Summary Report
A Study on Violence against Women in Lao PDR

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

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“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”

INTRODUCTION

There is growing recognition globally and also in Lao PDR that Violence against Women (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 National Commission for the Advancement of Women (NCAW) and Lao Statistics Bureau (LSB). 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 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Report 2014 and (4) an advocacy campaign to eliminate VAW.

The Lao National Survey on Women's Health and Life Experience aim to obtain detailed information nation-wide about:

- Estimate the prevalence, frequency, types and different forms of VAW
- Collect narrative information on different types and patterns of IPV, including domestic VAW in selected study areas
- Explore factors that increase women's vulnerability or protect them from violence (e.g. social gender norms, power disparities, economic opportunities, childhood experiences)
- 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
- Document consequences of violence on women's health, work, family and relationships.

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.)

Lao National Survey on Women's Health and Life Experience 2014 based on the methodology of the WHO Multi-country Study on Women's Health and Domestic Violence against Women focuses on intimate partner violence (IPV) that is experienced by women.

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

(Heise & Garcia-Moreno, 2002; Jewkes, Sen & Garcia-Moreno, 2002, cited in WHO 2010)

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.

Organization and methodology

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.

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: For the quantitative component, 3000 women between 15 and 64 years old, representing the general population of women of these ages in Lao PDR, were interviewed throughout the country between December 2013 and March 2014, using structured face-to-face interviews conducted in full privacy, using adapted for Lao PDR of the questionnaire developed for WHO's Multi-country Study (Ver. 11.3, dated 2013).

Qualitative Component: 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.

The qualitative study was conducted in mid-2014 by a small team, primarily led by the Burnet Institute. Following the desk review; field interviews, consisting of in-depth Interviews (IDIs) with women who have experienced intimate partner violence, focus group discussions (FGDs) with women and men, and Key Informant Interviews (KII); were conducted. The question guide for interviews/discussions was redeveloped and adapted for Lao PDR in line with WHO interview guides.

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.

Response rates and data analysis

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.

Data entry for quantitative component 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. 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.

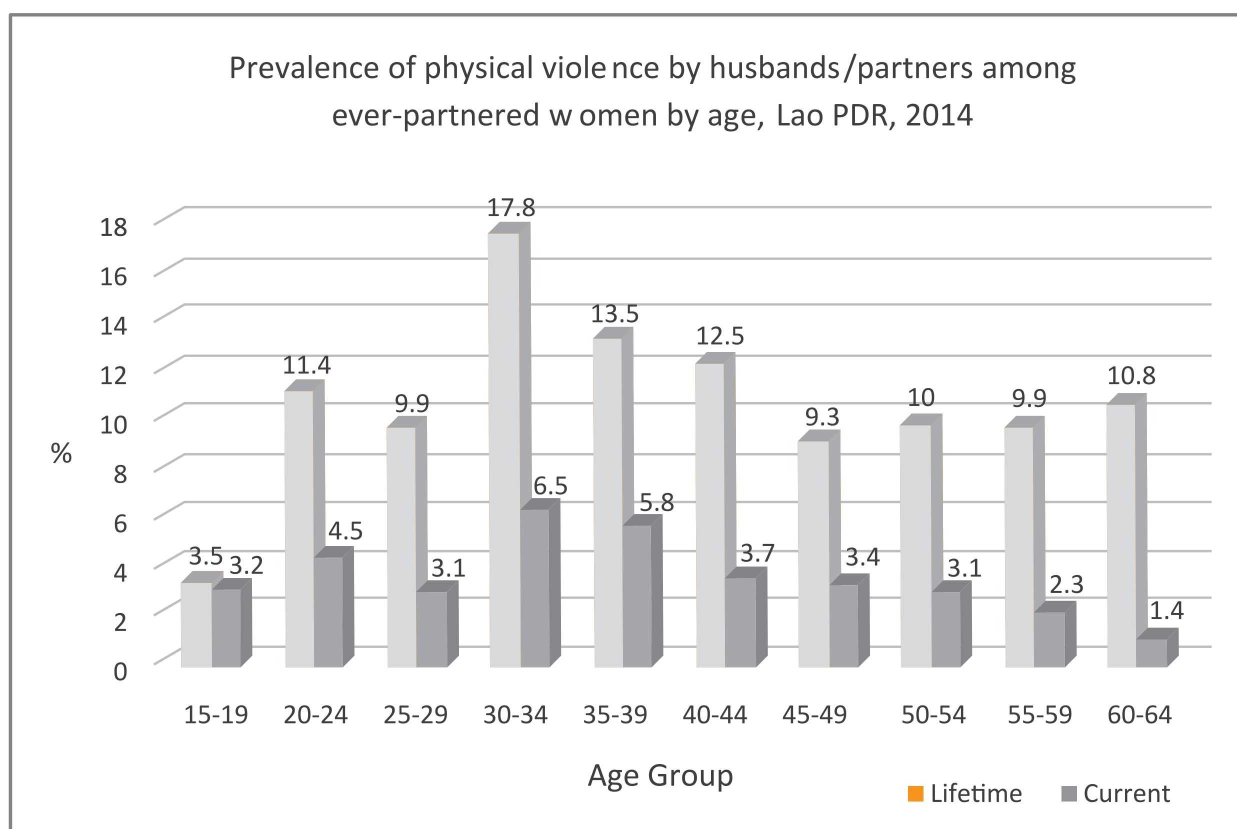
Qualitative component involved coding through an interpretive technique. After the field interviews were completed, data was transcribed and coded following a thematic map/model developed for analysis, by using software such as NVivo ver.10 (QSR Int'l).

Violence against Women by Husbands/Partners

Physical Violence

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%).

A greater prevalence is revealed among women in their 30s and 40s, than in 20s in both lifetime and current prevalence. Ever-partnered women with no education are more likely to experience physical violence by a partner/husband than educated ones in lifetime and current prevalence.



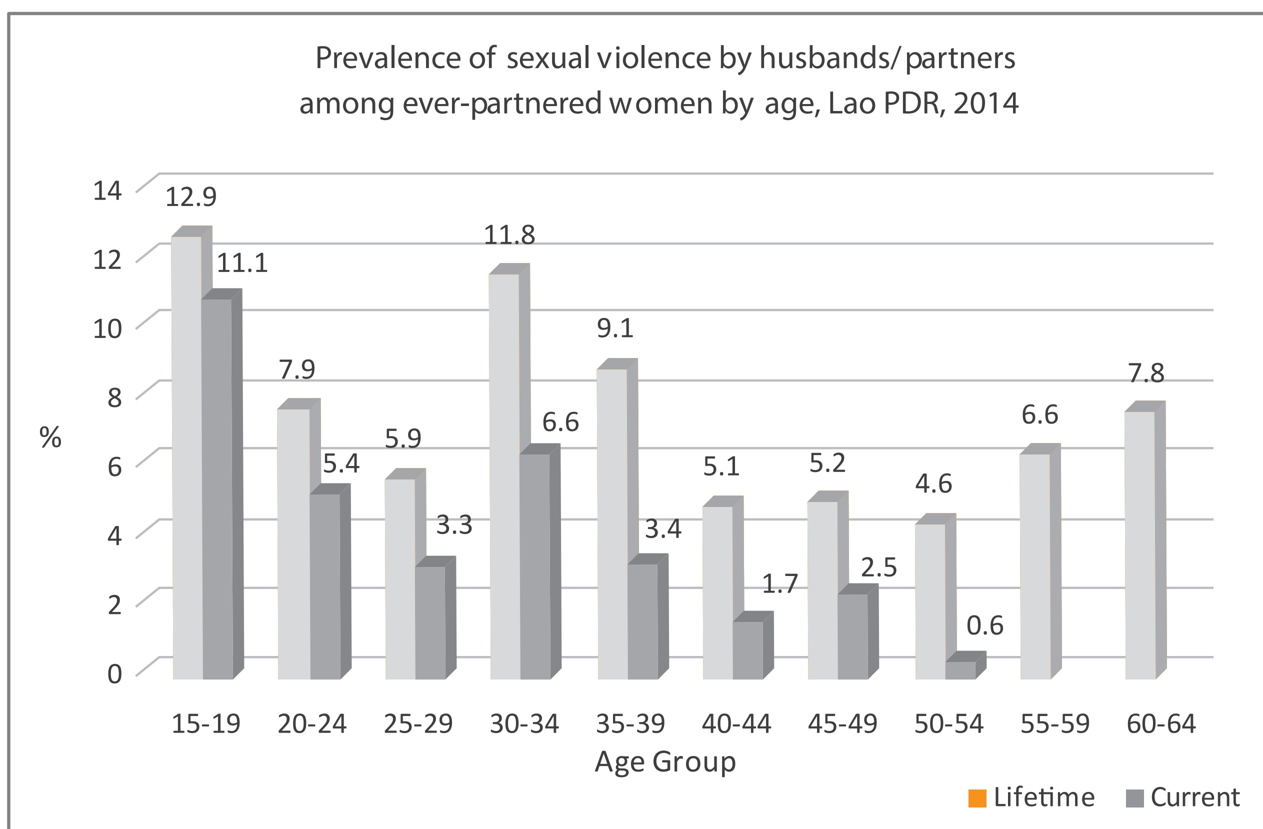
The proportion of ever-pregnant women who reported physical violence during at least one pregnancy was 1.8%.

Sexual Violence

The total prevalence of lifetime sexual violence against ever-partnered women was 7.2%. Unlike physical violence, younger women were more likely to be exposed to lifetime and current sexual violence. 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).

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 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."

Woman, 28 years old, Vientiane province

Emotional Violence

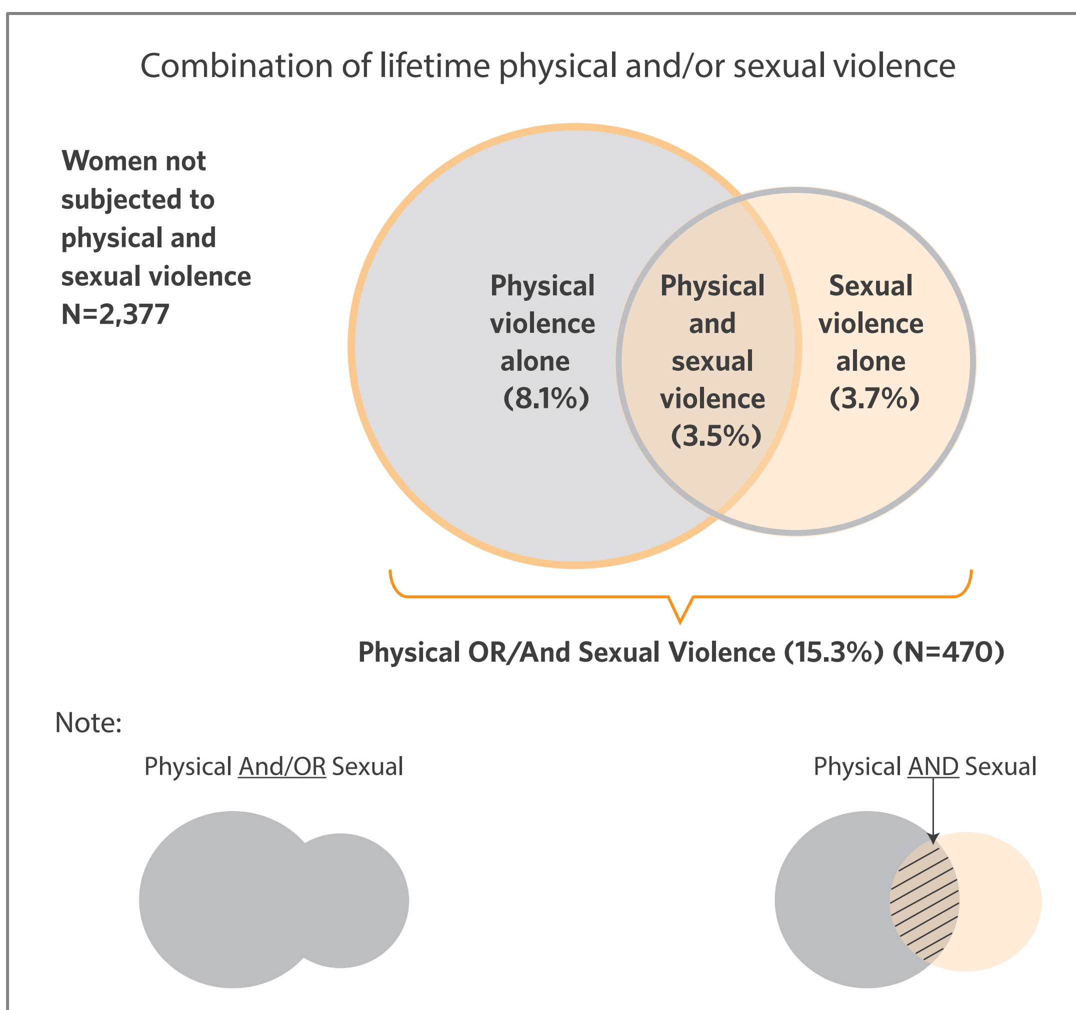
Psychological/emotional abuse is a common form of violence experienced by women. It is characterised by manipulation and coercion, and leaves an emotional rather than physical mark. Survivors of emotional abuse can often be made to carry a sense of guilt and this form of abuse is often underestimated, 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.

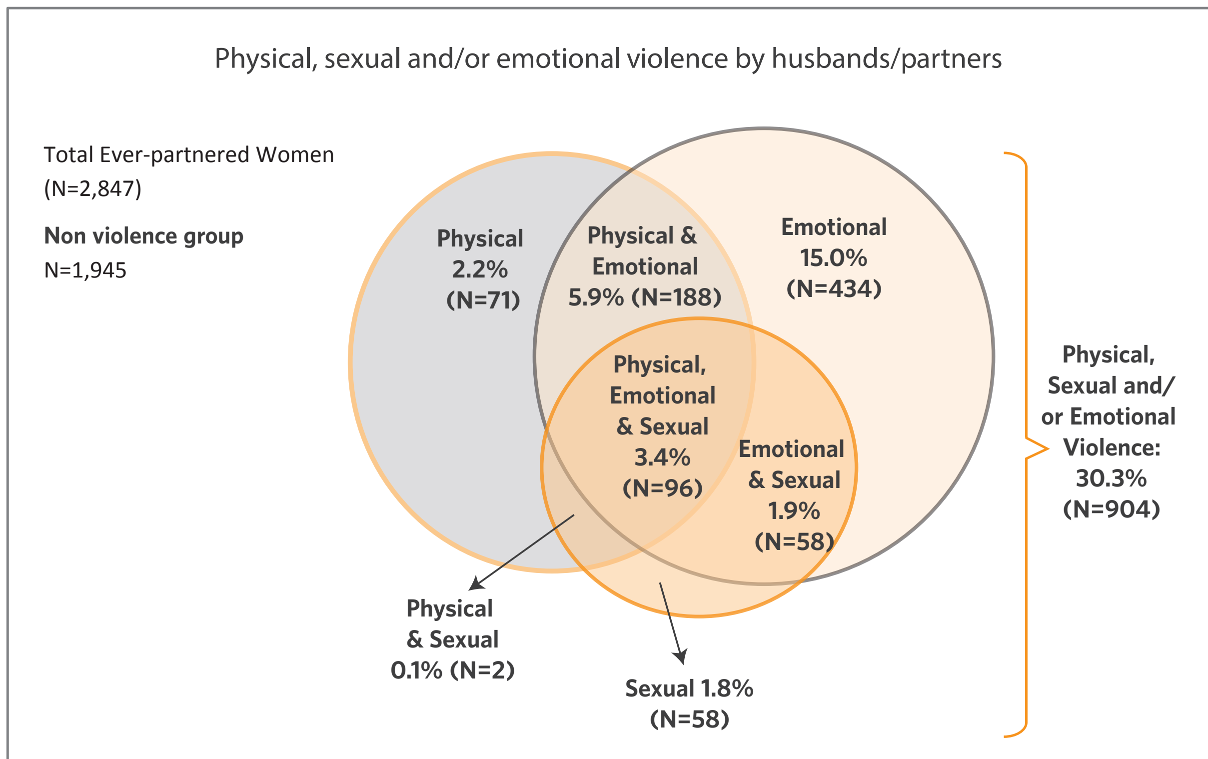
The total lifetime prevalence of emotional violence was 26.2%. By geographical distribution, more women in rural areas without road access experienced emotional violence (28.6%) than those in urban and rural areas (24.6% and 26.7%, respectively).

Combing physical, sexual and emotional abuse

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.

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.



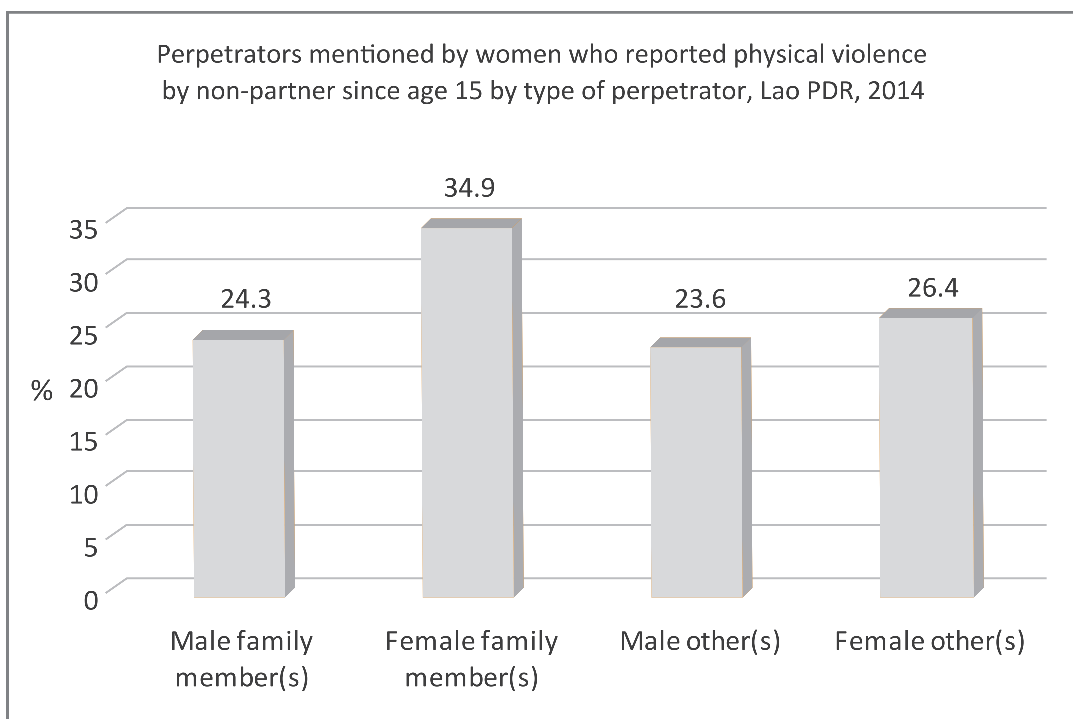


Violence against women by perpetrators other than husbands

Physical Violence by Non-partners from the Age of 15

Around 5.1% of women interviewed had experienced physical violence by a non-partner in their lifetime 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, 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%).



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. The total lifetime prevalence of forced intercourse was 1.1%, whereas the attempt of intercourse/unwanted sexual acts was 5%. 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

Attitudes and Perceptions as Underlying Factors of Intimate Partner Violence

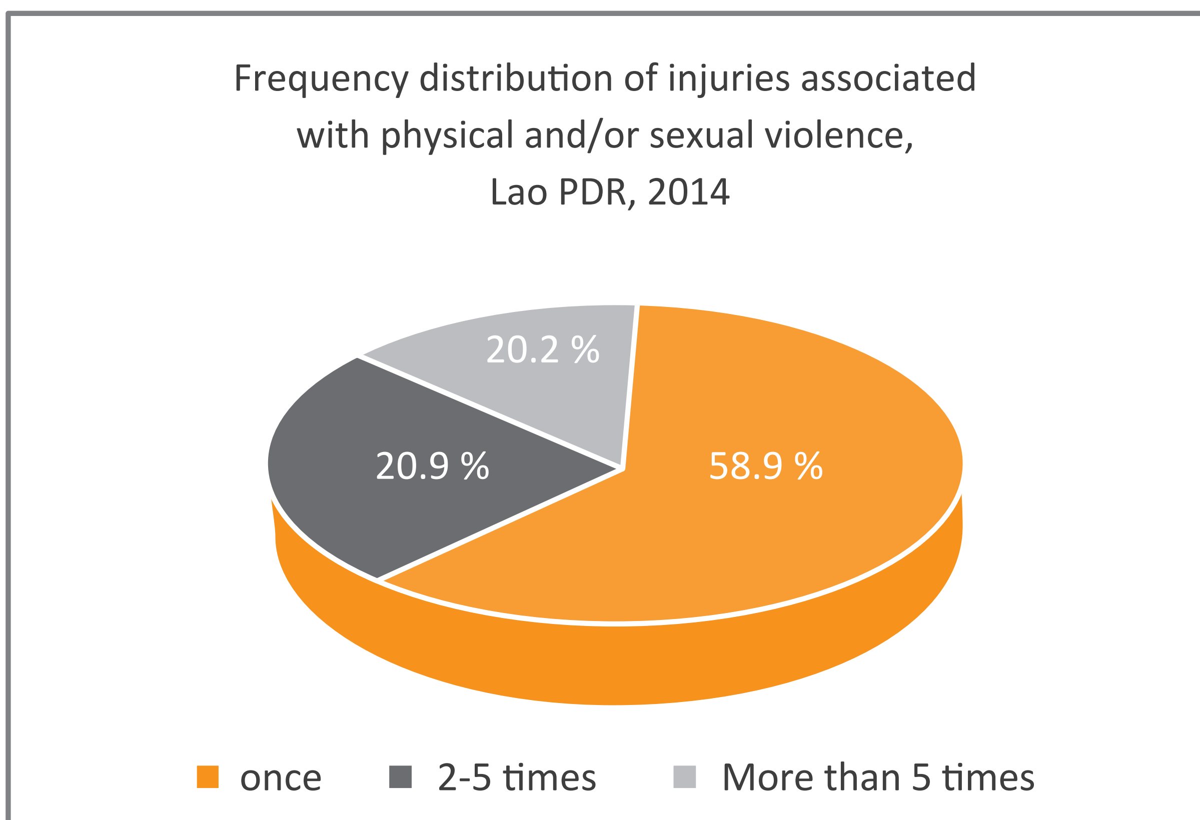
Around 35.6% of respondents agreed with the statement that "a good wife obeys her husband, even if she disagrees", 22.9% concurred that "a man should show he is boss" and 29.4% accepted that a wife was obliged to have sex with her husband. Women who experienced physical and/or sexual violence were more 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.

Key triggers of VAW include gender norms in the Lao culture context, mistrust and jealousy associated with infidelity, alcohol intake, unemployment or financial difficulties.

Consequences of Partner Violence and Women's Physical, Mental and Reproductive Health

In the survey, 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%).

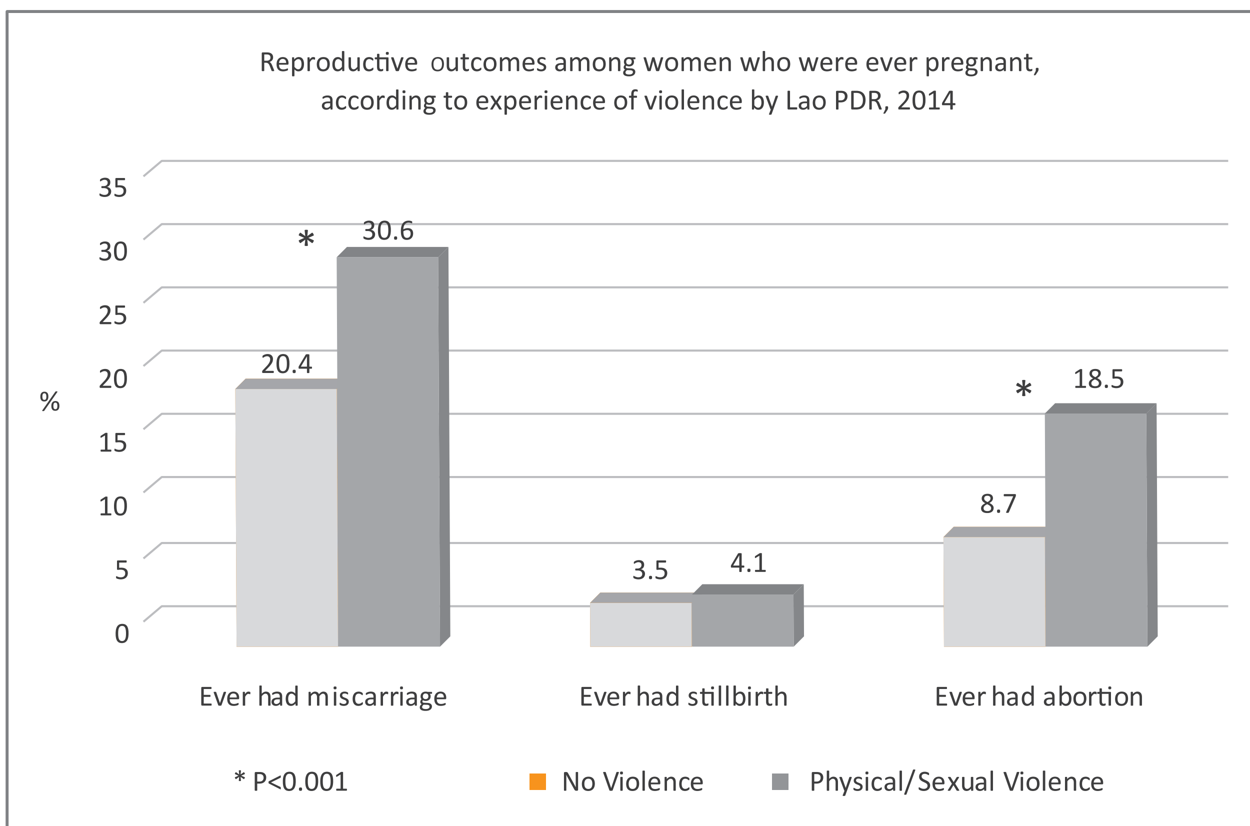
> ***"He used a piece of wood to beat me until I was hospitalised."***
> — ***Woman Survivor, Rural***

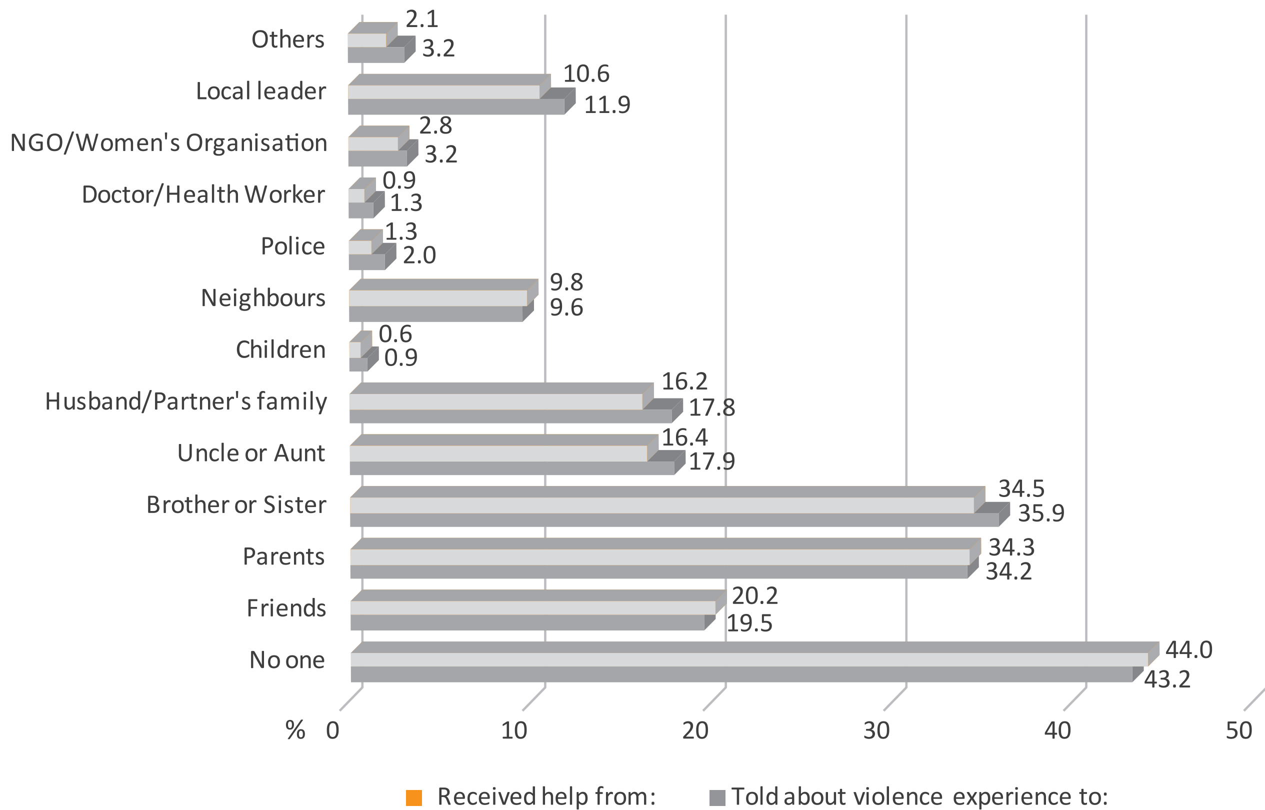
Women ever-pregnant and who experienced physical and/or sexual violence had a higher likelihood of miscarriage (30.6%) and abortion (18.5%) than those who did not experience violence (20.4% and 8.7%, respectively).

Women who 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).

Women's Coping Strategies and Responses to Partner Violence

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.

Main Reasons for Seeking or Not Seeking Support from Agencies among Women Who Experienced Physical and/or Sexual Violence, Lao PDR, 2014

Main Reasons for Seeking Help		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.

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

Woman Survivor, Urban

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%).

Recommendations for Programmes and Policies

- **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, other policies and 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.
  - Increase and allocate multi-sectoral or sector-specific budgets at national and local levels to address VAW.
  - Establish unified database on violence against women and children collected by different sectors and agencies.
  - Build evidence base to address VAW.

- **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.
  - Engage men and boys to promote non-violence and gender equity.
  - 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.

- **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.
  - 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 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.

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