-0.052
No sanitation facility/bush/field	0.279	0.448	-0.302
Natural materials	0.085	0.280	-0.197
Tiled/concrete roof	0.358	0.479	0.226

²⁶ In STATA, when specifying PCA, the user is given the choice of deriving eigenvectors (weights) from either the correlation matrix or the co-variance matrix of the data. If the raw data has been standardized, then PCA should use the co-variance matrix. As the data was not standardized, and they are therefore not expressed in the same units, the analysis specified the correlation matrix—the default in STATA—to ensure that all data have equal weight. For example, crowding is a quantitative variable and has greater variance than the other binary variables, and would therefore dominate the first principal component if the co-variance matrix was used.

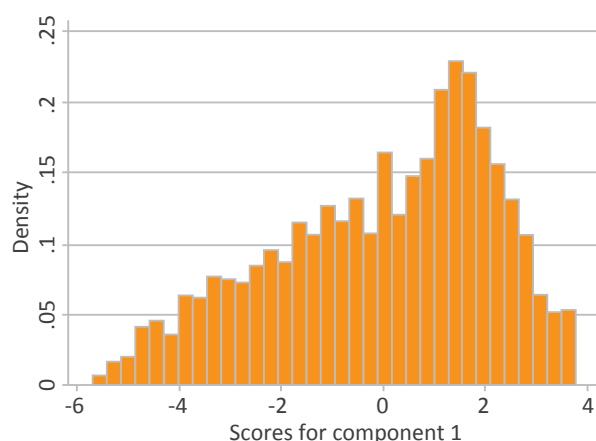
Zinc roof	0.557	0.497	-0.108
Electricity	0.876	0.330	0.271
Radio	0.289	0.453	0.043
Television	0.776	0.417	0.325
Table telephone	0.428	0.495	0.071
Mobile phone	0.843	0.364	0.351
Refrigerator	0.565	0.496	0.244
Computer	0.111	0.315	0.196
Bicycle	0.385	0.487	0.176
Motorcycle	0.796	0.403	0.249
Car	0.154	0.361	0.208
Tak Tak	0.352	0.478	0.037
Crowd (No. people in hh/No. of rooms for sleeping)	3.180	1.818	-0.169

3.1 Classification of households into SES group

Classification of households into SES group

Using the factor scores from the first principal component as weights, a dependent variable can then be constructed for each household which has a mean equal to zero and a standard deviation equal to one. This dependent variable can be regarded as the household's asset score. The higher the household asset score, the higher the implied asset wealth of that household. A histogram of the household asset scores is shown in Figure 1 and reveals the distribution of household asset scores is left skewed towards 'higher' asset wealth.

Figure 1: Distribution of household asset wealth scores



To differentiate households into broad asset wealth categories, studies have used cut-off points that are commonly an arbitrarily defined disaggregation e.g. "quintiles" or "tertiles". Another method is to use a data-driven approach or cluster analysis to derive asset wealth categories. A cluster analysis was used in the WHO Multi-country Study on domestic violence and women's health to derive "low", "middle" and "high" SES categories.

For this study, both methods to classify households into asset wealth groups were explored. First, households were ranked according to their asset score and split into three equal-sized groups "tertiles". The second approach used K-means cluster analysis to group households into three clusters. The mean asset score for each asset wealth group, derived using both methods, is shown in Table 4. The difference in the mean asset score between the most and least

assets groups was higher for the cluster method (5.320) than the tertile method (4.942). This indicates that the cluster method performed slightly better in differentiating least and most assets groups.

From the cluster method, slightly over one-fifth of households (21.3%) were classified in the least, 32.9% in the middle and 45.8% in the most assets groups. When comparing the distribution of households across asset wealth groups for the two methods, classification for 75% remained the same.

Table 4: Mean socio-economic scores by asset wealth group

Total sample	Tertiles (N=2,997)			Cluster analysis (N=2,997)		
	Least	Middle	Most	Least	Middle	Most
N	999	1.000	998	637	986	1.374
%	33.3	33.4	33.3	21.3	32.9	45.8
Mean asset score	-2.649	0.358	2.293	-3.361	-0.559	1.959
Std. Dev	1.220	0.672	0.654	0.940	0.758	0.786
Min	-5.817	-0.891	1.375	-5.817	-1.958	0.704
Max	-0.895	1.372	3.917	-1.963	0.699	3.917

Internal coherence compares the distribution of each asset variable by asset wealth group to assess whether ownership differs by group. Ownership of higher asset indicators should ideally be highest in the most assets group and lowest in the least assets group. Table 5 shows the mean ownership levels of asset variables by tertile and cluster-derived asset groups.

The findings revealed that for most indicators, both methods differentiate ownership by asset wealth groups. The cluster method, however, better differentiated the most assets and middle assets groups, while the tertile method was better at examining the most and least assets groups.

Table 5: Mean ownership of asset variables by asset wealth group (N=2,997)

SES indicator	Tertile			Cluster		
	Least	Middle	Most	Least	Middle	Most
Tap in residence	0.8	3.7	4.9	0.3	2.3	5.0
Water with household (outside tap/well)	9.8	21.9	9.3	7.4	17.3	14.0
Public water (public tap/well)	28.5	19.6	2.1	27.0	28.0	3.9
Natural source (spring/river/rainwater)	57.6	26.1	1.6	63.9	39.1	4.4
Other water	3.3	28.7	82.1	1.4	13.3	72.7
Own flush toilet	0.0	0.3	10.4	0.0	0.0	7.8
Shared flush toilet	0.5	0.6	7.4	0.2	0.7	5.6
Ventilated pit latrine	27.5	82.5	82.0	21.4	61.5	85.6
Pit latrine	4.2	1.0	0.0	3.8	2.6	0.2
No sanitation facility/bush/field	67.8	15.6	0.2	74.7	35.2	0.9
Natural materials	23.6	1.8	0.2	31.6	4.8	0.6
Tiled/concrete roof	11.5	27.3	68.5	6.6	25.1	57.0
Zinc roof	64.9	70.9	31.3	61.9	70.2	42.4
Electricity	63.4	99.3	100.0	47.9	95.8	100.0
Radio	24.9	27.3	34.5	24.2	28.0	31.7
Television	37.7	95.4	99.6	17.0	86.4	99.3
Table telephone	35.1	43.6	49.7	30.1	44.6	47.4
Mobile phone	60.2	93.1	99.5	49.0	86.5	99.0

Refrigerator	6.5	64.2	98.9	0.6	36.5	96.8
Computer	0.1	2.3	31.1	0.0	1.1	23.5
Bicycle	16.3	38.9	60.2	11.9	33.3	54.5
Motorcycle	52.3	87.7	98.8	41.6	78.8	97.7
Car	1.4	4.8	40.2	1.1	3.1	30.9
Tak Tak	27.4	46.8	31.3	19.2	46.6	34.4
Crowd	3.94	3.21	2.38	4.11	3.49	2.53
	(2.06)	(1.83)	(1.05)	(2.06)	(2.01)	(1.21)

4. SUMMARY

This summary describes how a PCA-based asset index was created using Lao National Survey on Women's Health and Life Experience 2014 data. From the PCA analysis using the total sample, households were classified into asset wealth groups using tertile and cluster analysis approaches. An assessment of the internal coherence concluded that both methods performed to a-priori expectations in disaggregating household asset wealth.

REFERENCE

Vyas S and Kumaranayake L (2006) How to do (or not to do). Constructing socio-economic status indices: how to use principal components analysis. *Health Policy and Planning* 21(6): 459-468

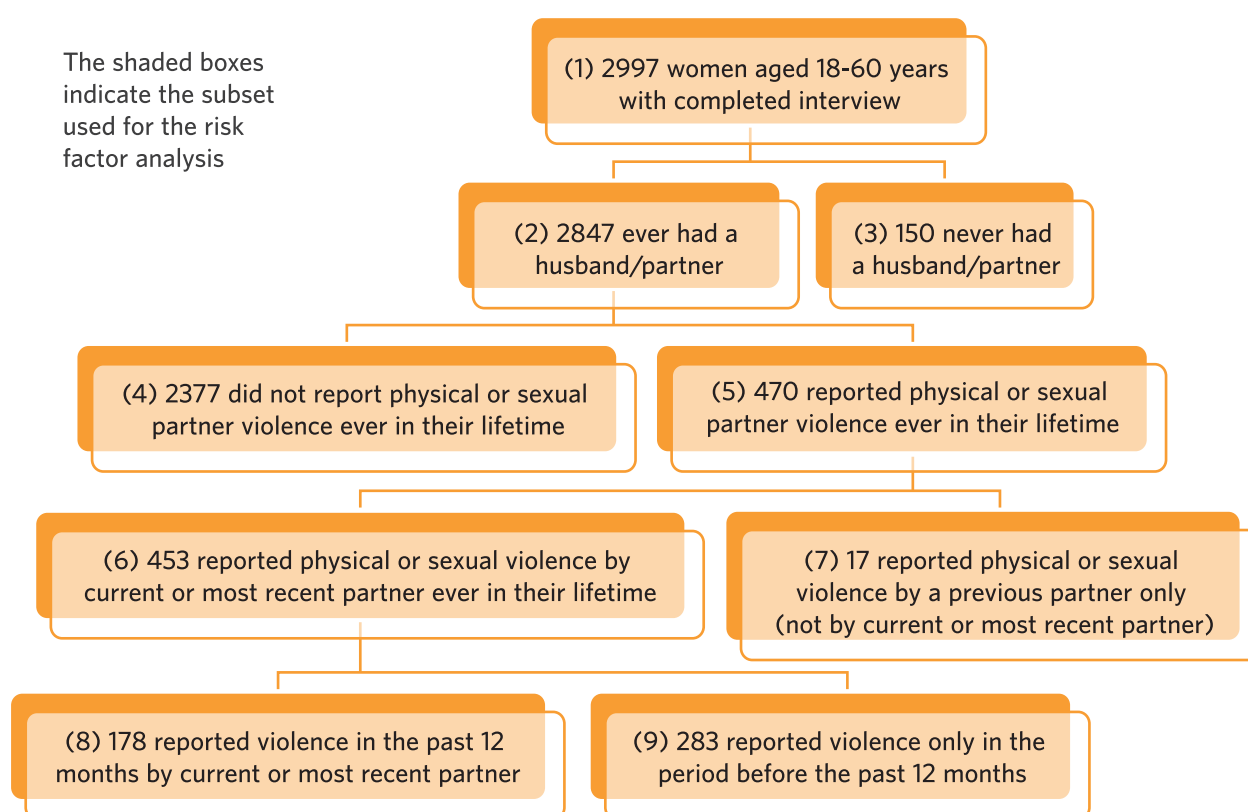
ANNEX V: RISK FACTOR ANALYSIS

Sub-sample for the statistical analysis

The sample used in the analysis of this report is a sub-sample from the national cross-sectional, population-based survey on VAW in Laos.

Of ever-partnered women, 470 (16.5%) reported having experienced physical or sexual violence by a partner at least once in their lifetime, while 2,377 reported never having experienced such violence (see Figure 2).

For statistical modelling, the sub-sample used was the 187 women whose current or most recent partner was physically and/or sexually violent in the past 12 months, included in the group that was exposed to violence (Group 8 in Figure 2). This group was compared to the 2,377 ever-partnered women who did not report any partner violence (Group 4 in Figure 2).



Only women whose current or most recent partner was violent were chosen (not those who reported violence by a previous partner only), because data on partner characteristics were collected for a current or most recent partner only. Thus, the 17 women who reported physical or sexual violence by a previous partner only, were excluded from the analysis where partner characteristics were considered.

The 283 women who reported violence by a current or most recent partner, but not in the 12 months preceding the survey, were only included in the analysis considering lifetime exposure to violence. As with the analysis for those who had experienced violence in the previous 12 months, the 17 women who had experienced violence from a previous partner were excluded when partner characteristics were analysed.

Variables in the statistical analysis

Outcome variable: physical and/or sexual partner violence in the past 12 months

The outcome variable or “dependent variable” in this analysis is physical and/or sexual violence by a partner. Any acts of physical or sexual violence are included (see Annex 1 for the nature of acts). Physical and/or sexual violence is the outcome variable of choice. The questions to measure such physical and/or sexual violence have been validated in many countries and are considered a robust measure of partner violence. Moreover, as seen in the study on women’s health and life experience, physical and sexual violence by husbands overlap to a large extent. Reliability testing for lifetime physical and/or sexual violence by partners showed a Cronbach alpha coefficient of 0.82, indicating an acceptable/good level of reliability.

In other studies using risk factor analysis for sexual and/or physical partner violence, the exact operationalization of the outcome variable as well as the composition of the sub-sample used for analysis, differ from study-to-study. Studies have examined the following:

- Lifetime violence compared to no violence (Figure 2 corresponding with Groups 5 vs. 4 or with Groups 6 vs. 4)
- Current violence vs. no current violence (Figure 2 corresponding with Groups 8 vs. 9+4)
- Current violence vs. no violence (Figure 2 corresponding with Groups 8 vs. 4).

For the Lao National Survey on Women’s Health and Life Experience 2014, the first option (women who reported violence by current or most recent partner in the past 12 months vs. women with no physical or sexual partner violence in lifetime) and the third option (women who reported violence by current or most recent partner in their lifetime vs. women with no physical or sexual partner violence in their lifetime) were considered.

“Current violence” and “no lifetime violence” were chosen because a disadvantage of “lifetime violence” is some women with this outcome may have experienced violence a long time ago and in some cases before (current) risk factors became relevant. Another disadvantage of using lifetime violence is the possibility of recall bias. Furthermore, association with violence may be diluted as many women with lifetime violence may no longer live in situations where they are exposed to violence (including women with “old violence” who could weaken the association). Among the advantages of looking at associations with current rather than lifetime violence, one can be more certain about temporal relationships. This has more relevance for interventions as they deal with women’s current situations.

The reference (“not exposed”) group of ever-partnered women who have never experienced physical and/or sexual partner violence was chosen, rather than women not currently experiencing violence, to avoid diluting the associations by including women with past violence, but not within the past 12 months²⁷.

Potential risk factors for physical or sexual violence

The analysis focussed on selected potential risk factors (“independent variables” or “exposure variables”), chosen based on the conceptual model (ecological framework) and published findings on risk factors, as well as some context-specific risk factors hypothesized to be related to IPV in the context of Laos. Besides these potential risk factors, it is also necessary to control factors that may confound results, in particular the age and region of a respondent. These factors are treated the same way in the analysis, except they always stay in the model - whether they are statistically associated with the outcome or not.

Forty factors regarding the women, their husbands, relationships and communities were looked at. Factors included socio-demographic characteristics of women and their husbands (age and education), other experiences of violence, attitudes, husband behaviours, characteristics of couples and support from family and close networks. The 40 variables/factors and their categories are listed in Table 1. For each factor, the distribution of the categories (sub-

²⁷ In fact, risk factor analysis for all three types of breakdown outcome variables were conducted to explore how they affected the outcome. Results are not shown in this report.

groups) as well as the prevalence of current physical and/or sexual violence for each of the sub-groups in the total sample of ever-partnered women was reviewed prior to conducting the risk factor analysis of the sub-sample.

Table 1. Independent variables used for risk factor analysis for current partner violence (the first category is used as baseline)

Variables	Categories
<i>Woman's characteristics</i>	
<i>Demographic</i>	
Age group	16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64
Education	Primary, Secondary, Higher, None
Current partnership status	Currently partnered/formerly partnered
Age of first marriage	<=19, 20-29, 30+, no marriage ceremony
Ethnic group	Laos, Non-Laos
Religion	Buddhist, non-Buddhist
Earning cash	No, Yes
<i>Woman's past experience with violence</i>	
Physical violence by others >15 years	No, Yes
Sexual violence by others > 15 years	No, Yes
Childhood sexual abuse + card (< 15 years)	No, Yes
Age at first sex	<17, 18-21, 22+
Nature of first sexual experience	Wanted to have sex, Coerced/forced
Woman's mother had been beaten by her partner	No, Yes
<i>Woman's attitudes</i>	
Attitudes on wife beating ²⁸	Never justified, Sometimes justified
<i>Partner's characteristics</i>	
<i>Demographic</i>	
Age group	15-24, 25-29, 30-34, 35-39, 40-49, 50+
Education	Primary, Secondary, Higher, None
Employment status	Working/student, Other
<i>Partner's behaviour</i>	
Alcohol consumption	At least once a week/less than once a week
Drug use	Never, Ever
Fighting with other men	No, Yes
Having extramarital relationships	No, Yes/Maybe
<i>Partner's experience with violence</i>	
Mother abused	No, Yes
Abused as child	No, Yes

²⁸ Justification for beating was a rather robust variable (Cronbach alpha coefficient = 0.85). Note, the gender attitudes scale as measured in the survey was rejected as useless because it showed an unacceptably low score when tested for reliability (Cronbach alpha coefficient = 0.36).

Characteristics of couple/relationship

Relationship characteristics

Age difference	Partner 0-2 years older, Woman older, Partner 3-8 years older, Partner 9+ years older
Educational level difference	Same level, His education higher, Her education higher
Relative contribution to household	Woman contribute less, Same, More, Woman not earning
Woman's role in partner choice	Woman/both chose, Other party chose, No registered marriage

Children of respondent

Number of children born alive	0, 1-2, 3-4, 5+, no children
Sex of children	Only son(s), Only daughter(s), Both son(s) and daughter(s), No children

Socio-economic status

Household assets index ²⁹	Low, Middle, High
--------------------------------------	-------------------

Social capital

Proximity to woman's family	No, Yes/Close together
Frequency of contact with woman's family	At least once a week, Less than once a week
Can count on support from family members	Yes, No/Don't know/No answer
Living with woman's family	No, Yes
Living with partner's family	No, Yes
Respondent grew up in same community	No, Yes
Respondent is member of any group	Yes, No
Neighbours helping when illness in family	Yes, No

Geographical characteristics

Regions	North, Centre, South
Urban/rural	Urban, Rural

Analysis strategy for the risk factor analysis ³

Using the described sub-sample, univariate logistic regression was used to estimate the crude associations between each potential risk factor and partner violence in the past 12 months, while multi-variate logistic regression was used to measure associations accounting for the effects of a number of factors simultaneously.

Results are expressed as "odds ratios", a ratio of the odds of violence in a group with the presence of a certain characteristics compared to the odds of violence in a group with an absence of said characteristics (baseline group). The crude odds ratios are the results of the univariate analysis, only considering the factor of interest. The adjusted odds ratios are the results of multivariate analysis and reflect the odds that remain, when the effect of all other factors is simultaneously accounted for.

For univariate logistic regression, a probability value (P-value) of 0.10 or less was considered significant. The variables associated with partner violence in the univariate regression were subsequently included in an intermediate multivariate

²⁹ A proxy for socio-economic status was computed using questions on the assets in the household. The term "Assets index" was preferred because the index does not correspond exactly with the household socio-economic level as estimated in other surveys. The method for computing the SES/assets index is described in Annex 3.

logistic regression model as an intermediate step to discover the final variables to be used in the final logistic model. Age and ethnicity were also included in the model regardless of the P-value (age as a default effect modifier and ethnicity as a fixed factor, because the report showed different levels of violence for each region).

For the intermediate multivariable logistic regression model, a probability value of 0.10 or less was considered significant to be included in the final model (together with age and ethnicity). For this final model, a probability value of 0.05 or less was considered significant to determine which factors were independently associated with IPV.

All analysis was performed with STATA statistical software (version 12). For logistic regression, a factor that accounted for the stratified and clustered nature of the sampling strategy (which also included sample weights) was included.

ANNEX V: STATISTICS TABLES

Table 3.1. Household and individual sample obtained and response rates, Lao PDR 2014

	Urban		Rural		Rural without road		Northern		Central		Southern		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Total number of households in the sample	900	100.0	1,800	100	300	100	950	100	1,473	100	580	100	3,000	100
Dwelling vacant	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dwelling destroyed	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dwelling not found	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Strange language (not eligible)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total number of true (eligible) households visited	900	100.0	1,800	100	300	100	950	100	1,473	100	580	100	3,000	100
Household absent	-	-	-	-	-	-	-	-	-	-	-	-	-	-
No member at home	-	-	1	0	-	-	-	-	1	0	-	-	1	0
Refused at household level	1	0	1	0	-	-	-	-	2	0	-	-	2	0
Household interview completed (household response rate, based on true households)	899	99.9	1,798	99.9	300	100	950	100	1,470	99.8	580	100	2,997	99.9
No eligible woman in household	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total number of households with selected eligible woman	899	100.0	1,798	100	300	100	950	100	1,470	100.0	580	100	2,997	100.0
Selected woman not at home	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Selected woman incapacitated	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Refused by selected woman	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Does not want to continue (partially completed)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Completed individual interview (individual response rate based on households with selected eligible woman)	899	100.0	1,798	100.0	300	100	950	100	1,470	100.0	580	100	2,997	99.9

Table 3.2. Characteristics of respondents in the sample (unweighted and weighted for number of eligible women in household), Lao PDR 2014

	Urban (unweighted)			Rural (unweighted)			Rural without road (unweighted)			Total (unweighted)			Total (weighted*)		
	All respondents	Ever-Partnered	%	All respondents	Ever-Partnered	%	All respondents	Ever-Partnered	%	All respondents	Ever-Partnered	%	All respondents	Ever-Partnered	%
	Number	Number	%	Number	Number	%	Number	Number	%	Number	Number	%	Number	Number	%
Total	899	831	100.0	1,798	1,726	100.0	300	289	100.0	2,997	2,847	100.0	2,997	2,847	100.0
Region															
Northern	230	218	26.2	580	556	32.2	140	131	45.3	950	905	31.7	817	779	27.4
Central	539	495	59.6	848	825	47.8	80	78	27.0	1,467	1,398	49.0	1,575	1,500	52.7
Southern	130	118	14.2	370	346	20.1	80	80	27.7	580	544	19.4	604	568	19.9
Religion															
Buddhist	781	725	86.9	1,150	1,114	64.5	102	100	34.6	2,033	1,938	67.8	2,150	2,063	72.5
Christian	6	5	0.6	42	37	2.1	2	2	0.7	50	44	1.7	51	42	1.5
Animist	108	97	11.7	597	568	32.9	188	180	62.3	893	845	29.8	772	728	25.6
Others	4	4	0.5	9	8	0.5	8	7	2.4	21	19	0.7	24	13	0.5
Education of respondent															
Not attended school	112	106	12.5	589	573	33.2	158	153	52.9	859	832	28.7	813	801	28.1
Primary	327	318	36.4	836	816	47.3	121	117	40.5	1,283	1,251	42.8	1,260	1,242	43.6
Secondary	199	191	22.1	243	226	13.1	16	15	5.2	458	432	15.3	465	432	15.2
Higher education	261	216	29.0	130	112	6.5	5	4	1.4	396	332	13.2	458	372	13.1
Ethnicity															
Lao	760	706	84.5	1,164	1,124	65.1	83	82	28.4	2,033	1,912	67.8	2,115	2,030	71.3
Khmou	95	84	10.6	421	397	23.0	185	181	62.6	50	662	1.7	625	574	20.2
Hmong	10	10	1.1	84	82	4.8	7	4	1.4	893	96	29.8	97	95	3.3
Other	34	31	3.8	129	124	7.2	25	22	7.6	21	177	0.7	159	149	5.2

Age group of respondent	33	3.7	9	1.1	104	5.8	59	3.4	27	9.0	21	7.3	164	5.5	89	3.1	203	6.8	98	3.4	
15-19	82	9.1	65	7.8	275	15.3	266	15.4	49	16.3	47	16.3	406	13.6	378	13.3	384	12.8	343	12.1	
20-24	80	8.9	69	8.3	212	11.8	203	11.8	39	13.0	37	12.8	331	11.0	309	10.9	279	9.3	253	8.9	
25-29	123	13.7	118	14.2	266	14.8	263	15.2	43	14.3	43	14.9	432	14.4	424	14.9	311	10.4	306	10.8	
30-34	122	13.6	119	14.3	263	14.6	262	15.2	35	11.7	34	11.8	420	14.0	415	14.6	357	11.9	359	12.6	
35-39	142	15.8	139	16.7	232	12.9	229	13.3	34	11.3	34	11.8	408	13.6	402	14.1	424	14.2	429	15.1	
40-44	117	13.0	114	13.7	176	9.8	175	10.1	32	10.7	32	11.1	325	10.8	321	11.3	381	12.7	387	13.6	
45-49	99	11.0	97	11.7	127	7.1	127	7.4	19	6.3	19	6.6	245	8.2	243	8.5	314	10.5	321	11.3	
50-54	62	6.9	62	7.5	86	4.8	86	5.0	9	3.0	9	3.1	157	5.2	157	5.5	206	6.9	211	7.4	
55-59	39	4.3	39	4.7	57	3.2	57	3.3	13	4.3	13	4.5	109	3.6	109	3.8	137	4.6	141	4.9	
59-64																					
Current Partnership status ****																					
Never partnered	68	7.6	0	0.0	71	4.0	0	0.0	11	3.7	0	0.0	150	5.0	0	0.0	221	7.4	0	0.0	
Currently married	731	81.3	731	88.0	1,582	88.0	1,582	91.6	252	84.0	252	87.2	2,565	85.6	2,565	90.1	2,446	81.6	2,510	88.2	
Living with man (not married)	11	1.2	11	1.3	14	0.8	14	0.8	7	2.3	7	2.4	32	1.1	32	1.1	32	1.1	33	1.2	
Regular partner (dating)	9	1.0	9	1.1	5	0.3	5	0.3	0	0.0	0	0.0	14	0.5	14	0.5	15	0.5	16	0.6	
Divorced/separated	33	3.7	33	4.0	62	3.5	62	3.6	18	6.0	18	6.2	113	3.8	113	4.0	130	4.3	133	4.7	
Widowed	47	5.2	47	5.7	64	3.6	64	3.7	12	4.0	12	4.2	123	4.1	123	4.3	153	5.1	157	5.5	

This table used women weighted

Table 3.3. Characteristics of respondents in the sample (unweighted and weighted) and female population age 15-64 years in the general population (based on UPDATED census)

	Unweighted		Weighted*		Census (2005)	
	All respondents		All respondents		Female population 15-64	
	Number	%	Number	%	Number	%
Total	2,997	100.0	2,997	100.0	1,993,100	
Area						
Urban	899	30.0	1,000	33.4		
Rural	1,798	60.0	1,741	58.1		
Rural without road	300	10.0	256	8.5		
Region						
Northern	950	31.7	817	27.3		
Central	1,467	49.0	1,575	52.6		
Southern	580	19.4	604	20.2		
Education of respondent						
Not attended school	859	28.7	813	27.1		
Primary	1,283	42.8	1,259	42.0		
Secondary	458	15.3	465	15.5		
Higher education	396	13.2	459	15.3		
Age group of respondent						
15-19	164	5.5	203	6.8	366,900	18.4
20-24	406	13.6	384	12.8	344,900	17.3
25-29	331	11.0	279	9.3	279,200	14.0
30-34	432	14.4	311	10.4	224,000	11.2
35-39	420	14.0	357	11.9	188,800	9.5
40-44	408	13.6	424	14.2	164,500	8.3
45-49	325	10.8	381	12.7	144,500	7.3
50-54	245	8.2	314	10.5	115,900	5.8
55-59	157	5.2	206	6.9	95,100	4.8
59-64	109	3.6	137	4.6	69,300	3.5

* Weights have been applied for total eligible women in the household to correct for differences in selection probability within the household.

* Projection for 2013 baseline 2005 Census

Table 3.4. Prevalence of partner violence, among ever partner women 15-64 year (N=2847), Lao PDR 2014

Type of partner violence	Prevalence Unweighted			Prevalence With Weighted		
	Percentage	95% CI		Percentage	95% CI	
		Lower	Upper		Lower	Upper
Lifetime physical violence	12.5	11.3	13.8	11.5	10.4	12.7
Current physical violence	4.3	3.5	5.0	4.0	3.3	4.7
Lifetime sexual violence	7.4	6.5	8.4	7.2	6.3	8.2
Current sexual violence	3.4	2.7	4.0	3.1	2.5	3.8
Lifetime phys/sexual violence	16.5	15.1	17.9	15.3	13.9	16.6
Current phys/sexual violence	6.6	5.7	7.5	6.0	5.1	6.8
Lifetime emotional violence	27.2	25.6	28.8	26.2	24.6	27.8
Current emotional violence	11.7	10.5	12.8	10.5	9.4	11.6

This table used women weighted

Table 3.5. Women's satisfaction upon completion of interview and duration of interview, according to experience of partner violence, Lao PDR 2014

	By experience of partner violence			
	No violence (%) (n=2377)	Only sexual violence (%) (n=112)	Only physical violence (%) (n=258)	Both physical and sexual violence (%) (n=99)
The interview made you feel..				
Good/better	87.9	80.9	86.0	92.7
Worse	0.9	1.2	2.2	0.0
Same/ no difference	11.1	17.9	11.8	7.3
Agreed to be contacted again				
Yes	99.5	98.8	99.8	100.0
No	0.6	1.2	0.2	-
Duration of interview*				
Mean (minutes)	52.0	59.0	62.6	65.9
Median (minutes)	50.0	55.0	59.0	60.0

* For the calculation of duration of interview 2997 observations were dropped due to "negative" or unlikely short duration (less than 10 minutes), for the duration of interview we use more than 15 minutes not more than 195 minutes.

Table 3.6. Sex of head of household as reported for the households where a complete interview was obtained, Lao PDR 2014

	Number	Sex		
		Male (%)	Female (%)	Both (%)
Total	2,997	85.8	14.1	0.2
Area				
Urban	899	80.1	19.6	0.3
Rural	1,798	88.5	11.4	0.1
Rural without road	300	89.5	10.3	0.2
Region				
Northern	950	92.4	7.5	0.1
Central	1,467	83.0	17.0	-
Southern	580	84.1	15.2	0.7
Education of respondent				
Not attended school	859	85.2	14.6	0.2
Primary	1,284	85.9	13.9	0.3
Secondary	458	87.9	12.1	-
Higher education	396	84.3	15.7	-
Age group of respondent				
15-19	164	87.6	12.4	-
20-24	406	91.6	8.4	-
25-29	331	86.5	13.0	0.5
30-34	432	87.1	12.9	-
35-39	420	90.5	9.2	0.3
40-44	408	88.6	11.3	0.1
45-49	325	87.3	12.2	0.5
50-54	245	82.9	17.1	-
55-59	157	70.7	29.3	-
59-64	109	66.2	33.8	-

Table 3.7. Women's replies to whether neighbours in communities know each other well (N=2,847), Lao PDR 2014

	No Violence (N=2,377) %	Physical/ sexual Violence (N=470) %	P-value	(N=2,847) Total (%)
Total	90.0	88.6	0.650	89.8
Area				
Urban	87.1	87.1		87.1
Rural	91.9	89.0		91.5
Rural without road	88.1	92.9		89.8
Region				
Northern	94.0	94.9		94.1
Central	85.9	83.8		85.6
Southern	95.1	94.9		95.1
Education of respondent				
Not attended school	91.5	90.0		91.2
Primary	89.1	89.4		89.2
Secondary	91.2	90.8		91.1
Higher education	88.7	80.8		87.5
Age group of respondent				
15-19	86.6	77.4		85.1
20-24	88.1	81.5		87.1
25-29	94.0	84.0		92.7
30-34	85.4	89.8		86.5
35-39	91.6	88.9		91.2
40-44	92.8	93.2		92.9
45-49	85.8	94.4		86.9
50-54	91.9	97.4		92.6
55-59	93.0	75.2		90.4
59-64	89.2	94.6		90.0

Table 3.8. Women's replies to whether people in community would stop a streetfight (N=2,847), Lao PDR 2014

	No Violence (N=2,377) %	Physical/ sexual Violence (N=470) %	P-value	(N=2,847) Total (%)
Total	89.2	80.2	0.000	87.8
Area				
Urban	87.5	81.1		86.4
Rural	90.1	79.5		88.6
Rural without road	89.0	77.4		87.2
Region				
Northern	90.5	85.0		89.9
Central	87.8	77.5		86.1
Southern	90.9	80.9		89.2
Education of respondent				
Not attended school	88.7	77.0		86.7
Primary	88.3	81.3		87.3
Secondary	91.3	83.3		90.2
Higher education	90.6	81.7		89.2
Age group of respondent				
15-19	85.6	67.1		82.7
20-24	88.6	73.5		86.2
25-29	91.1	78.6		89.5
30-34	90.9	81.4		88.6
35-39	89.4	89.0		89.3
40-44	89.3	77.2		87.6
45-49	88.0	94.4		88.8
50-54	90.1	73.9		88.1
55-59	86.3	79.9		85.4
59-64	90.5	69.5		87.5

Table 3.9. Women's replies to whether people in community would contribute to a community project (N=2,847), Lao PDR 2014

	No Violence (N=2,377) %	Physical/ sexual Violence (N=469) %	P-value	(N=2,846) Total (%)
Total	99.2	96.8	0.043	98.8
Area				
Urban	98.9	94.2		98.1
Rural	99.5	98.7		99.3
Rural without road	98.5	94.6		97.9
Region				
Northern	99.4	97.6		99.2
Central	99.0	96.5		98.6
Southern	99.5	96.8		99.0
Education of respondent				
Not attended school	99.2	97.2		98.8
Primary	99.4	97.7		99.2
Secondary	98.8	94.2		98.2
Higher education	98.9	95.7		98.4
Age group of respondent				
15-19	98.7	100.0		98.9
20-24	98.7	95.8		98.2
25-29	99.3	96.4		98.9
30-34	98.5	99.6		98.8
35-39	99.4	97.8		99.1
40-44	98.7	85.4		96.8
45-49	99.7	100.0		99.8
50-54	100.0	100.0		100.0
55-59	99.0	100.0		99.2
59-64	100.0	100.0		100.0

Table 3.10. Women's replies to whether people in community trust each other in lending and borrowing (N=2,847), Lao PDR 2014

	No Violence (N=2,377) %	Physical/ sexual Violence (N=469) %	P-value	(N=2,846) Total (%)
Total	99.2	96.8	0.016	98.8
Area				
Urban	98.9	94.2		98.1
Rural	99.5	98.7		99.3
Rural without road	98.5	94.6		97.3
Region				
Northern	99.4	97.6		99.2
Central	99.0	96.5		98.6
Southern	99.5	96.8		99.0
Education of respondent				
Not attended school	99.2	97.1		98.8
Primary	99.4	97.7		99.2
Secondary	98.8	94.2		98.2
Higher education	98.9	95.7		98.4
Age group of respondent				
15-19	98.7	100.0		98.9
20-24	98.7	95.8		98.2
25-29	99.3	96.4		98.9
30-34	98.5	99.6		98.8
35-39	99.4	97.8		99.1
40-44	98.7	85.4		96.8
45-49	99.7	100.0		99.8
50-54	100.0	100.0		100.0
55-59	99.0	100.0		99.2
60-64	100.0	100.0		100.0

Table 3.11. Women's replies to whether neighbours in community would help someone who was sick or had suffered an accident (N=2,847), Lao PDR 2014

	No Violence (N=2,377) %	Physical/ sexual Violence (N=470) %	P-value	(N=2,847) Total (%)
Total	96.0	93.8	0.042	95.7
Area				
Urban	94.3	90.6		93.7
Rural	97.0	95.2		96.7
Rural without road	95.9	98.4		96.3
Region				
Northern	98.7	97.1		98.5
Central	93.9	91.2		93.5
Southern	97.8	97.2		97.7
Education of respondent				
Not attended school	96.0	94.1		95.7
Primary	96.3	96.7		96.4
Secondary	96.9	92.6		96.3
Higher education	94.1	85.4		92.8
Age group of respondent				
15-19	97.7	95.8		97.4
20-24	97.3	86.0		95.5
25-29	96.7	94.9		96.4
30-34	97.5	91.1		96.0
35-39	94.5	98.5		95.2
40-44	96.9	93.7		96.5
45-49	95.9	96.2		95.9
50-54	93.7	100.0		94.4
55-59	96.9	91.4		96.1
60-64	93.2	94.6		93.4

Table 3.12. Proportion of interviewed women owning certain assets, by herself or with someone else, as reported in the survey (N=2,997), Lao PDR 2014

	Yes, own by herself (%)	Yes, own with others (%)	No, don't own (%)
Land	16.9	57.6	25.5
House	9.7	70.2	20.1
Company or business	0.2	1.5	98.3
Large animals (cows, horses, etc.)	3.7	31.7	64.6
Small animals (chickens, pigs, goats, etc.)	5.4	60.9	33.7
Crops from certain fields or trees	4.3	58.5	37.3
Large household items (TV, bed, cooker)	8.2	80.5	11.3
Jewelry, gold or other valuables	11.6	46.5	41.9
Motor car	1.6	13.3	85.1
Savings in the bank	4.3	12.9	82.8
Other property	1.9	9.8	88.3

Table 3.13. Proportion of women earning and the way they are earning money, among ever-partnered women (N=2,847), Lao PDR 2014

	No Violence (N=2,376) %	Physical/ sexual Violence (N=470) %	(N=2,847) Total (%)
P-Value = 0.355			
Not earning money by herself	13.1	14.6	13.3
Earning cash	86.9	85.4	86.7
<u>Way of earning money:</u>			
Job	99.0	98.4	98.9
Selling things, trading	6.9	9.4	7.3
Doing seasonal work	15.5	15.2	15.4
Any other activity	14.4	13.1	14.2

Table 4.1. Prevalence of physical, sexual and physical and/or sexual partner violence, among ever-partnered women, Lao PDR 2014

	Physical violence		Sexual violence		Physical and/or sexual violence		Number of ever-partnered women (N)
	Life time prevalence (%)	12 month prevalence (%)	Life time prevalence (%)	12 month prevalence (%)	Life time prevalence (%)	12 month prevalence (%)	
Total	11.6	4.0	7.2	3.1	15.3	6.0	2,847
Area							
Urban	12.0	4.0	8.6	3.1	16.4	5.9	831
Rural	11.2	3.9	6.3	3.3	14.7	6.2	1,727
Rural without road	12.4	4.4	8.1	2.3	15.1	4.9	289
Region							
Northern	9.6	3.8	4.4	2.2	11.9	5.3	905
Central	12.1	3.5	8.6	3.3	16.3	5.7	1,398
Southern	12.9	5.5	7.6	3.9	17.2	7.6	544
Education of respondent							
Not attended school	14.6	4.9	6.3	2.5	17.7	6.0	831
Primary	10.1	3.7	7.7	3.1	14.3	5.6	1,251
Secondary	10.3	3.5	6.6	4.0	13.5	6.7	432
Higher education	11.3	3.3	8.2	3.6	15.4	6.2	332
Education of current/ most recent partner							
Not attended school	16.5	4.5	6.9	2.9	19.7	6.3	403
Primary	10.5	3.9	8.7	4.0	15.2	6.4	1,144
Secondary	12.4	4.7	7.4	3.4	16.2	6.9	540
Higher education	10.0	3.2	5.5	2.0	12.7	4.6	734
DK/refuse	13.5	8.9	-	-	13.5	8.9	26
Age group of respondent							
15-19	3.5	3.2	12.9	11.1	15.8	13.6	89
20-24	11.4	4.5	7.9	5.4	15.9	8.3	378
25-29	9.9	3.1	5.9	3.3	12.7	5.1	309
30-34	17.8	6.5	11.8	6.6	23.9	11.8	424
35-39	13.5	5.8	9.1	3.4	16.4	6.8	415
40-44	12.5	3.7	5.1	1.7	14.3	4.2	402
45-49	9.3	3.4	5.2	2.5	12.3	5.0	321
50-54	10.0	3.1	4.6	0.6	12.3	3.3	243
55-59	9.9	2.3	6.6	-	14.6	2.3	157
60-64	10.8	1.4	7.8	-	15.4	1.4	109

This table used women weighted

Table 4.2. Prevalence of different acts of physical violence by husbands/partnered, among ever-partnered women, Lao PDR 2014

	Urban (N=831)		Rural (N=1,727)		Rural without road(N=289)		Total (N=2847)	
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)
Slapped, threw something	8.8	3.3	7.6	2.3	8.0	1.9	8.0	2.6
Pushed or shoved	9.0	3.5	6.3	2.2	5.6	1.6	7.1	2.6
Hit with a fist or something else	5.2	1.7	4.6	2.0	5.2	2.1	4.9	1.9
Kicked, dragged, beat	5.1	1.8	4.0	1.8	3.9	1.0	4.3	1.7
Choked or burnt on purpose	2.6	1.2	1.4	0.9	1.1	0.1	1.8	0.9
Threatened or used a gun, knife or weapon	2.9	1.1	2.9	1.1	3.4	1.7	3.0	1.1
At least one act of physical violence	12.0	4.0	11.2	3.9	12.4	4.4	11.6	4.0

Table 4.3. Prevalence of physical partner violence, broken down by partner in lifetime, among ever-partnered women, Lao PDR 2014

	Moderate physical violence (%)	Severe physical violence (%)	Number of ever-partnered women (N)
Total	4.2	7.3	2,847
Area			
Urban	4.5	7.5	831
Rural	4.1	7.1	1,727
Rural without road	4.2	8.2	289
Region			
Northern	2.7	6.8	905
Central	4.7	7.4	1,398
Southern	5.0	7.8	544
Education of respondent			
Not attended school	5.4	9.2	831
Primary	3.3	6.8	1,251
Secondary	3.5	6.8	432
Higher education	5.5	5.8	332
Education of current/most recent partner			
Not attended school	6.1	10.5	403
Primary	3.9	6.6	1,144
Secondary	4.1	8.3	540
Higher education	4.0	6.0	734
DK/refuse	0.0	13.5	26
Age group of respondent			
15-19	2.3	1.3	89
20-24	3.7	7.7	378
25-29	4.1	5.8	309
30-34	8.8	9.0	424
35-39	3.5	10.0	415
40-44	3.6	8.9	402
45-49	3.8	5.5	321
50-54	3.0	7.0	243
55-59	4.5	5.4	157
60-64	4.2	6.7	109

Table 4.4. Prevalence of specific acts of physical violence by husbands/partners in the past 12 months, and frequency distribution of number of times the acts happened

	Total (N=2,847)			
	Happened in past 12 months (%)	One time (%)	2-5 times (%)	More than 5 times (%)
Slapped you or thrown something	2.6	19.2	33.8	47.1
Pushed you or shoved you	2.6	17.3	35.5	47.3
Hit you with his fist or with something else	1.9	25.8	23.2	51.0
Kicked or dragged you	1.7	20.0	21.0	59.0
Choked or burnt you	0.9	35.4	2.9	61.7
Threatened with or used weapon	1.1	29.2	14.9	56.0

Table 4.5. Proportion of women who reported physical violence in pregnancy among ever-pregnant women, Lao PDR 2014

	Experienced violence during pregnancy (%)	Number of ever-pregnant women (N)
Total	1.8	2,744
Area		
Urban	2.6	803
Rural	1.4	1,666
Rural without road	2.1	275
Region		
Northern	1.8	864
Central	1.8	1,358
Southern	2.1	522
Education of respondent		
Not attended school	2.2	804
Primary	1.8	1,212
Secondary	2.2	415
Higher education	0.8	313
Education of current/most recent partner		
Not attended school	1.8	394
Primary	2.1	1,099
Secondary	1.2	521
Higher education	1.8	706
DK/refuse	5.1	24
Age group of respondent		
15-19	-	71
20-24	1.8	350
25-29	1.4	300
30-34	3.1	408
35-39	3.0	403
40-44	1.7	395
45-49	1.6	317
50-54	0.9	239
55-59	1.0	154
60-64	2.5	107

Table 4.6. Characteristics of violence during pregnancy as reported by ever-pregnant women, Lao PDR 2014

	Total
Women ever beaten during a pregnancy (N=51)	
Punched or kicked in abdomen (%)	20.5
Beaten in most recent pregnancy by father of child (%)	81.2
Living with person who beat her while pregnant (%)	84.9
Beaten by same person as before the pregnancy (%)	67.9
Women beaten during pregnancy by the same person as before the pregnancy (N=32)	
Beating got worse during pregnancy (%)	3.7
Beating stayed the same (%)	54.0
Beating got less (%)	34.8

Table 4.7. Prevalence of specific acts of sexual violence by husbands/partners, as reported by ever-partnered women, Lao PDR 2014

	Urban (N=831)		Rural (N=1,727)		Rural without road (N=289)		Total (N=2,847)	
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)
Physically forced to have sexual intercourse when she did not want to	6.5	2.8	5.4	2.7	7.6	2.1	5.9	2.6
Had sexual intercourse she did not want to because she was afraid of what your partner might do	6.4	1.9	4.9	2.6	7.5	2.1	5.6	2.3
Forced to perform degrading or humiliating sexual act	2.0	0.8	0.9	0.7	1.6	1.3	1.3	0.8
At least one act of sexual violence	8.6	3.1	6.3	3.3	8.1	2.3	7.2	3.1

Table 4.8. Prevalence of specific acts of sexual violence by husbands/partners in the past 12 months, and frequency distribution of number of times the acts happened, Lao PDR 2014

	Total (N=2,847)			
	Happened in past 12 months (%)	One time (%)	2-5 times (%)	More than 5 times (%)
Physically forced to have sexual intercourse when she did not want to	2.6	16.3	34.9	48.8
Had sexual intercourse she did not want to because she was afraid of what your partner might do	2.3	13.4	27.5	59.1
Forced to perform degrading or humiliating sexual act	0.8	14.1	16.6	69.3

Table 4.9. Prevalence of emotional partner violence among ever-partnered women, Lao PDR 2014

	Lifetime prevalence (%)	12 months prevalence (%)	Number of ever partnered women (N)
Total	26.2	10.5	2,847
Area			
Urban	24.6	9.0	831
Rural	26.7	10.9	1,727
Rural without road	28.6	13.0	289
Region			
Northern	19.9	7.6	905
Central	28.4	9.5	1,398
Southern	29.1	17.0	544
Education of respondent			
Not attended school	25.2	10.2	831
Primary	23.9	9.2	1,251
Secondary	30.4	15.2	432
Higher education	31.2	9.8	332
Education of current/most recent partner			
Not attended school	28.4	12.3	403
Primary	24.9	10.5	1,144
Secondary	28.2	12.7	540
Higher education	25.9	8.3	734
DK/refuse	19.4	5.2	26
Age group of respondent			
15-19	27.6	21.5	89
20-24	28.6	13.5	378
25-29	26.9	15.5	309
30-34	35.7	14.4	424
35-39	25.2	11.4	415
40-44	23.9	8.7	402
45-49	25.2	8.8	321
50-54	25.5	8.6	243
55-59	21.1	3.2	157
59-64	19.3	0.8	109

Table 4.10. Lifetime and current prevalence of different acts of emotional partner violence and frequency of these acts in the past 12 months, among ever-partnered women, Lao PDR 2014

	Among ever-partnered women (N=2,847)		Frequency distribution of number of times acts happened in past 12 months		
	Ever happened (%)	During past 12 months (%)	One time (%)	2-5 times (%)	More than 5 times (%)
Insulted you or made you feel bad	19.9	7.2	16.2	38.6	45.1
Belittled or humiliated	12.3	4.1	16.5	23.9	59.6
Scared or intimidated you	14.0	5.7	22.0	28.3	49.7
Threatened to hurt you or someone you care about	14.3	5.9	23.1	30.5	46.4

Table 4.11.a Prevalence of different controlling behaviours by partners during lifetime, among ever-partnered women, Lao PDR 2014

	Percentage of women reporting that her partner:										Percentage of women who have experienced none, one, or more acts of controlling behaviour:				Number of ever partnered women (N)
	Keeps her from seeing her friends (%)	Tries to restrict contact with family of birth (%)	Insists on knowing where she is at all times (%)	Ignores and treats indifferently (%)	Gets angry if speak with another man (%)	Often suspicious that she is unfaithful (%)	Needs to ask his permission before seeking health care (%)	At least one type of controlling behavior (%)	none (%)	1 (%)	2 or 3 (%)	4 or more (%)			
Total	12.4	2.5	18.4	11.6	8.2	15.7	5.6	34.8	65.2	15.9	12.8	6.1	2,847		
Area															
Urban	13.9	2.0	21.7	13.1	9.3	14.3	6.8	37.4	62.6	16.7	13.1	7.6	831		
Rural	11.9	2.7	17.3	11.0	7.7	17.3	5.1	34.1	65.9	15.1	13.5	5.5	1,727		
Rural without road	10.6	2.5	13.1	10.2	7.9	10.2	4.5	30.4	69.6	18.9	6.3	5.1	289		
Region															
Northern	7.7	1.5	10.7	7.2	3.6	18.3	2.7	29.3	70.7	16.9	9.5	2.8	905		
Central	14.7	2.9	22.2	13.9	10.7	14.0	6.9	37.3	62.7	15.9	13.3	8.1	1,398		
Southern	12.9	2.7	19.0	11.8	8.2	16.6	6.0	36.0	64.0	14.7	15.9	5.4	544		
Education of respondent															
Not attended school	12.6	2.5	13.9	11.6	7.4	12.0	7.1	29.4	70.6	11.9	11.6	6.0	831		
Primary	10.7	3.1	15.7	10.3	8.1	18.1	5.4	33.8	66.2	16.5	11.2	6.1	1,251		
Secondary	13.5	1.6	28.3	13.2	10.3	17.9	5.1	43.6	56.4	20.1	17.1	6.3	432		
Higher education	16.6	1.2	25.6	14.4	8.3	13.3	3.3	39.7	60.3	17.8	15.6	6.4	332		

Table 4.11.b Prevalence of different controlling behaviours by partners in the past 12 months, among ever-partnered women, Lao PDR 2014

	Percentage of women reporting that her partner:										Percentage of women who have experienced none, one, or more acts of controlling behaviour:				Number of ever-partnered women (N)
	Keeps her from seeing her friends (%)	Tries to restrict contact with family of birth (%)	Insists on knowing where she is at all times (%)	Ignores and treats indifferently (%)	Gets angry if speak with another man (%)	Often suspicious that she is unfaithful (%)	Needs to ask his permission before seeking health care (%)	At least one type of controlling behavior (%)	none (%)	1 (%)	2 or 3 (%)	4 or more (%)			
Total	4.6	1.1	8.4	4.3	1.6	8.5	2.4	16.3	82.2	10.1	6.2	1.6	2,847		
Area															
Urban	4.4	1.2	8.3	4.5	1.6	6.3	2.9	15.8	82.6	10.0	5.7	1.8	831		
Rural	4.7	1.0	8.9	4.3	1.5	10.0	2.1	17.4	81.2	10.6	6.8	1.4	1,727		
Rural without road	4.7	1.4	5.1	3.5	1.5	6.6	2.8	11.1	86.9	7.3	4.2	1.7	289		
Region															
Northern	2.4	0.6	4.5	2.8	1.5	11.0	1.2	15.1	85.2	10.5	3.7	0.7	905		
Central	5.0	1.2	9.0	4.6	1.6	6.0	2.7	15.2	82.6	8.9	6.4	2.0	1,398		
Southern	6.4	1.7	12.0	5.5	1.4	11.7	3.4	21.2	76.1	12.3	9.7	1.8	544		
Education of respondent															
Not attended school	4.5	0.7	6.0	4.4	1.6	6.5	2.9	13.0	85.9	6.9	5.4	1.8	831		
Primary	4.5	1.4	7.8	3.7	1.5	9.8	2.6	16.7	81.0	11.1	6.5	1.4	1,251		
Secondary	6.0	1.2	14.5	5.8	1.6	10.1	1.7	22.2	78.2	12.3	7.6	1.9	432		
Higher education	3.3	0.9	8.4	4.2	1.8	6.6	1.8	15.4	82.5	11.5	5.1	0.9	332		

Table 4.12. Prevalence of economic abusive acts by partners, as reported by ever-partnered women, Lao PDR 2014

	Taken away what she earned or saved (%)	Refused to give money (%)	At least one or both acts (%)	Number of ever partnered women for whom questions were applicable (N)
Total	5.0	4.3	6.8	2,458
Area				
Urban	7.5	5.2	9.5	690
Rural	3.8	3.9	5.7	1,526
Rural without road	3.7	3.4	5.0	242
Region				
Northern	5.4	3.8	6.1	814
Central	5.7	4.7	7.8	1,172
Southern	2.6	3.8	5.3	472
Education of respondent				
Not attended school	5.0	5.1	6.5	690
Primary	4.5	4.4	6.6	1,105
Secondary	3.3	3.1	5.6	383
Higher education	8.4	3.2	9.6	280
Education of current/most recent partner				
Not attended school	6.4	4.9	7.4	325
Primary	4.7	4.5	6.6	1,001
Secondary	5.9	4.3	8.3	472
Higher education	4.2	3.7	6.0	644
DK/refuse	0.0	5.1	5.1	16
Age group of respondent				
15-19	3.2	2.1	5.3	84
20-24	2.9	3.0	4.0	337
25-29	4.7	3.3	7.4	283
30-34	9.6	6.4	10.9	367
35-39	5.0	4.1	6.5	380
40-44	6.4	4.7	7.3	351
45-49	3.4	5.6	7.2	276
50-54	3.8	5.0	6.7	195
55-59	4.5	3.0	5.6	115
60-64	3.8	0.0	4.0	70

Table 4.13. Percentage of women who reported having initiated violence against partner and frequency distribution of number of times it happened, among ever-partnered women, Lao PDR 2014

	Ever physical partner violence (%)	Ever initiated violence against partner (%)	Number of ever-partnered women (N)	Frequency distribution of number of times initiated violence		
				One time (%)	Several times (%)	Many times (%)
Total	11.6	7.1	2,847	4.8	2.1	0.6
Area						
Urban	12.0	8.6	831	4.8	2.8	1.1
Rural	11.2	6.9	1,727	5.1	1.8	0.4
Rural without road	12.4	4.2	289	2.4	1.1	0.0
Region						
Northern	9.6	2.3	905	1.2	0.4	0.4
Central	12.1	9.0	1,398	5.5	2.3	0.7
Southern	12.9	10.4	544	7.9	3.7	0.2
Education of respondent						
Not attended school	14.6	6.2	831	4.6	1.4	0.3
Primary	10.1	6.9	1,251	3.9	2.7	1.0
Secondary	10.3	10.4	432	6.5	2.3	0.2
Higher education	11.3	6.1	332	6.0	1.0	0.1
Education of current/most recent partner						
Not attended school	16.5	8.3	403	5.7	2.2	0.0
Primary	10.5	6.2	1,144	3.9	1.9	1.1
Secondary	12.4	8.0	540	4.2	1.8	0.4
Higher education	10.0	7.4	734	5.9	2.4	0.1
DK/refuse	13.5	3.8	26	4.6	0.0	0.0
Age group of respondent						
15-19	3.5	5.6	89	2.6	3.4	0.0
20-24	11.4	6.9	378	4.6	2.1	0.4
25-29	9.9	5.5	309	2.9	1.0	0.3
30-34	17.8	10.7	424	9.1	3.7	0.7
35-39	13.5	8.0	415	6.6	2.7	0.1
40-44	12.5	7.5	402	4.5	1.5	0.3
45-49	9.3	6.6	321	5.2	2.0	0.3
50-54	10.0	4.1	243	2.0	2.1	0.9
55-59	9.9	5.1	157	4.3	0.3	0.5
60-64	10.8	6.6	109	2.7	2.1	3.4

Table 4.15. Communication between partners and association between communication and partner violence, in ever-partnered women, Lao PDR 2014

	Partners discussing things that happened to him in the day (%)	Partners discussing things that happened to her in the day (%)	Partners discussing her worries or feelings (%)	Partners discussing his worries or feelings (%)	Partners communicating well (yes to all four questions) (%)	Number of ever-partnered women (N)
Total	81.6	84.1	75.2	73.3	68.6	2,847
Urban- Rural						
Urban	83.8	84.9	79.0	76.3	72.8	831
Rural	80.9	84.1	72.7	71.1	66.1	1,727
Rural without road	77.6	80.9	78.7	78.0	69.8	289
Region						
Northern	85.2	87.1	86.6	84.9	82.0	905
Central	81.9	85.1	74.1	71.5	66.8	1,398
Southern	75.9	77.4	62.8	62.3	54.7	544
Education of respondent						
Not attended school	73.1	75.1	66.7	65.0	59.6	831
Primary	84.2	86.5	77.0	75.8	71.6	1,251
Secondary	86.7	90.1	83.0	79.6	73.3	432
Higher education	85.3	88.4	78.9	75.8	72.3	332
Education of current/most recent partner						
Not attended school	74.1	74.9	65.1	63.6	58.6	403
Primary	80.1	82.6	72.7	71.3	67.2	1,144
Secondary	87.5	90.7	83.8	80.3	76.4	540
Higher education	83.6	86.4	78.1	76.1	70.3	734
DK/refuse	75.6	80.1	73.8	78.3	64.7	26
Age group of respondent						
15-19	89.4	95.0	83.5	79.3	78.8	89
20-24	82.2	87.7	76.9	75.6	69.1	378
25-29	88.7	91.2	84.3	81.8	77.9	309
30-34	82.0	84.6	77.9	73.5	68.9	424
35-39	81.9	83.6	74.7	72.7	68.2	415
40-44	80.5	83.1	73.0	71.1	64.7	402
45-49	81.3	84.8	75.5	74.4	68.4	321
50-54	77.1	77.1	74.7	73.7	69.7	243
55-59	77.9	78.7	65.9	64.4	62.0	157
59-64	79.8	80.0	66.4	66.7	63.3	109
Ever experienced economic abuse						
No	82.0	83.4	74.4	73.1	69.1	2,073
Yes	80.3	85.9	77.7	74.0	67.2	774
controlling behaviours by partner						
No	80.1	82.0	73.4	71.8	67.2	1,830
Yes	84.3	88.1	78.7	76.2	71.1	1,017
Sexual violence	76.4	81.3	68.7	63.0	57.6	212
Physical violence	76.9	81.4	73.3	69.6	63.4	357
P-value *	0.853	0.034	0.000	0.462		

*P-value for association between communicating well (responding 'yes' to the four questions) and experience of partner violence. Note that questions on communicating have been asked for current and most recent partner only while the experience of physical or sexual violence - for some of the women - may have been reported for a previous partner (results here shown are therefore somewhat biased towards underestimating the association between communicating and physical or sexual violence).

Table 4.16. Quarrelling between partners and association between quarrelling and partner violence, in ever-partnered women, Lao PDR 2014

	Rarely (%)	Sometimes (%)	Often (%)	Don't know/ no answer (%)	refused/ No answer (%)	Number of ever partnered women (N)
Total	41.7	51.8	5.2	0.8	0.6	2,847
Urban-Rural						
Urban	43.6	50.7	4.0	1.4	0.3	831
Rural	40.6	52.7	5.6	0.4	0.7	1,727
Rural without road	42.6	49.7	6.3	0.7	0.7	289
Region						
Northern	36.3	60.9	2.1	0.7	-	905
Central	42.3	51.6	4.6	1.1	0.5	1,398
Southern	47.7	39.8	10.8	-	1.7	544
Education of respondent						
Not attended school	41.6	49.1	8.4	0.0	0.9	831
Primary	39.8	54.5	4.5	0.9	0.4	1,251
Secondary	46.3	50.1	3.0	0.6	-	432
Higher education	43.0	50.6	3.1	2.3	1.1	332
Age group of respondent						
15-19	45.8	46.2	4.6	0.6	2.8	89
20-24	34.7	59.1	5.6	0.7	-	378
25-29	38.8	54.4	4.0	2.1	0.8	309
30-34	39.4	53.4	7.0	0.3	-	424
35-39	48.3	45.9	5.4	0.2	0.2	415
40-44	41.2	54.4	3.6	0.5	0.3	402
45-49	43.9	48.7	5.3	1.0	1.0	321
50-54	40.2	53.8	4.3	0.2	1.6	243
55-59	45.7	49.7	3.4	0.8	0.3	157
59-64	42.6	43.9	11.0	2.6	-	109
Ever experienced emotional violence by partner						
No	44.5	52.4	1.4	1.0	0.8	2,073
Yes	34.0	50.2	15.8	0.1	-	774
Ever experienced controlling behaviours by partner						
No	41.9	54.7	1.7	0.9	0.8	1,830
Yes	41.4	46.3	11.7	0.5	0.2	1,017
Sexual violence	32.2	43.8	23.8	0.1	-	212
Physical violence	28.9	45.1	26.0	-	-	357

**Table 5.1. Prevalence of physical violence by non-partners since age of 15
(in lifetime and past 12 months) among all interviewed women, Lao PDR 2014**

	Ever had non-partner physical violence since age 15 (%)	Had non-partner physical violence in past 12 months (%)	Number of women interviewed (N)
Total	5.1	0.9	2,997
Area			
Urban	5.6	0.8	899
Rural	5.1	1.1	1,798
Rural without road	2.9	0.4	300
Region			
Central	4.5	1.2	950
Northern	4.8	0.6	1,467
Southern	6.6	1.5	580
Religion			
Buddhist	5.0	0.8	2,033
Christian	3.6	1.4	50
Animist	5.3	1.1	893
Others	2.0	0.0	21
Education of respondent			
Not attended school	5.3	0.8	859
Primary education	4.2	0.7	1,284
Secondary education	6.7	2.4	458
Higher education	5.4	0.3	396
Ethnicity			
Lao	4.5	0.6	2,007
Khmou	8.5	2.2	701
Hmong	0.0	0.0	101
Other	2.0	1.2	188
Age group of respondent			
15-19	10.2	5.6	164
20-24	5.2	0.8	406
25-29	4.3	0.2	331
30-34	8.2	1.7	432
35-39	3.4	0.3	420
40-44	4.2	0.8	408
45-49	2.5	0.2	325
50-54	5.6	0.5	245
55-59	6.9	-	157
60-64	1.5	-	109

* If more than one perpetrator was mentioned, the frequency reported in this table is based on the perpetrator with the highest frequency

Table 5.2. Prevalence of sexual violence by non-partners since the age of 15 (lifetime) and in past 12 months, among all interviewed women, Lao PDR 2014

	Lifetime (since age 15)		
	Forced intercourse (%)	Attempted intercourse or other unwanted sexual acts (%)	Any sexual violence (%)
Total	1.1	5.0	5.3
Area			
Urban	1.3	6.3	6.3
Rural	1.0	4.3	4.6
Rural without road	1.3	4.9	6.1
Region			
Northern	1.5	4.7	5.2
Central	1.0	5.1	5.3
Southern	0.7	5.3	5.3
Education of respondent			
Not attended school	0.9	4.0	4.4
Primary	1.3	4.7	5.2
Secondary	0.3	3.5	3.5
Higher education	1.7	9.1	9.1
Age group of respondent			
15-19	0.0	6.6	6.6
20-24	1.5	7.8	7.8
25-29	0.9	6.3	6.3
30-34	1.2	5.2	5.2
35-39	1.9	6.6	7.0
40-44	0.6	2.5	3.2
45-49	2.1	5.2	6.1
50-54	0.1	3.3	3.3
55-59	0.4	1.3	1.3
59-64	1.7	4.4	4.7

No sexual violence by perpetrators other than partners was reported for 12 months preceding the interview.

Table 5.3. Prevalence of child sexual abuse by non-partners, before the age of 15 years, as reported by all interviewed women, Lao PDR 2014

	Sexual abuse before age 15						Number of women interviewed (N)
	Face to face interview		Card		Both interview or card		
	Number	%	Number	%	Number	%	
Total	14	0.6	322	9.9	330	10.3	2,997
Area							
Urban	2	0.5	83	8.7	84	9.0	899
Rural	11	0.8	191	10.4	197	10.8	1,798
Rural without road	1	0.2	48	11.3	49	11.4	300
Region							
Northern	4	0.4	116	11.6	118	11.7	950
Central	5	0.4	152	9.4	155	9.7	1,467
Southern	5	1.4	54	8.8	57	9.7	580
Education of respondent							
Not attended school	2	0.3	118	12.8	119	13.0	859
Primary	10	1.1	149	10.4	155	11.0	1,283
Secondary	1	0.2	26	5.4	26	5.4	458
Higher education	1	0.6	29	7.9	30	8.5	396
Age group of respondent							
15-19	0	0.0	14	6.9	14	6.9	164
20-24	5	2.2	35	8.2	38	9.7	406
25-29	0	0.0	28	7.8	28	7.8	331
30-34	1	0.2	60	13.9	61	14.0	432
35-39	2	0.9	50	12.2	51	12.6	420
40-44	3	0.8	54	12.0	56	12.5	408
45-49	1	0.5	35	8.6	35	8.6	325
50-54	1	0.1	23	9.6	24	9.7	245
55-59	1	0.4	16	9.4	16	9.4	157
59-64	0	0.0	7	7.3	7	7.3	109

Table 5.4. Overlap of non-partner and partner violence among all women since age 15 years old (N=2,997), Lao PDR 2014

	Non-partner violence (%)	Partner violence*	Partner or non-partner violence (%)
Physical violence	5.1	10.7	14.4
Sexual violence	5.3	6.7	10.9
Physical and/or sexual violence	9.3	14.1	20.2

* The prevalence rates for partner violence are slightly lower here compared to the tables in chapter 4 because all women and not all-partnered women are taken as denominator.

Table 5.5. Overlap of different types of partner violence, Lao PDR 2014

	Partner violence* (%)				
	Physical and sexual violence	Physical and sexual violence and emotional	physical or sexual or emotional	Physical and emotional	Sexual and emotional
Total (N=2847)	3.5	3.4	3.4	9.3	5.3
Area					
Urban	4.2	4.0	4.0	9.5	6.4
Rural	2.8	2.7	2.7	9.1	4.5
Rural without road	5.4	5.4	5.4	10.4	7.2
Region					
Northern	2.0	2.0	2.0	7.6	2.6
Central	4.3	4.1	4.1	10.1	6.8
Southern	3.2	3.2	3.2	9.8	5.4
Education of respondent					
Not attended school	3.2	3.2	3.2	11.4	4.6
Primary	3.5	3.5	3.5	8.3	5.5
Secondary	3.3	3.0	3.0	7.8	4.9
Higher education	4.1	3.9	3.9	10.5	6.9
Age group of respondent					
15-19	0.7	0.7	0.7	3.2	8.5
20-24	3.4	3.1	3.1	9.2	6.0
25-29	3.1	3.1	3.1	8.2	4.7
30-34	5.8	5.1	5.1	12.5	8.0
35-39	6.2	6.2	6.2	11.1	7.6
40-44	3.3	3.3	3.3	9.9	4.2
45-49	2.2	2.2	2.2	8.4	3.6
50-54	2.4	2.4	2.4	8.0	3.7
55-59	1.9	1.9	1.9	9.2	5.2
59-64	3.1	3.1	3.1	9.1	3.5

For column 2 and 3 have the same observation, those experienced sexual violence also experience emotional violence.

Table 5.6. Prevalence of different types of partner and non-partner violence among women 15-64 years old, Lao PDR 2014

	Life time prevalence (%)	12 month prevalence (%)	Table with equivalent data for 15-64 years old
Among ever-partnered women 15-49 (N=2,241)			
Physical violence by partner	10.9	4.0	10.7
Sexual violence by partner	7.0	3.7	6.7
Physical or sexual violence by partner	14.4	6.4	14.1
Emotional violence by partner	27.3	12.1	26.2
Physical or sexual or emotional violence by partner	31.4	14.4	30.2
Among ever-pregnant women 15-49 (N=2,241)			
Physical violence in pregnancy	2.0		1.8
Among all women 15-49 years old (N=2,241)			
Physical violence since age 15 by non-partner	5.0	0.9	5.0
Sexual violence since age 15 by non-partner	5.9	1.0	5.1
Physical or sexual violence by non-partner since age 15	9.7	0.0	9.2
Physical violence by partner (among all women)	10.9	3.7	11.2
Sexual violence by partner (among all women)	7.0	2.9	6.6
Physical or sexual violence by partner (among all women)	14.4	5.6	14.5
Physical or sexual violence by partner or non partner since age 15	20.7	5.6	20.2
Child sexual abuse before age 15	0.8		0.7

Table 6.1. Gender attitudes: proportion of interviewed women who agreed with specific statements presented to them (N=2,997), Lao PDR 2014

	Percentage of women who agreed with		
	"A good wife obeys her husband even if she disagrees" (%)	"A man should show he is the boss" (%)	"Wife is obliged to have sex with husband" (%)
Total	35.6	22.9	29.4
Area			
Urban	28.7	16.8	27.4
Rural	38.9	24.3	30.6
Rural without road	39.7	37.1	29.3
Region			
Northern	40.0	23.7	22.1
Central	35.4	21.8	30.7
Southern	30.2	24.8	36.0
Education of respondent			
Not attended school	43.8	28.7	29.3
Primary	36.3	24.8	29.7
Secondary	34.1	20.8	32.4
Higher education	20.6	9.7	25.9
Education of husband			
Not attended school	47.5	32.4	33.5
Primary	38.2	26.2	30.8
Secondary	34.2	23.2	31.0
Higher education	32.9	16.2	28.2
DK/refuse	33.8	26.7	20.3
Age group of respondent			
15-19	29.2	21.4	22.5
20-24	34.1	27.6	32.0
25-29	29.9	21.2	25.5
30-34	31.7	21.9	29.3
35-39	39.7	24.0	30.8
40-44	37.1	25.5	31.5
45-49	37.3	22.6	32.5
50-54	36.7	17.8	27.7
55-59	41.2	26.6	29.9
59-64	38.5	14.6	24.8
All ever-partnered women	37.2	23.6	30.4
No partner violence	37.3	22.3	28.5
Physical or sexual partner violence	36.4	31.0	40.9
Chi squared (1df)	0.1489	15.6	26.7
P-value	0.7364	0.001	< 0.001

Table 6.2. Attitudes around physical partner violence: proportion of interviewed women who agreed a man has good reason to hit wife for selection of reasons (N=2,997), Lao PDR 2014

	Percentage of women who agree that a man has a good reason to hit his wife if:					Percentage of women who agree with:		
	"Reason to hit: not complete housework" (%)	"Reason to hit: wife disobeys him" (%)	"Reason to hit: wife refuses sex" (%)	"Reason to hit: wife asks about girl friends" (%)	"Reason to hit: husband suspects wife unfaithful" (%)	"Reason to hit: husband finds out wife unfaithful" (%)	One or more of the reasons mentioned (%)	None of the reasons mentioned (%)
Total	5.6	15.3	11.6	4.7	5.0	44.9	53.4	46.2
Area								
Urban	3.5	11.7	8.3	3.9	3.3	42.9	48.5	50.7
Rural	6.8	17.8	13.6	5.2	5.9	46.1	55.9	44.0
Rural without road	6.4	11.9	11.6	4.4	5.3	45.0	55.8	44.0
Region								
Northern	15.4	28.0	10.8	6.7	9.1	45.1	61.3	37.7
Central	2.3	11.9	10.6	3.6	3.6	45.6	50.6	49.2
Southern	1.2	7.0	15.4	4.7	3.1	42.7	50.1	49.9
Education of respondent								
Not attended school	6.8	16.4	14.6	4.5	5.4	42.7	53.6	46.2
Primary	6.4	15.7	12.4	5.2	5.5	46.3	54.5	45.3
Secondary	5.0	15.7	10.8	5.7	5.4	48.8	57.5	42.3
Higher education	1.9	11.7	5.0	2.4	2.5	41.2	46.0	52.7
Education of husband								
Not attended school	8.2	20.2	16.3	6.6	5.5	45.5	56.9	43.1
Primary	6.4	15.9	14.4	5.5	6.2	46.5	55.6	44.5
Secondary	5.5	14.8	11.4	3.4	5.4	50.0	57.3	42.7
Higher education	4.2	13.9	7.6	3.2	3.6	40.1	48.1	51.7
DK/refuse	3.4	16.0	9.6	9.6	5.0	48.7	52.1	47.9

Age group of respondent									
15-19	8.3	22.1	7.5	6.0	3.8	42.2	52.7	44.5	
20-24	7.1	15.7	12.5	4.2	4.4	54.2	59.8	40.0	
25-29	10.1	16.2	10.3	4.4	4.9	44.9	55.7	44.1	
30-34	6.0	16.9	11.9	5.7	5.3	50.7	58.5	40.6	
35-39	5.0	17.9	13.4	4.7	6.3	42.2	54.3	45.7	
40-44	4.7	13.5	11.8	6.1	7.3	48.8	54.5	45.5	
45-49	4.0	14.1	13.6	5.7	4.1	43.3	52.7	47.0	
50-54	4.7	11.7	7.7	3.0	3.9	32.7	41.4	58.6	
55-59	3.2	11.9	12.7	1.5	3.2	38.7	44.8	55.2	
59-64	2.6	13.7	14.7	3.5	5.7	46.2	57.6	42.4	
All ever-partnered women	5.8	15.7	12.1	4.6	5.2	45.2	53.9	46.1	
No partner violence	5.7	15.0	12.1	4.7	4.9	44.4	52.8	47.2	
Physical or sexual partner violence	6.5	19.7	12.1	4.3	6.7	49.15	60.1	39.9	
Chi squared (1df)	0.414	6.053	-	0.149	2.262	3.734	7.80		
P-value	0.595	0.0034	0.999	0.762	0.189	0.075	0.02		

* 2,997 women did not reply to the attitude questions and have been omitted from the analysis

** The two N's in this table are different because the attitude questions were asked from all women, while the association with partner violence is tested for ever-partnered women only

Table 6.3. Attitudes around sexual autonomy: proportion of interviewed women who agreed a married woman can refuse sex with husband for selection of reasons (N=2,997), Lao PDR 2014

	Percentage of women who agreed with				Percentage of women who agree with:	
	"A married woman can refuse sex if she doesn't want to" (%)	"A married woman can refuse sex if her husband is drunk" (%)	"A married woman can refuse sex if she is sick" (%)	"A married woman can refuse sex if her husband mistreats her" (%)	One or more of the reasons mentioned (%)	None of the reasons mentioned (%)
Total	76.5	80.8	87.1	86.6	92.4	7.2
Area						
Urban	75.9	76.6	82.6	81.6	89.3	10.1
Rural	76.4	82.9	88.9	88.5	93.8	6.0
Rural without road	79.8	83.0	92.6	93.2	95.4	4.3
Region						
Northern	73.3	75.2	81.7	81.7	89.4	9.6
Central	74.5	79.0	86.4	85.6	91.9	7.9
Southern	86.1	93.0	96.2	96.0	97.8	2.2
Education of respondent						
Not attended school	76.3	80.9	87.3	88.1	93.8	6.1
Primary	77.7	83.7	88.5	88.1	93.0	6.9
Secondary	79.4	81.5	88.2	87.5	92.8	6.7
Higher education	70.5	72.0	81.9	79.1	88.0	10.5
Education of husband						
Not attended school	72.2	78.7	89.0	88.9	93.5	6.5
Primary	77.0	82.8	87.5	87.8	93.2	6.8
Secondary	76.6	83.0	89.1	87.7	93.4	6.5
Higher education	77.8	78.8	85.6	84.8	91.6	8.5
DK/refuse	77.9	77.4	80.0	80.0	85.1	14.9
Age group of respondent						
15-19	78.9	80.8	88.8	86.7	89.8	7.1
20-24	72.8	78.1	88.3	86.8	92.7	7.1
25-29	78.7	81.6	86.0	87.3	92.5	7.3
30-34	76.8	77.3	82.6	83.1	91.4	7.7
35-39	79.2	81.8	88.1	88.0	95.1	4.9
40-44	77.2	81.5	85.2	86.3	92.2	7.9
45-49	77.1	82.8	89.0	88.3	93.2	6.6
50-54	73.7	83.9	88.4	87.1	91.5	8.5

55-59	75.5	80.6	89.6	87.9	91.9	8.1
59-64	75.2	77.0	85.3	83.2	92.0	8.0
All ever-partnered women	76.6	81.1	87.4	87	92.8	7.2
No partner violence	77.5	81.6	87.6	87.1	93.8	7.4
Physical or sexual partner violence	71.5	78.4	86.5	87.0	92.6	6.2
Chi squared (1df)	7.268	2.541	0.390	0.000	0.8	
P-value	0.014	0.153	0.561	0.986	0.4	

* 2,997 women did not reply to the attitude questions and have been omitted from the analysis

** The two N's in this table are different because the attitude questions were asked from all women, while the association with partner violence is tested for ever-partnered women only

Table 7.1. Percentage of women reporting injuries as a result of physical or sexual partner violence in the lifetime, Lao PDR 2014

	Ever injured (%)	Number of women reporting partner violence (N)
Total	43.1	470
Area		
Urban	40.5	143
Rural	44.2	273
Rural without road	45.9	54
Region		
Northern	46.7	114
Central	41.8	255
Southern	42.6	101
Education of respondent		
Not attended school	48.2	154
Primary	44.9	201
Secondary	42.4	65
Higher education	25.0	50
Age group of respondent		
15-19	7.5	16
20-24	41.8	69
25-29	39.3	53
30-34	41.6	94
35-39	39.1	72
40-44	50.0	61
45-49	42.6	39
50-54	68.8	31
55-59	24.7	18
59-64	53.4	17
By type of partner violence		
Sexual only	34.9	212
Physical only	55.9	357
Physical and sexual	68.7	99
Physical or sexual	43.1	470

Table 7.2. Prevalence, frequency and type of injuries and health service use for women who were injured due to physical or sexual partner violence, Lao PDR 2014

a. Prevalence, frequency, use of services	Number	Percentage
Injuries among women reporting partner violence (N=470)		
Ever injured due to partner violence	202	43.1
Injured in the past 12 months	88	19.9
Ever lost consciousness	34	8.6
Lost consciousness in past 12 months	8	2.3
Ever hurt enough to need health care	48	11.5
Frequency injured among ever injured (N=202)		
Once time	126	58.9
2 - 5 times	40	20.9
More than 5 times	36	20.2
Among women hurt enough to need health care (N=48)		
Proportion needed health care in the past 12m	21	41.7
Proportion ever received health care for injuries	41	80.9
Among women who received health care for injuries (N=41)		
Proportion who spent at least 1 night in hospital due to injury	17	44.9
Proportion who told health worker about real cause of injury	27	65.0

b. Type of injury	During lifetime		In past 12 months	
	Number	Percentage	Number	Percentage
Type of injury among ever injured (N=202)				
Cuts, punctures, bites	34	15.9	18	63.4
Scratch, abrasion, bruises	83	37.9	43	51.9
Sprains, dislocations	35	18.5	17	46.0
Burns	4	1.8	1	16.4
Penetrating injury, deep cuts, gashes	5	2.1	3	71.7
Broken eardrum, eye injuries	18	8.7	9	59.1
Fractures, broken bones	4	1.6	2	63.2
Broken teeth	5	2.3	2	45.7
Internal injuries	109	56.2	43	44.7
Other (specify):	40	23.6	17	44.0

Table 7.3. Self-reported impact of violence on women's health and well-being, among women who reported physical or sexual partner violence, Lao PDR 2014

Selfreported impact on health (N=470)	No effect (%)	A little (%)	A lot (%)
Total	40.2	27.5	32.2
Area			
Urban	37.9	21.5	40.6
Rural	40.6	31.7	27.7
Rural without road	47.3	24.2	27.7
Region			
Northern	42.2	25.7	31.8
Central	40.9	23.4	35.7
Southern	36.6	39.5	23.9
Education of respondent			
Not attended school	35.1	32.8	32.2
Primary	45.7	19.8	34.3
Secondary	34.5	32.1	33.4
Higher education	41.9	33.8	24.3

Table 7.4.a. Self-reported impacts of violence on women's work, among women who reported physical or sexual partner violence, Lao PDR 2014

Self reported impact on work (N=470)	Unable to concentrate (%)	Partner disrupted work (%)	Other (%)	Not applicable (not working for money) (%)
Total	20.5	26.6	16.4	9.6
Area				
Urban	23.0	25.8	17.5	11.5
Rural	18.8	27.5	16.6	6.6
Rural without road	22.0	24.3	10.5	21.9
Region				
Northern	25.8	29.8	13.3	6.3
Central	19.4	21.7	19.1	11.1
Southern	18.3	36.0	12.6	9.0
Education of respondent				
Not attended school	16.1	35.7	15.6	11.8
Primary	21.9	19.3	18.7	9.1
Secondary	30.1	31.1	20.9	5.8
Higher education	17.3	22.4	6.4	9.6

Table 7.5.a. General, physical and mental health problems reported among ever-partnered women, according to women's experience of physical and/or sexual partner violence, Lao PDR 2014

	Total (N=2,846)		
	No Violence (N=2,377) %	Physical/ sexual Violence (N=470) %	All partnered women (N=2,847) %
General health status			
Poor and very poor of health	14.9	22.1	16.0
Some/many problems walking	5.9	9.7	6.5
Some, many problems with performing usual activities	4.7	7.8	5.2
Some/ many problem of pain	3.5	6.2	3.9
Some/many problems with memory or concentration	6.7	10.9	7.3
Emotional distress in past 4 weeks as measured by SRQ*			
0-5	72.7	52.7	69.7
6-10	20.3	29.2	21.6
11-15	6.1	14.7	7.4
16-20	1.0	3.4	1.4
Mean SRQ score**	3.8	5.7	4.1
Median SRQ score**	3.0	5.0	3.0
Ever thought about suicide	1.9	8.4	2.8
Ever attempted suicide	0.6	2.8	0.9

* SRQ-20 is a set of 20 questions in a self-reported questionnaire that make up a WHO screening tool for emotional distress, more points indicating more probability for depression

** Note that this is not a percentage but an average score for each of the subgroups

Table 7.5.b. Mental health problems reported among ever-partnered women, according to women's experience of emotional partner violence, Lao PDR 2014

	Women who did not report physical or sexual partner violence		Women who reported physical or sexual partner violence			Total ever-partnered women (N= 2,847) %
	No Violence* (N=1,943) %	Ever-partnered women without phys/sex violence (N= 2,377) %	Physical or sexual violence without emotional violence (N= 130) %	Physical or sexual violence with emotional abuse (N=340) %	Ever-partnered women with phys/sex violence (N= 470) %	
Emotional distress in past 4 weeks as measured by SRQ**						
0-5	74.5	72.7	68.4	47.0	52.5	69.6
6-10	19.3	20.3	22.8	31.3	29.1	21.6
11-15	5.4	6.1	7.2	17.2	14.6	7.4
16-20	0.8	1.0	1.6	4.6	3.8	1.4
Mean SRQ score***	3.6	3.8	4.2	6.2	5.7	4.1
Median SRQ score***	2.0	3.0	3.0	6.0	5.0	3.0
Ever thought about suicide	1.4	1.9	2.0	10.5	6.7	2.7
Ever attempted suicide	0.5	0.6	0.0	3.8	2.8	0.9

* For the purpose of this table the women with 'no violence' did not experience any physical, sexual or psychological violence, hence the N is different compared to table 7.5.a.

** SRQ-20 is a set of 20 questions in a self-reported questionnaire that make up a WHO screening tool for emotional distress, more points indicating more probability for depression

*** Note that this is not a percentage but an average score for each of the subgroups

Table 7.6. Use of health services and medication among ever-partnered women, according to experiences of physical and/or sexual partner violence, Lao PDR 2014

	No Violence (%)	Physical/sexual violence (%)	All respondents (%)
Use of services and medicines in the past 4 weeks (N=2,847)			
Consulted a doctor or health worker	31.0	42.1	32.7
Took medicine to sleep	6.0	6.6	6.1
Took medicine for pain	42.1	45.9	42.7
Took medicine for sadness/depression	0.9	0.5	0.8
Use of services in the past 12 months (N=2,847)			
Had an operation (other than caesarean section)	2.0	2.3	2.1
Spent at least on night in a hospital	9.6	11.9	9.9

Table 7.7. Reproductive health outcomes reported by women, according to experiences of physical and/or sexual partner violence, Lao PDR 2014

a. According to experience of partner violence			
	No violence (%)	Physical/sexual violence (%)	All respondents (%)
Pregnancy rate among ever-partnered women (N=2,847)			
Ever pregnant	96.3	97.2	96.4
Circumstances of most recent pregnancy for women who delivered in last 5 yrs (N=968)			
Pregnancy unwanted or wanted later	15.2	18.5	15.8
Reproductive health among those ever partner (N=2,846)			
Ever had miscarriage	20.4	30.6	22.0
Ever had stillbirth	3.5	4.1	3.6
Ever had abortion	8.7	18.5	10.2
b. According to experience of violence in pregnancy			
	No violence in pregnancy (%)	Violence in pregnancy (%)	All respondents (%)
Reproductive health among those ever pregnant (N=2,744)			
Ever had miscarriage	21.8	32.7	22.0
Ever had stillbirth	3.5	10.2	3.6
Ever had abortion	10.1	16.7	10.2

Table 7.8. Factors related to last pregnancy, among women with live birth in past five years, according to women's experiences of physical/or sexual partner violence, Lao PDR 2014

	No Violence (N= 779) (%)	With physical or sexual partner violence (N=189) (%)	All women (N= 968) (%)
Respondent did not want this pregnancy then (unwanted or mistimed pregnancy)	15.2	18.5	15.8
Partner did not wanted this pregnancy then	13.2	14.6	13.4
Partner wanted a son	25.6	25.6	25.6
Respondent used alcohol during pregnancy	13.3	25.6	15.4
Respondent smoked during this pregnancy	8.9	11.7	9.4
Postnatal check-up not done	35.0	33.4	35.1

Table 7.9. Use of contraception reported by women, according to experiences of physical and/or sexual partner violence, Lao PDR 2014

	No Violence (%)	Physical/ sexual violence (%)	All respondents (%)
Among all ever-partnered women who ever had sex (N=2,845)			
Ever using a method to prevent/delay pregnancy	51.3	61.9	52.9
Currently using a method to prevent/delay pregnancy	73.0	69.7	72.4
Partner has ever refused/stopped contraception	1.5	4.4	1.9
Ever used a condom with current or most recent partner	5.5	12.3	6.5
Ever asked current or most recent partner to use condom	5.7	11.6	6.6
Current or most recent partner ever refused to use condom	2.0	3.3	2.2
Among women currently using contraception (N=1,142)			
Current partner knows she is using contraception	90.8	93.1	91.2
Among women who ever used a condom with current/most recent partner (N=178)			
Used a condom during last time they had sex	38.8	48.5	41.6

Table 7.10. How husbands/partners showed disapproval of contraceptives or condoms among women who mentioned partner ever refused use of method, Lao PDR 2014

Way of showing disapproval	Any contraception (N=61)		Condoms (N=67)	
	Number	(%)	Number	(%)
Told he did not approve	54	83.2	53	76.5
Shouted/got angry	4	9.0	1	1.1
Laughed at her/not take her serious			1	0.7
Said it is not necessary			21	33.2
Other	7.0	10.2	6	14.1

Numbers add up to more than N and percentages to more than 100% because respondents could give multiple responses

Table 7.11.a. Respondents who reported on persons who prevented them from attending groups/meetings, Lao PDR 2014

Persons who prevented from attending groups/meetings	All women		Ever-partner women	
	Number	Percentage	Number	Percentage
Not prevented by anybody	2,922	97.1	2,774	97.0
Partner/husband	22	0.7	22	0.8
Parents	2	0.1	1	0.0
Parents-in-law/parents of partner	4	0.1	4	0.1
Other	57	2.2	55	2.3

Table 7.11.b. Respondents' freedom to attend groups/meetings, according to women's experiences of physical and/or sexual partner violence, Lao PDR 2014

Participation in groups or meetings	No Violence		Physical/sexual Violence	All ever-partnered women
	%	P-value	%	%
Respondents who regularly attend a group, organization of association (N=1,939)	69.0		64.1	68.3
Respondents who reported ever having been prevented from attending a meeting or participation in an association (N=81)	3.0		4.4	3.2

Note: there is a respondent who reported that they had never been prevented and that they had been prevented by 'other'. I have kept them with the 'ever prevented' group, hence the change in n and%

Note that though the questions was asked for all women, this table (b) is calculated for ever-partnered women only

Table 8.1. Children's well-being as reported by women with children aged 6-11 years old, according to women's experiences of physical and/or sexual partner violence, Lao PDR 2014

<i>Proportion of women reporting that at least one of her children (aged 6-11 years) had the following:</i>	No Violence (N=2,377) (%)	With physical or sexual partner violence (N=470) (%)	All women (N=2,847) (%)
Nightmares	15.4	24.5	16.9
Bedwetting	25.5	29.1	26.1
Child quiet/withdrawn	29.3	43.4	31.5
Child aggressive	14.1	24.6	15.8
Two or more of above problems	13.7	25.5	15.6
Child has failed/had to repeat a year at school	15.8	20.4	16.5
Child has stopped school/dropped out of school	3.7	7.8	4.3

Table 8.2. Children witnessing the violence, according to women who ever experienced physical partner violence, Lao PDR 2014

	By urban/rural area			By region			Total (N=348) (%)
	Urban (N=102) (%)	Rural (N=200) (%)	Rural without road (N=46) (%)	Northern (N=90) (%)	Central (N=180) (%)	Southern (N=78) (%)	
Never	29.0	38.0	51.8	30.3	38.3	37.2	36.2
Once or twice	40.1	43.3	26.1	50.1	35.2	44.3	40.6
Several times	11.8	8.9	9.6	11.4	11.7	4.1	10.0
Many times	19.1	9.4	12.6	8.3	14.4	14.5	13.0
Don't know, refuse	-	0.4	-	-	0.4	-	0.2

Table 8.3. Percentage of respondents reporting violence against her mother, against her partner's mother or against her partner when he was a child, among ever-partnered women, according to women's experience of partner violence, Lao PDR 2014

	Proportion of women who reported that...		
	Her mother's partner was hit by mother's husband (N=2,847) (%)	Her mother was hit by her father (N=2,847) (%)	Partner was hit as a child (N=2847) (%)
According to all ever-partnered women	11.6	4.0	5.3
According to experience of partner violence			
Not experienced any partner violence	9.9	3.5	3.8
Ever experienced physical or sexual violence	20.6	6.7	13.9
According to type of partner violence			
No violence	9.9	3.5	3.8
Sexual only	20.4	6.6	11.4
Physical only	14.3	4.9	14.6
Both sexual and physical	35.3	10.9	15
According to severity of physical partner violence			
No physical violence	10.4	3.6	4.1
Moderate physical violence	27.9	5.5	17.2
Severe physical violence	16.4	7.5	13.3

Table 9.1. Percentage of women who had told others and persons to whom they told about the violence, among women who experienced physical or sexual partner violence (N=470), Lao PDR 2014

<i>People told*</i>	Number	Percentage
No one	203	43.2
Friends	92	19.5
Parents	161	34.2
Brother or sister	169	35.9
Uncle or aunt	84	17.9
Husband/partner's family	83	17.8
Children	4	0.9
Neighbours	45	9.6
Police	9	2.0
Doctor/health worker	6	1.3
Ngo/women's organization	15	3.2
Local leader	56	11.9
Other	15	3.2

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.2. Percentage of women who received help and from whom, among women experiencing physical or sexual partner violence (N=470), Lao PDR 2014

<i>Who helped*</i>	Number	Percentage
No one	207	44.0
Friends	95	20.2
Parents	161	34.3
Brother or sister	162	34.5
Uncle or aunt	77	16.4
Husband/partner's family	76	16.2
Children	3	0.6
Neighbours	46	9.8
Police	6	1.3
Doctor/health worker	4	0.9
Ngo/women's organization	13	2.8
Local leader	50	10.6
Other	10	2.1

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.3. Percentage of women who mentioned they would have liked more help and from whom, among women experiencing physical or sexual partner violence (N=470), Lao PDR 2014

<i>Wanted more help from... *</i>	Number	Percentage
No one mentioned	251	53.4
His relatives	76	16.2
Her relatives	124	26.4
friends and Neighbours	48	10.3
Healthcare center	6	1.2
polices	20	4.2
Priest/religious leader	1	0.2
Social workers	10	2.2
Villages chief	90	19.1
Mediation unit	45	9.7
Other	25	5.4

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.4. Percentage of women who sought help from agencies/persons in authority and satisfaction with support received among women who experienced physical or sexual partner violence (N=470), Lao PDR 2014

	To whom went for support*		Satisfied with support received
	Number	Percentage	Number
Never gone for help	347	71.4	
Police	18	3.8	16
Health centre	12	2.6	10
Social service	2	0.4	2
Legal advice centre	2	0.4	2
Court	2	0.4	2
Local leader	89	18.9	85
Women's organization	20	4.3	18
Mediation unit	55	11.7	51
Priest/religious leader	2	0.4	2
Elsewhere (b,c,d,e,f,j,x)	21	4.5	18

Table 9.5. Main reasons for seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who sought help (N=123), Lao PDR 2014

<i>Reason for seeking support *</i>	Number	Percentage
Encouraged by friends/family	49	39.7
Could not endure more	79	64.2
Badly injured	14	11.4
He threatened or tried to kill her	18	14.7
He threatened or hit children	8	6.3
Saw that children suffering	8	6.4
Thrown out of the home	3	2.4
Afraid she would kill him	5	3.7
Afraid he would kill her	14	11.7
Other	18	14.7

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.6. Main reasons for not seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who did not seek help (N=346), Lao PDR 2014

<i>Reason for not seeking support *</i>	Number	Percentage
Don't know/no answer	9	2.6
Fear of threats/consequences/more violence	25	7.3
Violence normal/not serious	123	35.3
Embarrassed/ashamed/afraid would not	127	36.6
Believed not help/know other women not helped	12	3.4
Afraid would end relationship	57	16.3
Afraid would lose children	29	8.5
Bring bad name to family	57	16.4
Didn't know her option	9	2.6
Other	70	20.1

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.7. Percentage of women who ever left home because of violence, among women who experienced physical or sexual partner violence, Lao PDR 2014

	Ever left home because of violence (N=470)			Where she went last time? (N=119)			
	Never	Once	2-5 times	Her relatives	His relatives	Her friends/ neighbours	Other***
Urban-Rural							
Urban	66.6	15.2	17.3	54.4	13.0	9.5	23.2
Rural	76.3	13.6	10.2	67.6	2.9	3.2	26.3
Rural with out road	90.7	3.1	6.3	78.6	14.3	-	7.0
Region							
Northern	70.4	13.4	16.2	71.3	6.8	3.1	18.9
Central	71.1	16.5	12.4	55.7	9.0	4.5	30.7
Southern	85.2	5.0	8.4	75.1	3.4	18.3	3.2

Table 9.8. Main reasons for leaving home last time she left, as mentioned by women who experienced physical or sexual partner violence and who left home (N=119), Lao PDR 2014

<i>Reasons for leaving home *</i>	Number	Percentage
No particular incident	3	2.6
Encouraged by friends/family	14	12.1
Could not endure more	88	74.5
Badly injured	10	8.1
He threatened or tried to kill her	19	16.4
He threatened or hit children	2	1.5
Saw that children suffering	8	6.5
Thrown out of the home	10	8.5
Afraid she would kill him	8	6.8
Encouraged by organization	1	0.8
Afraid he would kill her	21	17.9
Other	12	10.4

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.9. Main reasons for returning, as mentioned by women who experienced physical or sexual partner violence, who left home and returned (N=110), Lao PDR 2014

<i>Reasons for returning *</i>	Number	Percentage
Didn't want to leave children	73	66.1
Sanctity of marriage	15	13.7
For sake of family/children	19	16.9
Couldn't support children	3	2.6
Loved him	24	21.7
He asked her to go back	29	26.5
Family said to return	17	15.1
Forgave him	21	19.2
Thought he would change	42	38.6
Could not stay there (where she went)	8	6.8
Violence normal/not serious	1	1.3
Other	12	11.2

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.10. Main reasons for not leaving home, reported by women who experienced physical or sexual partner violence (N=350), Lao PDR 2014

<i>Reasons for not leaving home *</i>	Number	Percentage
Didn't want to leave children	191	54.5
Sanctity of marriage	71	20.2
For sake of family	78	22.3
Couldn't support children	8	2.4
Loved him	99	28.4
She did not want to stay single	66	18.9
Family said to return	25	7.3
Forgave him	61	17.5
Thought he would change	50	14.3
Threatened her/children/family	6	1.6
No where to go	25	7.0
Violence normal/Not serious	48	13.6
Other	49	13.9

Table 9.11. Retaliation/fighting back, among women reporting physical partner violence (N=358), Lao PDR 2014

<i>Whether ever fought back</i>	By urban/rural area			Total (N=358) (%)
	Urban (N=120) (%)	Rural (N= 205) (%)	Rural without road (N=32)(%)	
Never	52.9	61.8	79.4	60.4
Once or twice	23.0	21.5	13.2	21.2
Several times	9.8	11.8	5.1	10.5
Many times	14.3	4.6	-	7.4

Table 9.12. Effect of fighting back, among women who ever fought back because of physical partner violence (N=137), Lao PDR 2014

<i>Result of retaliation</i>	By urban/rural area			Total (N=137) (%)
	Urban (N=55) (%)	Rural (N= 76) (%)	Rural without road (N=6) (%)	
No change	6.7	17.3	59.2	15.0
Violence became worse	21.1	21.3	3.7	20.4
Violence became less	55.5	50.1	25.3	51.0
Violence stopped	16.8	10.6	11.8	13.1

Table 9.13. Financial autonomy among currently married or cohabitating women, according to women's experiences of physical and/or sexual partner violence, Lao PDR 2014

	No Violence (%)	With physical or sexual partner violence (%)	All women (%)
Among all currently married/cohabitating women who earned cash (N= 2,291)			
Decide how to spend money			
Self/Own choice	75.4	76.5	75.6
Give part to husband	21.4	19.5	21.2
Give all to husband	2.8	3.7	2.9
Respondent contributing to the family budget			
More than husband	12.5	20.1	13.6
Less than husband	51.4	49.1	51.1
About the same	35.4	29.8	34.6
know/Don't remember	0.7	1.0	0.7
Among all currently married/cohabitating women			
Respondent ever gave up or refused a job because husband did not want her to work	11.1	18.5	12.1
Respondent's husband took her earnings or savings against her will at least once	2.8	19.1	5.1
Respondent's husband refused to give money for household expenses when he had money, at least once	2.4	16.9	4.4

* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence

Table 9.14. Women who know law on development and protection and other laws, Lao PDR 2014

	Number of women who know Law on development and protection		Number of women who know other Law		Number of women who know both law	
	Number	Percentage	Number	Percentage	Number	Percentage
Urban-Rural						
Urban	325	32.5	168	16.8	128	16.9
Rural	343	19.7	108	6.2	77	5.4
Rural with out road	13	5.0	4	1.6	4	1.5
Region						
Central	354	22.5	60	7.4	42	6.5
Northern	187	22.9	195	12.4	147	11.2
Southern	139	22.9	25	4.2	19	4.1
Ethnicity						
Lao	547	25.9	241	11.4	185	11.0
Khmou	114	18.3	29	4.6	18	3.5
Hmong	8	7.9	7	7.3	5	5.3
Other	12	7.2	3	1.8	0	0.3
Education of respondent						
No education	49	6.0	11	1.3	8	1.1
Primary	273	21.6	76	6.0	50	5.0
Secondary	138	29.7	60	12.9	45	12.8
Tertiary	221	48.1	133	29.0	105	33.4
Age group of respondent						
15-19	24	11.7	15	7.3	7	4.0
20-24	70	18.1	36	9.4	25	7.7
25-29	67	24.1	18	6.6	9	4.5
30-34	68	21.7	18	5.9	14	5.7
35-39	87	24.4	26	7.2	23	8.1
40-44	100	23.7	37	8.6	28	8.3
45-49	104	27.4	48	12.6	42	13.5
50-54	81	25.8	41	13.2	25	10.6
55-59	57	27.9	32	15.4	27	15.9
60-64	22	15.7	9	6.4	7	5.7

Table 9.15. Percentage women who know law on development and protection and other laws, among those who had experienced partner violence, Lao PDR 2014

	Physical violence Num=357 (%)	Sexual violence Num=212 (%)	Physical or sexual partner violence Num=470 (%)
Number of women know Law on Development and Protection	7.9	5.2	10.2
Number of women who know other laws	8.9	7.8	13.6
Number of women who know Law on Development and Protection and other laws	7.3	7.6	11.6

“When he hits me, yes it hurts that day.
I can get better, but my emotional well-being
I think takes much longer to heal
and I don't know when it will”

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