

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

## *A STUDY ON VIOLENCE AGAINST WOMEN*

### Introduction and Methods

The Lao National Survey on Women's Health and Life Experiences 2014 was undertaken to obtain detailed information and evidence nationwide about the prevalence, frequency and types of violence against women (VAW) focusing on intimate partner violence. A further aim is to assess perceptions about VAW, health consequences, coping strategies, and risk factors associated with violence.

The study's overall objective was to generate necessary evidence for use as an advocacy tool to increase awareness, manage and prevent VAW/Domestic Violence (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 policies and programmes appropriate for different target groups - women, adolescents and young people, men and couples.

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.

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. It consists of quantitative (a population-based survey) and qualitative components (in-depth interviews, key informant interviews and focus group discussions). For the quantitative component, 2,997 out of 3,000 women (age 15-64) were interviewed throughout the country, using structured face-to-face interviews conducted in full privacy. The qualitative component 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 National Study on Women's Health and Life Experiences 2014 study adhered to ethical and safety recommendations formulated by WHO for research on VAW.

## Main Findings

### Prevalence of Partnered Violence

#### Physical violence by husbands or partners

Overall, 11.6 % of ever partnered women in Lao PDR reported having experienced physical violence in their life and 4 % had experienced physical violence in the past 12 months, with little difference between urban and rural areas.

Physical violence by husband or partner	Total	Urban	Rural
Lifetime prevalence	11.6%	12.0%	11.2%
Current prevalence (last 12 months)	4.0 %	4.0 %	3.9 %

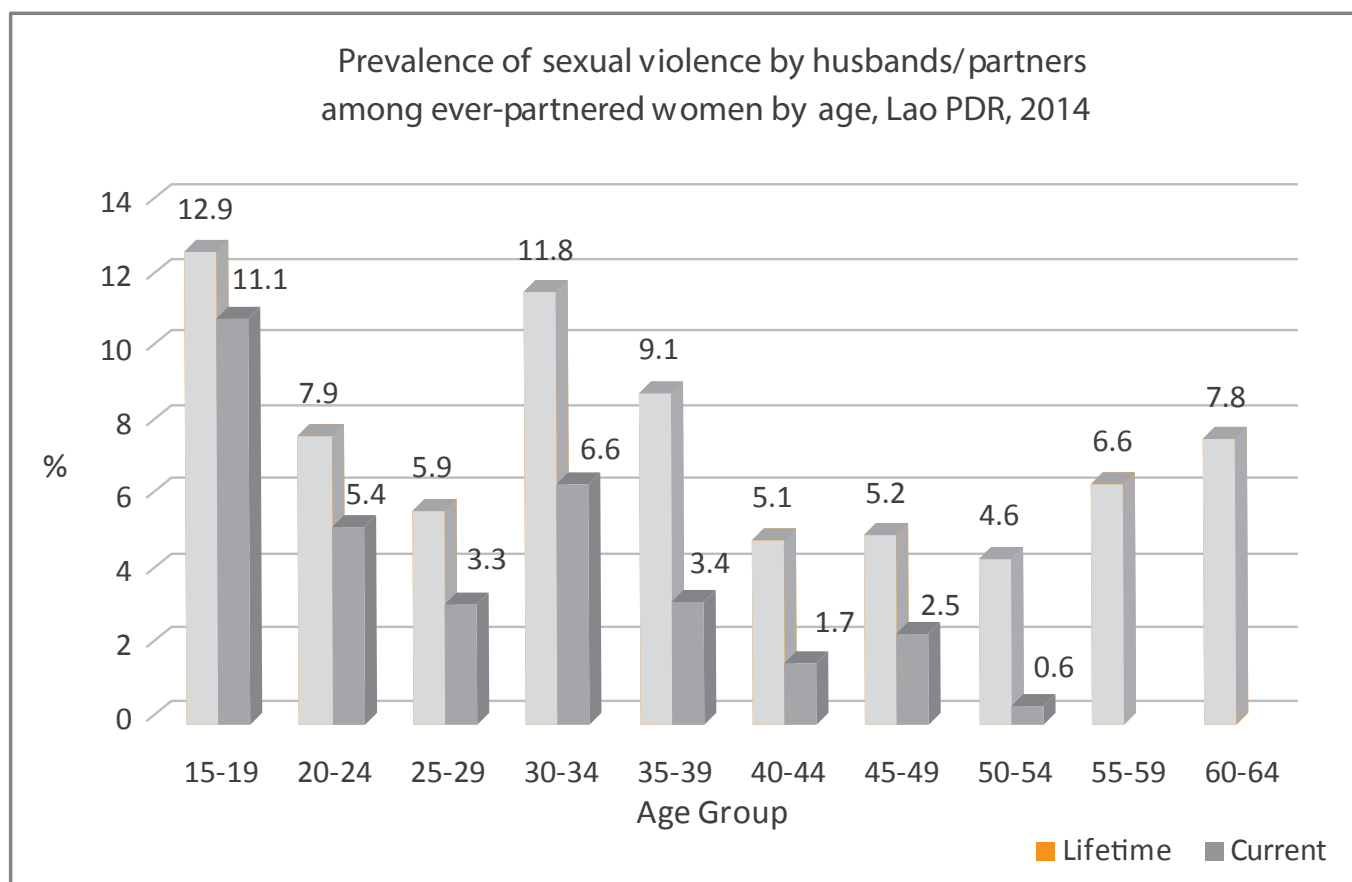
#### Sexual violence by husbands or partners

The total prevalence of lifetime sexual violence against ever-partnered women was 7.2%. 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%). Meanwhile, the total prevalence in the past 12 months was 3.1%, with little difference between urban and rural areas.

Sexual violence by husband or partner	Total	Urban	Rural	Rural without road
Lifetime prevalence	7.2%	8.6%	6.3%	8.1%
Current prevalence (last 12 months)	3.1%	3.1 %	3.3%	2.3 %

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.



### **Emotional and economic abuse by husbands or partners**

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. 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).

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.

### **Physical violence during pregnancy**

The proportion of ever-pregnant women who reported physical violence during at least one pregnancy was 1.8%. 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 during pregnancy (0.8%), than those with less education (no education 2.2%, primary 1.8% and secondary 2.2%).

### **Combining physical, sexual and emotional abuse by husbands or partners**

The prevalence of “physical and /or sexual violence” is a significant indicator of partner violence that may be used for international comparisons. 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.

### **Compare partner and non-partner violence**

Comparing to partner violence, 5.1% of women had experienced physical violence from a non-partner since the age of 15. Around 5.3% of women experienced some type of sexual violence and 1.1% had forced sexual intercourse since the age of 15.

## **Attitudes and Perceptions as Underlying Factors of Intimate Partner Violence**

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.

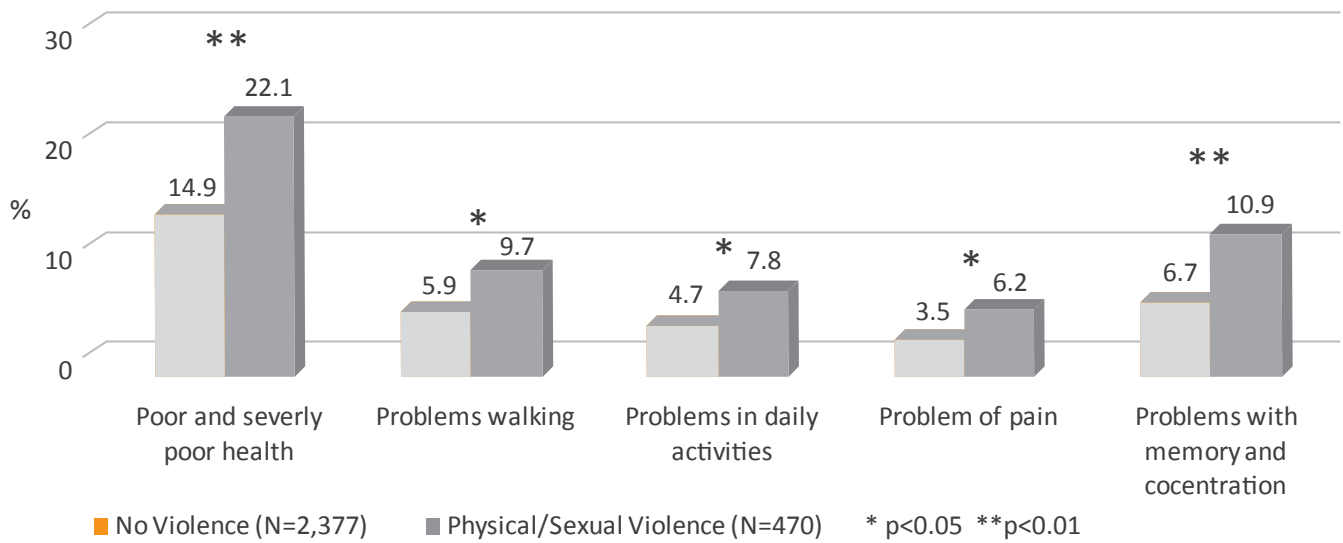
## **Health Consequences of Violence against Women**

Women who experienced physical and/or violence were more likely to have poor health compared to women without such experiences.

Overall, nearly half 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.

About 221.1% of women subjected to physical or sexual violence by husbands reported that their health was “poor” and “severely poor” compared with 14.9% of women who had never experienced such violence.

General Health Status among Ever-Partnered Women with and without Physical and/or Sexual Violence, Lao PDR 2014



Women who experienced physical and/or sexual violence were more likely to have suicide ideations (10.5%) than women without such experiences (2%).

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 violence were more likely to report their children had behavioural problems. 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 'school failure/ repetition' and 'school drop-outs' among these two groups. About 40% of women who experienced physical partner violence reported their children had witnessed violence in the family at least once.

### Women’s Coping Strategies and Responses to Partner Violence

Nearly half of the women (43.2%) who experienced physical and/or sexual partner violence 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 a small proportion of women sought help from local authorities, 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.

“Embarrassment/shame” (36.6%) and “trivializing the situation” (thought it not serious) (35.3%) were the two main reasons that women do not seek help. Many believe that violence in relationship is “normal” and that women should tolerate and endure what is happening to them for the sake of family harmony.

“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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