

# ESTIMATING THE COSTS OF DOMESTIC VIOLENCE AGAINST WOMEN IN VIET NAM

Hanoi, Viet Nam 2012



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**Photograph by: UN Women 2012**

The cover painting “Do you see the fear in her eyes” was made by Ms. La Ngoc Lam on the occasion of the UNiTE campaign painting competition for children on prevention of gender based violence, organized by the Youth Union and UN Viet Nam in March 2012. Ms. Lam, 15 years old, attending Phuong Mai secondary school in Ha Noi, won the second prize of the competition with more than 2 million entries nationwide.

This report was developed by Dr. Nata Duvvury and Ms. Patricia Carney, National University of Ireland, Galway

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# ACRONYMS

<b>CDC</b>	Center for Disease Control, USA
<b>CSAGA</b>	Centre for Studies and Applied Sciences in Gender-Family-Women and Adolescents
<b>CEDAW</b>	Convention for the Elimination of Discrimination Against Women
<b>DV</b>	Domestic violence
<b>GDP</b>	Gross domestic product
<b>GBV</b>	Gender based violence
<b>GoV</b>	Government of Viet Nam
<b>GNI</b>	Gross National Income
<b>GSO</b>	General Statistics Office
<b>ICCPR</b>	International Covenant on Civil and Political Rights
<b>IESCR</b>	International Covenant on Economic, Social and Cultural Rights
<b>IFGS</b>	Institute for Family and Gender Studies
<b>IPV</b>	Intimate partner violence
<b>ICRW</b>	International Center for Research on Women
<b>ILO</b>	International Labor Organisation
<b>MOH</b>	Ministry of Health
<b>MOCST</b>	Ministry of Culture, Sports and Tourism
<b>NGO</b>	Non Governmental Organisation
<b>OMCT</b>	World Organization Against Torture
<b>SO</b>	Social Organisation
<b>WHO</b>	World Health Organisation
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNIFEM</b>	United Nations Development Fund for Women
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>UN Women</b>	The United Nations Entity for Gender Equality and the Empowerment of Women
<b>USAID</b>	United States Agency for International Development
<b>WU</b>	Women's Union

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***Dr. Nata Duvvury***  
***Dr. Nguyen Huu Minh***  
***Ms. Patricia Carney***

# EXECUTIVE SUMMARY

Violence against women is a global phenomenon and Viet Nam is no exception as it is a daily occurrence in the lives of many Vietnamese girls and women. As stipulated in international and regional legal instruments, the duty and priority to protect girls and women from domestic violence lies with the Government. The Government of Viet Nam has acknowledged its responsibilities and signed international conventions including the Convention on the Elimination of all forms of Discrimination Against Women and the International Convention on Economic, Social and Cultural Rights. In addition, the Government has also explicitly recognized the equal rights of women across public and private domains in their Constitution adopted in 1992. However, despite the attention to domestic violence in the legislative framework, it is still broadly understood as the violence that occurs within the family in the Vietnamese cultural context.

The actual human costs of violence are enormous; violence devastates lives, fractures communities and hinders development. Intimate partner violence is also a central concern within the field of women and development as it impedes women's economic and social development and capacity for self-determination. Since there has been little resource commitment to a comprehensive multi-sectoral response that would provide accessible, effective and timely support to women experiencing violence, it is important to demonstrate the economic effects at the household level as to demonstrate how violence against women drains the household economy. For this reason, UN Women has conducted this study through the Institute of Gender and Family Studies within the Viet Nam Academy of Social Services and the National University of Ireland, Galway in consultation with government, nongovernment and international partners and the overall support of the UNiTE Campaign To End Violence against Women and AusAID.

The overall aim of this research is therefore *to provide reliable estimate of the economic costs of domestic violence in Viet Nam*. The study used mixed methods for the data collection and a total of 1053 women were surveyed – 541 in the rural area and 512 in the urban area– to obtain relevant information on experiences of domestic violence and its associated costs at the household level. The research considered two elements of the economic costs of domestic violence: 1) the

actual out-of-pocket expenditures that women incur to access medical treatment, police support, legal support, counselling support, and judicial support, and 2) an additional out-of-pocket expenditure which is the lost school fees if children miss school due to domestic violence experienced by their mothers. It was also found that the major element of economic cost is the income foregone due to missed work including both missing paid work and household work. The survey collected detailed information per incident on specific expenditures women had to incur, number of days of paid and household work missed and number of school days missed by children.

The conclusions that have been drawn from this study confirm the results from previous violence research in Viet Nam, i.e. violence experienced among girls and women is high and pervasive cutting across all socio-economic groups, education levels and regions. A crude estimation for the economy as a whole suggests that both out of pocket expenditures and lost earnings represent *nearly 1.41% of the GDP in Viet Nam* that stood at 2,536,000 billion VND in 2010. More importantly, regression results for estimating productivity loss due to violence indicate that women experiencing violence earn 35% less than those not abused representing another significant drain on the national economy. An estimate of overall productivity loss comes to 1.78% of GDP. Even though the data for service providers was extremely fragmented making cost estimation on a yearly basis with any rigor infeasible, these cost estimates nonetheless underscore the urgent need to comprehensively address domestic violence. The estimates provided by this research thus aim to contribute to deeper understanding among policy makers, political leaders, NGOs, communities and families the full *cost of inaction* in addressing domestic violence.

The key recommendations emerging from the study, echoing the recommendations of the National Study on Domestic Violence by the GSO, include

- Increase resource commitment for a national coordinated multi-sector response to domestic violence against women
- Strengthen record keeping by service providers at all levels
- Conduct periodic costing studies to provide benchmark of information to assess the required resources for a comprehensive response to domestic violence
- Identify a cost effective minimum intervention package for national replication



# CONTENTS

- Design and implement national communication and media interventions for primary prevention to shift the culture of acceptability of domestic violence against women by an intimate partner
- Enhance capacity of service providers including police and medical practitioners as well as administrative functionaries such as People's Committees at commune level to respond to domestic violence against women
- Build a culture of referrals and maintain a proper recording system
- Undertake evaluations of existing intervention to identify effective interventions for scale-up.

## Further Research

This study has provided estimates of potential opportunity and productivity loss to the national economy. To fully assess the economic impact of intimate partner violence (IPV), more rigorous modeling of the economic growth implications needs to be undertaken. Additionally a focused study on the intergenerational impacts of domestic violence against women by an intimate is critical to establish the full cost of IPV to the future growth of the economy. Another important dimension that needs to be explored is the impact of the economic crisis on domestic violence against women. This would deepen knowledge of specific interrelationship between domestic violence against women and economic fluctuations. It may be that in times of economic crisis, it is imperative to ensure that services to respond and prevent domestic violence by an intimate partner are adequately funded to curtail potential drag on the economy as it emerges from a dip in economic growth. This is an important question in the current global economic crisis as services for IPV are being cut globally as countries manage austerity budgets.

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## BACKGROUND, LITERATURE REVIEW AND OBJECTIVES

### 1.1 Background

Violence against women is a daily occurrence in the lives of many women and girls in Viet Nam as it is across the globe. The actual human costs of violence are enormous; violence devastates lives, fractures communities and hinders development (ICRW, 2009; Burton, Duvvury and Varia, 2000).

According to Article 1 of the United Nations Declaration, violence against women is: “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”. The definition is understood to encompass, but not be limited to, physical, sexual, psychological and economic violence occurring in the family and outside. Among the various forms of gender-based violence, intimate partner violence (i.e., violence within intimate relationships-IPV)<sup>1</sup> is recognized as the most common form experienced by women – nearly one in three women globally has experienced intimate partner violence in their lifetime (Heise, et.al, 1999).

A body of UN resolutions, human rights treaties, CEDAW, and the Beijing Platform of Action foreground addressing violence against women (including IPV) as a basic duty and priority for governments. The UN Secretary General’s report on Violence Against Women in 2006 reinforced the call for urgent and comprehensive response by national governments to eliminate violence against women (UN, Secretary General, 2006). Most recently in 2010, the UN Secretary General has launched the UNiTE to End Violence Campaign to step up efforts by national

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<sup>1</sup> Intimate partner violence and domestic violence are often used interchangeably within the literature on violence against women. Domestic violence, which is the common term in Vietnamese policy and legal framework, is a broader term encompassing psychological, physical and/or sexual violence perpetrated by one family against another. Intimate partner violence on the other hand is violence perpetrated by a partner in an intimate relationship – most often experienced by women and often called wife abuse. In this research we focus on intimate partner violence experienced by women and will refer to it as domestic violence against women by an intimate partner or IPV.

governments in the Global South to prevent, reduce and eliminate all forms of violence experienced by women.

The intensifying ‘moral’ pressure on governments has translated into new legislations on violence against women across the globe (and more recently in the Global South), awareness raising and media campaigns to shift the culture of violence, and an expansion of services to support women survivors of violence, and some investment into research on violence for establishing benchmark data as well as expanding the depth of knowledge on the dynamics of violence and the underlying gendered power relations that may cause such violence to occur (UN Secretary General, 2010). The Secretary General however notes that a comprehensive and adequately resourced multi-sectoral response is required to provide accessible, effective and timely support to women experiencing violence and ultimately impact on shifting norms to prevent violence. To encourage the need for greater and firm resource commitment it is important to establish the costs of inaction. Particularly it is important to demonstrate the economic effects at the household level - to demonstrate how domestic violence against women by an intimate partner (or IPV) drains the household economy. Based on these household estimates one can then build macroeconomic estimates that would establish the impact in terms of aggregate GDP.

The overall aim of this research is to provide reliable estimate of the economic costs of domestic violence against women by an intimate partner in Viet Nam. The estimates provided by this research will contribute to deeper understanding among policy makers, political leaders, NGOs, communities and families the full cost of inaction in addressing domestic violence.

The specific objectives of the study are to:

1. Estimate annual economic cost of domestic violence against women by an intimate partner at the household level including:
  - a. Estimate of annual direct costs for households related to incidents of intimate partner violence – includes costs associated with seeking services for medical care (physical and mental), shelter, mediation (NGOs, local resolution), and judicial resolution as well as consumption costs related to the replacement of property.

- b. Estimate of indirect costs – income loss due to missed work, loss of reproductive labour, children’s health and children’s school performance (including missed days, failing, poor marks<sup>2</sup>).
2. Estimate annual service provision costs across sectors including health, police, judicial and social (namely Women’s Union).
  3. Develop macro-estimates of:
    - a. Estimate aggregate costs for national economy
    - b. Estimate cost of service provision
    - c. Estimate cost due to productivity loss

The current study to estimate the costs of domestic violence at the household level aims to begin filling this key gap in the research in Viet Nam. This research, building on the National Study on Domestic Violence conducted in 2010, focuses on providing an estimate of the opportunity costs<sup>3</sup> of domestic violence for households. Using prevalence and incidence from the surveyed sample, the study can then present aggregate costs for a preliminary national estimate of the costs incurred within the economy due to domestic violence against women by an intimate partner.

## 1.2 Costs of Domestic (Intimate Partner) Violence

Intimate partner violence is a central concern within the field of women and development as it impedes women’s economic and social development and capacity for self-determination. Within the reproductive health field, there is also growing awareness of the links between IPV and a range of other reproductive and sexual health problems - including sexually transmitted disease, unwanted pregnancy, contraception and abortion, maternal morbidity and mortality, and adverse pregnancy outcomes (Heise, Pitanguy, and Germain 1994; Heise, Raikes et al. 1994; World Health Organization 1996).

<sup>2</sup> In this study, the costs incurred by other family members (such as parents, in laws, siblings) after an incident of violence were not captured directly. Women were asked about the impacts on them, their spouses and children only.

<sup>3</sup> Opportunity costs in economic literature refer to the possible alternative uses that could be realized with a specific unit of time or money. Out of pocket expenditures due to violence represent money that could have been spent on other consumption goods and therefore indicate the opportunity costs of violence.

The World Bank (1993) estimates that rape and domestic violence account for 5 percent of life lost to women of reproductive age in demographically developing countries. For example in China, where maternal mortality and poverty-related diseases are relatively under control, the healthy years of life lost due to rape and domestic violence account for a larger share (16%) of the total burden. In established market economies, gender-based victimization accounts for nearly one in five healthy years of life lost to women of age 15 to 44 (Heise, 1994). There are no specific estimates of the burden of domestic violence against women by an intimate partner in Viet Nam on overall disability adjusted life years.

There is also considerable evidence of the importance of the intergenerational transmission of domestic violence, with studies from the United States (Caesar 1988; Hotaling and Sugarman 1986; Kalmuss 1984; Straus and Gelles 1990) and other developing countries (Ellsberg et al. 1999; Jewkes, Levin, and Penn-Kekana 2002; Martin et al. 2002) suggesting that witnessing family violence in childhood is associated with a greater likelihood that sons and daughters will be either perpetrators or victims of violence. Other studies have reported links between domestic violence and specific risk behaviours—most notably, substance use, such as alcohol or drug consumption (Jewkes et al. 2002; Koenig et al. 2003; Rao 1997; van der Straten et al. 1998; Watts et al. 1998). The potential importance of HIV/AIDS in precipitating domestic violence has also been highlighted, with several studies from Africa reporting a significant association between perceived or actual HIV risk and higher levels of domestic violence (Coker and Richter 1998; Koenig et al. 2003; Dunkle, et. al., 2004). More recent evidence from India established the link between gender based violence and chronic malnutrition (Ackerson and Subramaniam, 2008).

In terms of economic costs, more than 30 studies, mostly from developed countries, have attempted to quantify the costs of various forms of violence against women. These studies focus largely on the costs of service utilization as well as the value of economic losses due to lost output, decreased productivity and lower earnings resulting from violence.



**Table 1.1: Estimates of Costs of IPV across countries**

Author	Country	Costs	Estimate	% of GDP
Access Economics (2004)	Australia	Service provision and Economic costs	\$8.1 billion/year	1.2
Walby (2004)	UK	Service provision, Economic output and human and emotional costs	£23 billion	1.91
Orlando and Morrison (1999)	Nicaragua	Productivity loss	\$29.5 million	1.6
	Chile	Productivity loss	\$1.56 billion	2.0
WHO-CDC 2007	Brazil	Productivity loss	12% of health budget	1.2
ICRW 2009	Uganda	Out of pocket expenditures	\$ 5	1.6 <sup>a</sup>
	Morocco	Out of pocket expenditures	\$ 157	6.5 <sup>a</sup>

<sup>a</sup> The ICRW study did not extrapolate the costs to the macro level and therefore estimated the costs as proportion of per capita gross national income (GNI)

Among these studies, the Walby study in the UK was the most comprehensive and estimated that the aggregate costs of intimate partner violence, including service-related costs, the value of economic output lost, and human and emotional costs, is close to 1.91% of the GDP or £23 billion (34.5 billion USD) annually (Walby, 2004). Loss of economic output alone came to £2.7 billion a year (or about 0.22% of GDP in 2004). A similar cost estimation in Australia put the costs at AUS \$8.1 billion a year or 1.2% of GDP in 2004 (Access Economics 2004). The Center for Disease Control (CDC) estimated that 13.5 million days were lost from both paid work and household chores due to intimate partner violence in United States annually, which is valued at US \$858 million per year (CDC 2003).

There are also a few studies that have explored the impact of domestic violence in the Global South, particularly in South America. Two important studies have focused particularly on costs to the health sector. A study in Brazil by WHO and CDC in 2007 estimated that Brazil's direct medical costs due to any violence as 0.4 percent of the total health budget. A study in Colombia estimated that the Government in 2003 spent roughly 0.6% of the total national budget to prevent and detect incidences of intimate partner violence and offer services to survivors (Sanchez, et al., 2004). The economic impact has also been estimated. Morrison and Orlando (1999) estimate that in Chile and Nicaragua all types of domestic violence reduced women's earning in 1996 by US \$1.56 billion (or 2% of GDP) and US \$29.5 million (or 1.6% of GDP) respectively. This estimation was based on an econometric regression of earnings than accounting for actually missed work due to violence. Sanchez et al. (2004) find that Colombian women who suffered physical violence have 14% lower earnings than women who did not suffer violence. In Brazil, productivity loss due to violence-related injuries accounted for approximately 12% of the total health budget or 1.2% of GDP (WHO CDC, 2007). A multi-country study by ICRW estimated that out of pocket expenditures for service provision ranged from 1.5% of per capita GNI in Uganda to 6.98% of per capita GNI in Morocco (ICRW, 2009).

### 1.3 Review of Viet Nam Context

#### 1.3.1 Gender norms and gender equality

Viet Nam is a deeply patriarchal society with traditional outlook on gender relations, based on an interweaving of Confucian and Buddhist traditions. In Confucian tradition, men are respected, as they are the head of families, responsible for ancestor worship, and are trustworthy and loyal. Women are seen as the guardians of familial relationships with a primary duty to maintain harmony within the family (Vu Song Ha, 2002 and 2009; Ghuman, 2005; Mia, et. al., 2004; Rydstorm, 2006). Overall women are devalued while men are respected. As the National Study on Domestic Violence (GSO, 2010) suggests women internalize norms to 'save face', are sexually available regardless of their own wishes, accept that men are naturally angry as they have 'hot' blood, and justify violence to 'correct' women's behaviour.

Though patriarchal norms are deeply entrenched, economic transformation with the introduction of economic reforms, doi moi, in 1986 has had significant

impacts for women in general, and slightly shifting gender relations within the family specifically. Women entered the labor force in large numbers, with women's participation increasing to the current level of nearly 46.6% (of the total labour force), though women are concentrated in informal occupations, earn 50% of men's incomes in the informal economy, and experience greater insecurity (UNIFEM, 2010). Men are more likely to work than women across all age groups, though in the 20-24 age group, women are more likely to work. The high rate of employment for young women is largely due to doi moi, with expansion of export zones in which women account for 70-80% of the workforce in the electronics, garments and shoe factories (USAID, 2010, p.2). Women's economic contribution to the household has increased undoubtedly. However with basic gender role expectations unchanged, women continue to bear primary responsibility for care giving and domestic work. Across the private and public spheres women shoulder a double burden.

An area of significant improvement in terms of gender equality has been the increased access to education for girls. At primary and secondary levels the rate of participation is close to parity, and in tertiary education there are more girls than boys enrolled (MPI, 2008). Female literacy rates are close to that of men (GoV, Population and Housing Census, 2009). Nonetheless, disparities remain among the marginalized and vulnerable groups of society, with girls less likely to be in school in the poorest 20% of all Vietnamese households and among northern mountain ethnic communities (Lee, 2008). An Oxfam report on poverty monitoring suggests that there is a shift in gender norms with interviewed parents, including those of poor households, not expressing any distinction between their sons and daughters with respect to school attendance (Oxfam and Action Aid, 2011). Increased education of girls is extremely important with respect to domestic violence as the National Study on Domestic Violence suggests that women with higher education were less likely to report experiencing domestic violence. This is a finding that has been found internationally in other studies as well (Duvvury, et.al 2000, Garcia-Moreno, et.al 2005)

The progress in education is reflective of the government's overall commitment to gender equality. At the international level, the Government of Viet Nam (GoV) is a signatory to international conventions including the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the International Convention on Economic, Social and Cultural Rights (ICESCR). With regard to other international human rights instruments, Viet Nam acceded to the International Covenant on Civil and Political Rights (ICCPR) in 1982. In March

2000, the Human Rights Committee adopted General Comment 28 on Article 3 of the ICCPR concerning gender equality which obligates States to submit information on national laws and practice with regard to domestic and other forms of violence against women, including rape, on access to safe abortion for women who have become pregnant as the result of rape and on measures to prevent forced abortion or forced sterilisation.

In 1998, the Standing Committee of the Vietnamese National Assembly adopted several ordinances on the Conclusion and Implementation of International Treaties. In its 2000 report to the Committee on the Elimination of Racial Discrimination, the Vietnamese government noted that under these ordinances, international conventions take precedence over domestic legislation and stated that it regards international instruments as an "organic part of Vietnamese law".

In line with the international commitments, Viet Nam has a strong legislative and policy framework on gender equality. The Vietnamese Constitution adopted in 1992 explicitly recognizes the equal rights of women across public and private domains in Article 63:

*Male and female citizens have equal rights in all fields of politics, economy, society and family. The Government creates opportunities for women to fully improve their ability and ceaselessly bring into full play their roles in the society.*

Based on this constitutional foundation, women's rights in terms of politics, civil, economy, culture and society have been institutionalized in the following: Civil Law, Labour Code, Law on People's Health Care, Enterprise Law, Law on Science and Technology, Marriage and Family Law, Criminal Code, Criminal Procedure Law, Law on National Assembly Election, and Law on People's Council Election (Nguanbanchobong, 2010). An important advance strengthening the policy context is the adoption of the Law on Gender Equality that seeks to ensure gender equality in all fields of political, economic and social life in Viet Nam. The law was adopted at the 10th session of XI Legislature of the National Assembly of the Socialist Republic of Viet Nam on 29 November 2006, and came into force on 1 July 2007. UN Women has worked with the GoV to develop a National Strategy on Gender Equality and National Programme on Gender Equality. These two important policy commitments have been formally issued with decision 2351/QĐ-TTg on the National Strategy on Gender Equality (2011-2020) in December, 2010 and decision 1241/QĐ-TTg on the National Programme on Gender Equality (2011-2015) in July 2011. Together these two documents provide "the road map for the GoV support for gender in the next 5-10 year period and are thus the most critical

documents on gender in the country, with associated national commitments of funds.” (UN Women, Viet Nam Country Office, 2012).

### 1.3.2 Access to Social Protection, Health and Education

In terms of social provisioning, Viet Nam has a fairly comprehensive set of social security programmes including social assistance, a social insurance and a health insurance system, free primary education and national targeted programmes for the poor and the vulnerable. Key social protection strategy and policy frameworks are in place—including the Gender Equality Law, the new National Targeted Programme on Poverty Reduction, Resolution No 80/NQ-CP on Sustainable Poverty Reduction (2011-2020) and a new Master Plan on Social Protection—which all together have considerable potential to promote more gender-sensitive social protection interventions.

The social assistance program is mainly targeted to those who are unable to work including children, elderly, or disabled. The social insurance scheme, which provides old-age pensions, disability, health, sickness and unemployment insurance, is mandatory for all workers covered under the Labour Law. According to the UNDP (2010), the scheme covered about 18% of the workforce in 2009 in Viet Nam. Women are largely out of the scope of social insurance as they are concentrated in the informal economy outside of the Labor Law. A voluntary scheme that extends to social insurance benefits to workers in small enterprises and informal economy has little coverage with 104,518 workers covered in 2011.

Health insurance has a much wider reach and with the new health insurance law effective since July 2009 implementation has accelerated. According to MOLISA report in 2010, the number of people covered by either compulsory or voluntary health insurance has increased sharply – from 11.3 million in 2001 to 53.3 million people in 2009, accounting for more than 60 per cent of the total population in 2010 (MOLISA, 2010). The high level of coverage was through the following mechanisms:

- contributory affiliation of formal sector workers, former government pensioners;
- automatic affiliation and subsidization of the premiums of certain categories of the population: the poor and vulnerable, ethnic minorities, children under 6 years old, socially assisted groups such as disabled, elderly, jobless, etc.;

- partial subsidization of the premiums for the near poor (with 50% of the premium subsidized by the government budget) as well as pupils and students (with 30 to 50% of the premium subsidized by the government budget) (UN Viet Nam, 2010).

Social health insurance covers between 80 and 100% of the costs for services such as examination and treatment, screening and early diagnosis, rehabilitation, ante-natal care and birth, and also provides some travel expenses. The rest of the cost is borne by the patients through out-of-pocket payments, which remain high compared to WHO recommendations, even though the share of out-of-pocket payments dropped from 65% in 2005 to 49.3% in 2009 (Joint Annual Health Review, 2011). Services such as routine check-ups, family planning and cases of work-related accidents are not covered under the public health insurance. More importantly, injuries related to domestic violence are not covered by social health insurance, which in fact leads to reluctance on part of women to disclose violence when seeking health care. With health budgets remaining stagnant, financing of the health system is dependent on private spending with about 60% of national total health expenditures accounted for by out of pocket payments by households. There are also other expenses such as informal, under the table payments, recorded in the health sector (Vasavakul, 2009, Borgstorm, 2010). Accessing healthcare places a serious financial burden on households, especially the poor (UN Viet Nam, 2010).

It is important for the costing study to consider that women and men use health services differently. The 2006 Viet Nam Household Living Standards Survey by the GSO showed that a higher proportion of women suffered from illness or injury than men -52.5% vs 45.5% (Borgstrom, 2010). The latest data from 2010 VHLS indicate that a higher proportion of women received treatment than men (45.1 vs 36.6%) and women had a lower average expenditure than men, particularly outpatient care (739,000 VND compared to 766,000 VND) suggesting that women seek treatment more frequently but expend less money. The 2009 Urban Poverty Survey in Hanoi and Ho Chi Minh City reaffirms that women have higher rate of illness/injury than men (68% vs 64%) and are more likely to seek health care (66% vs 59%) (UNDP, 2010).

In terms of education, while primary education is free in principle, families incur significant out of pocket expenditure as result of the socialization policy. Common charges include uniforms, purchase of textbooks and equipment, parental contributions, school construction fees, transport costs, lunch costs



and care costs for full-day care. Middle and secondary education however is not free and household expenditure on lower and upper secondary education accounts for 59% and 62% of total government and household expenditure on education (Kelly, 2004). For poor families, there is some assistance through the targeted social assistance programs, which provide fee exemptions. Education at primary and secondary level is a major investment for families; violence can potentially undermine this investment and result in significant opportunity cost for households.

#### 1.4 Review of Literature on Domestic Violence in Viet Nam

Domestic violence in the Vietnamese cultural context is broadly understood as the violence that occurs within the family, primarily against the wife by either husband or other family members. It is a form of violence against women and gender-based violence but is narrower in scope. Building on this cultural understanding, the national law on Domestic Violence defines it “as purposeful acts of certain family members that cause or may possibly cause physical, mental or economic injuries to other family members.” (Government of Viet Nam, 2007). The DV law’s definition is widely used by government departments across sectors in policy development. This definition encompasses domestic violence against women including acts that result in physical, mental or economic injuries. The acts that cause such injuries can be psychological, physical, sexual or economic and are perpetrated by spouse or partner against the woman.

A range of small-scale studies between 1999 and 2005 had indicated that a significant proportion of women reported experiencing emotional, physical and/or sexual violence perpetrated by their spouse<sup>4</sup>. For example a survey of 1090 women in one northern district found that 30% and 6% had experienced physical and sexual violence respectively in their intimate relationship (Krantz, et.al 2005). The Institute for Family and Gender Studies (IFGS) undertook an analysis of survey data by Vu Manh Loi, (et. al. in 1999). This analysis found that 40 to 50% of the respondents reported psychological abuse 12 months prior to the survey. Between 5 and 23% reported different forms of physical and sexual abuse. Nearly

<sup>4</sup> Studies include 1997 Women’s Union study in 3 northern provinces, Tran QuocTu, *Domestic violence to women: Situation and Measures of Interventions*, unpublished paper cited in UNDP Gender Briefing Kit: Vietnam, December 2000; Le Thi Phuong Mai, “Violence and its Consequences for Reproductive Health: The Vietnam Case”, *South and East Asia Regional Working Papers No. 12*, Hanoi, 1998; Dr. Le ThiQuy, *Domestic Violence in Vietnam*, Asia Pacific Forum on Women, Law and Development, Chiangmai, August 2000.

13.2% of women were beaten by their husband, from which some 10% are from well-off families and some 25% are from poverty-stricken families (IFGS 2008). Other studies have also confirmed that women experience violence regardless of socio-economic status, educational level or ethnicity (Vung, Ostergren and Krantz, 2008a, 2008b; Luke, et.al.,2007).

The Issue Paper on GBV of UN Viet Nam in 2010 by Gardsbane, et. al echoes these findings of the high levels of domestic violence against women and the underlying gender inequitable practices and beliefs that fuel this violence. Gardsbane, et. al. discuss how traditional gender norms, masculinity and its links to alcohol and violence shape the broader understanding that DV is a result of poverty and alcohol and that women bear responsibility for the abuse than the man who perpetrates the violence. The Issue Paper maps responses to DV in Viet Nam which will be discussed below.

Official data on the extent of domestic violence, though limited, does provide evidence of the severity of violence experienced by women within the family. A study by OMCT (World Organisation Against Torture) in 2001 suggests that 17 to 20% of murders between 1994-97 were domestic violence related murders (Bourke-Martignoni, 2001). Another important source suggesting the extent of domestic violence are court proceedings of divorce cases – between 1998 and 2000 the proportion of divorces granted by the courts due to domestic violence ranged from 52 to 63% of all cases (IFGS, 2008). Getting a divorce decree is not automatic, as the Law on Marriage and Family does not explicitly state that violence is grounds for divorce, suggesting that women need to have experienced repeated and severe physical violence for divorce to be granted. Moreover, compulsory conciliation, often a long process with several meetings, is required before a divorce case can proceed. Given this context, the high number of divorce decrees due to domestic violence underscore that a significant proportion of women face extensive violence within marriage.

The first national study on domestic violence carried out in 2009 under the auspices of the Government of Viet Nam has established baseline prevalence figures of domestic violence as well as some of the key risk factors for its occurrence (GSO, 2010). The study surveyed a nationally representative sample of 4838 ever-partnered women between the ages of 18-60. More than half (58.3%) of the surveyed women reported experiencing at least one form of physical, sexual or emotional violence, with 27% experiencing at least one type in the last 12 months. The study confirmed that experience of violence cuts across the main



regions of Viet Nam, rural/urban divide, educational level, socio-economic status and ethnicity. Key findings of this national survey include:

1. 32% of ever-partnered women reported lifetime experience of physical violence, with 6% reporting sexual violence in the last 12 months.
2. 10% of ever-partnered women reported lifetime experience of sexual violence, with 4% reporting physical violence in the last 12 months.
3. 34% of ever-partnered women reported lifetime experience of physical and/or sexual violence, with 9% experiencing physical and/or sexual violence in the last 12 months.
4. 54% of women reported lifetime experience of emotional abuse, with 25.4% experiencing such violence in the last 12 months.
5. Lifetime and current prevalence rates of the 3 types of violence are higher in rural areas and among the less educated.
6. In terms of regional distribution of prevalence of violence, South eastern region (42.5%) has the highest ever prevalence of both physical and sexual violence followed by the Highlands, Red River Delta and Mekong Delta. The Highland and Central Coast had the highest prevalence of sexual violence after the Southeastern region.
7. 26% of women who had ever experienced physical or sexual violence by a partner reported having been injured because of the violence. A total of 60% of these women had been injured more than once and 17% had been injured many times. The majority did not seek health services, though many self-medicated.
8. Equally, violence had an impact on women's ability to work with one third reporting violence interrupted their work, 16% reported that they could not concentrate on their work, 6.6% reported that they were unable to work due to sickness and 7% reported that they lost self-confidence. Women had to take time off for health care, to recover or hide black-and-blue faces. Additionally, women reported being emotionally disturbed affecting their ability to work. Some women reported that controlling behaviours also resulted in them being unable to continue to work with husbands suspicious of their contact with other men or controlling their time.

9. Most women did not seek any formal help (87.1%) except in cases of severe violence. Among those who did seek help, the majority sought help from local leaders followed by people's communes, police, health services and social service organizations. Only 0.3% sought help for a shelter.

## 1.5 Response to Domestic Violence

Domestic violence in the Vietnamese cultural context is broadly understood as the violence that occurs within the family, primarily against the wife by either husband or other family member. As noted before, it overlaps with violence against women or gender-based violence but is narrower in scope. The legal framework in Viet Nam is singularly focused on domestic violence and defines a set of precise acts that constitute violence by a family member against another family member. As per the 2007 Law on Domestic Violence Prevention and Control, these include:

1. Corporeal beating, ill-treating, torturing or other purposeful acts causing injuries to one's health and life.
2. Insulting or other intended acts meant to offend one's pride, honor and dignity.
3. Isolating, shunning or creating constant psychological pressure on other family members, causing serious consequences.
4. Preventing the exercise of legal rights and obligations in the relationship between grandparents and grandchildren, between parents and children, between husbands and wives and among brothers and sisters.
5. Forced sex.
6. Forced child marriage, forced marriage or divorce and obstruction of free will and progressive marriage.
7. Appropriating, demolishing, destroying or other purposeful acts to damage the private properties of other family members or the shared properties of family members.
8. Forcing other family members to overwork or to contribute more earnings than they can afford; controlling other family members' incomes to make them financially dependent.
9. Conducting unlawful acts to turn other family members out of their domicile.

It is however important to note that the law does not explicitly focus on women nor clearly state women are the majority of survivors of domestic violence. This suggests that while there is recognition that women experience violence, the law does not specifically state that gender-based violence or intimate partner violence is an explicit violation of rights. This lack of a direct prohibition of intimate partner violence is non-recognition of the underlying gender power imbalance within marital/intimate relationships.

More significantly the Law on Control and Prevention of Domestic Violence does not explicitly call for criminal sanctions but is aimed at civil remedies (prohibition orders, fines, reconciliation and re-education). It does however state that criminal prosecution would be applied where relevant under Article 104 of the Vietnamese Penal Code, which deals with the intentional infliction of injury. Criminal prosecution has however two conditions – a minimum degree of harm and filing of charges by the woman. Under Vietnamese law, proceeding a case to criminal proceedings requires that injuries by the woman amount to a minimum “infirmity rate” of between 11% and 30%<sup>5</sup>, which is determined by medical staff. There is a varying penalty regime with the extent of injuries with prison time for cases involving injuries resulting in infirmity rate greater than 60%. A 2001 OMCT report notes that police do not “usually arrest wife batterers without an explicit request from the woman, regardless of the degree of injury that she has suffered.” (OMCT, 2001:p.19). A serious gap in the criminal prosecution of cases is also noted by a recent UNODC report that suggests that police assess severity of injuries in only 5% of cases and only 1 out of 100 cases of domestic violence results in criminal conviction (UNODC, 2011).

With the publication of the findings of the National Study on Domestic Violence, there was greater pressure to address IPV specifically and strengthen responses, such as provision of shelter, to ensure that services to ameliorate the negative impacts of violence are readily available to women. The Government has issued new orders to facilitate access to services including that women experiencing violence need not have health insurance to get medical treatment; that they do not have to pay legal fees for court cases; and they could avail of services such as transportation<sup>6</sup>. The Government has, through the Women’s Union, also supported

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<sup>5</sup> The “infirmity rate” is based on Government Regulation No. 12/TTLB which outlines specific types of damage to a person’s health and allocates a percentage to the degree of damage. The extent of the “infirmity” may only be assessed by the various central and provincial Councils for Estimation of Health Damage.

<sup>6</sup> MOH Circular 16, MOCST Decree 110, and MOJ Circular No. 07/2011/TT-BTP.

building a network of ‘safe addresses’ where women could seek temporary shelter within their communities, increased support of the national shelter operated by the Women’s Union to offer multiple services for women requiring shelter for a longer duration and expanded the establishment of regional shelters.

In terms of response by specific sectors, the response has been significantly slower and more unfocused. The police response for example continues to suggest reconciliation rather than investigation (UNODC, 2011). Despite the law on domestic violence, many police officers are unclear about signs of domestic violence, their responsibilities under the law and the importance of coordination with other stakeholders at the commune/ward and district levels. Police tend to register only incidents with severe and observable injury or a serious disturbance of community peace. The default response in all other cases is to advise the woman to reconcile and build a ‘happy family’<sup>7</sup>. Women themselves do not necessarily pursue filing complaints, as they often bear the administrative fines if the man is arrested (UNODC, 2011). This fee represents a cost of the arrest, i.e. the time of the police.

In terms of the health sector, there is definitely a clear response in terms of treatment for injuries. In fact the MOH has issued circular 16 in Sept 2009 to give guidance for health sector response to DV, including provision of health care, treatment support, screening and reporting (MOH, 2009). However, there is considerable gap in implementation of the circular at local level with no systematic record keeping yet developed. The gap in the response is that there is no systematic recording of the cause of injury, referral to counselling and other services, coordination with other stakeholders or active outreach to perpetrators or communities. There are a few exceptional programs within the health sector, largely funded by outside donors. UNFPA supports two pilot interventions for a coordinated health response in Ben Tre and Phu Tho provinces. The Government along with the Ford Foundation has a coordinated response in Duc Giang hospital in Hanoi. At this site, women are screened at intake for violence and are referred to appropriate departments within the hospital for treatment and to a specialized unit which provides counselling and coordinates with relevant agencies such as police, social welfare, legal office in commune/ward and district People’s

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<sup>7</sup> In Viet Nam, the national vision of the government focuses on happy families as the basic unit of nation. The People’s Committee, which includes all mass organizations such as the Women’s Union, the Farmers’ Union, the Youth Federation, etc, are responsible for ensuring that their communes are culturally sound, which includes having happy families. Mass organizations in fact monitor which families are happy and which are not.

Committee, and the Women's Union. Additionally women are provided shelter for a short duration and then referred to the Peace House, or the national shelter in Hanoi, for support of longer duration.

There are currently three models of shelter in operation in Viet Nam. The first is the national shelter, Peace House, run by the Women's Union. This shelter offers refuge as well as a range of ancillary services such as legal aid, health care, counselling, vocational skills and support for children's schooling. This model is replicated in two regional shelters in Hue and Phu Tho provinces (Gardsbane, et. al. 2010). A second model is implemented by CSAGA, an NGO, which runs a hotline, provides legal aid and counselling, temporary shelter and referral to government shelter in serious cases. The third model was initiated in Thai Binh province to maintain a list of 'safe addresses' to which women can turn for shelter. This is now being replicated in both Phu Tho and Hai Doung provinces. The safe addresses are provided with money for a bed, emergency aid kit, phone card and per night payment for every woman that uses the safe address. Women use this local facility to manage smaller incidents with no or few injuries<sup>8</sup>. Local shelters help women to leave children in their homes but at the same time be in connection with them. Women within the local communities have little alternative but to turn to family and friends. Given the patriarchal nature of marriage women are often in new communities and families are some distance away, limiting the effective support available from these sources. It implies that women have little option but to either, bear with the abuse or leave the relationship. Women are also constrained to speak out about violence in the intimate relationship by the culture of shame as well as the ubiquitous assumption that family harmony is a woman's responsibility.

There is little literature in Viet Nam assessing the economic costs of domestic violence by an intimate partner. In fact the GSO's National Study on Domestic Violence recommends that a costing study be undertaken. UNFPA recently conducted assessment reports of its interventions in Ben Tre and Phu Tho provinces, which include some preliminary data on the cost of the interventions. In Duc Giang Hospital, which has a dedicated counselling centre for women experiencing violence, a costing study is being completed but no initial findings have yet been released<sup>9</sup>.

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<sup>8</sup> Interview with Nguyen Thi Hoai Linh, Deputy Head, International Relations, Women's Union and Project Director of Thai Binh intervention.

<sup>9</sup> Interview with Dr. Quyet Director, Centre for Assistance and Healthcare for Women, Duc Giang Hospital, Hanoi

Domestic violence against women by an intimate partner (i.e. IPV) is a serious and endemic problem in Viet Nam. With the results of GSO's 2010 study on domestic violence, national response by the GoV has intensified particularly at the policy level through circulars and decrees that promote the responsibility and accountability of various government departments in responding and preventing DV. However, there is no evidence of the costs of IPV, particularly its economic costs, which is essential to assess the costs of inaction and lay a basis for level of resources required for an effective response. This is the reason why this piece of research comes to fill the evidence gap.

## METHODOLOGY AND IMPLEMENTATION

### 2.1 Scope of Investigation

Costing of domestic violence in low-income countries is challenging for several social and economic reasons. Social norms of acceptability of the family create a culture of silence, resulting in low disclosure, lack of services, minimal utilization of available services, and inadequate information systems (Duvvury, Grown and Redner, 2005). In terms of economic structure, informal economy is significant. Though Viet Nam is now a middle-income country, more than 70% of the workforce still continues to rely on informal employment, including agriculture (Cling, Razafindrakoto, and Roubaud, 2010). Additionally, the household is a site of both production and reproduction. Women perform a large amount of paid and unpaid labour, including reproductive work, subsistence work, and community production. The extent of informal and unpaid household production makes it difficult to assign appropriate and accurate values to lost and reduced output and productivity as a result of violence against women.

An operational framework developed by Duvvury, et.al. (2004) is most relevant to costing the economic impact of domestic violence in Viet Nam. Conceptually, the costs include the direct or imputed value of goods and services: (1) used to prevent and respond to IPV; and (2) that are lost by households, community-level entities, and businesses as a consequence of IPV. The community-level entities could be either government or non-government. Although there are non-monetary costs such as behavioural impacts, health impacts, or inter-generational transmission of violence, this framework does not consider such non-monetary costs given the lack of applicability of existing methodologies to developing countries. The discussion focuses only on monetary costs at the household level and the community level to extrapolate them to the national economy, which includes service provision and prevention services by community-level entities and the economic cost to businesses<sup>10</sup>, or productivity loss due to domestic violence against women by an intimate partner.

<sup>10</sup> Cost of absenteeism and productivity loss.

In this study, which focuses on getting data from women respondents on their experiences of violence and associated costs, the specific costs included in the research are out-of-pocket expenditures by the household for utilization of services; income loss due to missed work and household work by members of the household; loss of productivity for the household enterprise; and missed schooling by children. Costs of violence at the household level are borne by the woman and other family member/friends, by the perpetrator, and the children. Additionally, costs of service provision and prevention services were estimated from data gathered from service providers in the geographical regions in which the survey of women respondents was conducted.

#### *Estimation of the costs to the households of IPV*

In this study two types of costs have been considered to estimate the cost of IPV at the household level. These are direct (out of pocket) costs and the indirect costs. Table 2.1 presents the elements that have been considered for the IPV cost estimations.

**Table 2.1: Elements of IPV cost estimation**

Costs	Elements
Out of pocket cost	healthcare, police fees (formal and informal), costs of arrest, shelter, filing cases, costs incurred in courts, costs for seeking help from other authorities such as Women's Union
Indirect cost	Days lost from paid work of the members of the households; days lost in reproductive work, School days lost for the children

The formulas for calculating these different types of costs are shown below:

#### *1) Out of Pocket costs*

$$THOPC = \sum_i \sum_s \sum_t C_{ist} (S_s)$$

THOPC – total household out-of-pocket cost

i – number of households victimized

s – types of services

t – the number of incidents reported in the survey

C<sub>ist</sub> – the cost to household i of service s at time t

S<sub>s</sub> - service s



## 2) Indirect costs

$$COWDL = \sum_i \sum_j \left\{ W_{ij} \left[ \sum_t L_{ijt} \right] + W_{ij}^* \left[ \sum_t L_{ijt}^* \right] \right\}$$

- j-woman respondent, i=incident
- COWDL: Cost of Work Days Lost
- $W_{ij}$ : market wage rate of member j in household i
- $L_{ijt}$ : days lost from market work after incident t
- $W_{ij}^*$ : imputed wage rate of member j in household i for non-market work
- $L_{ijt}^*$ : days lost from non-market work after incident t

The average wage rates as reported by the individual woman reporting missing work have been used to calculate the income losses due to absence at work. This wage rate has also been imputed to estimate the VALUE OF days lost for domestic (i.e. reproductive) work.

## 3) School days lost

$$CODL = \sum_i \sum_j \left\{ C_{ij} \left[ \sum_t LS_{ijt} \right] \right\}$$

- CODL: Cost of School Days Lost
- $C_{ij}$ : Total cost of one school day for child j in HH i
- $LS_{ijt}$ : days lost from school by child j in HH i after incident t

Cost per day to be calculated dividing total cost of education for all children by 260 days or 5 days/week for 52 weeks.

### Estimating costs of services at the community level:

For estimating costs of providing services to IPV victims, costs include the total costs incurred including salaries, training costs, and operational costs such as rent, electricity, stationery, and brochures in the provision of services in different sectors (health, police, courts and other informal social services). Estimating direct costs at the community level requires prevalence data and information on utilization of services as a consequence of IPV.

Several methodologies have been developed for estimating service provision costs at the community level including the per unit cost (i.e., per incident) and proportional distribution of operating budgets. The per unit cost breaks down costs into specific categories and adds-up the total costs from each category (Laurence and Spalter-Roth 1996). The essence of the proportional methodology is to calculate what proportion of total users are utilizing services as a result of IPV and apportion the total budget of the service accordingly. For example if the operating budget of a health clinic is 100 million VND and 3% of the cases treated are women experiencing domestic violence, then service provision cost is 3 million VND. While the proportional methodology is a very crude approximation of cost, it is often the only viable method in contexts where record keeping on domestic violence by service providers is minimal.

### Definitions of Key Concepts

#### **Domestic Violence Against Women by an Intimate Partner:**

Psychological, physical and/or sexual violence experienced by women within an intimate relationship (see Heise et al. (2002), Heise and Ellsberg (2001) and Koenig et al (2003).

**Prevalence:** The proportion of respondents (currently married or recently divorced women ages 18-49) who have experienced domestic violence during their lifetime (lifetime prevalence) or during the 12 months preceding the survey (past 12 month - current - prevalence). (CDC 2003)

**Incidence:** The number of separate episodes of domestic violence that occurred among women ages 18-49 during the last 12 months prior to the survey. Incidence usually exceeds prevalence as domestic violence is often repeated. (CDC 2003).

**Incidence Rate:** The number of separate episodes of domestic violence that occurred among 100 women in the last 12 months (CDC, 2003).

## 2.2 Data and Methodology

### Operational Definition of Violence

The study focuses on violence experienced by women and perpetrated by husbands/partners within family setting or referred to as domestic violence against women by an intimate partner. The definition of domestic violence against women by an intimate partner includes psychological, physical and/or sexual violence experienced by women within an intimate relationship (see Heise et al. (2002), Heise and Ellsberg (2001) and Koenig et al (2003). The specific behaviours for each type of violence will be based on WHO definitions for each type of violence and administered in the National Study of Domestic Violence presented in Annex I.

### Data Collection Strategies

The study used mixed methods for the data collection. These included:

1) In depth qualitative interviews of women experiencing Domestic Violence – 10 individual women who have experienced domestic violence and accessed services, including the national shelter, were interviewed. These case studies provide information on women’s help seeking behaviour in Viet Nam, as these women are more likely to have accessed a range of services. The costs incurred by these women provide an illustrative picture of the maximum costs associated with violence as they have left the home and are in process of recovery and rehabilitation. In depth interview guide is given in Annex IV.

2) Household survey – A sample of 1053 women, aged 18 to 49, were surveyed across 4 provinces and 3 central cities<sup>11</sup>. This age range was selected to be in line with other international studies on intimate partner violence, which all focus on women in their reproductive age from 15 to 49. The Viet Nam National Study on Domestic Violence was unusual in surveying women aged 18-60; this was perhaps due to the fact that there was an interest in capturing elder abuse, which is also part of domestic violence more broadly. The selected provinces and cities represent the seven regions surveyed in the National Study of Domestic Violence. The total sample has an equal number of rural and urban women.

<sup>11</sup> The specific wards and communes selected for this study were different from the areas sampled in the GSO National Study on Domestic Violence

3) Service provider surveys – In Viet Nam, service provision for women experiencing domestic violence by an intimate partner is primarily provided by government agencies and NGOs are not in the lead in the delivery of services in the country as a whole. The Government through its Ministry of Health, and Ministry of Culture, Sports and Tourism (MOCST) has taken a lead role in responding to domestic violence, including intimate partner violence via government departments and SOs such as Women’s Union, Farmers’ Union, and Youth Federation. Service providers within the government system including primary health care center, police station, legal office, local shelter, Women’s Union committee and local court were surveyed in selected wards/commune to gather data on service utilization and costs of service delivery. Supplemental information was collected from district and province/city level hospitals, police stations, courts and Women’s Union to verify local level costs. Additionally interviews were conducted with national shelter Peace House (run by Center for Women and Development and Women’s Union) and the national NGO Centre for Studies and Applied Sciences in Gender-Family-Women and Adolescents (CSAGA). A total of 79 service providers were interviewed and details are given in Table 2.2.

### Sample and Sampling Strategy

Based on the prevalence rate of 10.9% from the National Study of Domestic Violence for current physical and/or sexual violence (last 12 months) among women aged 18-49<sup>12</sup>, sample of 1050 women was finalized (95% confidence with confidence interval of 3). The sample was divided equally between urban and rural women spread across four provinces and three central cities. The actual number interviewed was 1053<sup>13</sup> with 1 additional woman in Hanoi and 2 additional in Ho Chi Minh City.

Within province and central city, districts were selected in consultation with Women’s Union and on assessing representativeness based on level of socio-economic development. The selected districts represent the median in terms of socio-economic development, particularly in terms of income and infrastructural

<sup>12</sup> This age range was selected to be in line with other international research on domestic violence/IPV as women in the reproductive age are more likely to experience violence within the intimate relationship.

<sup>13</sup> Overall 30 women were interviewed across 35 wards and communes spread over 7 provinces. The National Study by GSO had a sample of 4300 over 400 enumeration areas or about 10 women in an area. The National Study is nationally representative given the wide spread of its sampling. This present study does not make a claim of being nationally representative given the narrower geographic spread of the sample.

development. Communes and wards were selected on the basis of socio-economic development grouped as rich, middle and poor. With consultation with Women's Union at the commune/ward level, two sample frames of households with adult married women between 18-49 were prepared for random selection of women respondents. One frame reflected households that are considered as 'rather harmony families' and the other households known to have conflicts<sup>14</sup>. 15 women respondents were drawn equally from each sample using random number method. Table 2.2 below gives the details of the geographical distribution of the selected sample.

**Table 2.2: Distribution of Sample Women Respondents**

Province/ Central City	District	Commune	Wards	Women Respondents
Ha Noi	Dong Da (U), Chuong My (R)	Hoang Van Thu, Trung Hoa	Nam Dong, Quoc Tu Giam, Khuong Thuong	151
Lang Son	Lang Son city, Van Quan	Van An, Van Mong, Khanh Khe	Hoang Van Thu, Dong Kinh	150
Dac Lac	Buon Ma Thuot city, Krong Ana	Bang Drenh, Ea Bong, Ea Na	Tu An, Thanh Nhat	150
Da Nang	Hai Chau, Hoa Vang	Hoa Phong, Hoa Khuong	Thach Thang, Hoa Cuong Nam, Hoa Thuan Tay	150
Binh Dinh	Quy Nhon city, Hoai An	An My, An Thanh, An Huu	Ngo May, Le Loi	150
Ho Chi Minh city	Binh Thanh, Hoc Mon	Thoi Tam Thon, Xuan Thoi Son	Ward No. 7, Ward No. 11, Ward No. 14	152

<sup>14</sup> Department of Family Welfare has encouraged Domestic Violence Prevention Committees to monitor families that are considered high risk or in conflict families. Families not at risk of violence are considered as rather harmony families.

Ben Tre	Ben Tre city, Giong Trom	Tan Loi Thanh, Hung Le, Thuan Dien	Ward No. 3, Ward No. 8	150
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Households were defined as a unit consisting of people sharing the same kitchen, independent of the number of adults and children living in the household. Furthermore, one eligible woman per household was interviewed to collect detailed information on their experience of IPV and the costs they consequently incurred in the 12 months prior to the survey. Eligibility criteria included age, 18-49 years, as well as marital/partner status. Only women who were married at the time of the survey or those whose marriage ended due to death or divorce in the past 15 months were included as eligible. Data was collected for past 15 months to ensure adequate number of data points would be gathered for estimating average cost per incident. In order to ensure the safety and confidentiality of interviews, only one woman per household was interviewed. In households where there was more than one eligible woman, the interviewer then selected one woman randomly to participate in the study. All women were called to People's Committee office to ensure privacy of the woman and maintain confidentiality.

Among others, information was collected on the following aspects (copy of questionnaire for woman respondent is given in Annex II):

i. Socio-economic characteristics of the women in the sample:

- a. Age of women
- b. Education of women/ husband
- c. Landholding size
- d. Monthly household income
- e. Duration of marriage
- f. Number of children (sons/daughters)

ii. Women's Experience of Domestic Violence:

- a. Experience of physical, sexual, and psychological violence lifetime and current. Economic violence was not considered to ensure comparability with other cost studies conducted in developing countries which all focused on physical, sexual and psychological violence.
  - b. Number of incidents in the last 12 months
- iii. Direct Costs of Violence:
- Out-of-pocket expenses related to accessing services (health, police, judiciary and other informal authorities such as WU)
- iv. Indirect Costs of Violence:
- a. Decreased productivity at household work
  - b. Increased absenteeism

In addition, information was obtained on impact of violence on school performance of children:

- school attendance
- completion/drop-out

At the community level, the costs included are those incurred by service providers related providing services to women experiencing domestic violence by an intimate partner.

For the community level cost, local service providers consisting of representatives of WU, police, legal office and health center were interviewed in selected wards and communes reflecting low, medium and high levels of socio-economic development. At district level representatives of WU, police, court and hospital were interviewed and at the provincial level representatives of WU, provincial hospital and provincial court were interviewed. In total 11 interviews were conducted per province/central city. In addition, 2 national level service providers, Peace House and CSAGA, were interviewed. A total of 79 service providers were interviewed and detailed breakdown is given in Table 2.3.

**Table 2.3: Information on Surveyed Service Providers at Commune/Ward and District/Provincial Levels**

Locations	Province	District	Commune/Ward	Total
Lang Son	3 (WU, Hospital, Court)	Van Quan: 4 (WU, Police, Court, Hospital)	Van An (Medium development commune): 4 (WU, Police, Legal office, Health Center)	11
Ha Noi	3 (WU, Hospital, Court)	Dong Da: 4 (WU, Police, Court, Hospital)	Nam Dong (High development ward): 4 (WU, Police, Legal office, Health Center)	11
Da Nang	3 (WU, Medical Jurisprudence, Court)	Hai Chau: 4 (WU, Police, Court, Hospital)	Hoa Thuan Tay (Low development ward): 4 (WU, Police, Legal office, Health Center)	11
Binh Dinh	3 (WU, Hospital, Court)	Hoai An: 4 (WU, Police, Court, Hospital)	An My (Medium development commune): 4 (WU, Police, Legal office, Health Center)	11
Dac Lac	3 (WU, Hospital, Court)	Buon Ma Thuot city: 4 (WU, Police, Court, Hospital)	Thanh Nhat (Low development ward): 4 (WU, Police, Legal office, Health Center)	11



Ho Chi Minh city	3 (WU, Hospital, Court)	Binh Thanh: 4 (WU, Police, Court, Hospital)	Ward No. 7 (Medium development ward): 4 (WU, Police, Legal office, Health Center)	11
Ben Tre	3 (WU, Hospital, Court)	Giong Trom: 4 (WU, Police, Court, Hospital)	Tan Loi Thanh (Low development commune): 4 (WU, Police, Legal office, Health Center)	11
National Level				2 (in Ha Noi: Peace House and CSAGA)
Total	21	28	28	79

Service provider questionnaires (illustrative questionnaires given in Annex III) collected information on:

- Total number of (all) cases handled by each service provider in the past 12 months
- Total number of domestic violence cases handled by each service provider in the past 12 months
- Operating budget (and line items) for each service provider in the past 12 months
- Percent of cases in the service provision involving domestic violence
- Information on costs associated with dealing/resolving DV related case including staff time, implementation of screening protocols, training costs, and materials costs.

- Information on all services provided including hot line, shelter, legal aid, psychiatric services, vocational skills, food and other income support as well as cost of referrals to other service providers. See Annex III for service provider questionnaire for health providers for an overview of the specific services queried with and every service provider.

If no data on unit cost was available, it was assumed that the share of costs of IPV in the facility budget is proportional to the share of IPV cases to total cases handled by the facility.

### Measures Calculated in the Study

#### Construction of Wealth Index

The researchers constructed a wealth index using income as well as water and sanitation status, number of rooms, construction materials of the roof and wall, cooking material, and ownership of consumer durables (radio, television, mobile, fridge, watch, bike, motorbike etc.). Principal Component Analysis (PCA) has been adopted in this study to work with these indicators and is explained in Annex IV.

#### Calculation of Daily Earnings

Daily earning is a critical variable for valuing the days of missed paid work (whether formal or informal) and household work specified in Equation 2 above. Women respondents were asked information on their earnings as follows: number of months worked, total payment they received and the frequency of this payment (hourly, daily, weekly, biweekly, monthly or yearly). Respondents reported the number of months worked in the previous year and amount earned in the time period worked was reported. The earnings figure was normalized across respondents by taking the earnings reported, dividing by the number of months worked, and multiplying by 12 to get what the yearly earnings would be if the respondent had worked for the full year. The resulting yearly earnings are then divided by 260 to calculate daily earnings as given below:

$$\text{Daily earnings} = \frac{\sum_{j=1}^n \frac{ER}{MW} \times 12}{260}$$

j- woman respondent

ER = earnings reported

MW= months worked

Given the sample had a mix of salaried and self-employed workers it is possible that 260 days while reflective of formal salaried employment is an underestimate of the self-employed sector. Thus it is possible that the daily earnings are biased towards the higher side. Without concrete data on different working patterns among the different groups, the assumption of 260 days is according to international norms.

### Calculation of Macro Estimates

For estimating the aggregate opportunity cost of domestic violence against women by an intimate partner, the following equation was used:

$$TOPPC = (\sum_{s=1}^n [TFP * PV * IR * AVGOPC]) + (\sum [TFP * PV * IR * COWDL] + (\sum [TFP * PV * IR * ] CODL))$$

TOPPC – Total opportunity cost

TFP – Total Female Population, 18- 49

PV – current prevalence rate of IPV for women 18-49

IR – Incidence rate or number of separate episodes/incidents per 100 women

AVOPC – Average out of pocket expenditure incurred per incident for each service

s – each individual service (health, police, court, informal authorities, shelter)

COWDL – cost of days lost (paid, unpaid and reproductive work) per incident

CODL – cost of school days missed per incident

Productivity loss was estimated using two step Ordinary Least Squares (OLS) regression, a standard econometric technique, on earnings. First an instrumental variable for violence was identified, in other words a variable that is related to violence but has no correlation with earnings. For this, a logistic regression was done to identify potential variables that are closely linked to violence. The standard variables identified in the literature are woman's and partner's education, wealth or socio-economic status, age, witnessing violence or experiencing violence in childhood, partner's drinking/gambling, gender attitudes and frequency of quarrels. Significant variables for violence are tested against earnings to assess a robust instrument variable for violence. A standard OLS regression equation for earnings including site (rural/urban), wealth, education, age and instrument variable will be tested.

## 2.3 Study Implementation

### The Study Team

A core team comprising of an International Consultant from National University of Ireland (NUIG), a National Principal Investigator and research staff of the Institute for Family and Gender Studies (IFGS) conducted the study. IFGS took lead in the fieldwork and data entry while NUIG took responsibility for data management and analysis. Regular communication was maintained between International and National consultants to review progress and provide quality control.

### Field Staff for Data Collection

There were 6 teams, each consisting of one supervisor and 5 to 6 field investigators, working in 7 provinces. Researchers involved in the project and the International Consultant held a 5 day training workshop with the field supervisors/investigators to ensure understanding of IPV research, gain familiarity with the questionnaires and full comprehension of the ethical and safety guidelines. This is discussed further below.

### Data Collection Instruments

The core research team developed a first draft of the Women's Questionnaire in Vietnamese based on an English draft provided by the International Consultant. The questionnaire was adopted from the questionnaires of the 2010 National Study on Domestic Violence and 2009 ICRW study on the costs of Domestic Violence. The draft questionnaire was piloted and revised accordingly. Separate service provider questionnaires were developed for each sector of service provision, again adapted from questionnaires used in the 2009 ICRW study.

### Fieldwork

Fieldwork included survey of women respondents, in-depth interviews of survivors of domestic violence against women by an intimate partner, and service provider interviews. The fieldwork took place from April 17 to June 21, 2012. First, the team worked with people in Ha Noi city to learn more experiences before going to all other provinces. The data collection plans were sent to provinces 2 – 3 weeks in advance. Fieldwork in Ha Noi lasted about 15 days and provided a lot of valuable experiences. As for other provinces, first the team worked with the province level, then they were introduced to district and commune level. Strict supervision of field interviewing was made to ensure collection of high quality data. The members

of the core research team made frequent field visits to supervise the fieldwork. Apart from supervisory checks, the researchers gave on-the-spot solution to the problems faced during the fieldwork such as when the invited women did not turn up or were in a hurry to complete the interview.

## 2.4 Ethical Considerations

For this study, a manual for field workers was developed based on WHO ethical guidelines for research on violence against women. Particular attention was given to a number of ethical considerations that need to be taken into an account when conducting research on violence against women at the household level. First, to maintain confidentiality, the survey was introduced at the local and household level as a survey on women's health and life experiences. Second, the interviews were conducted in private and in a non-judgmental manner. Third, information on counseling services was offered to women reporting ever-experiencing violence by husband. Finally, advocacy material with contact information of services available was given to the women who were in need of such services.

The field team conducting the survey received 5-day training covering different aspects of study objectives, survey methodology, interviewing techniques and other relevant issues of the field survey. Adequate training was imparted to the field staff regarding gender issues, and management of difficult situations arising out of discussion on violence related issues. Fieldworkers were trained to refer women requesting or needing assistance to available local services and sources of support.

1. All respondents were interviewed in private and every effort was made to ensure the privacy and confidentiality of the information obtained. The respondents were assured that information provided by them would be used only for the research purposes and their identity will not be disclosed in any way.
2. Respondents were informed that participation in the survey was completely voluntary. The investigators were instructed that if any respondent did not want to answer any question, they would proceed to the next question. Secondly, respondents were given the opportunity to withdraw the interview at any time if she did not want to continue. Before the initiation of the interview, informed consent was obtained from the respondent. Consent to participate in the survey was in general given orally by participants, with the interviewer signing to confirm that the consent procedures were followed.

In addition, before starting on particularly sensitive sections of the interview women were again asked whether they wanted to proceed, and were reminded that they were free to terminate the interview or to skip any questions. If the interview was interrupted, the interviewer was instructed to stop asking about violence and to move on to another, less sensitive topic until privacy was ensured.

3. Adequate measures were taken to maintain confidentiality of information provided by women and to provide safety and security of women participating in the study. Even at the final stage, strict confidentiality is being maintained regarding information provided by the respondents with data files stored with password protection known only to the Principal Investigator. Nobody but the researchers involved in the data collection of this study had any access to the information.

## 2.5 Limitations of the Study

Given that a national study on violence had already been undertaken and limited time and budget constraint in undertaking a large national study, it was decided that this study would build on the 2010 GSO national study. This study is limited as the provinces and districts were purposively selected in consultation with Women's Union and therefore not nationally representative. However, the 3 central cities in the survey do represent the most important central cities in the country. Additionally, effort was made to ensure that different levels of socio-economic development were reflected in the selection of specific wards and communes within the selected districts. Furthermore, another specific feature of this survey that limits its representativeness is that the samples of urban and rural women were equal than based on the national distribution of urban and rural population<sup>15</sup>. This was done to ensure that adequate sample of urban with incidents of violence would be captured. Another critical limitation of the study's representativeness is that women were selected using two sampling frames of 'rather harmony' and 'no conflicts' instead of randomly drawing from a general sampling frame of the population of the eligible women in the specific ward/commune. This decision was taken in order to ensure adequate number of cases providing detailed information on incidents and associated costs could be gathered, as the purpose of this study was estimation of costs.

<sup>15</sup> The urban and rural divide is in fact quite contested given that there is significant circulation between rural and urban particularly in and around big cities such as Hanoi and Ho Chi Minh City. (see Jensen, 2003)

## CHAPTER 3

Another serious limitation of the study is that all the costs are based on self-reported information provided by the respondents themselves which is in itself open to bias although it is difficult to say with certainty which direction the bias may direct itself as some women may over exaggerate while others may under-report the true impact of an IPV incident. Again this bias may apply to the reporting of the number of incidents occurring in the 15 months previous to the interview. It is expected given the randomisation of the selection of respondents within the two sampling frames this bias is kept to a minimum.

Furthermore, the daily earnings calculation, which is an important variable in this study, is based on self-reported earnings. Self-reported data is notoriously mis-reported and there seemed to be anomalies in some of the amounts that were reported. This might be partly a reflection of the differences in affluence between districts but we were unable to distinguish a clear pattern. Care was taken to cross check reported income vis a vis occupation to ensure that no significant outliers were included in the calculation of daily earnings. Furthermore, the calculation of daily earnings assumed a working days as 260, which might have introduced an upward bias as women in the daily earnings figure as women in the agricultural sector or in non-agricultural self-employment work for greater number of days than the assumed. Moreover, given that all the estimations are based on self reported earnings figures, these should be viewed with caution. Finally the macro-estimates should be viewed as potential cost to the economy than actual cost.

Another limitation of the study is that women reported information on men in terms of their occupation, income, drinking, gambling and experiences of violence in childhood. Men's monthly income and childhood experiences are particularly problematic, as women may not have complete knowledge of either men's income or past experiences. It should be noted, however, that it is a standard practice in other international research on IPV to ask women about partner's experience on childhood experience of violence (Duvvury, et.al. 2000).

### THE IMPACT OF INTIMATE PARTNER VIOLENCE: FINDINGS

In this study, a total of 1053 women were surveyed - 541 in the rural area and 512 in the urban area - to obtain relevant information on experiences of domestic violence and its associated costs at the household level. In addition, 10 in-depth interviews were conducted with women seeking support from Peace House (national shelter of Women's Union), CSAGA (national NGO providing counseling and other support) and Center for Support and Healthcare for women in Duc Giang Hospital (Hanoi). This chapter presents key findings from quantitative survey and qualitative interviews.

#### 3.1 Socio-Economic Profile of Respondents

Women respondents are drawn across the 7 geographical regions of Viet Nam and interviewed in 7 rural and 7 urban districts. The rural districts included are Chuong My, Van Quan, Krong Ana, Hoa Vang, Hoai An, Hoc Mon and GiongTrom. The urban districts are Dong Da, Lang Son City, Buon Me Thuot City, Hai Chau, Quy Nhon City, Binh Thanh and Ben Tre City.

The majority of the women in the sample are married (92.5%), 6% are separated or divorced and 1% widowed. This is in line with the national culture as ever-partnered women were selected for the interview. The average family size of women respondents in this study is 4.38, again reflecting national trend, though actual family size ranged from 1 to 15.

The average age of women in the study is 39 and of their partner's is 42 (see Tables 3.1a and 3.1b). Mean age at marriage is 22 for the sample with those in rural areas reporting a lower mean age at marriage than those from urban areas.



**Table 3.1a\*:** Socio-economic/Demographic characteristics of women in the sample



Indicators	Rural	Urban	Total (unweighted)
All women	541	512	1053
Age Group (years)			
20-24	3.5	2.5	3
25-29	7.9	12.7	10.3
30-34	16.8	14.1	15.5
35-39	25.7	19.3	22.6
40-44	22.7	24.4	23.6
45+	23.3	27	25.1
<b>Mean Age</b>	<b>38.5</b>	<b>38.7</b>	<b>38.6</b>
<b>Age at Marriage (Mean)</b>	20.1	23.3	22
<b>Duration of Marriage (years)</b>			
<3	2.6	9	5.7
3-5	5.4	11.3	8.3
6-10	13.9	15.4	14.6
11-15	19.8	19.1	19.5
16-24	42	35.5	38.8
25+	17	11.7	14.4
<b>Mean Duration</b>	<b>17.2</b>	<b>14.9</b>	<b>16.1</b>
<b>Number People in Family (mean)</b>	4.1	4.6	4.4
<b>Marital Status</b>			
Currently married	94.1	90.8	92.5
Separated/Divorced	5.3	6.6	6
Widowed	0.4	2	1
<b>Women's Education</b>			
Not Completed Primary	9.2	5.5	7.4

Indicators	Rural	Urban	Total (unweighted)
Primary	33.1	13.5	23.6
Lower Secondary	34.6	26.8	30.8
High School	14.4	27.3	20.7
Elementary / Secondary Professional	4.4	13.1	8.6
College	0	3.1	1.5
University	1.5	9.4	5.3
<b>Literacy (can read and write)</b>	97.2	98.2	97.7
<b>Women's Main Employment</b>			
Salaried Monthly	7.98	33.12	19.74
Salaried Daily	4.94	4.76	4.86
Self-Employed/Non-Agriculture	27.19	56.06	40.69
Unpaid Family Worker (Non Agriculture)	0.00	2.16	1.01
Self-Employed/Agriculture	54.75	2.38	30.26
Unpaid Family Worker (Agriculture)	3.80	0.43	2.23
Other	1.33	1.08	1.21
<b>Ethnicity</b>			
Kinh	76.3	92.6	84.2
Tay	6.3	2.9	4.7
Muong	0.4	0	0.2
Hoa	0.2	0.8	0.5
Nung	10	3.3	6.7
Other	6.8	0.4	3.7
<b>People in house Own Property</b>	42.5	22.9	33

\* All tables cited in this report unless otherwise indicated are based on researchers' calculations of the survey data

**Table 3.1 b: Socio-economic /Demographic Profile of Partner**

	Rural	Urban	Total
Age(mean)	41.5	42.4	42
Duration of marriage	17.2	14.9	16.1
Men's Education			
Not Completed Primary	8.9	3.9	6.5
Primary	29.6	13.3	22.1
Lower Secondary	30.5	27	28.8
High School	17.6	21.1	19.3
Elementary / Secondary Professional	3.7	10.7	7.1
College	1.8	4.9	3.3
University	2.4	14.1	8.1
Ph.D. Degree	0	1	0.5
Wife /Partner doesn't know	3.3	2.1	
Employment			
Salaried – Monthly	19.8	49	34
Salaried – Daily	13.5	8.4	11
Self Employed – Non Agriculture	20.7	27.9	24.2
Self Employed - Agriculture	34.6	1.8	18.6
Unpaid Family Worker	1.5	0.2	1.5
Other	0.9	0.4	0.7
Can Husband/Partner read and write	98.2	98.4	98.3

### 3.1.1 Age at Marriage

In Viet Nam the legal age for marriage is 18 for women and 20 for men as per the 2000 Marriage and Family Law. However those from rural areas such as mountainous regions to the north of Viet Nam tend to marry earlier than this, where instances of women getting married as young as 13 is not unheard of (Hong, 2003). As can be seen in the below table 24% of women in our sample were married prior to the age 18.

**Table 3.2: Age at Marriage (percent)**

Age At Marriage	Men		Women	
	Rural	Urban	Rural	Urban
12-18	5.7	0.8	24	8.6
19-22	35.9	16.2	53	36.3
23-27	41	40.6	19.8	41.8
28-30	9.4	19.9	1.7	8.2
30-45	7.9	22.5	1.5	5.1
Mean Age at Marriage	24	27	21	23

On average, women in rural areas married earlier (21 years) than women in urban areas, (23 years), with marriage age ranging from 15 to 38 in rural sites and from 12 to 45 in urban sites respectively. These ranges changed for the male cohort, ranging from 17 to 51 in urban areas and from 15 to 54 in rural areas of Viet Nam. As displayed in Table 3.2 above, women included in this study tend to be younger than men on average at marriage.

Early marriage is well documented within the literature to be a real cause for concern due to the potential adverse consequences for physical, mental and emotional development. As can be seen above, 24% of women in rural areas married before age 18. This is less pronounced in urban areas at 8.6%. Women who marry young tend to have less education, begin childbearing earlier and have less decision making power in the household. Women globally who marry in their teens have a higher probability of experiencing domestic violence than women who marry in their twenties and older (Bachman et al., 2002). The average age difference between men and women at age of marriage has been shown in some cases to have significance in cases where intimate partner violence occurs (Abramsky et al., 2011). The age difference is 3.3 years in the rural sample. This differences in age between both partners ranged between the woman being 5 years older to the woman being 29 years younger in different instances. In urban areas the mean age difference is 4 years with the male partner older than his female wife/partner. The age gap in the urban sample ranges from the man being 8 years younger to the woman being 26 years younger than her male partner when they married or began living together. Despite these variations in age between specific partners, the main finding is that the age gap is quite narrow.

### 3.1.2 Education

Viet Nam has made significant strides in education of women and this is reflected with majority of respondents attending at least primary school. Only a small proportion of women interviewed have no formal education. While about 20% of the women have completed secondary schooling, only a very few women (5%) have university level education. There are significant differences between rural and urban with nearly 82% of rural women completing up to high school, while more than a quarter of urban women had qualifications higher than high school. Men overall have higher educational qualifications and the same rural/urban divide in qualifications holds as in the case of women (Table 3.1b). Overall there is significant gender gap in education between partners with women on an average completing 9.61 years and men completing 14.7 years, though only 36.2% of women reported that their partner had higher education (see Table 3.3).

**Table 3.3: Gender Gap in Education Level**

	Number	%
Men higher	358	36.2
Equal level	389	39.4
Women higher	241	24.4

### 3.1.3 Employment

Labor force participation is high (93.8%) with majority of the respondents engaged in some form of work (only 65 respondents did not reply to question on employment, indicating they were full-time housewives). This is different from the national figure of labor force participation of women of 73%, for women aged 15-64 (GSO 2012). The lower work participation in the national data is reflective of both higher enrolment of young women in education as well as exit of older women 55+ due to retirement.

In terms of occupation patterns, majority of the respondents are engaged in non-formal employment- approximately 71% are engaged in self-employment and another 3% are unpaid family workers. Salaried monthly employment constituted 19.74% but was highly concentrated in urban areas (33% in urban area compared to 8% in rural areas). Men on the other hand had much higher formal employment, as salaried monthly employment is 34% overall and nearly 50% in the urban areas. It is important however to note that informal employment constitutes a

major form of employment for men as well as women. This finding corresponds to the national structure of employment as per national labour force data.

### 3.1.4 Income

In terms of income distribution, the majority of women and men reported incomes below 2,600,000 and nearly 38 percent earned in between 1,000,000 (minimum monthly salary for those employed in organizations) and 2,600,000 VND. The sample also included fairly high-income earners, earning between 7,000,000 and 50,000,000 VND accounting for 5.2 percent of women and 10 percent of partners. The overall monthly income for women is quite close to the average monthly income reported in the Labour Force Survey of 2011 (GSO 2012). More importantly, the average monthly income for women is 78 percent of male earnings reflecting continuing labor market discrimination as nearly 94 percent of women reported doing some form of work. The gap in earnings however is higher than the 68.4% gap reported in 2005 (Wells, 2005).

**Table 3.4: Income Distribution (%)**

Monthly Income (In 000's VND)	Women N = 988	Husband/ Partner N=945
0*	4.50	3.10
Less than 1000	16.40	13.40
Between 1000 and 2,600	37.60	23.80
Between 2,600 and 4,000	21.00	25.50
Between 4, 000 and 7,000	15.30	24.20
Between 7,000 and 50,000	5.20	10.00
Mean monthly income (000 VND)	2,853	3,675

\* Represents those who did not report any income.

Overall the education, employment and income data suggests that the strides made in progressing gender equality at policy level are beginning to have an impact on individual women's lives. The data in fact suggests that the gender gap between spouses is changing and may even be narrowing on some dimensions. However the data does not fully capture the complex dynamics of individual relationships as increasing education and higher labour force participation man

may not necessarily lead to 'empowerment' in a patriarchal context where marriage is paramount and a woman's responsibility to maintain harmony in the family is unquestioned. For example in the qualitative interview one woman narrates:

*Before he married me, he did not have money, I gave him money, he did not have motorbike, I bought one for him, my cell phone was worth 4 tenth teal of gold while his phone was worth only a hundred thousand, but I exchange it for him. I pleased him as much as I could. As you see, I bought him clothes, shoes, cell phone, phone card, gave him money to buy gasoline for motorbike ... generally I pleased him with everything. (NTL, married at 34, now separated).*

Other women in the qualitative interviews also point to the financial contribution they made to continuing relationships, support partner in business, and take care of household needs.

*I work as an informal worker. I sometimes work as a street vendor, selling fruits or buying scrap-iron, and sometimes do domestic work for others. Domestic work occupies the most of my time. My monthly average income is about 3 million (VND).*

*My ex-husband works as a construction worker. He worked from 15 to 20 days and then went back home. After he had spent out all of the money he earned, he came back to work. I used to borrow some money to spend in advance and pay back after he brought the money home. After that, we did not have any money left. (PTH, 27, divorced).*

Another woman, highly educated migrated to Angola to support the family as well as acquired a house and car:

*I graduated at the College of Finance. I worked for a jewelry company. My husband was born in 1980 in P.T. He graduated from two universities. In 2006, we got married and lived with my husband's family in V.P. In 2007, I gave birth to the first child. In 2008, to cover the hospital fees for my father-in-law and improve the family economy, I decided to go to Angola. In the middle of 2011, when we could build a three-floor house, buy another land, which cost 400-450 million dong, and buy a car, I returned. I continued my work at the jewelry company. At that time, my husband worked as a human resource manager for a car company in Viet Nam. Our life and work were quite stable. (LTL, 31, divorce pending, husband jailed).*

But often violence was a mechanism to take the earnings of women, as one woman narrates:



He bled me for every dong I earned. “How much do you earn today? Give me all or I will beat you to death”. If I had 500,000, for example, I would tell a lie: “I just have 300,000 (VND). I will give it all to you. You should buy rice for our children and shouldn’t beat them. If you beat them, I won’t give you any money.” (DTN, 44, married).

### 3.2 Health and Well-Being

Women’s health is an important issue covered in the survey to understand the health impacts of violence. Given the importance of health insurance in the current Vietnamese health system, women were asked if they had health insurance. As per national data previously cited, 60% of the sample reported having health insurance. In terms of overall health status, 3.4% of respondents reported excellent overall health. 34.6% reported their health as good and the majority of the sample, 52.3% reported as having a fair level of overall health. The remaining 9.2% reported poor or very poor health. More revealing was the degree to which women reported specific problems in the last four weeks.

**Table 3.5a: Health Problems (%)**

In last 4 weeks please describe N=1053	No problems	Very Few Problems	Some problems	Many Problems	Unable to perform usual activities
Your ability to walk around	76.4	9.6	10.8	3.1	0
Your ability to perform normal tasks, such as work, study, household, family or social activities	64.7	16.2	15	4.1	0
Have you been in pain or discomfort	36.4	32.8	19.4	8.8	2.7
Had problems with memory or concentration	56	22.5	19.5	2	0

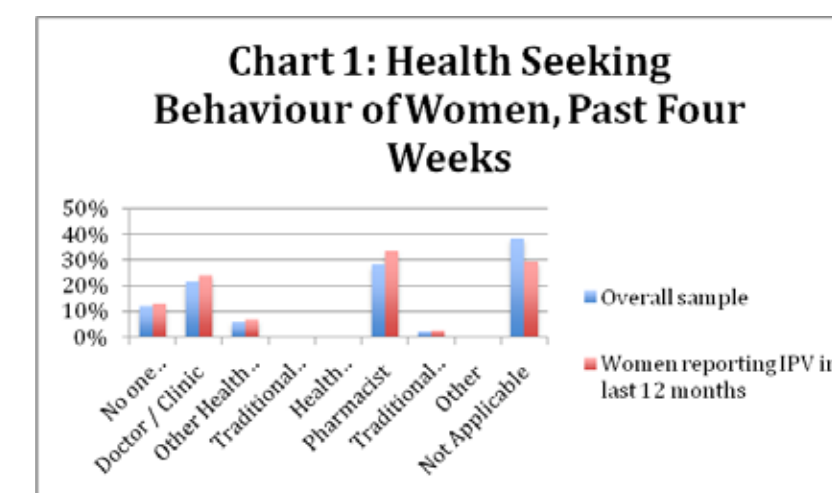
As displayed in Table 3.5a more than a third of women reported having problems in their normal daily activities, with 15% reported having some and 4.1% reporting many problems in conducting their normal daily tasks. A higher proportion reported pain and discomfort with nearly 30% reporting some or many problems or inability to perform usual activities. And about 22% reported having some or many problems with memory or concentration. This is also reflected in the reporting of medications taken in the last 4 weeks.

**Table 3.5b: Medication Taken in last 4 weeks (%)**

	No	Once or Twice	Few Times	Many Times
Taken medication for sleep	93.6	3.2	1.2	1.9
Taken medication for pain	69	17.3	7.9	5.8
Taken medication for sadness	99.1	0.7	0	0.2

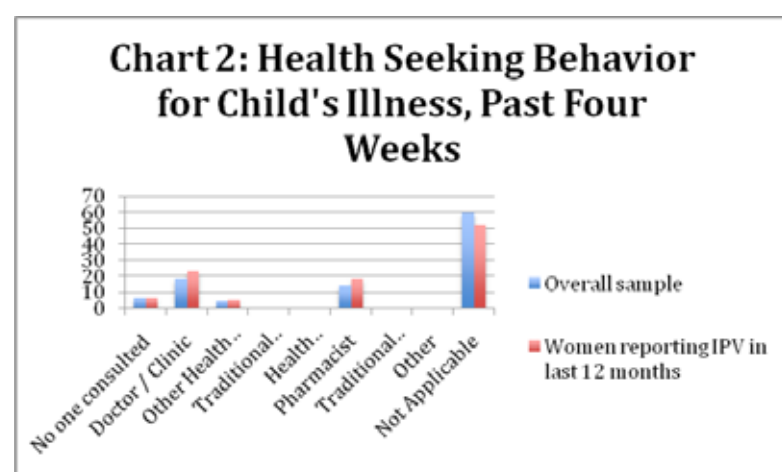
Of women taking medication, the majority was for reasons of pain or discomfort. 0.2% of the sample appear to be on full time medication for depression or sadness.

Understanding health seeking behaviour is central to delineating the potential impact of violence on the health system. The chart below provides information on women’s health seeking in the past four weeks.



As can be seen in the above chart, the proportion of women utilising some form of health care is higher among those women that experienced some form of IPV

in the last 12 months. The proportions are higher for every category of healthcare utilisation. Among the overall sample 38.5% of women were not sick or in need of healthcare in the 4 weeks prior to answering the questionnaire whereas this proportion dropped to 29.7% for those women who experienced some form of IPV in the last 12 months. Similar information was sought in the case of a child being sick and summarized in table 3.5d below. If the woman herself was sick 28.3% went to the pharmacist and 21.4% went to the doctor.



Again, as seen in the previous chart health care utilisation is higher in families where some form of IPV is reported within the last 12 months. In the cohort reporting at least one incident of IPV only 52.2% of the children were not in need of medical care whereas 60% of the overall sample did not have children in need of health care in the four weeks previous to the interview for this study. Where health care was sought for the sick child, 18.6% of women went to the doctor. The next most visited was the pharmacist. The other health care professionals did not rate highly in number of visits in the previous month if the child was sick.

This may indicate that health problems associated with IPV in the home are far reaching and have an impact on the children in the home as well as a possible economic strain on community resources. Statistical test for difference in means between the sample that have experienced IPV in the last 12 months and the overall sample in terms of women's healthcare utilisation indicates that those suffering from some form of IPV in the last 12 months were significantly more likely to seek healthcare in the four weeks preceding the interview. The types of healthcare more likely to be sought by women experiencing IPV was doctor/health clinic, other healthcare worker or assistance from a pharmacist.

For children of women suffering some form of IPV in the past 12 months, they were more likely to require some form of healthcare than children of those not experiencing IPV within the last 12 months. The types of healthcare they are statistically more likely to utilise are doctor/clinic, health counsellor or a pharmacist.

Detailed information was also collected on the type of health problems experienced by women (including psychological) in the past four weeks and given below in Table 3.5c.

**Table 3.5.c: Problems that may have occurred in the past 4 weeks (%)**

Description of the problem	Yes (Overall sample)	Yes (Experienced some form of IPV in last 12 months)
Headaches	51.4	63.5
Poor appetite	33	46.9
Sleep badly	37.4	48.3
Easily frightened	17	27.5
Hands shake	16.4	22.7
Feeling nervous, tense or worried	23.8	36.5
Poor digestion	21.1	23.4
Trouble thinking clearly	40.5	54.1
Feel unhappy	26.3	48.3
Cry more than usual	15.5	30.4
Difficulty to enjoy daily activities	24.1	40.8
Difficulty making decisions	24.9	38.6
Daily work suffering	31.1	47.6
Unable to express your role in front of people in life	17.9	29.5
Lost interest in things that used to enjoy	21.4	36.5
Feel worthless	12.7	19.3
Thought of ending your life	8.5	15.2
Feel tired all the time	39.8	58
Uncomfortable feeling in your stomach	20	31.2
Easily tired	42.8	58.5

Among women that have experienced some form of IPV in the previous 12 months incidences of all common problems listed above are higher than that reported by the full sample. The proportions are almost double for some of the problems listed, such as, feeling unhappy, cry more than usual, unable to express their role in front of people in their life, thoughts of ending their life and feeling tired all the time. This indicates that there may be a correlation between experience of violence and the above listed factors. Again this is indicative of the far reaching side-effects due to IPV other than the initial injuries and costs incurred due to missing work, healthcare costs, etc.

This significant impact of violence on mental health of women is strongly echoed in the qualitative interviews. For example one woman talks of a time when she was unable to get out of bed due to mental depression after an incident in which her husband beat her:

*That night I lay in bed and thought too much and I could not sleep. Then I got sicker and sicker. There were days I could not wash my clothes and had to wait for my children to come home and help with the laundry.*

*Q: How long did it take approximately?*

*A: About 25 days. The first ten days I only got up to change clothes. I asked step children to wash the clothes. They also cooked porridge and fed me. From the eleventh day onwards, I tried to do the housework gradually as I was afraid that if I continued to lie in bed like that, I would become wrong. Then, I tried to get up for cooking and washing clothes.*

*H: So were you injured?*

*A: No, I was not injured in the internal organs. I only had some external injuries. (NHH, 34, divorced).*

In the sample 20.6% of women had at some stage thought about taking their life, 8.5% in the previous 4 weeks, while 4.2% of the women that have thought about taking their own life have attempted to do so at some point. Within the sample of those who have experienced some form of IPV in the last 12 months, 36.7% have at some stage in their lives contemplated ending their life and of these 8.2% have tried to do so at least once.

5% of the sample have had an operation other than a caesarean section in the last 12 months while 52% have visited the hospital or clinic for reasons other

than childbirth in the past 12 months. These proportions increase if only those experiencing some form of IPV in the last 12 months are considered, with 57.5% of women who experienced IPV in the last 12 months visiting the hospital or clinic at least once in the previous 12 months and 6.5% have had an operation in the last 12 months other than a caesarean section. In terms of overnight stays, 8% of women in the overall sample stayed overnight for one or more nights in hospital within the last 12 months for reasons other than childbirth. Among women experiencing IPV in the last 12 months, 10.4% of women had to stay overnight for one or more nights in hospital. The overall greater utilisation of health services by women experiencing domestic violence by an intimate partner is reflected in the frequency of accessing health facility given in the table below.

**Table 3.5d: Frequency of Accessing Health Facility (last 12 months) (%)**

Frequency of visits to hospital or clinic	Overall sample	IPV sample
0 visits	47.9	42.5
1-3 visits	39.2	41.7
4-7 visits	7.7	9.9
8-12 visits	7.1	13.5
13-20 visits	1.9	1.5
21-50 visits	0.6	0.6
Average number of visits (unweighted)	2 visits	2.02 visits

What is important to note is that women experiencing IPV were significantly more likely to visit the health facility more frequently than women in the overall sample. For example, women experiencing IPV were twice as likely to make 8-12 visits than women in the overall sample. This would indicate that violence does have health consequences that maybe of longer duration as widely noted in the international research on IPV (Garcia-Moreno, et.al., 2005).

### 3.3 Incidents of Intimate Partner Violence

To gather the required data for estimation of costs associated with domestic violence, this study focused on collecting detailed information on the basis of incidents reported by women in the past 15 months. Each woman was asked how many incidents of violence she experienced in the previous 15 months. This was followed with detailed questions on the most recent incident that she recalled

including what happened, whether injuries occurred, and what help was sought and the costs incurred for accessing the help, impacts on her and partner's paid work, impact on household work, and impacts on children (See Annex II for detailed questionnaire). These questions were repeated for additional incidents recalled up to a maximum of four. In terms of domestic violence against women, we have considered three key types of violence common in intimate relationships: psychological (verbal abuse, humiliation and intimidation, or threat of violence), physical (slapping, beating, hitting, kicking, etc.) and sexual violence (forced sex or other forms of coerced sex when the woman did not want it or did not like the way it was done) suffered by women during the last 12 months (current prevalence) and also during their life time (lifetime prevalence).

Of 1,053 women surveyed, 671 of the surveyed women reported experiencing at least one behaviour of psychological, physical or sexual violence ever in their lifetime, with 414 women experiencing at least one type of violent behaviour in the last 12 months

Table 3.6 below confirms the endemic and pervasive nature of domestic violence in Viet Nam. Approximately 48% of women surveyed in rural settings and 38% of women from urban settings reported experiencing physical violence; more than one-fifth experienced such violence in the last 12 months in rural areas and about 14% in urban areas. Slapping was the most common behaviour, but pushing and hitting with fist was particularly high in rural areas.

**Table 3.6:** Type of Violence suffered by women: Lifetime and last 12 months (%)

Behaviour	Lifetime		Last 12 months	
	Rural	Urban	Rural	Urban
Insulted her or made her feel bad about herself	46.4	35.9	30.9	20.5
Belittled or insulted in front of other people	27.4	22.3	18.7	13.9
Did thing to scare (Shouting, Throwing, Breaking)	42.7	29.9	25.5	17.4
Threatened to hurt her or someone she cares about	25.7	15.4	16.8	10.4
<b>Any Psychological Violence</b>	<b>59.1</b>	<b>47.5</b>	<b>38.1</b>	<b>27.1</b>

Slapped her	43.4	32.8	17.7	11.1
Thrown something that could hurt	17.9	13.3	9.8	6.4
Pushed or Shoved her	20.1	15	10.7	7.4
Hit with his fist or something else that could hurt	21.1	13.7	10.7	5.7
Kicked, Dragged or Beaten her	13.5	7.6	7.9	3.9
Choked or Burned on purpose	6.5	4.1	3.5	2.1
Threatened to or actually use a gun, knife or other weapon	8.7	4.9	4.6	2.3
<b>Any Physical Violence</b>	<b>48.2</b>	<b>37.9</b>	<b>22.2</b>	<b>14.3</b>
Had sex when did not want	26.6	27.7	16.8	14.8
Forced her to do something sexual that was degrading or humiliating	3.7	3.3	1.7	1.4
Had sexual intercourse she didn't want because she was afraid	6.1	4.5	3.9	2.1
Psychically forced her to have sexual intercourse	4.3	4.3	3.3	1.8
<b>Any Sexual Violence</b>	<b>27.7</b>	<b>28.5</b>	<b>17.6</b>	<b>15.2</b>

Sexual violence was equally high with more than one in four experience ever sexual violence in rural and urban areas. The number of women reporting sexual violence in the last 12 months was lower than physical violence but still approaching one-fifth across the sample (17.6% in rural and 15.2% in urban). The most common behaviour was having sex when she did not want reflecting the patriarchal culture of male privilege in terms of sex within marriage. Equally disturbing is that coerced sex (because she was afraid, forced sex that was degrading or humiliating and physically forced sex) was 8.6% ever and 4.7% in last 12 months.

Psychological violence which women often feel is the most debilitating was more widely experienced than either physical or sexual violence. Nearly 60% in rural and 48% in urban areas reported experiencing at least one behaviour of psychological violence ever in their lifetime. The rates for current psychological violence are high with 38% in rural and 27% in urban areas reporting such violence. Insulting and doing something to scare the women were the most widely reported behaviours.



As per the international literature, this study also validates the general finding that violent behaviour is experienced by women multiple times. As evident from Table 3.7, the majority of women reporting violence in the past 12 months report experiencing the violence a few or many times. For example, 86% of women in the sample report experiencing insult in last 12 months report either a few or many times (45% reporting many times). A disturbing feature of the violence experienced by women is that severe violent acts were reported as occurring more than once by a significantly higher proportion, such as scaring her (76%), kicking, dragging or beating her (79%), or physically forcing her to have sex (75%).

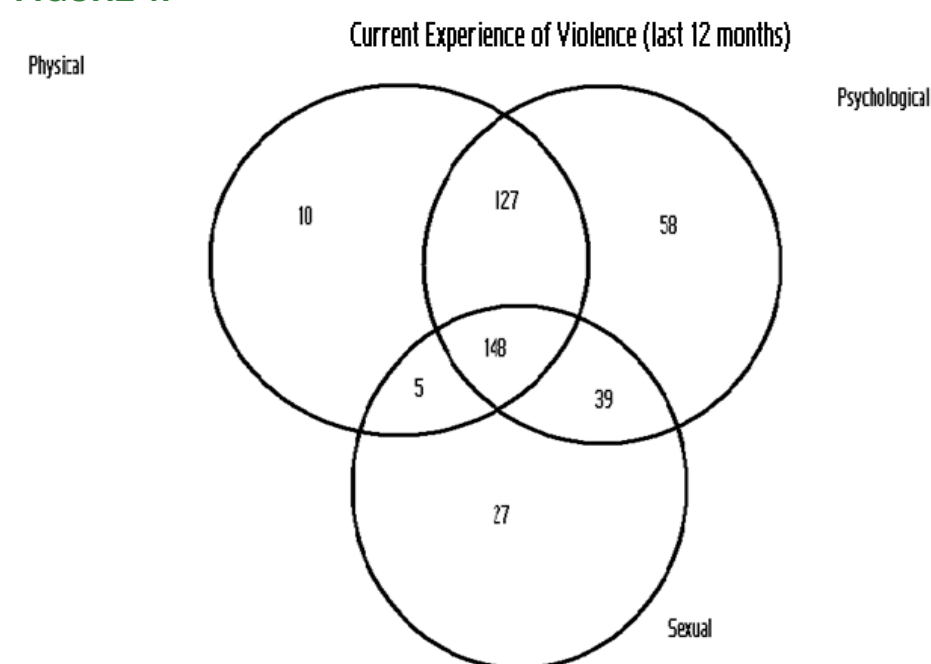
**Table 3.7: Frequency of IPV Current**

	Once		Few		Many		Total
	R	U	R	U	R	U	
<b>PSYCHOLOGICAL</b>							
Insulted her or made her feel bad about herself	24	13	67	45	76	47	<b>272</b>
Belittled or insulted in front of other people	12	11	47	27	42	33	<b>172</b>
Did thing to scare (Shouting, Throwing, Breaking)	38	17	55	40	45	32	<b>227</b>
Threatened to hurt her or someone she cares about	27	12	28	17	36	24	<b>144</b>
<b>PHYSICAL VIOLENCE</b>							
Slapped her	33	17	37	26	26	14	<b>153</b>
Thrown something that could hurt	18	4	18	21	17	8	<b>86</b>
Pushed or Shoved her	14	8	20	21	24	9	<b>96</b>
Hit with his fist or something else that could hurt	12	6	22	13	24	10	<b>87</b>
Kicked, Dragged or Beaten her	9	1	15	11	19	8	<b>63</b>
Choked or Burned on purpose	8	7	4	2	7	2	<b>30</b>
Threatened to or actually use a gun, knife or other weapon	7	3	12	6	6	3	<b>37</b>
<b>SEXUAL VIOLENCE</b>							
Had sex when did not want	19	14	48	39	23	23	<b>166</b>

Forced her to do something sexual that was degrading or humiliating	5	4	4	3	9	7	<b>32</b>
Had sexual intercourse she didn't want because she was afraid	3	2	11	5	7	4	<b>32</b>
Psychically forced her to have sexual intercourse	4	5	6	4	8	9	<b>36</b>

The experience of violence is multiple in nature, with most women experiencing multiple forms along with multiple frequency. In other words violence is a pattern of behaviour rather than a single act. This pattern of behaviour is evident in the reporting of violence by women in this study sample. Unpacking the reporting of various violent behaviours by how many reported multiple behaviours suggests that the majority of women reporting violence experienced multiple forms. As show in the figure below, a total of 414 reported violence in the last 12 months – of these 148 or 35.7% reported experiencing all three forms of violence. Another 171 or 41.3% reported experiencing two forms, either physical and psychological (the majority), psychological and sexual or sexual and physical violence (the minority).

**FIGURE 1:**



\*The number of women in the sample is 1,053, of this 414 women experienced some form of IPV in the 12 months prior to the interview

The intensity of violence experienced by women was clearly evident in the qualitative interviews, women speak of multiple and severe behaviours on a frequent basis:

*The first time was around the end of 2006, in November 2006, when our house was being built. That day I had a stomach ache and was lying on the first floor. He told me, ‘You are a lazy person. You pretend to have a stomach ache then you send the children to the grandparents and you lie there.’ Then he pulled me from the first floor to the third floor. He held the tools to take sand and lime of the builders to beat me. He beat me on the face and made my face all swollen up. He then told me, ‘I kill you to reduce my burden’ and pushed me through the window. Fortunately, I was caught in the bamboos, so I did not fall...He did not beat or verbally insult me every day but every two or three days, he beat me at meal times without any reason. Or when we went to bed, I felt tired and could not meet his demand, I was also beaten. (NHH, 34, separated)*

*He hit me twice or three times a day. He has hit me nearly 100 since we got married 5 years ago. My God, he struck me with his fist so hard that I almost dropped my son. He did it many times. He kept scolding me for taking off my son’s trousers in such cold weather and struck me hard with his fist. It hurt me very much and I said: “I do not do any fucking wrong things that you strike me that hard with your fist”. He struck me so hard on my head, he hit me nearly 100 times and every time, he struck me hard with his fist on my face and head, he struck anywhere within his reach. (NTL, 41, divorced)*

*The most savage incident was when I gave birth to the second daughter. He told me that I could give birth only to ducks (daughters). When I was just back from the rice field, he asked me to give money for him to go for drinking. I replied that I did not have enough money for him to go drinking. Then he snatched my hair and beat me with a hammer. My backbone became slack and I couldn’t run away from him. I couldn’t breathe. I thought I had died. I tried to raise my head but I couldn’t. I collapsed. He hit me with a cane and threw a brick to me. Blood streamed out from my head. I fainted. (DTX, 46, married)*

*At about 8 or 9 pm of October 20, while I was staying in our room, he came home and rushed into the room. He whipped me three times with a cane. My t-shirt was soaked with blood. He said since I cut A’s hair, he lost his face, An’s wage was reduced, she was not approved to join the Communist Party, she and her husband quarreled at each other, and her parents-in-law cursed her. He said if he didn’t have sex with A within two days, he felt fidgety. He forced me to watch a sex clip between him and A on his cell phone. (LTL,31, divorce pending, husband jailed)*

### Incidents in the Last 15 Months

The multiple frequency of violence was validated by the GSO study (2010, p.55), which reported that “For those acts that occurred in the past 12 months, the respondents were asked how often they happened: once, 2-5 times or more than five times. Most acts in the majority of cases occurred more than once (usually 2-5 times).” The present study corroborates this finding. As displayed in Table 3.9, 436 women reported a total of 9815 incidents of IPV in the last 15 months. 20% of these women reported experiencing one incident and another 32.8% reporting 2 to 3 incidents. On the other end, 7% of the women experienced 100 or more incidents in the previous 15 months reflecting qualitative evidence of women cited in this report and the GSO study. The GSO study cites one woman: “One violence survivor in Ha Noi said in a qualitative interview “It was so many that I could not count”. The information provided by women underscores the fact violence is a regular feature of their lives – with 24% reporting 15 or more incidents, or at a minimum once a month in the previous 15 months.

**Table 3.8: Incidents Reported for Last 15 Months**

Incidents	No of Women	% Share	Total Incidents
1	90	20.6	90
2-3	143	32.8	330
4-9	70	16.1	357
10 - 15	43	9.9	520
16 - 30	31	7.1	734
31 – 80	28	6.4	1581
100 or more	31	7.1	6203
Total	436	100.0	9815

Table 3.9 reports the number of who gave information on specific incidents they experienced. 439 women provided details of costs associated with incidents experienced in last 15 months, 344 provided information on a second incident, 240 on a third and 18 provided detailed information on four incidents experienced in the previous 15 months. Overall 222 or 50% of the women reporting incidents provided information on 3 incidents and another 24% (or 104 women) provided information on 2 incidents and a small minority (18) giving information on four incidents.

**Table 3.9: Distribution of incidents by time period (number)**

	Incident 1	Incident 2	Incident 3	Incident 4	Total Incidents
Last 3 months	281	116	49	5	451
Previous 6 Months	85	122	70	4	281
Previous 12 Months	45	74	77	6	202
Previous 15 Months	26	29	43	3	101
Don't Know	2	3	1	0	6
Total	439	344	240	18	1041

In total there were 1,041 incidents reported in total by 439 women, with just under 80% of these women providing details on more than one incident. Overall, the estimation of costs in this study are based on a robust database of details provided by women for multiple incidents.

### 3.4 DV Model: Determinants of Violence

An attempt is made here using a logistic regression to explain the probability of being subjected to domestic violence. The dependent variable is then essentially dichotomous in nature. Based on the incidence of domestic violence (physical, sexual or psychological) and without such incidence being reported by the ever partnered women interviewed, the set of married women is divided into two mutually exclusive subsets.

It is assumed that the incidence of domestic violence is influenced/determined jointly by the wife's and the husband's characteristics, marital characteristics, household's economic status and other household characteristics. Logistical regression which calculates the probability of experiencing violence for each characteristic was undertaken and the results are presented in detailed Table 4 in the Annex III. (It should be noted that a ratio > 1 suggests increased risk of violence, while a ratio < 1 is understood as protective or decreased risk; any value near 1 suggests no impact).

The most significant result of the logistic regression is that the standard variables found in the literature such as wealth, women's education, women's age, women's age gap at marriage, family support in terms of speaking to parents frequently, and participation in social organisations are not significant in this sample. The

results on wealth and education are particularly noteworthy in a culture that often perceives domestic violence as a problem correlated with the poor and the uneducated.

Witnessing or experiencing abuse by women in childhood, which is a factor that has been repeatedly confirmed in other studies in different cultural contexts, is highly significant within this sample also. A woman who experienced violence in childhood is 3.11 time more likely to experience in last 12 months and 2.78 times more likely to ever experience violence. If she witnessed violence in childhood, she is 1.89 times more likely to ever experience violence. The results for men also indicate increased risk of perpetrating violence if he witnessed or experienced violence in childhood, but the results are not significant. Overall these findings reinforce the message that violence is a learned behaviour and the inter-generational transmission of violence is a serious cost to society and the economy. The results also confirm the widely reported finding of man's drinking and gambling as a significant risk factors for either current or ever violence. If a partner drinks everyday, the risk of violence increases by almost 3 times for current and 2.6 for ever violence.

Other important variables that emerge as significant are the husband's age and the husband's age at marriage. As the husband's age increases there is greater probability (1.18) of violence ever being experienced by the woman. At the same time, husband's age at time of marriage is a protective factor (less likelihood of violence ever being experienced by the woman), though not significant. This suggests that there is a need to focus men's age of marriage as well as that of women's and interventions to reach young men may in fact have a long lasting effect as they mature. Equally important factors are gender norms and the number of quarrels in the relationship, with quarrels being highly likely for current violence (4.8). These results suggest the importance of both shifting the gender attitudes of women themselves but also ensuring that alternative forms of resolution are encouraged. A related point that emerged from the qualitative interviews is that domestic violence is a pattern of abuse and how the first incident of violence is responded to by the woman herself and family members (natal and marital) is absolutely critical as to whether the abuse continues. For example, one woman who experienced frequent violence noted that at the time of the first incidence she herself accommodated to the situation though her family advised to divorce:

Q: Did you tell your family that you were hit when it happened the first time?

A: Yes, I did, when I told them that, they advised me to divorce him, but I thought every couple had trouble some time, I should just forgive him. At that time, I did not have a son so it was easy to get divorced, now as we have a son, it is difficult to do that. However, I did not think about that at that time. (NTL, 41, divorced).

Another woman explains how shame made her keep silent:

*But my husband beat me and insulted me. I was really shocked. I found it very humiliating. I suffered. For a whole week after being hit, I felt that perhaps I had done some bad deeds. I just blamed myself like that. I did not understand why.*

Q: So did you tell anyone about that beating incident?

A: No, because at that time my family had some business. We run a shop so I wondered who I would share with and if people understood me or not. Around me many women suffered from the same issue. They often told others but I found that after they had told others, things did not go well. People might have prejudices against them. I myself rarely went out and talked so I did not understand if I should tell someone or not because everyone in the family was already in conflict with each other. (NHH, 34, divorced).

### 3.5 Costs of Domestic Violence: Household Level

The economic costs of domestic violence includes two main elements. The first is the actual out-of-pocket expenditures that women incur to access medical treatment, police support, legal support, counselling support, and judicial support. An additional out-of-pocket expenditure is the lost school fees if children miss school due to domestic violence experienced by their mothers. The other major element of economic cost is the income foregone due to missed work including both missing paid work and household work. The survey collected detailed information per incident on specific expenditures women had to incur as well as number of days of paid work missed by her and her partner, hours of household work missed by the woman, and number of school days missed by children.

The average number of incidents per woman in the 15 months prior to the interview is 9 over the entire sample<sup>16</sup>. 58.2% or 614 women, reported no incidents in the preceding 15 months. As previously noted in Table 3.8, a total of 436 women reported a total of 9815 incidents in the last 15 months. While 21% reported 1 incident, nearly 49% reported between 2 and 9 incidents. The intensity of violence that was highlighted in the qualitative interviews is reflected in the survey with 31 women reporting that they experienced an IPV incident either monthly or biweekly in the preceding 15 months (reported between 15 and 30 incidents) and another 59 reporting daily or several times weekly. The average number of incidents for the women reporting violence comes to 22 incidents for the past 15 months and 18 incidents for the last 12 months.

Overall 411 women of the total 414 women who reported experiencing domestic violence by an intimate partner in the last 12 months provided information for one incident, 312 for 2 incidents, 196 for 3 incidents and 15 for 4 incidents. Across the incidents reported women experienced a combination of psychological, physical and sexual violence. For example, of the 439 women reporting one incident, 37% report physical violence, 30% both psychological and physical violence, 2% psychological and sexual violence, and another 2% physical and sexual violence. Across the four incidents for which information was provided, women experience multiple forms of violence reflecting the overall pattern of current violence given in Figure 1.

Women not only experience multiple forms of violence but also report a range of injuries across each incident of violence. The proportion of women reporting injury in each of the four incidents for which information ranged from 19% for the first incident, 23% for the second incident, 21% for the third incident and 61% for the fourth incident. These figures are in line with the rates reported in the national study on domestic violence which indicated that 26% of women reported injuries (GS0, 2010).

Majority of the women reported scratches, abrasions and bruises (see Table 3.10 below). A small proportion reported multiple injuries including serious injuries such as broken ear drums, eye injury and broken bones.

<sup>16</sup> The survey considered past 15 months to ensure adequate observations to calculate per incident cost. The incidence rate used to extrapolate macro costs is calculated on the basis of 12 months, ie transforming the number of incidents for 15 months into a monthly rate and multiplying by 12 months to get rate for the last 12 months.



**Table 3.10: Injuries sustained during Intimate Partner Violence Incident (%)**

	Incident 1 (n= 84)	Incident 2 (n= 80)	Incident 3 (n= 50)	Incident 4 (n= 11)
Cuts, punctures, bites	6	8.8	14	100
Scratch, abrasion, bruises	93	91.3	94	100
Sprains, dislocations	7.1	10	2	18.2
Penetrating injury, deep cuts, gashes	4.8	5	8	0
Broken eardrum, eye injury	6	8.8	2	9
Fractured, broken bones	0	1.3	2	0
Broken Teeth	0	0	4	0
Other	14.3	11.3	10	0

### Missed Work

Domestic violence impacts the family causing disruption in the daily life of women, men and children. Most studies that have estimated costs of violence have not considered this total impact but focusing instead on the impact on women. In this study we explored the the impact on the couple as a whole and thus asked detailed questions on the impact of violence on women's as well as men's paid work and women's household work.

#### 3.5.1 Lost Earnings

##### Days taken off work

Of the total number of incidents reported 14% (or 148 incidents) required the woman take time off work. 23 incidents required one day off. The highest number of days required was 30. This number was recorded by four women. The average number of days taken off work across all reported incidents is 5.5 days (see Table 3.11). Average daily earnings has been calculated for each women reporting missed work on the basis of actual reported income and this average daily earnings is used to calcute cost of losing a day's paid work due to an IPV related incident. This is also used as the cost of lost housework hours due to an IPV incident.

**Table 3.11: Loss of Earnings per incident in the last 15 months**

	Avg No of Days of Missed Work	Loss of earnings (VND)
Incident 1	8	550,309
Incident 2	5	427,002
Incident 3	5	321,667
Incident 4	4	229,941
AVG COST	5.5	382,234

The average cost per incident, taken from across the reported costs associated with loss of earnings because the woman was unfit for work due to an IPV incident, in the sample is 382,234 VND. The total cost for the sampled women across the 148 incidents reporting missed paid work comes to 56,570,632 VND.

If calculated another way, by taking the average daily earnings from the entire sample, 131,746 VND, and multiply this by the number of days missed on average we get a much higher cost per incident where days off work are required, averaging 658,495 VND or a total cost of 97,457,260 Dong. This figure is the average daily income from the entire sample multiplied by the number of days on average taken off work among those that reported having to do so. This figure also takes into account the indirect costs of IPV as women experiencing violence are likely to earn less on average than the general population given the increased risk of depression and other side-effects of IPV as displayed previously in table 3.4e. In fact, the value of cost based on wages of women experiencing IPV is 58% of the cost based on average wage of the entire sample. This suggests that productivity loss (ie. the lower earnings) due to domestic violence is significant and has the potential to undermine the household economy.

##### Days taken off Housework –Woman

In total 9% of the incidents (or 94 incidents) resulted in women missing housework. On average following the first incident described 34.5 hours of housework were missed as the woman was unable to carry out her normal duties around the home. The total number of incidents that resulted in missed housework for the first described incident was 42 and the number of hours missed ranged from 22 to 45 hours housework.

For the second incident described by women, an average of 33 hours housework was missed because of the women being too unwell to complete her normal

chores following the IPV incident. The number of hours of household chores missed ranged from 25 to 40 hours per incident in a total of 30 incidents.

In the third incident described, in 18 incidents women report that they missed an average of 33 hours housework. The number of hours missed per incident ranged between 27 hours and 37 hours for the third incident described.

For the fourth described, 4 incidents resulted in missed housework for an average of 34.5 hours following an IPV incident. The missed housework hours ranged from 33 to 36 hours of housework per incident.

The total number of household hours missed as a result of an IPV incident is 1,449 for the first incident, 990 for the second incident, 594 for the third incident and 138 hours for the fourth incident (see Table 3.12). This totals 3,171 hours overall for all women over all incidents. Average cost per incident and total cost per incident is given below. Cost was calculated on the basis of an hourly wage derived from the average daily income of women missing housework after the incident. The average cost of missing housework across all the incidents comes to 501,525 VND and the total cost is 27,076,480 VND.

**Table 3.12:** Cost of lost housework hours due to IPV

	Average cost per incident	Total cost per incident
Incident 1	(14,860 <sup>a</sup> VND*34.5) 512,670 VND	(14,860*1,446) 1,487,560 VND
Incident 2	(14,860 VND*33) 490,380 VND	(14,860*990) 14,711,400 VND
Incident 3	(14,860 VND*33) 490,380 VND	(14,860*594) 8,826,840 VND
Incident 4	(14,860 VND*34.5) 512,670 VND	(14,860*138) 2,050,680 VND
<b>AVG COST</b>	<b>501,525VND</b>	<b>27,076,480 VND</b>

Note<sup>a</sup> 14,860 is the average daily earnings figure, 131,746 VND divided by 9 hrs to get the hourly rate.

### Days taken off work – Husband / Partner

Time taken off paid work is also significant for men. Women reported 74 incidents

in which men missed paid work after an incident of domestic violence. The average number of days taken off across all incidents comes to 6.5 days. The average cost for men required to take time off work following the first incident described in the interview is 780,309, the second incident is 102,869, the third 260,763 and the fourth is 80,000. The average cost across these is 305,985 VND. Across the total of 74 incidents that required men to take time off work, total cost is 22,642,908 VND.

The average daily earnings for the male portion of the households in the sample is 175,236 VND. If this is applied, the per incident comes to 856,037 VND and the total cost comes to 63,346,738 VND.

### Number of School days missed by children because of IPV incident

In general the number of women reporting that children missed school days due to an incident is quite low. For the first incident, 7 incidents resulted in child missing school – 4 women reported that their child missed 1 school day, 1 missed 2 days, and 1 missed 8 days. One women reported that her child missed 221 days due to the incident. This women also reported her child missing 221 days due to the second and third incidents described. This woman did not report having to leave home after any incident.

For the second reported incident in the questionnaire, 7 incidents resulted in children missing school - two women had children miss 1 day, 1 woman had a child miss two days at school and 1 women reported her child as having missed 3 days of school due to an IPV incident. One woman reported her child as missing 90 days of school due to the second described incident and another reported 221 days as indicated above.

For the third described incident again as discussed above, one woman reported that her child missed 221 days of school due to this incident. 1 women had a child miss 1 day and another miss 3 days of school due to the third recalled IPV incident for a total of 3 incidents.

For the fourth incident described, one woman reported that there was 1 school day missed by her child as a result of the IPV incident.

Due to the very small number of women reporting that children needed to take time off school as a result of an IPV incident it is not possible to estimate associated costs at a macro level.

### 3.5.2 Out of Pocket Expenditure

#### Health Care and Associated Costs

As reported in Table 3.10, women had multiple injuries across all the incidents reported. However in only 81 incidents women reported costs of seeking healthcare, which include the costs for the service, medical costs, transport costs and other costs. The average cost incurred for the healthcare service per incident was 339 VND. Average costs incurred to obtain the required medicines was 301 VND per woman per incident. Transport was also required by the women to access the required healthcare facility. The average cost of transport incurred for the women was 164 VND. 2 women reportedly incurred other costs totalling 200 Vietnamese Dong each. Not including other costs, total average costs of accessing healthcare, namely the cost of the service, cost of transportation and medical costs incurred per incident are 804 VND. Based on these averages and across the incidents, this totals 65,124, 000 VND as the total costs incurred by the women in the sample requiring medical attention following an IPV incident.

#### Replacement of Property Costs

In total, 137 incidents required replacement of property. The average cost of property replacement per incident is 355.5 VND. The total expenditure based on this average come to 48,703,500 VND for the sample of women reporting that property replacement was required as a direct result of an IPV incident experienced in the 15 months prior to the interview.

#### Police Involvement Costs

45 incidents required police involvement. No woman reported paying transport costs to access the police but two women reportedly paid the police. One woman paid 500,000 VND and the other paid 300,000 VND to the police. The total cost comes to 800,000 VND.

#### Costs Associated with Husband Getting Arrested due to IPV Incident

17 Husbands/Partners were arrested as a result of an IPV incident reported by the sample. 1 woman incurred fines and administration fees of 1,000,000 VND, 2 other women incurred fines and one incurred administration fees. The reported costs by the women were 50,000, 80,000 and 500,000 VND. Between the four women administration fees and fines incurred as a result of arrest averages 407,500 VND per arrest. The total is 1,630,000 VND. The paying of fines is echoed in the qualitative interviews as one woman narrates:

*After that, a policeman called me to come and told me that “We don’t have the authority to put him in prison. We can only fine him”. He asked me “Can you live with him when he is back?” I had to pay 500,000 VND for the fine. (PTH)*

The response, rather than helping women, increases their insecurity and also place a financial burden on the woman. With the MOCST circular on administrative fees the reality is that this may encourage police to opt for quick resolution with administrative fines which will only place greater out of pocket expenditures for women and probably increased insecurity.

#### Costs Incurred as Had to Leave Home After IPV Incident

66 incidents required the woman to leave the home after the IPV incident: 1 woman went to a shelter, 45 stayed with family, 15 went to a friend, 2 went to a safe address, 3 went to a hotel and 6 went to other places not described in the questionnaire. The average length stayed by the women was 17 nights per incident. 27 women reported staying away for one night following the incident but others reported staying away for up to 90, 150, 155 or 210 nights. 10 women incurred costs for the required accommodation while away from home. The average paid for such accommodation by the women was 2,495,000 VND per stay. The total cost of accommodation comes to 24,950,000 VND.

#### Costs of formal Complaint Because of IPV Incident

A total of 14 incidents went to formal complaint. There were no filing or transport costs associated with the complaint. 2 of the incidents went to court each of which incurred a cost of 200,000 VND to the women. There were no out of pocket transport or lawyer costs reported as a result of the complaint going to court. The total cost was 400,000 VND.

#### Costs Incurred by Reporting Incident to Other Authorities

59 incidents were reported to other authorities in the community. 36 were reported to the Women’s Union, 26 to the Head of Village, 10 to the legal officer and 12 to the Commune People’s Committee. Mediation was held after a total of 35 incidents in the community. There were no out of pocket transport costs or fees stated for reporting of the incident to the community authority. One woman reported that a cost of 100,000 VND was incurred for transport costs for mediation.

### Overall Average Cost per Incident

The detailed information provided by women on individual category of cost in accessing different sources of help is used to calculate a weighted average cost for an incident of violence. Women provided information of costs in 236 incidents. To estimate the average cost accessing service across the 1041 reported incidents, the proportion of incidents reporting a specific cost in the total of 236 incidents was used to develop the weighted average cost. The average weighted out of pocket costs for an incident comes to 600,000 VND as given in the table below.

**Table 3.13: Weighted Average Out of Pocket Cost (000 VND)**

Cost Category	Number of Incidents	Weight	Unit Cost	Weighted Cost
Health	81	0.3432	804	275.9328
Replacement of Property	137	0.5805	355.5	206.36775
Police	2	0.0085	400	3.4
Husband's arrest	4	0.01695	407.5	6.907125
Leaving Home	10	0.04237	2495	105.71315
Court Complaint	2	0.0085	200	1.7
Total	236			600.02

In the sample the total out of pocket expenditures for the 236 incidents reporting out of pocket expenditures comes to a total of 141,600,000 VND.

### 3.5.3 Total Cost of Domestic Violence Against Women

The total cost of violence-associated costs in the sample comes to 247,890,020 VND. On an average this translates to loss of 564,669 VND per woman among the 439 women who reported incidents of violence in the last 15 months. In terms of average monthly income of the woman, the opportunity cost of violence comes to 20%. It must be noted that the wage of women experiencing violence is considerably lower than the average income of the overall sample suggesting that the impact of would be significantly higher.

**Table 3.14: Total Cost of DV in the Sample**

Cost Category	Unit Cost	Total Cost (VND)
Out of Pocket Expenditures	600,000	141,600,000
Missed Work of Women	328,234	56,570,632
Missed Housework	501,525	27,076,480
Missed Work of Men	305,985	22,642,908
Total Cost	564,669	247,890,020

### 3.6 Cost of Domestic Violence: Service Provision

Service providers were asked detailed information about the number of cases of domestic violence against women handled in a year, operating budget, line item costs in handling a case of IPV including training costs, the ranges of services offered from hotline to counseling to legal aid to food subsidies, and referral costs. Service providers both at commune/ward, district and provincial level could provide very little information specifically on costs associated with provision of service to women experiencing domestic violence by an intimate partner. Most of the service providers reported that they deal with few cases of domestic violence by an intimate partner (majority of the interviewed providers at commune/ward, district and provincial mentioned less than 10 cases annually) – partly reflecting the dominant perception that only serious cases of physical violence are perceived as ‘violence’. Furthermore, both police and Women’s Union consider cases of domestic violence only when it is egregious and the woman faces imminent danger. Given the poor information recording systems among most service providers, even the proportional methodology proved difficult to apply. Very few service providers were able to provide detailed information to estimate a unit cost. This was primarily due to the fact that no systematic records are kept recording cases of domestic violence, especially in the health and police sectors. Given that in Viet Nam the government provides many services free, the lack of record keeping is problematic as there is no way to properly estimate the costs being borne by the government to address domestic violence; cost of service provision may be potentially estimated by an analysis of government department budgets which was an exercise out of the scope of the present study. Of the total 79 service providers interviewed, about 9 gave detailed information on average cost and these estimates are reported.<sup>16</sup>

<sup>16</sup> Peace House and CSAGA while providing an overview of the services offered to women experiencing domestic violence by an intimate partner did not give a breakdown of the specific costs of service provision.



In terms of the health sector, Dak Lak Provincial Hospital indicated that a case of domestic violence on an average cost 2,150,000 broken down as follows:

- Cost of medicine, examination and treatment= 2,000,000VND
- Medical staff salary: 6 h x 25.000vnd = 150,000VND

Total : 1 case = 2,150,000 VND

In contrast a ward health station, Thanh Nhat Ward Health station in Buon Ma Thuot city, indicated the average cost as 114,000 VND per case:

- 1 case of physical DV at Thanh Nhat ward.
- 1 hour of examination and treatment. Average salary for 1 hour of treatment: 9000VND
- Additional cost: 105,000VND.

**Table 3.15: Service Provision Cost in Health Sector**

Hospital	Staff time	Additional cost (medicine, treatment, etc.)	Total Cost VND
Thanh Nhat Ward Health Station (Buon Ma Thuot city)	1 hr at 9000 VND	105,000	114000
Giong Trom District (Ben Tre) Health Station	1 <sup>st</sup> visit 90,000VND Additional visit (twice) 150000		390,000
Dak Lak Provincial Hospital	6 hr @25,000= 150,000	2,000,000	2,150,000
AVG COST at Health Station			252,000

The data suggest that the cost of providing healthcare for a woman experiencing violence at the local health facility in ward of commune is on the average 252,000 VND. This is not an unreasonable estimate as serious cases go to district or provincial hospital. In the interviews, head of Duc Giang Hospital in Hanoi indicated that that they saw 2360 cases in 2011. If we apply the unit cost calculated above from health stations, which would be lower than the actual cost in a district hospital in Hanoi, the annual cost comes to 594,724,000 VND or about half a billion.

For the police, Buon Ma Thuot police at the city level indicated that on an average a case of domestic violence would require 45 hours of time coming to a total of 1,800,000 VND. On the other hand the ward police station in Thanh Nhat Ward reported an average cost of 2,400,000 VND. In Van An commune police reported a reconciliation cost of 150,000 per case and about 400,00 VND to investigate and close a case. The total number of cases for 2011 reported across the police units interviewed was 8 or a total cost in the sample of 12,664,000 VND.

**Table 3.16: Cost of Police Service**

	Staff time	Total Unit Cost (VND)
Van An commune police (Van Quan, Lang Son)	Avg cost for closing case – 400,000 Reconciliation – 150,000	550,000
Buon Ma Thuot Police-City	45 hrs@ 40,000	1,800,000
Thanh Nhat Ward Police (Buon Ma Thuot city)	60 hrs @ 40,000	2,400,000
AVG COST		1,583,000

In terms of the court, the reported costs varied from 550,000 to 1,275, 000 VND depending on whether it is a district court or provincial court. The Deputy Chief of Justice, Dak Lak People’s Court Dak Lak Provincial Court, provided the detailed information given in Box 2.

## COST BREAKDOWN OF COURT COSTS FOR DIVORCE CASE

### **Expenditures for a hearing for divorce case:**

**Note:** Average salary of each staff for each case (average salary of each staff at intermediate level is about 5 mil./month, or 30,000VND/hour)

Staff time for 1 case = 45h x 30.000vnd = 1,125,000VND

**Following additional payment is paid per case:** Chair judge is paid 50,000 VND; juror: 70,000 VND, attending judge: 30,000 VND = 150,000

**Court processing fee:** 150,000/case (additional honorarium for each divorce case, probably by a reason related to family issue)

Total Cost for court hearing is 1,425,000 VND

Overall surveyed district and provincial courts reported a total of 572 DV related cases in 2011 or about 5.6 per cent of total divorce cases heard in the courts. If the unit cost reported by Dak Lak Provincial Court is taken as an average cost the total cost in 2011 comes to 815,100,000 VND.

The costs provided by the courts does not capture the full costs actually incurred by women as

## COSTS OF DIVORCE

*I had to take about 10 days off work to go to the court and to see the lawyer. I earn about 70,000 – 100,000 dong per day.*

*I presented the court secretary one million dong and the lawyer 6 million dong. I went to see Mr. XX and the lawyer about 10 times by motorbike taxi. It cost 60,000 dong each time. I also lost several hundred thousand dong for phoning the lawyer.*

*I once went to a Law Firm when I didn't know the consultation centre of the general hospital yet. I went there three times and it cost 200,000 dong each time. At first, the lawyers there made two or three documents for me to send to the court and took from me 2,000,000 dongs. They then asked me to sign a contract which cost 20,000,000 dong in total. I didn't bring money along with me that day so I gave them 3,000,000 dong. Later on, I came to ask them to return that amount but they refused.*

*My mother-in-law gave me 40,000,000 dong when she was alive. I used that money and my savings to cover all of the above amounts.*

(ATL, 38, divorced in 2011).

they often have to go seek the help of a private lawyer, pay for transport cost for the numerous meetings and hearings, pay for telephone costs and miss work as needed to move the process forward (see Box 3 for the narration of costs by one woman). The actual costs incurred are considerably higher than the actual costs for the court system to handle a divorce case. In total a woman spends at least 40 times the average cost cited by the court officials.

In terms of the Women's Union, which provides support for women experiencing violence including counseling, mediation, and referral, information on actual costs were difficult to access. In two districts and two wards, the representatives of Women's Union were able to give some detailed cost breakdown and presented in the table below.

**Table 3.17: Staff Cost for Women's Union**

District/ Ward	Service	No of hours	Salary/ hr (VND)	Unit Cost	No. of Cases	Total	
Buon Ma Thout, Ward	Misdemeanor Case Investigation Reconciliation	1.5	5000	75000 70000 (other expenses)	1	145000	
	Divorce Case Investigation Reconciliation	0.3	5000	1500 70000	1	71500	
Tân Lợi Thanh commune (Going Trom)	Misdemeanor Case Investigation Reconciliation	1hr +100,000 2hr+2,000,000	5000	5000 10,000		105,000 2,010,000	
	Physical Violence Case	3.5 (1 visit) 1.5	22,940	80,290 34,140	1 2	80,290 68,820	
Donga Da	Psychological Violence Case	(1.5v/1hr/v) 3.5	22,940	80,290 34,140	1 2	80,290 68,820	
	Mediation	1.5 (1.5 visit)	22940	22,940	6	137,640	
	Crisis	1	22940	34,140	2	68,820	
	Intervention	1.5 (1.5visit)	22940	34,140	8	273,170	
	Telephone help-line Counseling	1.5 (1.5 visit)				3,584.700	
	Legal assistance						
	Total						
	Da Nang	Physical Violence Case	3.75 (2 visits/1.5hr/ vis)	7400	27750	62	1,720,500
		Physical Violence Case	3.75	7400	27750	62	1,720,500
Psychological Violence Case		(2visits/1.5hr)	7400	11840	30	355,200	
Sexual Violence Mediation Crisis		1.6 (1.6v/1hr) 4.2	7400	31080	8	248,860	

In terms of the two sites (Da Nang and Donga Da), we have a clear idea of the annual staff cost coming to an average of 3,713,165 VND. This does not include other costs, which could include transport as well as financial and other support. Women's Union in Ben Tre reported that on average, the cost of service provision apart from staff time is 150,000 VND per visit. If this cost is applied to the data provided by the two sites<sup>18</sup>, then the overall yearly cost of additional expense comes to 47,777, 686 VND or a total of 54, 204, 013 VND including staff time.

### 3.7 Macro-estimates of Cost

For illustration of potential costs to the economy, a macro estimate has been extrapolated based on the incidence rate from this study and the GSO prevalence data. GSO has not produced a prevalence rate on any current violence, including psychological violence, for women aged 18-49. However, it has given a prevalence rate of 10.9 for physical and/or sexual violence in the last 12 months experienced by women 18-49; this rate is used for calculation of macro-costs given in the table below.

In terms of incidents, the number of incidents reported by women in this study comes to 9816. This includes about 31 women who reported number of incidents higher than 100 in the last 15 months. To be on the conservative side, these women have been excluded and the total number of incidents in the last 15 months comes to 4612 incidents or 3690 incidents in the past 12 months. This translates to 8.89 incidents per woman or an incidence rate of 889 per 100 women experiencing violence in 12 months<sup>19</sup>. This rate and the prevalence rate can be applied to the national population of women aged 20-49 to get aggregate number of potential incidents in a year.

<sup>18</sup> The cost per visit was multiplied by total visits per woman into the number of women who were provided the service.

<sup>19</sup> CDC for the US estimated an incident rate of 3.4 episodes per woman that experienced physical violence in the preceding 12 months (CDC, 2003). While this figure may appear low at first glance compared to rates reported in this study, it should be noted that episodes of sexual, physical and psychological violence are included in the Vietnamese rate.

**Table 3.18: Calculation of Aggregate Incidents**

Total Pop, Women age 20-49 <sup>a</sup>	20,445,8836
Prevalence rate of any violence last 12 months	10.9 percent
Aggregate Number of women exp violence	2,228,602
Incidence rate	889 (100 women)
Total Number of incidents	19,812,268

<sup>a</sup> Taken from GSO 2011

**Table 3.19: Macro-estimate of Costs of Domestic Violence**

	Unit Cost (VND)	Total Incidents	Total Costs (billion VND)	Percent of GDP (2010) <sup>a</sup>
Out-of pocket expenditure	600,000	19812268	11887.3608	0.47
Lost earnings paid work (total)	888,219	19812268	13651.1793	0.54
Women	382,234	19812268	7572.9224	0.30
Men	305,985	19812268	6062.25688	0.24
Value of missed housework	501,525	19812268	10051.59	0.40

<sup>a</sup> GSO (2012) National Accounts, Key Characteristics

The total out of pocket expenditures come to 11887.4 billion VND, lost earnings from paid work amount to 13651.2 billion VND, and value of missed household work comes to 10051.6 billion VND. These costs together represent potential lost opportunity costs that come to 1.41% of total GDP of Viet Nam that stood at 2,536,000 billion VND in 2010. The aggregate costs depend on accurate prevalence data and incidence rate; for example if the GSO's general prevalence rate of 27% for any current violence, which includes psychological violence, is applied the cost would be nearly double of the conservative estimate detailed above. This study has produced an incidence rate for the first time in Viet Nam and needs to be verified with supplementary data from official information systems. But it suggests that incidence rate is quite high and needs to be factored when considering the resources allocated to addressing domestic violence. This estimate is a first cut of potential cost, precise estimation of actual costs in a year requires more national data on the proportion of incidents of violence that incur out of pocket expenditures, loss of paid and household work for women and men.

An important dimension of macro-cost is the productivity loss due to experience of domestic violence by an intimate partner. As previously highlighted women experiencing IPV did report that they had poorer health status, more problems in terms of concentration, etc. The GSO national study also indicated that one-third of the women reported violence interrupted their work, 16 percent reported that they could not concentrate on their work, 6.6% reported that they were unable to work due to sickness and 7% reported that they lost self-confidence. These together point to the fact that productivity loss could be quite significant. To estimate productivity loss, a two state least squares instrumental variable regression on earnings was undertaken. Basically a model for the regression was specified that included any violence experienced in lifetime, urban/rural, self reported health status, age, education, and wealth. The result of this regression was done for the entire sample of women reporting some form of work, excluding 65 women who did not report any form of work.

**Table 3.20: Estimation of Productivity Loss: Two Stage Least Squares Instrumental Variable Regression.**

	N=988	Co-efficient	P-Value
<b>Any violence experienced in lifetime</b>		-0.3459**	p=0.021
<b>Urban/Rural</b>		-0.0272	p=0.644
<b>Self Reported Health Status</b>			
Base Category: Very Good			
Good		-0.12144	p=0.427
Fair		-0.01065	p=0.943
Poor		-0.16468	p=0.34
Very Poor		0.315348	p=0.507
<b>Age Categories</b>			
Base Category: 15-19			
Age 20-24		0.0476	p=0.771
Age 25-29		-0.10363	p=0.307
Age 30-34		-0.0093	p=0.915
Age 35-39		-0.03858	p=0.619
Age 40-44		0.085802	p=0.267



<b>Wealth Quintiles</b>		
Base Category: Poorest		
2	0.053813	p=0.521
3	0.148748*	p=0.086
4	0.359412***	p=.000
Wealthiest	0.49815***	p=.000
<b>Woman's Education</b>		
Base Category: Not completed Primary		
Completed Primary	0.281189**	p=0.02
Lower Secondary	0.319138***	p=0.007
Upper Secondary	0.289652**	p=0.022
Third Level	0.44295***	p=0.001
Gender Norms	0.021786	p=0.402
Woman witnessed violence as a child	0.055457	p=0.537
Woman experienced violence as a child	0.071883	p=0.611
Woman both witnessed and experienced violence as a child	0.000775	p=0.992
Constant Term	9.921287***	p=0

\* =90% significance level, \*\* =95% significance level, \*\*\* =99% significance level

Earnings rise with education and wealth as expected (both significant at 99% level). Surprisingly there is no relationship with age indicating that older women are not likely to earn more with increasing experience, it might also reflect that older women are likely to be involved in informal occupations. Another important finding is the lack of any difference by location, which is not surprising given that majority of the women were involved in informal economy (non-agricultural self employment in urban sites and agricultural self-employment in rural sites). Health status appears to not have an effect on earnings; this may be due to the fact that experience of violence and health status are closely correlated and as such the any violence experienced in lifetime variable may pick up on the effect of health status on earnings.

The key finding of the regression is that earnings decline by 35% with experience of any violence in the lifetime, significant at 95% level. This is similar to the finding of Morrison and Orlando for Chile and Nicaragua with earnings loss estimated at 34% and 46% respectively. They found that this earning loss amounted to 2 and 1.6% of GDP respectively for these two countries. In this study, the earning loss is also significant. Following Morrison and Orlando's method of extrapolation, the female population of working age (15+) was 33.838.000 in 2010 of which 73% were economically active, or 24,701,740 women (GSO 2012). If we assume that 58.3% working suffer domestic violence by an intimate partner as per the GSO (2010) prevalence for ever violence, 14,401,114 working women experienced IPV. The difference in monthly income by those suffering violence and those who did not comes to 261,721 VND monthly or 3,140,652 VND on a yearly basis<sup>20</sup>. The total loss in earnings for comes to 45228.89 billion VND or 1.78% of 2010 GDP. In sum the potential opportunity cost and productivity loss of domestic violence by an intimate partner amounts to 3.19% of 2010 GDP.

These preliminary cost estimates underscore the need to comprehensively address domestic violence urgently. For individual households, the costs of violence are equally high with significant out of pocket expenditure and contraction of household income with missing work. For the economy as a whole, domestic violence against women by intimate partner represents a significant cost. The economic growth implications need to be modelled but the overall potential opportunity cost and loss of productivity suggest that addressing and preventing domestic violence against women is a matter of urgency.

<sup>20</sup> The income distribution of women who experienced IPV in their lifetime does reflect a systematic difference in income levels compared to women that never experienced violence. See Table 5 in Annex III.

# CHAPTER 4

## SUMMARY OF MAIN FINDINGS AND RECOMMENDATIONS

This study has contributed to adding greater knowledge on the extent, dynamics and consequences of domestic violence in Viet Nam. Given the limitations of the study outlined in the methodology chapter, this research should be considered as a preliminary exploration on establishing the economics costs of violence. Due to the lack of systematic data with the service providers it was not possible to rigorously estimate the cost of service provision, which is a much needed evidence to assess whether the current resource allocation for responding to violence is adequate to the size of the problem that has been documented in this study.

## MAIN FINDINGS

### Prevalence and Factors Associated with Domestic Violence

Overall this study confirms the previous violence research in Viet Nam- that the level of violence experienced is high and pervasive cutting across all socio-economic groups, education levels and regions.

The study reconfirms the pattern of higher abuse in rural areas as found in the national study on domestic violence. Approximately 48% of rural women and 38% of urban reported ever experience of physical violence; more than one-fifth experienced such violence in the last 12 months in rural areas and about 14% in urban areas. Slapping was the most common behaviour, but pushing and hitting with fist, more serious acts of violence, were particularly high in rural areas.

Sexual violence was equally high with more than one in four ever experiencing sexual violence in rural and urban areas. The current prevalence was lower but still approaching one-fifth across the sample (17.6% in rural and 15.2% in urban). The most common behaviour was women having sex when she did not want to, reflecting the patriarchal culture of male privilege in terms of sex within marriage. Equally disturbing is that coerced sex (because she was afraid, forced sex that

was degrading or humiliating and physically forced sex) was 8.6% ever and 4.7% in last 12 months.

Psychological violence, which women often feel is the most debilitating, was more widely experienced than either physical or sexual violence. The rates for current psychological violence are high with 38% in rural and 27% in urban areas reporting such violence. Insulting and doing something to scare her are the most widely reported behaviours.

Violence was equally prevalent across wealth quintiles and by education level of both the woman respondent and her partner. Education was not a protective factor in this research and wealth was only slightly protective. This would suggest that in Viet Nam, domestic violence is deeply endemic; in fact, it is a learned behaviour as the risk of domestic violence is higher for those with experience or witnessing childhood abuse.

The role of patriarchal norms in fueling violence was borne out by the fact that acceptance of traditional gender norms was a risk factor for violence

### Impacts of Violence

A strong finding in this study, in line with international literature, is the devastating impact violence has on the health and mental well-being of women. Women experiencing violence reported much higher level of problems in the past 4 weeks across the standard measures of mental well-being. For example women experiencing domestic violence were twice as more likely to cry, feel unhappy, and think of suicide than the overall sample. Equally they were one and half times more likely to be unable to do daily work or enjoy daily activities. Women experiencing violence were more likely to seek health care than the overall sample for themselves and their children, indicating poorer health status. Not only did more women seek healthcare, those experiencing domestic violence were more likely to use the health services multiple times, 13.5% had 8-10 visits in the past 12 months compared to 7.7% for the overall sample. This suggests how critical access to healthcare is as well as the importance of strengthening health information systems to begin to gauge more accurately the costs associated with domestic violence.

## Cost of Violence

This research has established the high costs of domestic violence for women in Viet Nam including out of pocket expenditures as a result of violence and lost earnings due to missed work. The health care cost alone for accessing healthcare, transport and medicines came to an average cost of 804,000 VND per incident, or about 28.2% of women's average monthly income. This is not surprising given the frequency of visits reported by women experiencing violence. Other costs calculated included replacement costs for broken utensils and furniture, cost of shelter, and cost of seeking assistance from police, courts and other authorities. In total the weighted average of the unit cost across all categories comes to 600,000 or 21.0% of the average monthly income, which is quite high considering that many of the women experiencing were earning less than the average monthly income.

An equally important cost is the foregone earnings due to missing paid work. The loss of earnings per incident of 382,234 VND comes to 13.4% of the women's average monthly income. The men's loss of earning of 305,984 VND comes to 8.31% of the men's average monthly income. If the two monthly incomes are taken together the total cost per incident from household income comes to 10.5% of average household monthly income. The wages used to estimate these costs are lower than the average wage as women experiencing domestic violence and their partners had lower wage than the entire sample. This reflects the productivity impact of violence as many women reported depression, illness, and inability to perform their usual tasks. Women reported that on an average 33 hours of household work was missed, the value of which came to 501525 VND or 17.8% of the average monthly income for women.

More importantly, the opportunity cost of domestic violence for the women, taking into account the weighted average unit cost of out of pocket expenditures and lost earnings from paid work, come to 34% of the average monthly income of women in the sample. This would suggest that women experiencing violence do face a very significant monetary drain, which has ripple effects on those around her who often provide the financial support to meet these costs.

A key objective of the study was to estimate the macro costs of domestic violence against women. For the economy as a whole, the potential opportunity cost, including out of pocket expenditures, lost earnings and value of missed housework, comes to 1.41% of the GDP. While not comparable in methodology or in terms of cost categories, this finding is line with other cost studies such as

Walby, where the costs of service, economic output and human and emotional costs came to 1.91% of UK's GDP in 2004. A major finding of the study was domestic violence against women by an intimate partner has a significant impact on earnings, representing the productivity impact. Based on the survey data, the regression analysis indicated that any violence results in a decline in earnings by 35 percent, controlling for education, wealth, and age. The potential productivity loss is estimated to represent 1.78% of the GDP. This is line with the other international research on cost of violence and comparable to the estimates by Morrison and Orland for Chile (2% of GDP) and Nicaragua (1.6% of GDP).

## Unintended Findings

The impact on children missing school due to domestic violence against the woman in the home could not be established as an extremely small proportion of the women reported this as an effect. A separate and detailed study is required to establish the intergenerational impact of violence, which has important implications for future economic growth.

This research could not provide an estimate of the annual cost of service provision to address and prevent domestic violence. The expenditure incurred by the Government to provide services is an important element of the total cost of domestic violence against women by an intimate partner to the economy.

Three important challenges emerged from the survey of service providers. First is that the data for service providers were extremely fragmented, making cost estimation on a yearly basis with any rigor unfeasible. Indicative data has been provided for each sector that suggests that the cost of service provision could be fairly high. Another key problem that emerged from the survey of service providers is the lack of systematic record keeping by the different service providers. It is particularly serious that both the health and police sectors did not have recorded cases and were unable to provide systematic information on the costs involved in resolving a case of reported violence. The final challenge is the virtual absence of information on referrals, between the service providers (such as health and police) or to various programs for financial support, vocational skills, legal aid, or counseling. These gaps highlighted in the survey of service providers suggest that a coordinated response of service provision to comprehensively address the multifaceted needs of women survivors of domestic violence is still a priority that must be implemented.

## RECOMMENDATIONS

This study's recommendations echo the recommendations made by the GSO in the National Study on Domestic Violence. Of particular note are the following:

**Enhance resource commitments for a national coordinated multi-sector response to domestic violence against women** – The study has pointed to the continuing high level of IPV, and its enormous potential cost to the economy. While the Government of Viet Nam has accelerated the pace of its commitment to a national response through policy and law, the response is still in pilot phase. The study findings highlight the urgency of expanding and scaling up of effective responses to respond to and prevent domestic violence against women.

**Strengthen record keeping by service providers at all levels** – A significant finding of the study is the lack of any proper and systematic record keeping by service providers across sectors and levels of administration. Despite the issuance of the MOH Circular 16, which calls for maintenance of a register and documentation of costs involved in treating women experiencing domestic violence, the health facilities interviewed in this survey had little information and gave no indication that a register was available. Only the courts had some detailed information, at least record of divorce cases involving domestic violence heard in the last year was available. Even in the court system the information on other criminal cases involving domestic violence against by an intimate partner was fragmentary.

**Conduct periodic costing studies to provide benchmark of information to assess the required resources for a comprehensive response to domestic violence** - Given the lack of information regarding cost of service provision, there is little basis to assess if current budget allocations to address domestic violence against women are adequate to implement a comprehensive response. Proper baseline data on costs across institutions providing services is essential to assess whether current budget allocations are sufficient as well as forecast the resources required as demand for services expands as a result of effective awareness campaigns.

**Identify a cost effective minimum intervention package for national replication** – As resources are scarce, costed policy options for a national response are essential. Cost effectiveness study of a minimum core package should be conducted to establish the key components of the intervention package for national replication.

**Design and implement national communication and media interventions for primary prevention to shift the culture of acceptability of domestic violence against women by an intimate partner** – An important finding of the study is the broad acceptability by women of patriarchal gender norms that increase the risk of violence. While awareness of the Law on Prevention and Control of Domestic Violence is a critical first step, there is an urgency to implement effective interventions to shift traditional gender norms so that the violence can actually be prevented, rather than just mitigating the impact of the violence. A national communication campaign could play a part in bringing about this change in gender norms.

**Enhance the capacity of service providers, including police and medical practitioners as well as administrative functionaries such People's Committees at the commune level to respond to domestic violence against women** – The understanding of domestic violence as primarily a private matter that is of public concern only in extreme cases of physical violence unfortunately continues to be a ground reality. In the in-depth qualitative interviews with women survivors of domestic violence by an intimate partner, women reported the lack of response, and at most advice to adjust or separate, by local level service providers. The Government is relying on reconciliation/mediation as a primary response. However, this is only effective if the members of the reconciliation teams have a strong capacity to consider the power dynamics within the relationships and the need to hold the perpetrator accountable.

**Build a culture of referrals and maintain a proper recording system** – Except in the cases of specific counseling centers in the health system, such as the Duc Giang hospital, the service providers did not have any information on the number of referrals made to other service providers. A coordinated response requires a strong culture of referrals and proper documentation of the flow of women to required services to ensure that they are receiving all the relevant support needed to mitigate the impacts of the violence experience. Proper documentation of referrals and the costs involved in referral would also provide needed information to estimate the full cost of service provision, help identify efficiencies to improve the coordinated response and assess the cost effectiveness of specific interventions.

**Undertake evaluations of existing intervention to identify effective interventions for scale-up** – Evaluation studies of violence interventions continue to be a significant knowledge gap in Viet Nam. As the GSO's National Study recommended there is an urgent need to develop an evaluation and monitoring framework to ensure that scale-up of interventions is evidence driven.



## Further Research

***Economic modeling of the impact of domestic violence against women by an intimate partner on economic growth*** – This study has provided estimates of potential opportunity cost and productivity loss to the national economy. To fully assess the economic impact of IPV, more rigorous modeling of the economic growth implications needs to be undertaken. The incidence rate estimated should be verified through supplementary information from the GSO based on the data gathered in the National Study on Domestic Violence. A body of academics and policy analysts should together undertake this important exercise to generate a sound knowledge base to drive the Ministry of Finance’s budgetary allocation decisions.

***A National study on the intergenerational impacts of domestic violence against women by an intimate partner*** – This study confirmed that IPV is a learned behaviour based on the experiences of women and their partners in childhood in line with other international research on IPV. However, the limited data from the study is not sufficient to establish specifically the impact on children who are currently witnessing and/or experiencing violence in their families. This calls for a specific study, which is critical to establish the full cost of IPV to the future growth of the economy.

***Assessing the impact of the economic crisis on domestic violence against women by an intimate partner*** – The study has established that potential productivity loss due to IPV is substantial. A careful study of the impacts of economic crisis on IPV is critical to understand the specific interrelationship between IPV and economic fluctuations. It maybe that in times of economic crisis, it is more imperative to ensure that services to respond and prevent domestic violence by an intimate partner are adequately funded to curtail potential drag on the economy as it emerges from a dip in economic growth. This is an important question in the current global economic crisis as services for IPV are being cut globally as countries manage austerity budgets.

## REFERENCES

Abramsky, T., Watts, C., Garica-Moreno, C., Devries, K., Kiss, L., Ellesberg, M. Jansen, H. and Heise, L. 2011. “What factors are associated with recent intimate partner violence? findings from the WHO multi-country study on women’s health and domestic violence.” *BMC Public Health*, 11, 109.

Access Economics. 2004. *The Cost of Domestic Violence to the Australian Economy*, Volume I. Australia: Access Economics and Partnerships against Domestic Violence.

Ackerson LV and Subramanian SV. 2008. “Domestic Violence and Chronic Malnutrition in India.” *American Journal of Epidemiology* Advance Access published online on March 26, 2008. *American Journal of Epidemiology*, doi:10.1093/aje/kwn049

Anda, R., Felitti, V., Bremner, J., Walker, J., Whitfield, C., Perry, B., Dube, S., and Giles, W. 2006. “The enduring effects of abuse and related adverse experiences in childhood.” *European Archives of Psychiatry and Clinical Neuroscience*, 256, 174-186.

Bachman, R., Saltzman, L., Thompson, M. and Carmody, D. 2002. ‘Disentangling the effects of self-protective behaviours on the risk of injury in assaults against women.’ *Journal of Quantitative Criminology*, 18, 135-157.

Bélangier, D., Tran Gian, L., *The Impact of Transnational Migration on Gender and Marriage in Sending Communities of Vietnam*, 2011.

Borgstrom, J. 2010. *Gender and Corruption: Implications for the Health Sector in Vietnam*. Hanoi: Embassy of Sweden.

Bourke-Martignoni J. 2001. *Violence against Women in Viet Nam: Report prepared for the Committee on the Elimination of Discrimination Against Women*. World Organisation against Torture (OMCT).

Burton, B., Duvvury, N. and Varia, N. 2000. *Justice, Change and Human Rights: Interantional Research and Responses to Domestic Violence*. Washington, DC: International Center for Research on Women.

Buvinic M, Morrison AR, et al. 1999. *Violence in the Americas: A Framework for Action in Too Close to Home: Domestic Violence in the Americas*, Washington DC: Inter-American Development Bank, Morrison A.R. Biehl M. L. (eds.)

Caesar, P.L. 1988. "Exposure to Violence in the Families-of-Origin Among Wife-Abusers and Maritally Nonviolent Men." *Violence and Victims* 3:49–63.

Center for Disease Control (CDC). 2003. *Costs of Intimate Partner Violence against Women in the United States*. Atlanta: CDC, National Center for Disease Control and Prevention. [www.cdc.gov/ncipc/pub-res/ipv\\_cost/ipv.htm](http://www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm).

Cling, J.P., Razafindrakoto, M. and Roubaud, F. 2010. *The informal economy in Vietnam: Study for the ILO. Unpublished*. Available at <http://www.tamdaoconf.com/tamdao/wp-content/uploads/downloads/2010/08/DIAL-ILO-Study-Informal-Vietnam-20101.pdf>

Coker, A.L. and D.L. Richter. 1998. "Violence Against Women in Sierra Leone: Frequency and Correlates of Intimate Partner Violence and Forced Sexual Intercourse." *African Journal of Reproductive Health* 2:61–72.

Cox, Marcus. 2008. *Security and justice: measuring the development returns: A review of knowledge*. London: Alguhas.

Distaff Associates. 1991. *Costs of Domestic Violence*. Australia: NSW Women's Co-ordination Unit.

Dunkle R, Jewkes H, et al. 2004. "Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa." *The Lancet*, Volume 363, Issue 9419, Pages 1415 - 1421 K.

Duvvury, N. et.al.2000. *Domestic Violence in India 3: A Summary Report of a Multi-Site Household Survey*. Washington, DC: ICRW and CEDPA.

Duvvury N, Grown C, and Redner, J. 2004. *Cost of Intimate Partner Violence at the Household and Community Levels: An Operational Framework for Developing Countries*. Washington D.C. International Center for Research on Women.

Ellsberg, M., R. Pena, A. Herrera, J. Liljestrand, and A. Winkvist. 1999. "Wife Abuse Among Women of Childbearing Age in Nicaragua." *American Journal of Public Health* 89: 241–44.

Ellsberg M. and Heise L. 2005. *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington DC, United States: World Health Organization, PATH.

Fals-Stewart, W., Golden, J., and Schumacher, J.A. 2003. 'Intimate partner violence and substance use: a longitudinal day-to-day examination.' *Addictive Behaviours*, 28, 1555-1574.

García-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts C. 2005. *WHO Multi-country Study on Women's Health and Domestic Violence against Women: Initial results on prevalence, health outcomes and women's responses*, Geneva, Switzerland, World Health Organization [WHO].

Gardsbane, D., Ha, V. S., Taylor, K., Chanthavysouk, K. 2010. *Gender-Based Violence: Issue Paper*. Ha Noi: UNFPA.

Gardsbane, D. May 2011. "The 'Happy Family': Raison d'être for Preventing Gender-Based Violence?" *SfAA News*, A Publication of the Society for Applied Anthropology. <http://sfaanews.sfaa.net/2011/05/01/the-%E2%80%9Chappy-family%E2%80%9D-raison-detre-for-preventing-gender-based-violence/>.

General Statistics Office Viet Nam(GSO). 2010. *"Keeping silent is dying": Results from the National Study on Domestic Violence Against Women in Viet Nam*. Ha Noi: 2010.

GSO. 2011. *Age-sex structure and Marital Status of the Population in Vietnam*. Vietnam Population and Housing Census, 2009. Hanoi: Government of Vietnam.

GSO. 2012. *Report on 2011 Vietnam Labour Force Survey*. Hanoi: Government of Vietnam.

GSO 2012. *Results of the Vietnamese Household Living Standards Survey 2010*. Hanoi: Government of Vietnam

Ghuman S. 2005. "Attitudes about Sex and Marital Sexual Behaviour in Hai Duong Province, Viet Nam". *Studies in Family Planning*, 36(2):95-106.

Hien, Phan Thi Thu. 2008. 'Sexual coercion within marriage in Quang Tri, Vietnam', *Culture, Health & Sexuality*, 10:1, S177 – S187

Heise, L., Pitanguy, J. and Germain, A. 1994. *Violence Against Women: The Hidden Health Burden*. World Bank Discussion Papers, No. 255. Washington, DC: World Bank.

Heise, L.L., A. Raikes, C.H. Watts, and A.B. Zwi. 1994. "Violence Against Women: A Neglected Public Health Issue in Less Developed Countries". *Social Science and Medicine* 39:1165–79.

Heise L, Ellsberg M, et al. 1999. *Ending Violence Against Women*. Population Reports, Series L. No.11.

Hong, K.T. 2003. *Adolescent and youth reproductive health in Vietnam [Online]*. Available: [http://www.policyproject.com/pubs/countryreports/ARH\\_Vietnam.pdf](http://www.policyproject.com/pubs/countryreports/ARH_Vietnam.pdf).

Hotaling, G. and D. Sugarman. 1986. "An Analysis of Risk Markers in Husband to Wife Violence: The Current State of Knowledge." *Violence and Victims* 1:101–24.

Institute for Family and Gender Studies. 2008. *Evolving Process of Domestic Violence in Vietnam*. Hanoi: IFGS

Jewkes, R., J. Levin, and L. Penn-Kekana. 2002. "Risk Factors for Domestic Violence: Findings From a South African Cross-Sectional Study." *Social Science and Medicine* 55:1603–17.

Jonzon, R., Nguyen Dan, V., Ringsberg, K. C., Krantz, 2007. *Violence against women in intimate relationships: Explanations and suggestions for interventions as perceived by healthcare workers, local leaders, and trusted community members in a northern district of Vietnam, 2007*

Kalmus, D. 1984. "The Intergenerational Transmission of Marital Aggression." *Journal of Marriage and the Family* 46:11–19.

Koenig, M.A. T. Lutalo, F. Zhao, F. Nalugoda, F. Wabwire-Mangen, N. Kiwanuka, J. Wagman, D. Serwadda, M. Wawer, and R. Gray. 2003. "Domestic Violence in Rural Uganda: Evidence From a Community-Based Survey." *Bulletin of the World Health Organization* 81:53–60.

Kelly, K. 2004. 'The Higher Education System in Vietnam'. Unpublished Note. Available at [files.pace.edu.vn/.../education...vietnam/the-higher-education-system](http://files.pace.edu.vn/.../education...vietnam/the-higher-education-system).

Krantz, G., Van Phuong, T., Larsson, V., Thi Bich Thuan, N., Ringsberg, K.C. 2005. "Intimate partner violence: forms, consequences and preparedness to act as perceived by healthcare staff and district and community leaders in a rural district in northern Vietnam". *Public Health* 40(20):1-8.

Laurence L, and Spalter-Roth R. 1996. *Measuring the Costs of Domestic Violence against Women and the Cost-Effectiveness of Interventions: An Initial Assessment and Proposals for Further Research*. Washington, D.C.: Institute for Women's Policy Research.

Lee, S. 2008. *How do women fare in education, employment and health? A gender analysis of the 2006 Viet Nam household living standard survey – Final Report*. Ha Noi: World Bank.

Loi, V. M., Huy, V. T., Minh, N. H., Clement, J. 1999. *Gender-based Violence: The Case of Viet Nam*. Ha Noi: World Bank.

Lozano R. 1999. The Impacts of Domestic Violence on Health: Mexico City, in Morrison and Biehl (eds.), *Too Close to Home: Domestic Violence in the Americas*. Washington, D.C.: Inter-American Development Bank.

Luke, N., Schuler, S. R., Mai, B. T. T., Thien, P. V., Minh, T. H. 2007. "Exploring couple attributes and attitudes and marital violence in Viet Nam." *Violence Against Women* 13(1): 5-27.

Mai, et al. 2004. "Why the Silence? Reasons why women who experience domestic violence in Viet Nam do not seek outside support". Consultation of Investment in Health Promotion, Viet Nam. Empowerment of Women Research Program, Academy of Educational Development, USA.

Martin, S.L., K.E. Moracco, J. Garro, A.O. Tsui, L. Kupper, J.L. Chase, and J.C. Campbell. 2002. "Domestic Violence Across Generations: Findings From Northern India." *International Journal of Demography*, Volume 40-Number 2, May 2003 of *Epidemiology* 31: 560–72.

Ministry of Culture, Sports and Tourism/General Statistics Office/UNICEF/Institute for Family and Gender Studies. 2008. *Result of Nation-Wide Survey on The Family in Viet Nam 2006: Key Findings*. Ha Noi; June 2008.

Ministry of Labour – Invaids and Social Affairs. 2010. *Draft Social Protection Strategy 2011-2020*. (Cited in the ILO Analysis of the Viet Nam National Social Protection Strategy (2011-2020) in the context of social protection floors objectives).

Morrison A, and Orlando MB. 1999. Social and Economic Costs of Domestic Violence: Chile and Nicaragua. *Too Close to Home*. Morrison, A and ML Biehl, ed. Washington, DC: Inter-American Development Bank: 51-80.



Morrison A. and Orlando MB. 2004. *The Costs and Impacts of Gender-based Violence in Developing Countries: Methodological Considerations and New Evidence. Working Paper.* Washington, D.C.: World Bank.

Morrison A. Orlando MB. and Pizzolitto G. 2008. "The Impact of Intimate Partner Violence in Peru: Estimates Using Matching Techniques. *Workshop Presentation. Gender-Based Violence and Opportunities for World Bank Action: Implications for Analytical, Advisory and Operational Work.* September 30th. World Bank.

MPI. 2008. *Viet Nam Continues to Achieve the Millennium Development Goals,* MPI.

Nguanbanchong, A. 2010 *Beyond the Crisis: The Impact of the Financial Crisis on Women in Vietnam.* Bangkok: Oxfam

New M. and Berliner L. 2000. "Mental Health Service Utilization by Victims Of Crime". *Journal of Traumatic Stress*, 13:693-707.

NSW Women's Coordination Unit. 1991. *Costs of Domestic Violence. Haymarket,* NSW: New South Wales Women's Coordination Unit.

OMCT 2001. *Implementation of the Convention on the Elimination of All Forms of Discrimination Against Women by Vietnam.* Available at <http://www.unhcr.org/refworld/pdfid/46c191170.pdf>

Oxfam and Action Aid. 2011. *Participatory Poverty Monitoring in Rural Communities in Vietnam.* UKAID

Rao, V. 1997. "Wife-Beating in Rural South India: A Qualitative and Econometric Analysis." *Social Science and Medicine* 44:1169-80.

Roberts G. 1988. *Domestic Violence: Costing of Service Provision for Female Victims-20 Case Histories. Beyond these Walls: Report of the Queensland Domestic Violence Task Force to Peter McKechnie*

Romero D. et al. 2003. "Low-Income Mothers' Experience with Poor Health, Hardship, Work, and Violence." *Violence against Women*. 9: 1231-1244

Rydström H. 2006. "Masculinity and Punishment: Men's upbringing of boys in rural Viet Nam." *Childhood*, 13(3):329-346.

Online access: <http://chd.sagepub.com/cgi/content/abstract/13/3/329>.

Sánchez F. et al. 2004. *Segunda Parte: Estudio de Mujeres, in Los costos de la violencia intrafamiliar en Colombia.* Bogotá: Universidad de los Andes, Centro de Estudios sobre Desarrollo Económico.

Straus, M. and R. Gelles. 1990. *Physical Violence in American Families.* New Brunswick: Transaction Press.

Van der Straten, A., R. King, O. Grinstead, E. Vittinghoff, A. Serufilira, and S. Allen. 1998. "Sexual Coercion, Physical Violence, and HIV Infection Among Women in Steady Relationships in Kigali, Rwanda." *AIDS and Behaviour* 2:61-73.

UNFPA and AIDOS. 2003. *Addressing Violence against Women: Piloting and Programming.* GBV Report. Rome, Italy, 15/19 September 2003, [http://web.unfpa.org/upload/lib\\_pub\\_file/361\\_filename\\_gbv\\_report.pdf](http://web.unfpa.org/upload/lib_pub_file/361_filename_gbv_report.pdf)

Watts, C., E. Keough, M. Ndlovu, and R. Kwaramba. 1998. "Withholding of Sex and Forced Sex: Dimensions of Violence Against Zimbabwean Women." *Reproductive Health Matters* 6:57-65.

Walby S. 2004. *The Cost of Domestic Violence. United Kingdom.* London: Women and Equality Unit, Department of Trade and Industry.

World Health Organization. 1996. *Violence Against Women.* FRH/WHO/96.27. Geneva, February 5-7.

World Health Organization (WHO). 2007. *Manual for Estimating the Economic Costs of Injuries due to Interpersonal and Self Directed Violence.* Geneva: WHO

UN, Secretary General. 2006. *In-depth study on all forms of violence against women.* A/61/122/Add.1. 61st Session of the General Assembly.

UN, Secretary General. 2010. *Intensification of efforts to eliminate all forms of violence against women.* A/65/208, 65th Session of the General Assembly.

UN Viet Nam. 2010 *Briefing Note on Viet Nam: Social Protection as an Engine of Socio-Economic Growth and Development.* Hanoi.

UN Viet Nam. 2010a. *HIV Transmission from Men to Women in Intimate Partner Relationships in Viet Nam: A Discussion Paper.* Hanoi.



UNICEF. 2010. *The transition of ethnic minority girls from primary to secondary education*.

UNIFEM. 2010. *Briefing Paper on Current Gender Equality Issues Hanoi*: UN.

UNODC. 2011. *Research on Law Enforcement Practices and Legal Support to Female Victims of Domestic Violence in Vietnam. Working Paper*. Hanoi: UNODC.

USAID. 2010. *Women's Participation in Vietnam's Economy: Agenda for Action*. [http://www.bizclir.com/galleries/country-assessments/Vietnam\\_GenderCLIR.pdf](http://www.bizclir.com/galleries/country-assessments/Vietnam_GenderCLIR.pdf)

Vasavakul, Thaveeporn .2009. *Corruption in the Health Sector: Management of Service Delivery and Impact on Poverty Reduction in Vietnam*.

Vu Song Ha .2002. *Sexual behaviours among married women in two northern rural areas in Vietnam*. Unpublished. Masters degree thesis, Columbia University, New York.

Vu Song Ha, Hoang Tu Anh, Quach Thu Trang. 2009. Intervention on sexual violence: Lessons Learned: Presentation at project dissemination workshop, Hanoi.

Vung, N. D., Ostergren, P. O., Krantz, G. 2008. "Intimate partner violence against women in rural Viet Nam – Different socio-demographic factors are associated with different forms of violence: need for new intervention guidelines?" *BMC Public Health* 8: 55

Wells, M. 2005. *Vietnam: Gender Analysis Situation*. Strategy and Program Assessment. Asian Development Bank.

World Bank. 1993. *World Development Report 1993: Investing in Health*. New York: Oxford University Press.

World Bank. 2006. *Vietnam Country Gender Assessment*. Washington: World Bank. Available at [http://web.worldbank.org/external/default/main?pagePK=51187349&piPK=51189435&theSitePK=387565&menuPK=64187510&searchMenuPK=387593&theSitePK=387565&entityID=000310607\\_20070124141846&searchMenuPK=387593&theSitePK=387565](http://web.worldbank.org/external/default/main?pagePK=51187349&piPK=51189435&theSitePK=387565&menuPK=64187510&searchMenuPK=387593&theSitePK=387565&entityID=000310607_20070124141846&searchMenuPK=387593&theSitePK=387565). ANNEXES.

## ANNEX I: VIOLENCE BEHAVIOURS

Type of Violence	Specific Behaviours to be Measured
Controlling Behaviours	<ul style="list-style-type: none"> <li>a) Tries to keep you from seeing your friends</li> <li>b) Tries to restrict contact with your family of birth</li> <li>c) Insists on knowing where you are at all times</li> <li>d) Ignores you and treats you indifferently</li> <li>e) Gets angry if you speak with another man</li> <li>f) Is often suspicious that you are unfaithful</li> <li>g) Expects you to ask his permission before seeking health care for yours</li> </ul>
Emotional Violence	<ul style="list-style-type: none"> <li>a) Insulted you or made you feel bad about yourself?</li> <li>b) Belittled or humiliated you in front of other people?</li> <li>c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?</li> <li>d) Threatened to hurt you or someone you care about?</li> </ul>
Physical Violence	<ul style="list-style-type: none"> <li>a) Slapped you or thrown something at you that could hurt you?</li> <li>b) Pushed you or shoved you or pulled your hair?</li> <li>c) Hit you with his fist or with something else that could hurt you?</li> <li>d) Kicked you, dragged you or beaten you up?</li> <li>e) Choked or burnt you on purpose?</li> <li>f) Threatened to use or actually used a gun, knife or other weapon against you?</li> </ul>
Sexual violence	<ul style="list-style-type: none"> <li>a) Did your current husband/partner physically force you to have sexual intercourse when you did not want to?</li> <li>b) Did you ever have sexual intercourse you did not want to because you were afraid of what your partner or partner might do?</li> <li>c) Did your partner or any other partner ever forced you to do something sexual that you found degrading or humiliating?</li> <li>d) Did your partner ever forced you to have sex with other person?</li> </ul>

## ANNEX II: WOMEN'S QUESTIONNAIRE

### Survey on Women's Health, Partner Relations, and Life Events in VIET NAM

#### WOMEN'S QUESTIONNAIRE

*Study Conducted by*

**NATIONAL UNIVERSITY OF IRELAND, GALWAY INSTITUTE FOR FAMILY AND GENDER STUDIES**

**6 DINH CONG TRANG HANOI**

*Instrument Adapted from questionnaires developed by DHS, GSO and International Center for Research on Women*

IDENTIFICATION	
PROVINCE (BLOCK LETTER WITH ACCENT ).....	<input type="checkbox"/> <input type="checkbox"/>
DISTRICT (BLOCK LETTER WITH ACCENT).....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMUNE/WARD.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ORDERNUMBER OF INTERVIEWEE .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SITE..... (RURAL =1; URBAN=2)	<input type="checkbox"/>

INTERVIEWER DETAILS		
DATE	.....	COUNTRY SPECIFIC INFORMATION:
INTERVIEWER'S NAME	.....	LANGUAGE OF THE QUESTIONNAIRE
SEX OF INTERVIEWER	.....	LANGUAGE OF INTERVIEW
1- FEMALE;	.....	NATIVE LANGUAGE OF RESPONDENT
2 - MALE	.....	TRANSLATOR USED
		1 = YES 2 = NO

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME	NAME	INITIALS	INITIALS
_____	_____	_____	_____
DATE	DATE		
_____	_____		

## INDIVIDUAL CONSENT FORM

Hello, my name is \_\_\_\_\_. I work for \_\_\_\_\_. We are conducting a survey in VIET NAM to learn about women’s health and life experiences. You have been chosen by chance (as in a lottery/raffle) to participate in the study.

I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name and address. You have the right to stop the interview at any time, or 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 find the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to women in VIET NAM.

(The interview takes approximately \_\_\_\_\_ minutes to complete.)

Do you have any questions?

Do you agree to be interviewed?

DOES NOT AGREE TO BE INTERVIEWED → THANK PARTICIPANT FOR HER TIME AND END

AGREES TO BE INTERVIEWED



Is now a good time to talk?

YES                  NO

1                  2                  → THANK PARTICIPANT AND SCHEDULE THE PREFERRED TIME



It is 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?

## SECTION I: HOUSEHOLD CHARACTERISTICS

Question No	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	How long have you lived in YOUR CURRENT house IN YEARS AND MONTHS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEARS MONTHS	
102	Do you own or rent the house you live in?	OWN BOUGHT .....11 INHERITED .....12 GIVEN BY LAND ADMINISTRATION.....13 GIVEN BY LANDLORD.....14 RENT.....21 SQUAT .....31 STAY IN PARENT’S/HUSBAND’S PARENTS HOUSE .....41 OTHER.....96 (SPECIFY)	
103	How many persons are there in your family? (those living together, sharing food and expenses at least 6 months)	NUMBER OF PEOPLE.....[ ][ ]	What kind of toilet facility do members of your household usually use?
104	What is the main source of drinking water for members of your household	PIPED WATER PIPED INTO DWELLING.....11 PIPED TO YARD/PLOT.....12 PUBLIC TAP STANDPIPE.....13 TUBE WELL OR BOREHOLE.....21 DUG WELL PROTECTED WELL..31 UNPROTECTED WELL.....32 WATER FROM SPRING PROTECTED SPRING.....41 UNPROTECTED SPRING.....42 RAINWATER.....51 TANKER TRUCK.....61 CART WITH SMALL TANK.....71 SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL.....81 BOTTLED WATER.....91 OTHER.....96 (SPECIFY)	

105	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET.....11 PIT LATRINE.....21 COMPOSTING TOILET.....31 BUCKET TOILET.....41 HANGING TOILET/HANGING LATRINE.....51 NO FACILITY/BUSH/FIELD.....61 OTHER.....96 (SPECIFY)	→ 107																																																																																
106	Do you share this toilet facility with other households?	YES.....1 NO.....2																																																																																	
107	Does your household have a) Electricity? b) A radio? c) A television? d) A mobile phone? e) A non-mobile phone? f) A refrigerator? g) A computer? h) A bicycle? i) A motorcycle or motor scooter? j) An animal drawn cart? k) A car or truck? l) A boat with motor? m) Gas kitchen n) Gridden/fried machine (electricity) o) Airconditioner p) Electric fan q) Microwave r) Washing machine	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th></th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>MOBILE PHONE....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>TABLE PHONE.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>COMPUTER .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>MOTORCYCLE/ SCOOTER.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>ANIMAL DRAWN CART.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>CAR/TRUCK.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GAS KITCHEN .....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>GRIDDEN/FRIED MACHINCE.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>AIR CONDITIONER .</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>ELECTRIC FAN.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>MICROWAVE.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>WASHING MACHINE.</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES	NO			YES	NO	DK	ELECTRICITY.....	1	2	3	RADIO.....	1	2	3	TELEVISION.....	1	2	3	MOBILE PHONE....	1	2	3	TABLE PHONE.....	1	2	3	REFRIGERATOR.....	1	2	3	COMPUTER .....	1	2	3	BICYCLE.....	1	2	3	MOTORCYCLE/ SCOOTER.....	1	2	3	ANIMAL DRAWN CART.....	1	2	3	CAR/TRUCK.....	1	2	3	BOAT WITH MOTOR	1	2	3	GAS KITCHEN .....	1	2	3	GRIDDEN/FRIED MACHINCE.....	1	2	3	AIR CONDITIONER .	1	2	3	ELECTRIC FAN.....	1	2	3	MICROWAVE.....	1	2	3	WASHING MACHINE.	1	2	3	
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108	Do people in household own property?  PROBE LAND, OTHER HOUSES, ASSETS	YES.....1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
109	What type of fuel does your household MAINLY use for cooking? (use maximum of two options)	ELECTRICITY..... 1 LPG..... 2 NATURAL GAS..... 3 BIOGAS..... 4 KEROSENE..... 5 COAL, LIGNITE..... 6 CHARCOAL.....7 WOOD.....8 STRAW/SHRUBS/GRASS.....9 AGRICULTURAL CROP.....10 ANIMAL DUNG.....11 NO FOOD COOKED IN HOUSEHOLD.....95 OTHER ..... 96 (SPECIFY)	
110	a) How many rooms are there in this household? (ROOMS WITH WALLS BUT NOT NECESSARILY FOR LOCKING) b) How many rooms/ places are there for sleeping?	TOTAL ROOMS ..... ROOMS /PLACES FOR SLEEPING.....	
111	What is a main type of your house?	Villa .....1 Permanent house with kitchen and bathroom inside (including block with multifloors.....2 Permanent house with kitchen and bathroom outside..... 3 Semipermanent house..... 4 Simple house and others..... 5	



## SECTION 2: RESPONDENT AND HER COMMUNITY

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
<b>If you don't mind, I would like to start by asking you a little about your community</b>			
201	Do neighbours in your community generally tend to know each other well?	YES..... 1 NO.....2 DON'T KNOW.....8 REFUSED/NO ANSWER .....9	
202	If there were a street fight in your community would people generally do something to stop it?	YES..... 1 NO..... 2 DON'T KNOW..... 8 REFUSED/NO ANSWER ..... 9	
203	If there were a family fight in your community would people generally do something to stop it?	YES.....1 NO..... 2 DON'T KNOW..... 8 REFUSED/NO ANSWER ..... 9	
204	In this neighbourhood do most people generally trust one another in matters of lending and borrowing things? (equipment, materials)	YES.....1 NO..... 2 DON'T KNOW.....8 REFUSED/NO ANSWER ..... 9	
205	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	
<b>I would now like to ask you some questions about yourself</b>			
206	What is your year of birth?	YEAR ..... [ ][ ] DON'T KNOW YEAR.....9998 REFUSED/NO ANSWER .....9999	
207	How old are you this year?	AGE (YEARS) ..... [ ][ ]	
208	How long have you been living here continuously?  (HERE mean this locality/commune/ward)	AGE (YEARS) ..... [ ][ ] NUMBER OF YEARS ..... [ ][ ] LESS THAN 1 YEAR..... 00 LIVED ALL HER LIFE ..... 95 VISITOR..... 96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER ..... 99	

209	What is your religion?	NO RELIGION..... 00 ISLAM.....01 CATHOLIC.....02 PROTESTANT .....03 BU.....04 HINDU (INDIAN)..... 05 CAO DAI.....06 HOA HAO.....07 OTHER .....96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
210	What is your ethnicity?	KINH.....01 TAY.....02 DAO.....03 H'MONG.....04 MUONG.....05 HOA.....06 NUNG.....07 THAI.....08 OTHER (SPECIFY).....96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
211	Can you read and write?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED/NO ANSWER .....9	
212	Have you ever attended school?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED/NO ANSWER .....9	2→215a
213	What is the highest level of education that you achieved? SUGGESTION: which grade have you completed?	NOT COMPLETED PRIMARY.....0 PRIMARY.....1 LOWER SECONDARY.....2 HIGH SCHOOL.....3 ELEMENTARY/SECONDARY PROFESSIONAL SCHOOL.....4 COLLEGE .....5 UNIVERSITY.....6 MASTERDEGREE.....7 PhD DEGREE.....8 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER .....99	

214	Number of year schooling have you attended?	NUMBER OF YEAR SCHOOLING.....[ ] DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER .....99	
215a	Do your parents live near your house? (NEAR means the same village/hamlet, residential block or group)	YES.....1 NO.....2 LIVING YOU'RE YOUR PARENTS.. 3 DON'T KNOW.....8 REFUSED/NO ANSWER .....9	
215b	Do any of your siblings live near your house? (NEAR means the same village/hamlet, residential block or group)	YES.....1 NO.....2 LIVING WITH ALL SIBLINGS..... 3 DON'T KNOW.....8 REFUSED/NO ANSWER .....9	
<b>INTERVIEWER: If you get option 3 for both Questions 215a and 215b then move to Question 217</b>			
216	How often do you talk to a member of your family of birth? (father, mother, brother and sister at birth)	ONCE/SEVERAL TIMES A WEEK ...1 ONCE/SEVERAL TIMES A MONTH.2 ONCE/SEVERAL TIMES A YEAR ...3 (ALMOST) NEVER.....4 DON'T KNOW/DON'T REMEMBER.8 REFUSED/NO ANSWER.....9	
217	When you need help or have a problem, can you usually count on members of your family of birth for support?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED/NO ANSWER .....9	
218a	a. Do you regularly attend a group, organization or association?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED/NO ANSWER .....9	2→ 219 8→ 219 9→ 219
218b	IF YES: What kind of group/organization or association?  PROMPT: Organizations like women union, farmer union, community groups.	COMMUNIST PARTY/YOUTH UNION/LABOR UNION..... B SOCIAL WELFARE ASSOCIATION ..... C SPORTS/ARTS CLUB PROFESSIONAL ASSOCIATION.... D FARMER ASSOCIATION/SAVINGS CLUB.....E WOMEN'S UNION.....F RELIGIOUS ORGANIZATION.....G FRONTIER ASSOCIATION.....H PUPIL'S PARENT ASSOCIATION....I OTHER:.....X	

218c	For each organization probe how often	Once a Week Once a Month Once or twice year Never /rarely	
		B 1 2 3 4 C 1 2 3 4 D 1 2 3 4 E 1 2 3 4 F 1 2 3 4 G 1 2 3 4 H 1 2 3 4 I 1 2 3 4 X 1 2 3 4	
218d	Amongst the groups/organisations you attended, is there group(s)/organization(s) attended by women only?	YES..... 1 NO.....2 DON'T KNOW/DON'T REMEMBER...8 REFUSED/NO ANSWER..... 9	
219	Has anyone prevented you from attending a meeting or participating in an organization in the last 12 months? Who prevented you?	YES .....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9 NOT PREVENTED.....A PARTNER/HUSBAND..... B PARENTS AT BIRTH..... C PARENTS-IN-LAW/PARENTS OF PARTNER.....D OTHER:_____X	

### SECTION 3: RESPONDENT'S MARITAL RELATIONSHIPS

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
<b>Now I would like to ask you some questions about your marital relationship(s)</b>			
301	Are you currently married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK Do you and your partner live together?	CURRENTLY MARRIED.....1 LIVING WITH MAN, NOT MARRIED.... 2 CURRENTLY HAVING A REGULAR PARTNER NOT LIVING TOGETHER..... 3 NOT HAVING HUSBAND/PARTNER > 15 MONTHS..... 4 NOT HAVING HUSBAND/PARTNER <= 15 MONTHS.....5	1→305 2→305 3→305
302a	Have you ever been married or lived with a male partner?	YES, MARRIED .....1 YES, LIVED WITH A MAN, BUT NEVER MARRIED..... 2 NO ..... 3	1→303 2→303
302b	If not living together, have you ever had a regular male sexual partner?	YES .....1 NO ..... 2 REFUSED/NO ANSWER..... 9	2→401 9→401
303	The reason why the relationship between you and your most recent husband/partner ended?	DIVORCED..... 1 SEPARATED/BROKEN UP.....2 WIDOWED/PARTNER DIED..... 3 DON'T KNOW/DON'T REMEMBER....8 REFUSED/NO ANSWER.....9	3→305 8→ 305 9 →305
304a	Who initiated the divorce/separation?	RESPONDENT .....1 HUSBAND/PARTNER.....2 BOTH (RESPONDENT AND PARTNER) .....3 OTHER:.....6 DON'T KNOW/DON'T REMEMBER....8 REFUSED/NO ANSWER.....9	
304b	What was the reason for the divorce?	FINANCIAL PROBLEM.....1 VIOLENCE BY HUSBAND/PARTNER..2 NO CHILDREN/NO SON.....3 OTHER: .....6 REFUSED/NO ANSWER.....9	

305	How old were you when you got married / began to live with a partner?	AGE (YEARS) NOT APPLICABLE (If choose option 1, question 302b) 77	77→S 4
306	The next few questions are about your current or most recent partnership. How long have you been married/ with your current/recent partner	NUMBER OF YEARS NUMBER OF MONTHS	
307a	Do/did you live with your husband/partner's parents or any of his relatives? (YES if living in same land/yard with separate huts)	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER....8 REFUSED/NO ANSWER.....9	
307b	Do you currently live with your parents at birth or any of your relatives?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER....8 REFUSED/NO ANSWER.....9	
308	Who decided for you to marry him?	BOTH CHOSE .....1 RESPONDENT CHOSE .....2 RESPONDENT'S FAMILY CHOSE.....3 PARTNER CHOSE.....4 PARTNER'S FAMILY CHOSE.....5 OTHER: .....6 DON'T KNOW/DON'T REMEMBER....8 REFUSED/NO ANSWER.....9	
<b>I would now like you to tell me a little about your current/ last husband/partner.</b>			
309	How old is your partner? MORE OR LESS	AGE (YEARS) .....	
310	In what year was he born?	YEAR ..... DON'T KNOW .....98	
311	How old was he when he married/lived with you?	YEARS.....	

312	How old were you when you married/began to live with him	YEARS.....																													
313	Can he read and write?	YES.....1 NO.....2 DON'T KNOW.....8	2→317a 8→317a																												
314	Did he ever attend school?	YES.....1 NO.....2 DON'T KNOW.....8	2→317a 8→317a																												
315	What is the highest level of education that he has achieved? SUGGESTION: which grade have you completed?	NOT COMPLETED PRIMARY.....0 PRIMARY.....1 SECONDARY.....2 HIGH SCHOOL .....3 ELEMENTARY/SECONDARY PROFESSIONAL SCHOOL.....4 COLLEGE.....5 UNIVERSITY.....6 MASTERDEGREE.....7 PhD DEGREE .....8 DON'T KNOW/DON'T REMEMBER.. 98 REFUSED/NO ANSWER.....99																													
316	Number of year schooling has he attended?	NUMBER OF YEAR SCHOOLING...[ ][ ] DON'T KNOW/DON'T REMEMBER ..98 REFUSED/NO ANSWER .....99																													
317a	Does he do the following Drink Gamble Substance Abuse NA for widowed, divorced, separated more than 12 months	<table border="0"> <tr> <td></td> <td>YES</td> <td>N</td> <td>D</td> <td>NA</td> </tr> <tr> <td>A. DRINK</td> <td>1</td> <td>2</td> <td>8</td> <td>7</td> </tr> <tr> <td>B. GAMBLE</td> <td>1</td> <td>2</td> <td>8</td> <td>7</td> </tr> <tr> <td>C. SUBSTANCE ABUSE</td> <td>1</td> <td>2</td> <td>8</td> <td>7</td> </tr> </table>		YES	N	D	NA	A. DRINK	1	2	8	7	B. GAMBLE	1	2	8	7	C. SUBSTANCE ABUSE	1	2	8	7	If all codes 2, 7 or 8 → 318a								
	YES	N	D	NA																											
A. DRINK	1	2	8	7																											
B. GAMBLE	1	2	8	7																											
C. SUBSTANCE ABUSE	1	2	8	7																											
317b	IF YES, how often does he? Add one option for “few times a year”	<table border="0"> <tr> <td></td> <td>EVERY DAY</td> <td>SEVERAL TIMES A WEEK</td> <td>SEVERAL TIMES A MONTH</td> <td>Several times a year</td> <td>DNK</td> <td>NA</td> </tr> <tr> <td>A.DRINK</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> <td>7</td> </tr> <tr> <td>B.GAMBLE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> <td>7</td> </tr> <tr> <td>C.SUBSTANCE ABUSE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> <td>7</td> </tr> </table>		EVERY DAY	SEVERAL TIMES A WEEK	SEVERAL TIMES A MONTH	Several times a year	DNK	NA	A.DRINK	1	2	3	4	8	7	B.GAMBLE	1	2	3	4	8	7	C.SUBSTANCE ABUSE	1	2	3	4	8	7	
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318	Did he witness or experience abuse in his family as a child	WITNESS.....1 EXPERIENCE.....2 WITNESSS AND EXPERIENCE.....3 NO.....4 DON'T KNOW.....8 REFUSED\NO ANSWER.....9	
319	Did YOU witness or experience abuse in your family as a child	WITNESS.....1 EXPERIENCE.....2 WITNESSS AND EXPERIENCE.....3 NO.....4 DON'T KNOW.....8 REFUSED\NO ANSWER.....9	



## SECTION 4: GENERAL HEALTH

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
<b>I would now like to ask a few questions about your health and use of health services, health care</b>			
401	In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT.....1 GOOD.....2 FAIR .....3 POOR.....4 VERYPOOR.....5 DON'T KNOW/DON'T REMEMBER....8 REFUSED/NO ANSWER.....9	
402	Now I would like to ask you about your health in the past 4 weeks. How would you describe your ability to walk around? I will give 5 options, 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	
403	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 PROBLEM.....2 SOME PROBLEMS.....3 MANY PROBLEMS .....4 UNABLE TO PERFORM USUAL ACTIVITIES.....5 DON'T KNOW/DON'T REMEMBER....8 REFUSED/NO ANSWER.....9	

404	In the past 4 weeks have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme	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																					
405	In the past 4 weeks have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	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																					
406	In the past 4 weeks, have you taken medication: a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed?	<table border="1"> <thead> <tr> <th></th> <th>NO</th> <th>ONCE OR WICE</th> <th>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 WICE	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 WICE	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																			
407	Do you have health insurance?	YES.....1 NO.....2 DON'T KNOW.....3																					

408	<p>In the past 4 weeks, did you consult a doctor or other professional or traditional health worker because you yourself were sick?  IF YES: Whom did you consult?  IF NOT SICK CIRCLE NOT APPLICABLE  CIRCLE ALL THAT APPLY  PROBE: DID YOU SEE ANYONE ELSE?</p>	<p>NO ONE CONSULTED.....A  DOCTOR/CLINIC.....B  OTHER HEALTH WORKER .....C  TRADITIONAL BIRTH ATTENDANT.....D  HEALTH COUNSELLOR .....E  PHARMACIST..... F  TRADITIONAL HEALER ..... G  OTHER:.....X  NOT APPLICABLE.....Z</p>	A→409
409	<p>In the past 4 weeks, did you consult a doctor or other professional or traditional health worker because your children were sick?  (IF NO CHILD OR CHILD NOT SICK CIRCLE NOT APPLICABLE)  IF YES: whom did you consult?  CHECK ALL THAT APPLY  PROBE: Did you see anyone else?</p>	<p>NO ONE CONSULTED.....A  DOCTOR/CLINIC.....B  OTHER HEALTH WORKER .....C  TRADITIONAL BIRTH ATTENDANT.....D  HEALTH COUNSELLOR .....E  PHARMACIST.....F  TRADITIONAL HEALER .....G  OTHER. ....X  NOT APPLICABLE.....Z</p>	A→410

410	<p>The next questions are related to other common problems that may have bothered you in the past 4 weeks. 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?  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?  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?  m) Is your daily work suffering?  n) Are you unable to express your role in front of people in life?  o) Have you lost interest in things that you used to enjoy?  p) Do you feel that you are a worthless person?  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 feeling in your stomach?  t) Are you easily tired?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a) HEADACHES</td><td>1</td><td>2</td></tr> <tr><td>b) APPETITE</td><td>1</td><td>2</td></tr> <tr><td>c) SLEEP BADLY</td><td>1</td><td>2</td></tr> <tr><td>d) FRIGHTENED</td><td>1</td><td>2</td></tr> <tr><td>e) HANDS SHAKE</td><td>1</td><td>2</td></tr> <tr><td>f) NERVOUS</td><td>1</td><td>2</td></tr> <tr><td>g) DIGESTION</td><td>1</td><td>2</td></tr> <tr><td>h) THINKING</td><td>1</td><td>2</td></tr> <tr><td>i) UNHAPPY</td><td>1</td><td>2</td></tr> <tr><td>j) CRY MORE</td><td>1</td><td>2</td></tr> <tr><td>k) NOT ENJOY</td><td>1</td><td>2</td></tr> <tr><td>l) DECISIONS</td><td>1</td><td>2</td></tr> <tr><td>m) WORK SUFFERS</td><td>1</td><td>2</td></tr> <tr><td>n) YOUR ROLE</td><td>1</td><td>2</td></tr> <tr><td>o) LOST INTEREST</td><td>1</td><td>2</td></tr> <tr><td>p) WORTHLESS</td><td>1</td><td>2</td></tr> <tr><td>q) ENDING LIFE</td><td>1</td><td>2</td></tr> <tr><td>r) FEEL TIRED</td><td>1</td><td>2</td></tr> <tr><td>s) STOMACH</td><td>1</td><td>2</td></tr> <tr><td>t) EASILY TIRED</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) HEADACHES	1	2	b) APPETITE	1	2	c) SLEEP BADLY	1	2	d) FRIGHTENED	1	2	e) HANDS SHAKE	1	2	f) NERVOUS	1	2	g) DIGESTION	1	2	h) THINKING	1	2	i) UNHAPPY	1	2	j) CRY MORE	1	2	k) NOT ENJOY	1	2	l) DECISIONS	1	2	m) WORK SUFFERS	1	2	n) YOUR ROLE	1	2	o) LOST INTEREST	1	2	p) WORTHLESS	1	2	q) ENDING LIFE	1	2	r) FEEL TIRED	1	2	s) STOMACH	1	2	t) EASILY TIRED	1	2	
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411	I would like to ask you now: In your life, have you ever thought about ending your life?	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER....8 REFUSED/NO ANSWER.....9	2→413
412	Have you ever tried to take your life?	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER....8 REFUSED/NO ANSWER.....9	
413	In the past 12 months, have you had an operation (other than a caesarean section)?	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER....8 REFUSED/NO ANSWER.....9	
414	In past 12 months how many times did you visit hospital/CLINIC FOR TREATMENT because you were sick?	NUMBER OF TIMES .....[ ][ ] NONE.....00 DON'T KNOW/DON'T REMEMBER...98 REFUSED/NO ANSWER..... 99	
415	In the past 12 months, did you have to spend any nights in a hospital/clinic/ health centre because you were sick(other than to give birth)? IF YES: How many nights in the past 12 months? (HERE WE ARE TRYING TO GET IF THEY HAVE HAD TO STAY IN HOSPITAL APART FROM BIRTH.)	NIGHTS IN HOSPITAL .....[ ][ ] NONE .....00 DON'T KNOW/DON'T REMEMBER...98 REFUSED/NO ANSWER.....99	

## SECTION 5: REPRODUCTIVE HEALTH AND CHILDREN

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
<b>I would now like to ask a few questions about your health and use of health services, health care</b>			
501	Now I would like to ask you about all the births that you have during your life. Have you ever been pregnant? (including current pregnant)	YES .....1 NO.....2 MAYBE/NOT SURE.....3	2→508 3→508
502	How many pregnancies have you had?	TOTAL NUMBER OF PREGNANCIES.....	
503	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? 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..... D. NONE.....	
504	How many living children do you have?	TOTAL NUMBER OF CHILDREN.....	IF 00 → 508
505	How many girls and boys do you have? NATURAL CHILDREN	NO. OF GIRLS..... NO. OF BOYS.....	
506	How many of your NATURAL children are living here with you?	NO. OF CHILDREN LIVING HERE.....	
507	How many of your NATURAL children are living else where?	NO. OF CHILDREN LIVING ELSEWHERE.....	
508	Are there other children in your household, OTHER than your natural children that you are responsible for.	OTHER CHILDREN.....	

<b>INTERVIEWER: If results are 0 for the Question 504 AND Question 508, then move to Section 6.</b>			
509	How many of your children living with you attended school in the last year academic year AND THIS ACADEMIC YEAR	2010-11 2011-12	NUMBER OF BOYS NUMBER OF GILS
<b>INTERVIEWER:</b>			
1. If no child studying in both 2010-2011 and 2011-2012 academic year --> Section 6			
2. If have child studying in 2010-2011 but NO child studying in 2011-2012 year --> Q 514			
3. If have child studying in 2011-2012 --> continue with Q510.			
510	PLEASE STATE WHAT GRADE FOR EACH CHILD IN 2011-12 GRADE 00 = KINDERGARTEN 1-12: Grade 1 to 12 13: Vocational school 14: College/University or higher 98 = DON'T KNOW/ DON'T REMEMBER	GRADE	A. CHILD 1 B. CHILD 2 C. CHILD 3 D. CHILD 4 E. CHILD 5 F. CHILD 6
511	In the last 12 months (2011-2012 academic year), how much did you pay for school fees for each child? IN LOCAL CURRENCY. THOUSANDS. PROBE FOR 2011-12 IF NONE MARK 0	SCHOOL FEES	Q 511-513: Code 8 if DK

512	In the last 12 months (2011-2012 academic year), what was the amount you had to pay for transportation to school? MORE OR LESS. INCLUDE DONATIONS IN LOCAL CURRENCY. THOUSANDS. PROBE FOR 2011-12 IF NONE MARK 0	TRANSPORT FEES	A. CHILD 1 B. CHILD 2 C. CHILD 3 D. CHILD 4 E. CHILD 5 F. CHILD 6
513	What were the other schooling related expenses you incurred this past year? MORE OR LESS. THOUSANDS. PROBE FOR 2011-12 PROBE UNIFORM, BOOKS, EXTRA TUTOR FEES	OTHER FEES	A. CHILD 1 B. CHILD 2 C. CHILD 3 D. CHILD 4 E. CHILD 5 F. CHILD 6
514	Did your children fail or receive poor grades for 2010-11 academic year? NA: For children with kindergarten level OR no child with FAIL or POOR GRADES.	FAIL POOR DKN NA GRADES	A. CHILD 1 1 2 8 7 B. CHILD 2 1 2 8 7 C. CHILD 3 1 2 8 7 D. CHILD 4 1 2 8 7 E. CHILD 5 1 2 8 7 F. CHILD 6 1 2 8 7



## SECTION 6: EMPLOYMENT AND TIME USE

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
<b>I would now like to ask a few questions about your health and use of health services, health care</b>			
601	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently involved in any such activity?	YES .....1 NO.....2	2→607
602	Which of the following best describes the work you do? PROBE ALL ACTIVITIES Salaried monthly? Salaried day? Self employed non agricultural? Unpaid family worker non agricultural? Self employed agricultural? Unpaid family worker agricultural? Other?	SALARIED MONTHLY..... A SALARIED DAY .....B SELF EMPLOYED/NON AGR.....C UNPAID FAM WORKER/NON AGR.....D SELF EMPLOYED/AGR.....E UNPAID FAMILY WORKER/AGR.....F OTHER X (SPECIFY)	

603	Which do you spend most of time?	SALARIED MONTHLY.....1 SALARIED DAY .....2 SELF EMPLOYED/NON AGR.....3 UNPAID FAM WORKER/NON AGR.....4 SELF EMPLOYED/AGR.....5 UNPAID FAMILY WORKER/AGR.....6 OTHER 96 (SPECIFY)	
604	In your MAIN work, do you work: Throughout the year? Seasonally / part of the year? Whenever you can find a job?	THROUGHOUT THE YEAR.....1 SEASONALLY / PART OF THE YEAR...2 WHENEVER FIND A JOB.....3	
605	In the past 12 months, how many months did you work in your MAIN job? What was your average income from the work you have performed MORE OR LESS IN LOCAL CURRENCY. THOUSANDS	MONTHS WORKED ..... AMOUNT EARNED ..... NO INCOME .....00	00 →607
606	To what period of time do these earnings correspond to? Per hour?, per day?, per week?, per 2 weeks, per month?	PER HOUR.....1 PER DAY.....2 PER WEEK.....3 PER 2 WEEKS.....4 PER MONTH.....5 PER YEAR.....6	
607	What did you do with the money you earned? PROBE TO ESTABLISH HER CONTROL OVER INCOME	SELF/OWN CHOICE .....1 GIVE PART TO HUSBAND/PARTNER AT OWN WILL.....2 GIVE PART TO HUSBAND/PARTNER AGAINST WILL.....3 GIVE ALL TO HUSBAND/PARTNER AT OWN WILL.....4 GIVE ALL TO HUSBAND/PARTNER AGAINST WILL.....5	

608	Has your husband/ partner ever taken your earnings or savings from you against your will? IF YES PROBE : Has he done this once or twice, several times or many times	NEVER .....1 ONCE OR TWICE.....2 SEVERAL TIMES.....3 MANY TIMES/ALL THE TIME.....4 DON'T KNOW.....8 REFUSED TO ANSWER.....9																																									
609	As a woman, you MAYBE be responsible for many of the household activities. Can you please tell me which ones of these household chores you have done in the past 7 days? Can you tell me how much time you spent on an average on each one of these activities PER DAY in the last 7 days?	<table border="0"> <tr> <td>YES .....1</td> <td>HOURS</td> </tr> <tr> <td>NO.....2</td> <td>SPENT ON</td> </tr> <tr> <td></td> <td>AVERAGE/DA</td> </tr> <tr> <td></td> <td>IN LAST 7 DAYS</td> </tr> <tr> <td></td> <td>HR MINS</td> </tr> <tr> <td>FETCHING WATER</td> <td>[ ] [ ]</td> </tr> <tr> <td>FETCHING FIREWOOD</td> <td>[ ] [ ]</td> </tr> <tr> <td>CARING FOR CHILDREN</td> <td>[ ] [ ]</td> </tr> <tr> <td>IRONING</td> <td>[ ] [ ]</td> </tr> <tr> <td>WASHING CLOTHES</td> <td>[ ] [ ]</td> </tr> <tr> <td>SWEEPING</td> <td>[ ] [ ]</td> </tr> <tr> <td>WASHING DISHES</td> <td>[ ] [ ]</td> </tr> <tr> <td>WASHING VEHICLES</td> <td>[ ] [ ]</td> </tr> <tr> <td>DISPOSE GARBAGE</td> <td>[ ] [ ]</td> </tr> <tr> <td>COOKING</td> <td>[ ] [ ]</td> </tr> <tr> <td>CARING FOR SICK</td> <td>[ ] [ ]</td> </tr> <tr> <td>PERSONS</td> <td>[ ] [ ]</td> </tr> <tr> <td>SHOPPING FOR HH</td> <td>[ ] [ ]</td> </tr> <tr> <td>NEEDS</td> <td>[ ] [ ]</td> </tr> <tr> <td>OTHER HOUSEKEEPING</td> <td>[ ] [ ]</td> </tr> </table>	YES .....1	HOURS	NO.....2	SPENT ON		AVERAGE/DA		IN LAST 7 DAYS		HR MINS	FETCHING WATER	[ ] [ ]	FETCHING FIREWOOD	[ ] [ ]	CARING FOR CHILDREN	[ ] [ ]	IRONING	[ ] [ ]	WASHING CLOTHES	[ ] [ ]	SWEEPING	[ ] [ ]	WASHING DISHES	[ ] [ ]	WASHING VEHICLES	[ ] [ ]	DISPOSE GARBAGE	[ ] [ ]	COOKING	[ ] [ ]	CARING FOR SICK	[ ] [ ]	PERSONS	[ ] [ ]	SHOPPING FOR HH	[ ] [ ]	NEEDS	[ ] [ ]	OTHER HOUSEKEEPING	[ ] [ ]	
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610	Does your husband / partner work?	YES.....1 NO.....2 DK/REFUSE TO ANSWER.....8 NA: Widowed, divorced, separated more than 12 months, currently not have male partner.....9	2→ 616 8 → Section 7 9→ Section																																								

611	Which of the following best describes the work HE does? PROBE ALL ACTIVITIES Salaried monthly? Salaried day? Self employed non agricultural? Unpaid family worker non agricultural? Self employed agricultural? Unpaid family worker agricultural? Other?	SALARIED MONTHLY.....A SALARIED DAY .....B SELF EMPLOYED/NON AGR.....C UNPAID FAM WORKER/NON AGR.....D SELF EMPLOYED/AGR.....E UNPAID FAMILY WORKER/AGR.....F OTHER.....X (SPECIFY)	
612	Which does he spend most of time?	SALARIED MONTHLY1 SALARIED DAY .....2 SELF EMPLOYED/NON AGR.....3 UNPAID FAM WORKER/NON AGR.....4 SELF EMPLOYED/AGR.....5 UNPAID FAMILY WORKER/AGR.....6 OTHER.....96 (SPECIFY)	
613	In his MAIN work, does he work: Throughout the year? Seasonally / part of the year? Whenever you can find a job?	THROUGHOUT THE YEAR.....1 SEASONALLY / PART OF THE YEAR..2 WHENEVER FIND A JOB.....3 DON'T KNOW.....8	
614	In the past 12 months, how many months did he work in his MAIN job? What was his average income from the work he has performed MORE OR LESS IN LOCAL CURRENCY	MONTHS WORKED..... AMOUNT EARNED..... NO INCOME.....00 DON'T KNOW.....88	

615	To what period of time does this salary correspond? Per hour? Per day? Per week? Per 2 weeks? Per month?	PER HOUR.....1 PER DAY.....2 PER WEEK.....3 PER 2 WEEKS.....4 PER MONTH.....5 PERR YEAR.....6 DON'T KNOW.....8	
616	Does/did your husband/partner give part of these earnings to use for household expenses?	NONE.....1 PART.....2 ALL.....3	
616	Does/did your husband partner help you with any of the household chores? Which ones of these chores has he/did he help you with in the past 7 days? How many times does/did he do one of these activities during the last 7 days?	YES .....1 NO.....2 FETCHING WATER FETHING FIREWOOD CARING FOR CHILDREN IRONING WASHING CLOTHES SWEEPING WASHING DISHES WASHING VEHICLES DISPOSE GARBAGE COOKING CARING FOR SICK PERSON IN THE FAMILY SHOPPING FOR HH NEEDS OTHER HOUSEKEEPING	NUMBER OF TIMES SPENT ON THESE ACTIVITIES DURING LAST 7 DAYS

## SECTION 7: ROLE IN DECISIONMAKING

INTERVIEWER: Do not ask this section to women who widowed, divorced, separated for more than 15 months.

No	QUESTIONS AND FILTERS	CODING CATEGORIES	
<b>I would now like to ask a few questions about your health and use of health services, health care</b>			
701	In general do (did) you and your current/most recent partner/ husband talk about the following topics together: Things that have happened to him in the day. Things that happened to you during the day. Your worries or feelings His worries or feelings	YES	NO
	HIS DAY	1	2
	YOUR DAY	1	2
	YOUR WORRIES	1	2
	HIS WORRIES	1	2
702	Who in your family usually has the final say on the following decisions: Household expenditure decisions Whether or not to use a method to avoid having children Any decisions about children's schooling What to do if a child falls sick Any decisions about children's marriage	A. MINOR HOUSEHOLD EXPENDITURES B. MAJOR HOUSEHOLD EXPENDITURES C. BIRTH CONTROL D. CHILDREN'S SCHOOLING E. CHILDREN'S HEALTH... F. CHILDREN MARRIAGE YOU = 1      HUSBAND/PARTNER =2 YOU & HUSBAND PARTNER SOMEONE ELSE = 4      JOINTLY = 3 YOU AND SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 7	

703	I am now going to ask you about some situations that are true for many women. Thinking about your current/recent husband/partner, would you say it is generally true that he: Tries to keep you from seeing your friends (PROBE IF FEMALE OR MALE FRIENDS) Tries to restrict contact with your natal family. Insists on knowing where you are at all times Ignores you or treats you indifferently Gets angry if you speak with another man Is often suspicious that you are unfaithful Expects you to ask his permission before seeking health care for yourself	ALWAYS   SOMETIMES   NEVER			
		A. SEEING FEMALE FRIENDS	1	2	3
		B. SEEING MALE FRIENDS	1	2	3
		C. CONTACT FAMILY	1	2	3
		D. WANTS TO KNOW	1	2	3
		E. IGNORES YOU	1	2	3
		F. GETS ANGRY	1	2	3
		G. SUSPICIOUS	1	2	3
704	In your relationship with your current/recent husband/partner, how often would you say that you quarrel(ed) IN THE LAST 12 MONTHS?	NEVER.....	1		
		FEW TIMES A YEAR.....	2		
		MONTHLY.....	3		
		DAILY/WEEKLY.....	4		
		DON'T KNOW/REMEMBER.....	8		
		REFUSED TO ANSWER.....	9		

## SECTION 8: ATTITUDES TOWARDS GENDER ROLES

In this community and elsewhere, people have different ideas about families and what is acceptable behavior 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 statements. There are no right or wrong answers.

No	QUESTIONS AND FILTERS	CODING CATEGORIES
<b>I would now like to ask a few questions about your health and use of health services, health care</b>		
801	A good wife obeys her husband even if she disagrees	AGREE.....1 DISAGREE.....2 DON'T KNOW/DEPENDS.....8 REFUSED TO ANSWER.....9
802	Family problems should only be discussed with people in the family	AGREE.....1 DISAGREE.....2 DON'T KNOW/DEPENDS.....8 REFUSED TO ANSWER.....9
803	It is important for a man to show his wife/partner who is the boss	AGREE.....1 DISAGREE.....2 DON'T KNOW/DEPENDS.....8 REFUSED TO ANSWER.....9
804	A woman should be able to choose her own friends even if her husband disapproves.	AGREE.....1 DISAGREE.....2 DON'T KNOW/DEPENDS.....8 REFUSED TO ANSWER.....9
805	It is a wife's obligation to have sex with her husband even if she does not feel like it	AGREE.....1 DISAGREE.....2 DON'T KNOW/DEPENDS.....8 REFUSED TO ANSWER.....9
806	If a man mistreats his wife, others outside of the family should intervene	AGREE.....1 DISAGREE.....2 DON'T KNOW/DEPENDS.....8 REFUSED TO ANSWER.....9



807	In your opinion, does a man have a good reason to hit his wife if: a. she does not complete her household work to his satisfaction? b. She disobeys him c. She refuses to have sexual relations with him d. She asks him whether he has other girlfriends e. He suspects she is unfaithful f. He finds out she has been unfaithful		Y	N	DK
	A. HOUSEHOLD	1	2	8	
	B. DISOBEYS	1	2	8	
	C. NO SEX	1	2	8	
	D. GIRLFRIENDS	1	2	8	
	E. SUSPECTS	1	2	8	
	F. UNFAITHFUL	1	2	8	
808	In your opinion, can a married woman refuse to have sex with her husband if: a. she does not want to b. he is drunk c. she is sick d. he mistreats her		Y	N	DK
	A. NOT WANT	1	2	8	
	B. DRUNK	1	2	8	
	C. SICK	1	2	8	
	D. MISTREAT	1	2	8	
809	In your opinion, can a married husband refuse to have sex with his wife if: a. he does not want to b. he is sick c. she mistreats him		Y	N	DK
	A. NOT WANT	1	2	8	
	B. SICK	1	2	8	
	C. MISTREAT	1	2	8	

## SECTION 9: HISTORY OF MARITAL VIOLENCE

Currently married/living with a man/with partne.....

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 OR recent 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 secret, and that you do not have to answer any questions that you do not want to. May I continue?

The next questions are about things that happen to many women and that your current husband/partner may have done to you.

No	QUESTIONS AND FILTERS	a) (IF YES continue with column b; NO move to row B)		b) Has this happened in the past 12 months (IF YES continue, NO ask column d only)		c) in the past 12 months would you say that this happened once, a few times or many times			d) Before the past 12 months, would you say that this happened once, a few times or many times			
		YES	NO	YES	NO	ONE	FEW	MANY	ONE	FEW	MANY	NONE
901	I want you to tell me if your current husband/partner has ever A. Insulted you or made you feel bad about yourself B. Belittled or humiliated you in front of other people C. Did things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things D. Threatened to hurt you or someone you care about	1	2	1	2	1	2	3	1	2	3	0
		1	2	1	2	1	2	3	1	2	3	0
		1	2	1	2	1	2	3	1	2	3	0
		1	2	1	2	1	2	3	1	2	3	0

902	Has he ever							
	A. Slapped you	1	2	1	2	1	2	3
	B. Thrown something at you that could hurt you?	1	2	1	2	1	2	3
	C. Pushed you or shoved you?	1	2	1	2	1	2	3
	D. Hit you with his fist or with something else that could hurt you	1	2	1	2	1	2	3
	E. Kicked you dragged you or beaten you up	1	2	1	2	1	2	3
	F. Choked or burned you on purpose	1	2	1	2	1	2	3
903	Has he ever							
	A. Had sex when you did not want?	1	2	1	2	1	2	3
	B. Did he ever force you to do something sexual that you found degrading or humiliating?	1	2	1	2	1	2	3
	C. Did you ever have sexual intercourse you did not want because you were afraid of what he might do?	1	2	1	2	1	2	3
	D. Physically forced you to have sexual intercourse when you did not want to?	1	2	1	2	1	2	3

**Interviewer:** if column “a” in questions 901 -> 903 all have option 2 then go to section 10

If divorced or separated or widowed for more 15 months go section 10

904 You say there have been incidences where your husband/partner has hurt you or threatened to hurt you. How many incidences of this nature do you remember in the last 15 months? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 If 0 → S10	INCIDENCE 1							
a) Can you tell about the last incident that happened? When did this happen	LAST 3 MONTHS.....1 PREVIOUS 6 MONTHS.....2 PREVIOUS 12 MONTHS.....3 PREVIOUS 15 MONTHS.....4 DON'T KNOW/DON'T REMEMBER .....8	b) What happened in the last of these incidences? DO NOT READ FROM THE LIST, MATCH RESPONDENT'S ANSWER TO ALL OPTIONS THAT APPLY BELOW	c) Did you have any injuries because of this incidence? Mark whatever applicable DO NOT READ FROM THE LIST, MATCH RESPONDENT'S ANSWER TO ALL OPTIONS THAT APPLY BELOW	d) Did you receive health care after this incidence	e) Did you have to take time off from work after this incidence?	f) Did you go to a health care provider after this incidence?	g) How many days were you paid for out of all the days you missed work?	h) How much money did you have to spend?

904 (Cont)	f) Did you have to stop housework after this incidence?  IF OPTION "C" IS INDICATED ASK COLUMN "g", OTHERWISE SKIP TO COLUMN "h"  YES NO 1 2 ↓	g) You said you could not take care of the children, were they fed by someone else, fed themselves? – IF HAVE CHILDREN YOUNGER THAN  YES NO 1 2	h) Did any of your children have to miss school after this incidence? IF CHILDREN IN SCHOOL  YES NO 1 2 ↓ NA.....7	i) Did you husband/partner have to take time off from work after this incidence?  YES NO NA 1 2 7 ↓ (NA means husband does not have job)
INCIDENCE 1	IF YES, what are the types of work you had to forego? A. FETCHING WATER B. FETCHING FIREWOOD C. CARING FOR CHILDREN D. IRONING E. WASHING CLOTHES F. SWEEPING G. WASHING DISHES H. WASHING VEHICLES I. DISPOSE GARBAGE J. COOKING K. CARING FOR SICK L. SHOPPING/HOUSEHOLD NEEDS M. OTHER HOUSEWORK	FED BY SOMEONE ELSE.....1 FED THEMSELVES.....2 WENT HUNGRY.....3	IF YES, A. How many school days did they miss?	IF YES, A. How many days did he have to take off because of this incidence? <input type="checkbox"/> <input type="checkbox"/> B. Did he get paid for the days you had to take off from work YES.....1 NO.....2 C. How many days was he paid for out of all the days you missed work? <input type="checkbox"/> <input type="checkbox"/>

904 (Cont)	j) Did your husband/partner have to stop or reduce the work he usually does around the house?  YES NO NA (Never does housework) 1 2 7 ↓	k) Did you have to replace any property?  YES NO 1 2	l) Did you go to the police after this incidence?  YES NO 1 2	m) Did you have to pay them any money?  YES NO 1 2	n) Did husband/partner get arrested?  YES NO 1 2	o) Did you leave the house after this incidence?  YES NO 1 2
INCIDENCE 1	IF YES, what are the types of work he had to forego? A. FETCHING WATER B. FETCHING FIREWOOD C. CARING FOR CHILDREN D. IRONING E. WASHING CLOTHES F. SWEEPING G. WASHING DISHES H. WASHING VEHICLES I. DISPOSE GARBAGE J. COOKING K. CARING FOR SICK L. SHOPPING/HOUSEHOLD NEEDS M. OTHER HOUSEWORK	A. IF YES, what kind of property? DISHES, POTS, UTENSILS .....A FURNITURE.....B TV, RADIO .....C VEHICLES .....D HOUSE REPAIRS .....E DON'T KNOW/REMEMBER .....8 B. HOW MUCH DID YOU HAVE TO SPEND? (1000 vnd)	IF YES, A. Did you pay for transport? Yes.....1 No.....2 B. If YES how much did you pay? TRANSPORT .....	IF YES, A. How much did you pay?	IF YES, A. Did you pay FINES .....A ADMINISTRATIVE FEES.....B NOT PAY ANY....C → Column o) B. HOW MUCH DID YOU PAY	IF YES, A. Where did you go? SHELTER Y N FAMILY 1 2 FRIEND 1 2 SAFE ADDRESS 1 2 HOTEL 1 2 Other..... 96 (SPECIFY) B. How many days did you spend there? DAYS <input type="checkbox"/> <input type="checkbox"/> C. Did you have to pay any money to stay there? YES.....1 NO.....2 D. If YES, how much did you have to pay? TOTAL COST.....

904 (Cont)	p) Did you file a formal complaint after the incident?  YES 1 NO 2 ↓	q) Did the complaint go to court  YES 1 NO 2 ↓	r) Did you go to any other authorities in the community after this incident? PROBE RECONCILIATION  YES 1 NO 2 ↓	s) We have talked about various fees and other costs you had to bear. Did you pay for all these fees out of your own pocket? Did your husband/partner pay for some of them? Did your natal family pay for some of them ASK IF ANY COSTS ARE MENTIONED	t) I know that these are difficult experiences to deal with? Did you feel any of the following because of this incident?
INCIDENCE 1	If YES, A. Did you have to pay any fees? YES.....1 NO.....2 B. How much did you pay? A. FILING COST ..... B. TRANSPORT COST..... Filing Cost includes application fee, lawyer's fee, under the table fee)_	If YES, did you pay any court, lawyer fees A. COURT ..... B. LAWYER ..... C. TRANSPORT .....	904r A where did you go Women's Union.....A Head of village.....B Legal Officer.....C Commune People's Committee.....D 904rB Did you incur any costs? How much in VND? A Transport..... B Fees..... 904rC Was a mediation/ reconciliation meeting held? YES.....1 NO.....2 904rD Did you incur any costs? How much in VND? A Transport ..... B Fees.....	SELF .....A HUSBAND.....B NATAL FAMILY.....C SELF AND HUSBAND.....D SELF AND NATAL FAMILY.....E SELF/NATAL FAMILY/ HUSBAND.....F OTHER.....G NOT ANY ONE..... H NOT PAY ANY THING.....7	Y N A. YOUR DAILY WORK SUFFERED 1 2 B. FELT UNABLE TO PLAY A USEFUL PART IN LIFE 1 2 C. FOUND IT DIFFICULT TO ENJOY DAILY ACTIVITIES 1 2 D. HAD THE THOUGHT OF ENDING YOUR LIFE 1 2

## SECTION 10

No	QUESTIONS AND FILTERS	CODING CATEGORIES	
1001	In the years that you have lived here, have you ever received assistance or service from any organization or agency like an organization that provides assistance with: Adult health care? Adult education? Food, Shelter or the basics of life? Employment Child care and development Other (WE ARE AKSING THIS QUESTION TO GET THE WOMAN OUT OF THE INTERVIEW SO IT A BROAD QUESTION)	Y	N
		A. HEALTHCARE 1	2
		B. EDUCATION 1	2
		C. FOOD/SHELTER 1	2
		D. EMPLOYMENT 1	2
		E. CHILD CARE 1	2
		F. OTHER.....96	
		(SPECIFY)	
1002	WHAT BRINGS YOU HAPPINESS IN LIFE? ..... ..... .....		
1003	WHAT ARE YOUR HOPES FOR THE FUTURE? ..... ..... .....		

*Thank you very much for your time. I know the interview has been difficult and may have brought up many emotions. IF YOU ARE ANXIOUS OR UPSET, you can speak to the Women's Union counselors who are ready to help you and refer to you any other organisations for help. Thank you once again.*



## ANNEX III: DETAILED TABLES

**Table 1: IPV by Wealth Quintile**

*Table 1.1: Ever IPV by Wealth Quintile*

Types of IPV reported in lifetime	Wealthiest	2	3	4	Poorest
<b>Psychological Ever</b>					
Insulted or made feel bad about herself	32	38.6	42.4	41.4	47
Belittled in front of other people	19.7	22.8	23.6	25.1	28.2
Scare or intimidate on purpose	26.6	34.7	39.4	36.9	38.1
Threaten to hurt (Her or someone she cares about)	12.8	16.3	17.2	27.1	26.2
<b>Physical Ever</b>					
Slapped her	33.5	36.1	37.4	39.9	42.6
Thrown something that could hurt	10.8	13.9	15.3	16.7	17.8
Pushed or shoved	10.8	16.8	16.7	21.7	19.3
Hit with fist or something else that could hurt	9.9	15.3	17.7	20.7	20.8
Kicked, dragged or beaten	6.9	7.9	11.8	10.8	12.4
Choked or Burned on purpose	4.4	5.4	3	4.4	5.9
Threaten or use a gun, knife or other weapon	4.4	6.9	6.9	5.4	6.9
<b>Sexual Ever</b>					
Had sex when did not want	28.1	26.7	27.6	25.1	26.7
Forced to do something sexually degrading or humiliating	4.4	4	3.9	2	3
Had sexual intercourse because afraid	4.4	3.5	3.9	6.4	7.9
Physically forced to have sexual intercourse when did not want	3.9	5	3	4.4	4

*Table 1.2: Current IPV by Wealth Quintile*

Types of IPV reported in last 12 months	Wealthiest	2	3	4	Poorest
<b>Psychological in last 12 months</b>					
Insulted or made feel bad about herself	16.7	21.8	24.1	30	31.2
Belittled in front of other people	11.3	16.8	13.3	18.2	17.3
Scare or intimidate on purpose	11.8	18.3	22.2	23.6	25.7
Threaten to hurt (Her or someone she cares about)	6.9	11.9	11.8	18.2	16.3
<b>Physical in last 12 months</b>					
Slapped her	12.3	11.9	10.8	16.7	17.8
Thrown something that could hurt	5.4	6.4	5.4	8.9	11.4
Pushed or shoved	5.9	8.4	5.9	11.8	10.9
Hit with fist or something else that could hurt	3.9	6.9	6.9	11.3	11.4
Kicked, dragged or beaten	3	5.9	4.4	6.4	8.4
Choked or Burned on purpose	2.5	3	1.5	2.5	2.5
Threaten or use a gun, knife or other weapon	2	3	3	3	4
<b>Sexual in last 12 months</b>					
Had sex when did not want	14.8	15.8	16.7	15.8	15.3
Forced to do something sexually degrading or humiliating	2	2.5	1.5	0.5	1
Had sexual intercourse because afraid	2.5	2.5	1.5	3.9	4.5
Physically forced to have sexual intercourse when did not want	1.5	3.5	1	3.4	2.5

**Table 2: IPV by Women's Education**

**Table 2.1: Education of Women and Psychological Violence**

Education of Woment	Insulted or made feel bad about herself		Belittled in front of other people		Scare or intimidate on purpose		Threaten to hurt (Her or someone she cares about)	
	Yes	No	Yes	No	Yes	No	Yes	No
Not completed Primary (n=78)	51.3	48.7	37.2	62.8	44.9	55.1	26.9	73.1
Primary (n=248)	47.2	52.8	29.8	70.2	40.7	59.3	26.2	73.8
Lower Secondary (n=324)	43.5	56.5	24.7	75.3	41.7	58.3	22.8	77.2
High School (n=218)	35.3	64.7	18.3	81.7	30.3	69.7	14.2	85.8
Elementary / Second Professional School (n=91)	30.8	69.2	19.8	80.2	25.3	74.7	14.3	85.7
College (n=16)	18.8	81.3	12.5	87.5	6.3	93.8	0	100
University (n=56)	17.9	82.1	16.1	83.9	17.9	82.1	7.1	92.9

**Table 2.2: Education of Women and Physical Violence**

Education of Women	Slapped her		Thrown something that could hurt		Pushed or shoved		Hit with fist or something else that could hurt		Kicked, dragged or beaten		Choked or Burned on purpose		Threaten or use a gun, knife or other weapon	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Not completed Primary (n=78)	53.8	46.2	23.1	76.9	33.3	66.7	29.5	70.5	19.2	80.8	9	91	12.8	87.2
Primary (n=248)	42.7	57.3	19	81	23.4	76.6	23.4	76.6	14.5	85.5	7.7	92.3	9.7	90.3
Lower Secondary (n=324)	40.4	59.6	18.5	81.5	17	83	18.5	81.5	10.8	89.2	4	96	6.8	93.2
High School (n=218)	32.1	67.9	10.1	89.9	12.8	87.2	13.3	86.7	6	94	3.7	96.3	4.6	95.4
Elementary / Second Professional School	33	67	11	89	11	89	9.9	90.1	6.6	93.4	2.2	97.8	2.2	97.8
College (n=16)	12.5	87.5	0	100	0	100	0	100	0	100	0	100	0	100
University (n=56)	12.5	87.5	5.4	94.6	7.1	92.9	0	100	1.8	98.2	4	96	6.8	93.2

**Table 2.3: Education of Women and Sexual Violence**

Education of Women	Had sex when did not want		Forced to do something sexually degrading or humiliating		Had sexual intercourse because afraid		Physically forced to have sexual intercourse when did not want	
	Yes	No	Yes	No	Yes	No	Yes	No
Not completed Primary (n=78)	28.2	71.8	2.6	97.4	7.7	92.3	7.7	92.3
Primary (n=248)	25	75	2	98	4.4	95.6	5.6	94.4
Lower Secondary (n=324)	29.3	70.7	5.2	94.8	6.8	93.2	3.7	96.3
High School (n=218)	26.6	73.4	4.6	95.4	4.1	95.9	3.7	96.3
Elementary / Second Professional School (n=91)	28.6	71.4	3.3	96.7	3.3	96.7	3.3	96.7
College (n=16)	37.5	62.5	0	100	0	100	0	100
University (n=56)	16.1	83.9	0	100	1.8	98.2	1.8	98.2

**Table 3: IPV by Partner's Education**

**Table 3.1: Education of Partner and Psychological Violence**

Education of Women	Insulted or made feel bad about herself		Belittled in front of other people		Scare or intimidate on purpose		Threaten to hurt (Her or someone she cares about)	
	Yes	No	Yes	No	Yes	No	Yes	No
Not completed Primary (n=68)	58.8	41.2	36.8	63.2	48.5	51.5	44.1	55.9
Primary (n=228)	52.2	47.8	33.3	66.7	47.4	52.6	25.9	74.1
Lower Secondary (n=303)	43.2	56.8	22.4	77.6	35	65	20.1	79.9
High School (n=203)	36.5	63.5	21.2	78.8	38.4	61.6	16.7	83.3
Elementary / Second Professional School (n=75)	24	76	14.7	85.3	21.3	78.7	12	88
College (n=35)	22.9	77.1	17.1	82.9	17.1	82.9	8.6	91.4
University (n=85)	22.4	77.6	20	80	18.8	81.2	5.9	94.1
Ph.D Degree (n=5)	0	100	0	100	0	100	0	100

**Table 3.2: Education of Partner and Physical Violence**

Education of Women	Slapped her		Thrown something that could hurt		Pushed or shoved		Hit with fist or something else that could hurt		Kicked, dragged or beaten		Choked or Burned on purpose		Threaten or use a gun, knife or other weapon	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Not completed Primary (n=68)	52.9	47.1	23.5	76.5	26.5	73.5	27.9	72.1	16.2	83.8	5.9	94.1	13.2	86.8
Primary (n=228)	46.1	53.9	22.8	77.2	26.8	73.2	26.3	73.7	16.2	83.8	8.8	91.2	11.8	88.2
Lower Secondary (n=303)	41.6	58.4	15.8	84.2	16.5	83.5	16.2	83.8	9.6	90.4	3.6	96.4	5.9	94.1
High School (n=203)	36	64	13.3	86.7	14.8	85.2	15.8	84.2	9.4	90.6	4.9	95.1	5.4	94.6
Elementary / Second Professional School (n=75)	20	80	2.7	97.3	1.3	98.7	4	96	1.3	98.7	2.7	97.3	1.3	98.7
College (n=35)	11.4	88.6	8.6	91.4	8.6	91.4	5.7	94.3	5.7	94.3	2.9	97.1	5.7	94.3
University (n=85)	21.2	78.8	4.7	95.3	9.4	90.6	4.7	95.3	3.5	96.5	2.4	97.6	0	100
Ph.D Degree (n=5)	0	100	0	100	0	100	0	100	0	100	0	100	0	100

**Table 3.3: Education of Partner and Sexual Violence**

Education of Women	Had sex when did not want		Forced to do something sexually degrading or humiliating		Had sexual intercourse because afraid		Physically forced to have sexual intercourse when did not want	
	Yes	No	Yes	No	Yes	No	Yes	No
Not completed Primary (n=68)	36.8	63.2	5.9	94.1	17.6	82.4	7.4	92.6
Primary (n=228)	33.8	66.2	4.8	95.2	7	93	7	93
Lower Secondary (n=303)	24.1	75.9	2.6	97.4	3.6	96.4	4.3	95.7
High School (n=203)	25.6	74.4	3.9	96.1	5.9	94.1	3	97
Elementary / Second Professional School (n=75)	22.7	77.3	1.3	98.7	0	100	2.7	97.3
College (n=35)	25.7	74.3	2.9	97.1	2.9	97.1	0	100
University (n=85)	23.5	76.5	3.5	96.5	2.4	97.6	1.2	98.8
Ph.D Degree (n=5)	20	80	0	100	0	100	0	100



**Table 4: Logistic Regression for Experience of Domestic Violence**

	<b>Experience IPV in last 12 months</b>	<b>Lifetime Experience IPV</b>
<b>Wealth</b>	<b>Odds Ratio</b>	<b>Odds Ratio</b>
Base Category: Poorest		
2	0.717 (p= 0.313)	0.753 (p= 0.386)
3	0.673 (p= 0.211)	0.89 (p= 0.706)
4	0.619 (p= 0.118)	0.937 (p= 0.822)
Wealthiest	0.507* (p= 0.069)	0.507* (p= 0.053)
<b>Number of people in the family</b>	0.962 (p= 0.57)	0.954 (p= 0.491)
<b>Woman's age</b>	0.978 (p= 0.789)	0.943 (p= 0.587)
<b>Man's age</b>	1.045 (p= 0.460)	1.186* (p= 0.068)
<b>Age of woman at Marriage</b>	0.899 (p= 0.247)	0.965 (p= 0.692)
<b>Age of Husband/Partner at marriage</b>	1.016 (p= 0.889)	0.907 (p= 0.42)
Ethnicity		
Base Category: Kinh		
Tay	1.062 (p= 0.892)	0.476* (p= 0.083)
Nung	0.847 (p= 0.704)	1.131 (p= 0.782)
Other	0.92 (p= 0.909)	1.433 (p= 0.579)
<b>Regularly attend a Group or Organisation –</b>	1.128 (p= 0.707)	1.293 (p= 0.386)
How often woman speaks to natal family		
Base Category: Never		
Once /Several times a week	0.411 (p= 0.486)	0.824 (p= 0.891)
once/several times a month	0.597 (p= 0.687)	1.062 (p= 0.966)
once/several times a year	0.829 (p= 0.886)	1.094 (p= 0.951)
<b>How often does husband / partner Drink</b>		

Base Category: Never		
Everyday	2.29** (p= 0.033)	1.944* (p= 0.086)
Several Times a Week	1.583 (p= 0.205)	1.355 (p= 0.36)
Several Times a Month	1.179 (p= 0.649)	1.195 (p= 0.582)
Several Times a Year	0.962 (p= 0.923)	0.833 (p= 0.607)
<b>How often does husband / partner Gamble</b>		
Base Category: Never		
Everyday	4.6 (p= 0.211)	
Several Times a Week	4.93** (p= 0.037)	2.219 (p= 0.358)
Several Times a Month	2.71* (p= 0.073)	4.534 (p= 0.108)
Several Times a Year	3.127*** (p= 0.003)	3.078*** (p= 0.009)
<b>Did Husband/Partner experience abuse in his family as a child</b>		
Base Category: Never		
Witnessed	1.928 (p= 0.1)	1.854 (p= 0.147)
Experienced	2.056 (p= 0.246)	0.615 (p= 0.443)
Both Witnessed and Experienced	1.169 (p= 0.662)	1.643 (p= 0.18)
Don't know	1.061 (p= 0.814)	1.183 (p= 0.487)
<b>Did Woman experience abuse in her family as a child</b>		
Base Category: Never		
Witnessed	1.188 (p= 0.585)	1.889* (p= 0.054)
Experienced	3.139** (p= 0.025)	2.878* (p= 0.074)
Both Witnessed and Experienced	1.163 (p= 0.652)	0.765 (p= 0.436)
<b>Number of quarrels in current relationship</b>	4.802*** (p= 0.000)	3.754*** (p= 0.000)
<b>Length Married</b>	0.998 (p= 0.736)	0.993 (p= 0.375)

<b>Daily Earnings Husband</b>	0.999 (p= 0. 206)	0.998*** (p= 0.002)
<b>Daily Earnings Wife</b>	0.999 (p= 0.679)	0.998** (p= 0.011)
<b>Age gap at marriage</b>	0.887 (p= 0.280)	0.909 (p= 0.442)
<b>Gender Norms</b>	1.277** (p= 0.011)	1.21** (p= 0.034)
<b>Education of Woman</b>		
Base Category: Not Completed		
Primary	1.308 (p= 0.576)	0.748 (p= 0.556)
Lower Secondary	1.221 (p= 0.675)	1.005 (p= 0.993)
High School	1.199 (p= 0.723)	0.676 (p= 0.453)
Third Level	0.912 (p= 0.873)	0.796 (p= 0.696)
<b>Education of Husband/Partner</b>		
Base Category: Not Completed		
Primary	1.27 (p= 0.644)	1.534 (p= 0.4)
Lower Secondary	0.864 (p= 0.778)	1.209 (p= 0.710)
High School	0.9048 (p= 0.852)	1.057 (p= 0.916)
Third Level	1.05 (p= 0.932)	1.086 (p= 0.881)

\*Significant at 10%, \*\*Significant at 5% and \*\*\*Significant at 1%

**Table 5: Income Distribution (%) of women who reported IPV experience in lifetime**

<b>Monthly Income (In 000's VND)</b>	<b>IPV Victims</b>	<b>Non- IPV Victims</b>
0*	7.0	1.0
Less than 1000	21.0	7.0
Between 1000 and 2,600	39.0	35.0
Between 2,600 and 4,000	17.0	28.0
Between 4, 000 and 7,000	11.0	23.0
Between 7,000 and 50,000	5.0	6.0

\* Represents those who did not report any income.



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