

CARE International in Vietnam

**REPORT**

**BASELINE SURVEY AND GENDER ANALYSIS FOR “STAND UP,  
SPEAK OUT: BREAKING THE SILENCE AROUND GENDER BASED  
VIOLENCE AMONG ETHNIC MINORITY COMMUNITIES IN  
NORTHERN VIETNAM”**

**PROJECT IN DIEN BIEN PROVINCE**

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## ABBREVIATIONS

CSOs	Vietnamese civil society organisations
CVN	CARE Vietnam
EM	Ethnic Minority
GBV	Gender Based Violence
FGD	Focused Group Discussion
IDI	In-depth Interview
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation, and Learning
REMW	Remote Ethnic Minority Women
SPSS	Statistical Packages for Social Sciences
SUSO	“Stand Up - Speak Out” Project
WHO	World Health Organisation
PWD	People with disability

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# I. BACKGROUND

## 1. Introduction

CARE Vietnam (CVN) in coordination with stakeholders is implementing the Project titled Stand Up, Speak Out: Breaking the silence around gender based violence among ethnic minority communities in Northern Vietnam, which is a part CARE's Remote Ethnic Minority Women's Program. In CVN's programming, Gender based violence (GBV) is considered as one of the three focus thematic areas. Within the REMW Program, GBV will be addressed through three dimensions: a) Protection (legal protection, literacy, reform), b) Prevention and Response (engaging with initiatives of others, promoting access to services), and c) expanding the scope of the national agenda to focus on GBV. "Stand Up, Speak Out" project (SUSO) aims to promote all of the three dimensions for addressing GBV: Protection (legal protection, literacy, reform), through Prevention and Response (engaging with initiatives of others, promoting access to services) and through expanding the scope of the national agenda to focus on GBV.

Proposed actions will challenge the harmful gender norms that accept and normalize GBV in ethnic minority communities, by taking a multi-level, multi-sectoral approach. The project will tackle the taboo nature of GBV by increasing the awareness and understanding about GBV among ethnic minority community members, authorities and service providers. It will work with service providers to improve the support services available for ethnic minority survivors of GBV. At the policy level the project will strengthen implementation of the National Action Plan on GBV through the development of tools and processes that align with the National Action Plan's priorities and by undertaking advocacy in partnership with an alliance of Vietnamese civil society organisations (CSOs). The project will use a rights based approach to tackle intersectional discrimination by targeting ethnic minority groups in remote and rural areas and being sensitive to GBV survivors with disabilities.

The project has designed a logical frame work with number of indicators tracking the achievement of the intervention. At the beginning point of the project, a baseline assessment is planned in targeted areas of Dien Bien province in order to collect the baseline data regarding to the project indicator. The result of baseline assessment will be used to:

- + To establish the baseline values and targets by years for the project intervention, measurement and evaluation
- + To provide shortcut of GBV incidents, GBV service accessing among targeted groups and GBV prevention at local level
- + To make recommendations in revising log-frame indicators for it more practical if any.

A national consultant conducted the survey with assistance from CARE, project partners, and local enumerators. This brief report presents the processed data of the main findings on specific situation of GBV in the project areas. A more detailed report with analysis of causes and detailed dimensions of the GBV situation need be developed for deeper understanding and recommendation.

In accordance with such baseline assessment, a quick gender analysis was carried out to understand the local context regarding gender norms, gender stereotypes, the power relations, response to violence, and the beliefs around gender and GBV.

## 2. Research Objectives

The overall objective of the baseline assessment is to provide sufficient data for both M&E purpose and inform the design of qualitative research and of reflection activities that will be implemented in the project sites.

Baseline data will be established for the following dimensions:

- + Current prevalence of GBV in the project sites including but not limited to domestic violence, human trafficking, and sexual abuse;
- + Percentage of people who reject intimate partner violence (disaggregated by sex and ethnicity, disability);
- + Number of GBV incidences reported by ethnic minority (EM) women and men (disaggregated by sex, ethnicity, disability);
- + Number of EM women and men who have accessed services related to GBV (disaggregated by sex, ethnicity, and disability);
- + Percentage of EM women and men who accessed support services report satisfaction with services received (disaggregated by sex, ethnicity, disability); and
- + Local authority & people's awareness of GBV and perspective on the prevention and response to it.

Results of the baseline has been used for the development of Gender analysis protocol and tools when deeper analysis and power relation and the cause of GBV incidences were discovered. Findings from Gender analysis was mostly for the purpose of indentifying social and gender norms regarding the prevalence of such behaviour and attitude to the issues so that the project will determine relevant activities to challenge and make the changes.

## II. METHODOLOGY

The baseline survey aims at collecting quantitative data of the situation of gender-based violence in the project areas. Interviews were conducted with randomly selected women and men in the villages where the project activities implemented. The questionnaire has been designed through a logical conversation, and in a quantified standard so that collected data could be quantitatively processed using statistics software SPSS. An app running on android, KoBoCollect was used to record information during the interviews

Gender analysis was done with focus group discussion (FGD) and in-depth interview with women who were suffering from different type of GBV, service providers who were working directly or indirectly in delivery GBV related services such as health staffs, reconcillitaion team, Justice officers and key informant interview (KII) with local authority at provincial and district level.

**Table 1. Summary of tools and targeted informants**

#	Tool	Sample size
1	Interview – women in the villages	329
2	Interview – men in the villages	101
3	Self-administered questionnaire for authority representatives	35
4	In-depth interview with survivors (3 H'Mong, 3 Thái, 2 K'Mu; 1 Kinh; 1 survivor with disability))	10
5	04 FGD with women	32
6	02 FGD with men	16
7	02 FGD with Reconciliation team	16
8	IDI with service providers (3 health care officers; 3 Justice officers; 2 reconciliation team members; 2 reliale address)	10
9	Key Informal Interview with government officers at provincial and district level	4

### *Sampling Strategy*

*Cluster Sampling* approach was applied to target 430 household representatives (329 women and 101 men) for quantitative interview. The interviewed sample size was calculated based on the total 3,896 households of the four project communes to ensure that the sample size gives a confidence level of 97% and a margin error of  $\pm 5\%$ . Each village was considered as a cluster. The interviewed number for each village was calculated based on the size of the village's household number over the total households in the selected villages. The interviewed households were simple randomly selected from the list of household village. The sample size reflects the characteristics of ethnicity of people in the project sites (women and men from the Thai, Kho Mu, Mong, and Kinh). People with disability was not available significantly in the randomly chosen households (there were 2 households with chronically ill women). The breakdown of ethnicities in this survey is presented in the following table, and details of the surveyed villages with ethnicities distribution is presented in Annex 2.

**Table 2.** Number of interviewed households by ethnicity

	Thai	Mong	Kho Mu	Kinh	Other
Women					
Interview	248	19	57	5	
Men Interview	70	7	20	3	1

Information was also collected from 35 representatives of stakeholders (People Committee Offices and Mass organisations)<sup>1</sup> using self-administered administered questionnaire distributed and collected at Dien Bien district and 4 project communes. This is to capture the baseline situation and for measuring the change in perceive and attitude of local authorities of gender norms relating to violence women (the indicator for Specific Outcome 1 and Output 1.2 in the project logframe.)

Informants for the gender analysis component were purposely selected. The KIIs were ones who work in government bodies which are responsible for gender equality and domestic violence issues. The women and men villagers participated in FGDs were any ones who have not participated in any of the interviews or FGDs; survivors represented women who experienced gender based violence of their own ethnicity; service providers were selected so as they represented all the important services needed for GBV survivors at community and district level.

### *Survey team*

The baseline survey team is composed of a consultant - Truong Hao Quang, and 10 assistants who were project partners and local enumerators. The enumerators were selected by the project partners and received a day training on interview skills including using KoBoCollect to record the interview data, understanding the meaning of each question on questionnaire. The interview team was also engaged in a practice session with real community people on field. The feedbacks were provided to interviewer to help their interview skills improved on how to use questionnaire and KoBoCollect app.

The gender analysis team include a CARE gender co-hort members who helped in design the analysis and drafted the in-depth interview guidelines with different groups of informants. CARE Vietnam staffs and Light project staffs did the data collection on the field.

### *Quality Control*

The following strategy had been applied for quality control to minimize the study limitation and overcome the challenges.

<sup>1</sup> Representatives of stakeholders will be referred to as "authorities" in this report

Trained properly and sufficiently on the requirements of the survey. In the morning in Muong Phang commune, the enumerators were provided knowledge in the quality requirements of the SUSO survey quality. They had been provided with key concepts in GBV with reference to the reality of the area. The enumerators had trained in the process of conducting the survey, and the application of web-based application – KoBoCollect. They explored the requirements in interviewing skills: management of an interview (steps from the early minutes of visiting the household - asking questions and collecting information - and ending), criteria of a good interview, questioning skills for the right information, verification of collected information, and tips for having an effective interview. The research ethical considerations were also well-awared by interview team in which the consent form and referral list were required to apply for all the interviews on field.

The enumerators had gone through the questionnaire to come to a common understanding of the information needed. The enumerators then discovered each feature of KoBoCollect app and practiced using it.

Accompanying the immature enumerator for coaching and supporting. There was two enumerators were explored with fewer experienced with standard and morden survey that using IT tool so they were followed up by special coaching and attention during training, analysis on change in ability after practice session. Although by the end of the first field work day, the two enumerators indicated a good improvement in managing an interview but the later field work days, coaching still was provided to them as well as to all team members to ensure the quality of work.

Cross-check information at the village. The enumerators have conducted cross-checking right in the interview by leading the interview in a form of smooth conversation and asking additional questions for verifying the information.

Correcting and reminding the enumerators about the quality of the survey has been done during the daily reflection meeting conducted every end-of-day.

### *Challenges*

There were challenges during the survey that affect the process. Firstly, GBV is a challenging topic for its sensitivity. In the first day of the survey, the enumerators found it hard to get the right answers from the women and men. Some questions were answered with “not know” or “not remember”. The reflection was made and experience in interviewing was provided and exchanged, focusing on the introduction session in an interview where the confidentiality and the trust were required to build up between interviewer and respondent to help them open for sharing. In the other days, the enumerators then spent more time for the start and the issues have been gradually improved. Supports were provided for the enumerators in the process. The enumerators learned more lessons during the survey and almost enumerators indicated skilfulness in the later days of the survey: many enumerators wrote “no problem” in the daily report sheet.

Secondly, the villagers were not sufficiently available in the village since the survey time was right in the harvesting season. This challenge was overcome by coordinating closely with commune Women Union who has good communication with the village leaders for planning to come to the free villages. Finally, field team still get the targeted sample. However, the sample size for men could not be reached due to their mobility for job outside the village and the interview could not be arranged in the evening time. Still the interviewed samples maintaining the statistical significance.

In gender analysis, the language was found as a barrier in FGDs with different target groups, especially with H’Mong group. Translation was provided but it kept the conversation distracted and loose its focus sometimes. It also lengthen the discussion so that the information for some part were not as depth as it was expected.

### III. FINDINGS

#### 3.1 Demography

Average age of the informants was 35.3 in which the oldest is 60 and the youngest is 18. Surveyed women have a bit lower average age which is 34,3 year old. In overall, about 34% of the respondents completed secondary school.. The education level of men is higher than women. When 40% men who are currently intimate partners of surveyed women had completed secondary school as highest level of education this percentage among women was only 29.5%. Only 6.4% of women in the survey sample indicated they were household header. Most of them doing agriculture work and were from family with moderate income (95% doing agriculture work and 47.7% from moderate income family). Women in the survey have quite long time living with their current intimate partners (15 year in average).

**Table 3: Demographic characteristics of surveyed women**

Demographic characteristics of surveyed women		%	N
Average age of women		34.3 y.o	329
Average age of women's intimate partners		36.99 y.o	
Average years living together		15.2 years	328
Education	No formal education	28.6	329
	Did some primary	15.5	
	Completed primary	17.9	
	Completed Secondary	29.5	
	Completed high school	7.6	
	Vocational	0.6	
University/ College		0.3	
Household head		6.4	329
Main job	Agriculture	95.7	329
	Government officials	1.5	
	Small trade/business	1.5	
	Chronically ill – cannot wok	1.2	
Household economic status	Better off	15.8	329
	Moderate household	47.7	
	Near-poor households	17.6	
	Poor households	18.8	

#### 3.2. Gender-based violence in the project sites: Fact and fugures about types of violence

Although the project would like to address GBV as comprehensive problem at the project site, the data revealed that Intimate partner violence is the most severe. Child abuse was discovered at 6.4% of physical hurt and 2.1% women who were sexually abused younger than the age of 15. There is no evidence to say that women trafficking occurred in the project sites.

Rather than talking about GBV in general, the data presented below are on GBV of intimate partner to women.

**Regardless of age and ethnicity, women are suffered from GBV caused by intimate partners**

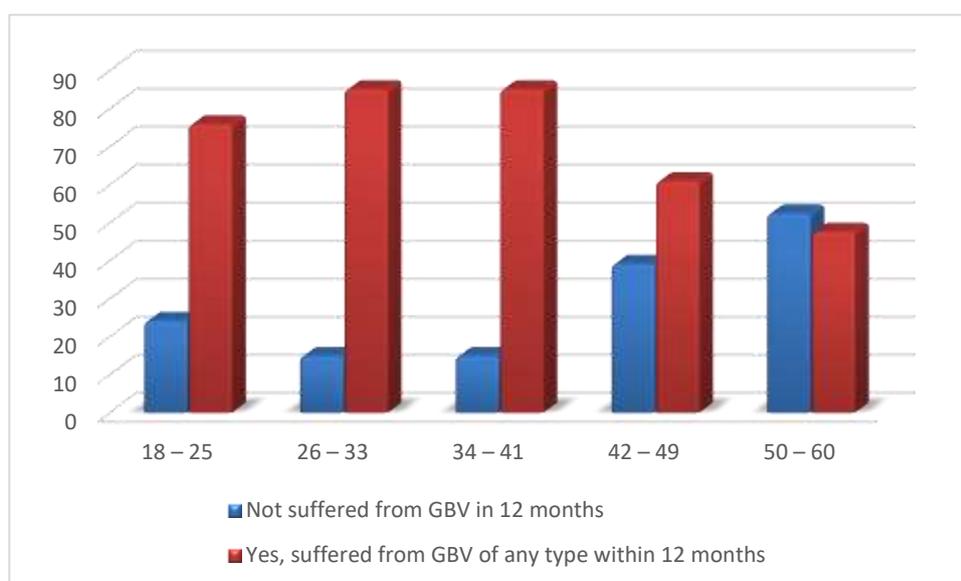
Prevalence of GBV among women in the project sites are high for both lifetime experiences and ones for the last 12 months. There are 66.6% women in the survey have been experiences any types of GBV during the last 12 months. This figure for lifetime experiences was 84.8%.

**Table 4.** Women suffered from GBV of any type

	%
Ever suffered from any type of GBV	84.8
Yes, suffered from GBV of any type within 12 months	66.6

The prevalence of GBV is found in all age groups and the rate is relatively high. The highest GBV prevalence was observed in group 26 to 33 year old and 34 to 41 years old with the same percentage of 85.1% while the group of 50 to 60 has suffered less with the data of 47.6%.<sup>2</sup>

**Figure 1:** Women suffered from GBV of any type within last 12 months (%) – by age group



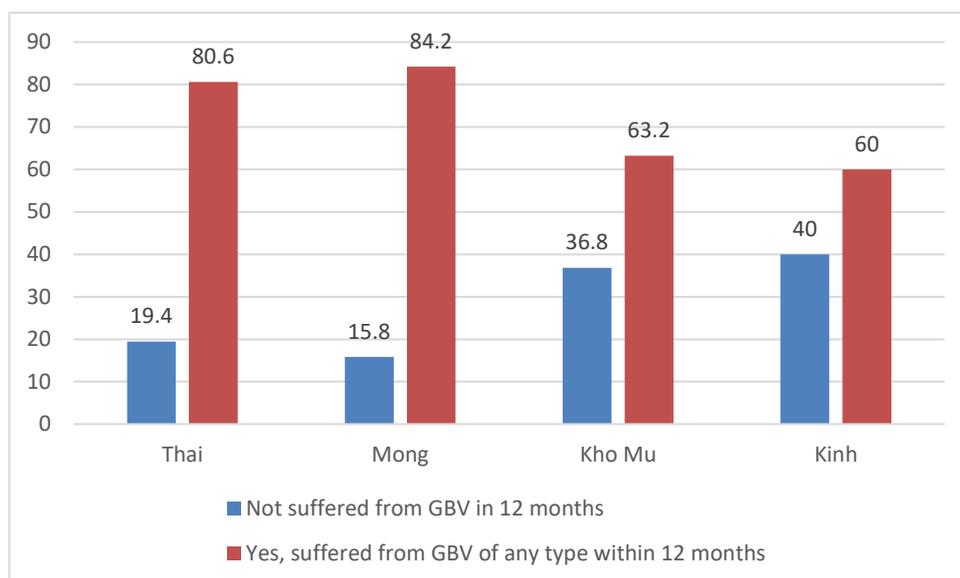
There is no clear evidence to explain why the younger are more likely to be violated than the elder group. There is assumption that because of older age and a long time living together, there is an “adaptation” and understanding between couple so the violence might

be less than before.

There is not much difference between ethnic groups on the prevalence of violence although it is a bit higher in Thai and H’Mong group with 80.6% and 84.2% respectively while in K’Mu and Kinh are 63.2% and 60% respectively.

<sup>2</sup> This age range was break-down of the two stages *Early Adulthood* and *Adulthood* as defined by Erik Erikson in his comprehensive *psychoanalytic theory* that identifies a series of eight stages that a healthy developing individual should pass through her life (Erikson, Erik H. and Joan M. 1997. *The Life Cycle Completed: Extended Version*. New York: W.W. Norton)

**Figure 2: Women suffered from GBV of any type within last 12 months (By ethnicity)**



This is much different from the national data on Violence against Women since 2010 where only about 7% H'Mong women suffered from domestic violence and the data for Thai's women was about 27%<sup>3</sup>. It might be explained that the national survey had little informants of

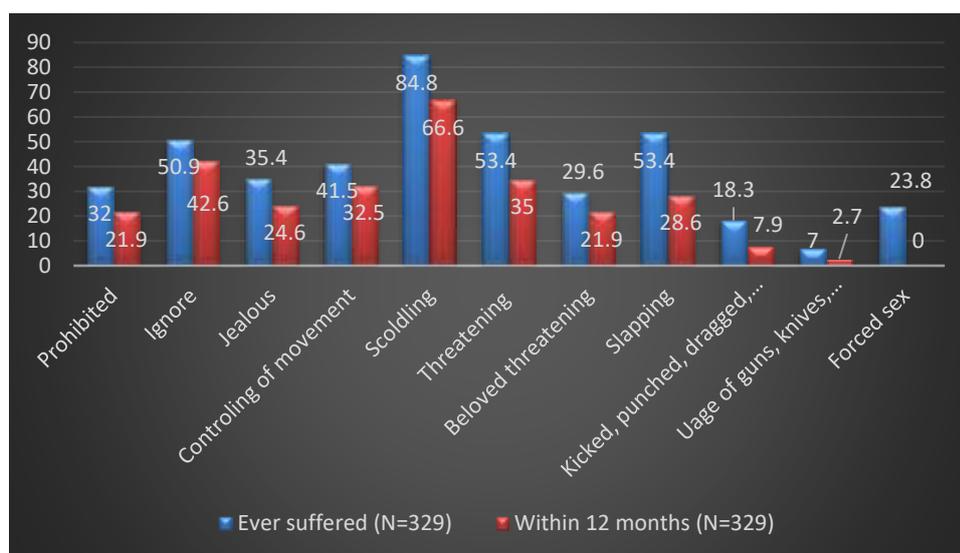
such ethnicity while this research's target group consist of more that 90% ethnic minority women.

***Psychological/ Emotional violence are more likely to occur than physical, economic and sexual violence***

It can be seen from the chart below that emotional and physical violence presented higher prevalence than economic and sexual violence.

The frequent act of physical violence is scolding then threatening and neglecting with equivalent to 84.8%, 53.4% and 50.9% respectively for the lifetime experience. This percentages are lower for the last 12 months by 66.6%; 35% and 42.6% respectively (See more detail in the figure below).

**Figure 3: Women suffered from violence by GBV types**



Physical violence that reflect highest percentage include slapping (53.4%), kicking and dragging (18.3%). Other types of physical violence are not high except 7% women experienced violence with dangerous tools such as guns, knife and scissors.

People do not mention much about sexual violence. There are 232.8% women in the survey reported that they had ever suffered from forced sex. This figure is significantly high even no case was disclose within 12 months. This should be a consideration for the project during intervention phase.

<sup>3</sup> National survey on Domestic Violence against women in Vietnam. Page 60

There are consistency in the data disaggregated by ethnicities regarding types of violence and the overall data. While in general more H'Mong and Thai women are experienced violence than K' Mu and Kinh women, more of H'Mong and Thai are experienced psychological, physical and sexual violence than the later ones. Especially, H'Mong women were reported highest prevalence in almost GBV types than other ethnicity. Beside the most often GBV types including ignoring, control over movement, scolding, threatening that occurred in all ethnicity, more women from H'Mong group also have suffered from forbidding from meeting friends and relatives or getting jealous from their husband in compare with Thai group and Kho Mu group with the percentage are respectively 57.9% vs 21% and 15.8%. There is no woman from Kinh group reported being controlled over the movement, doing things and/or forbidding from outside family relationship of women. It seems that there was some culture norms related to socialization of women who were currently in a relationship happened among there ethnic minority groups. (*More detail in the table below*)

**Table 5: Women suffered from GBV within 12 months (%) - by ethnicity**

Type of GBV	Thai (n=248)	Mong (n=19)	Kho Mu (n=57)	Kinh (n=5)
Forbidding from meeting friends, relatives...	21.0	57.9	15.8	-
Being ignored, behaved indifferently	42.7	52.6	38.6	40.0
Husband got jealous	23.8	47.4	21.1	20.0
Husband control over movement, doing things...	31.5	52.6	33.3	-
Being scolded by the husband	67.3	84.2	59.6	40.0
Being threatened by the husband	35.1	47.4	31.6	20.0
Wife's beloved persons being threatened by the husband	22.6	36.8	15.8	-
Being slapped by the husband	27.8	52.6	24.6	20.0
Being kicked, punched, dragged, or beaten ruthlessly	6.9	21.1	8.8	20.0
Being strangled, suffocated, burned	2.0	-	1.8	-
Husband used guns, knives, scissors...to hurt	2.0	0	7.0	-
Husband executed violence during pregnancy	-	-	-	-
Husband ever forced to have sex	-	-	-	-

Forbidding. It is proved by information from qualitative data of the gender analysis. Scolding are the most often acts that men have done to their spouses in all ethnicities and it was mentioned most often in all in-depth interviews with survivors. The scolding did not result in any physical wound but lifetime trauma. One H'Mong woman survivor has been scolded almost every day by her husband and the in laws since she has not had a baby for more than 1 year of marriage. She has been isolated and feeling lonely for months and feels insulted because of very dishonourable words from her husband

*“He said to me oftentime: Dog even is able to deliver puppy. You are not as good as the dog” (“Con chó nó còn đẻ được, mà thì không bằng nó”)  
(IDI\_ H'Mong woman)*

Threatening and prohibiting women from meeting with friends and relatives or participating in social activities are other psychological violence regularly occur in the project sites. While the quantitative data showed more than 50% women of all ethnicities have been experienced such violence, evidences from gender analysis assured that this type of violence very severe to women. Sharing from in-depth interviews showed that, women survivor have no autonomous in her action.

She has to ask for permittance from her husband to go out even to visit her parents and the relatives or to do any outdoor activities:

“He said to me: “person like you must stay at home. It is no way for you to go out”. I even need to seek for his permittance to go out fetching the water. I have tried once day going out to see my relatives but he traced me and dragged me in. (*Người như mày ở nhà đi, đi ra ngoài làm gì*). *Thậm chí đi ra ngoài xách nước cũng phải xin phép chồng, có lần định sang nhà họ hàng chơi nhưng anh chồng vẫn chạy ra kéo vào nhà cho bằng được và không cho đi*)  
(IDI\_ H’Mong woman)

Explaining for such practice, a research on H’Mong culture assured that with a moving custom and hiarachy in patriarchal family where the father and eldest son are the ones who hold the most power, women are ones who are controlled and isolated from external relationship<sup>4</sup>.

### ***Economic violence is a type of men’s controlling women freedom and autonomy***

I was so annoyed! When I need 10.000 VND buying a diaper for my period (0.4 US\$) but he was not at home then I had to borrow.  
(IDI\_ Thai woman)

Women in project sites have been suffered from variety in economic violence including controlling of expenses, prohibiting from earning a living or involving in livelihood discussion and over requesting for men’s only expenses such as drinking, gambling and visiting out of marriage partners.

Economic controlling of expenses are from both mothers in law and husbands. Some women even cannot possess money for daily expenses for the family and for her own basic need.

I have no money. He never give me any. I have to ask him for money to buy food; to buy soap or detergent when it is run out of or when I need to pay for children’s school fee. When his mother alived, he gave her all the money he earned then I had to ask her for all the expenses. (*Em có được cầm tiềnđâu, chẳng bao giờ đưa em, đi mua thức ăn. Hết xà phòng lúc hỏi thì đưa cho, tiền học các con muốn đóng thì phải hỏi. Lúc mẹ chồng còn sống thì đi làm thuê về toàn đưa cho mẹ chồng cầm, lúc muốn đi đóng thuế thì phải hỏi mẹ chồng*)  
(IDI\_Thai woman)

This is really severe restriction of women autonomy while she cannot even proactively decide on daily basic need of her and the family.

Another type of economic violence that women in project sites suffered is rapidly request of their husbands for his own expenses without benefit for the families. Husbands ask money to spend on their extramarital relaltions or on food to entertain their friends. Women are also insulted, beaten and threaten to be sacked out of home if they do not give money per requests (*IDI and FGD with both H’Mong and Thai women*)

Women who suffered from economic violence are considered by her husband of knowing nothing. Men did everything without discussing with their wives.

He did whatever he wanted and always has it infirmed when everything is done. He never tell me before he buy anything new. He sold the land then buy motorbike but did not say anything to me. I do not know how much he was in debt to, I know nothing about his doing if I do not ask about. (*Ông ý thích àm gì thì làm làm xong mới nói, mua gì về rồi mới*)

<sup>4</sup> Nguyen Manh Tien, Những đỉnh núi du ca. Page 130

*nói không bao giờ hỏi, lúc mua xe mới nói bán đất rồi giờ mua xe, không bao giờ nói với vợ, đàn bà không biết gì. Kể cả nợ nần bao nhiêu, làm gì em cũng không biết, hỏi đến mới nói*  
(IDI\_ Thai woman)

Discussion on financial family situation and the investment to either daily expenses or livelihood activities are the signs of unimpaired couple which is very important for a relationship. Having lack of this will make people in relationship be less confident and think badly of themselves.

***Forced sex in an intimate relationship is only type of Sexual violence was mentioned in the project area***

Both data from baseline survey and gender analysis shared the fact that women in projects communes have experienced forced sex. It is often in a form of forcing to have sex when women do not want to. It happens to all women participating in in-depth interviews. Satisfying intimate partner's sexual demand is an obligation of women which the gender inequality is the root cause. Beside the limitation on knowledge and skill of sex, forced sex in marriage is also because of the cultural norm regarding the masculinity and the feminine that affects the power relation in family as well as the sexual life of husband and wife.<sup>5</sup>

*Sometime I am too tired to have sex but I have to because he force me to. I am not permitted to argue (Nhiều lúc thấy mệt không muốn làm nhưng chồng vẫn bắt làm; vẫn phải làm, không được cãi chồng)*  
(IDI\_H'Mong woman)

*Husband forced wives to have sex, we need to satisfy him because he will go for extra marital sex if we do not do so (FGD\_ H'Mong women)*

Women may have to face with “dual-violence” if she refuses unwanted sex from her intimate partner. In another say, forced sex normally leads to or accompanies with other type of psychological violence when the force is unsuccessful.

*When he got drunken and asked for sex, although I could not stand his smell but I had to accept, if not he would say that I denied him because I had sex with other man. Or on the day he was not drunken, if I did not want to have sex because I had back pain, he would not force me but still said that I could have sex with other man then he turn his back to me to sleep. (Có hôm đi say rượu về ghét mùi rượu vẫn phải chịu nếu không bị nói, máy đủ rồi, mà đi với thằng khác mà không chịu tao. Lúc không say rượu, nếu em không muốn bảo bị đau lưng thì chồng cũng ko ép nhưng vẫn nói là chắc đi làm làm rồi nên mới đau lưng rồi ngủ quay lưng lại.) (IDI\_ Thai woman)*

*If I don't satisfy his sexual demand he will destroy everything so I have to obey. Sometimes, I had to go outside as he is so mad, broken things and said hard words” (Không cho thì ông đập phá, cô đành nhịn và chấp nhận. Đôi khi cô phải tránh, bỏ ra ngoài, người ông như điên dại, đập phá, nói những từ rất khó nghe). (ID\_Kinh woman)*

The experiences cause women many trauma. Although it is not a physical wound, the mental injury and bad feeling damage women life for years. This table below showed the impact that violence cause to local women.

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<sup>5</sup> Phan Thu Hien, Research on forced sex in marriage in a rural area of Quang Tri province, 2003

**Table 6: Women's Feelings upon experiencing GBV**

Feelings upon experiencing GBV	%
Mental hurt	57.9
Feel ashamed	53.6
Not Remember	6.6
No Answer	4.9

Physical injury is not as severe where 39.5% women were scratched and bruise; 3% were bone fractures or joint failure. The most severe might be the case of unconscious which consist of 1.5% women suffed.

**Table 7: Injury caused by GBV**

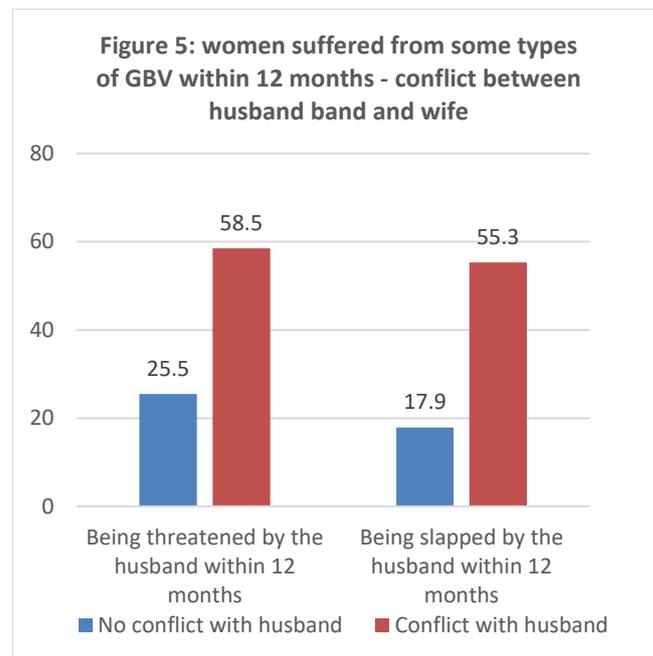
Injury caused by GBV	%	% within 12 months
Scratches, bruises	39.5	12.3
Bone fracture, joint failure	3.0	.7
Puncture, break, deep incision	-	-
Ear drum, eyes injury	1.0	.7
Bone fracture, fracture	0.5	-
Trauma, private organ bleeding	-	-
Foetal Derangement	2.5	-
Tooth Broke	2.5	-
Internal Organs Injury	-	-
Unconscious	1.5	-

### 3.3. Causes of GBV

The root causes of GBV are gender norms and stereotypes that embedded in every person and in the way they think and they behave. The research have proved that fact very clearly. Besides gender norms and stereotypes there are the links between violence against women with other factors such as: the conflict between them; the husbands' employment rank or in financial problem and the husbands' view on gender equality.

***Conflict between couples might be cause of violence since people who have conflict will be experienced violence more that ones who do not***

There is a strong association between the conflict with husband and some type of GBV. Data from table below showed that, more women having conflict with husband experienced violence than ones who do not. In other word, conflict might be the fuse for violence.



The qualitative data have not enough evidence to prove this results. Conflict might be the cause but it might be the experssion of violence itself.

### ***Women financial autonomy does not affect on women experiences of GBV***

There was assumption that women’s status of financial autonomy impact on their experiences of violence but it is not the case showing by the quantitative data. The data showed that there is no linkage between the two. There is only difference with the data on controlling over movement and doing things. 46.7% women without financial autonomy have been experienced the controlling behaviours while only 29.3% women with financial autonomy have been suffering such behaviour. However the difference is non statistical significant.

According to women interviewed, financial problem is the cause of husband committing violence. When being asked for the causes of GBV, 31.6% women reported on this.

### ***Power imbalance has not been recognized as the root causes of violence***

Women and local people are not perceived the cause of violence as power imbalance. They only mentioned about the causes that everyone can see.

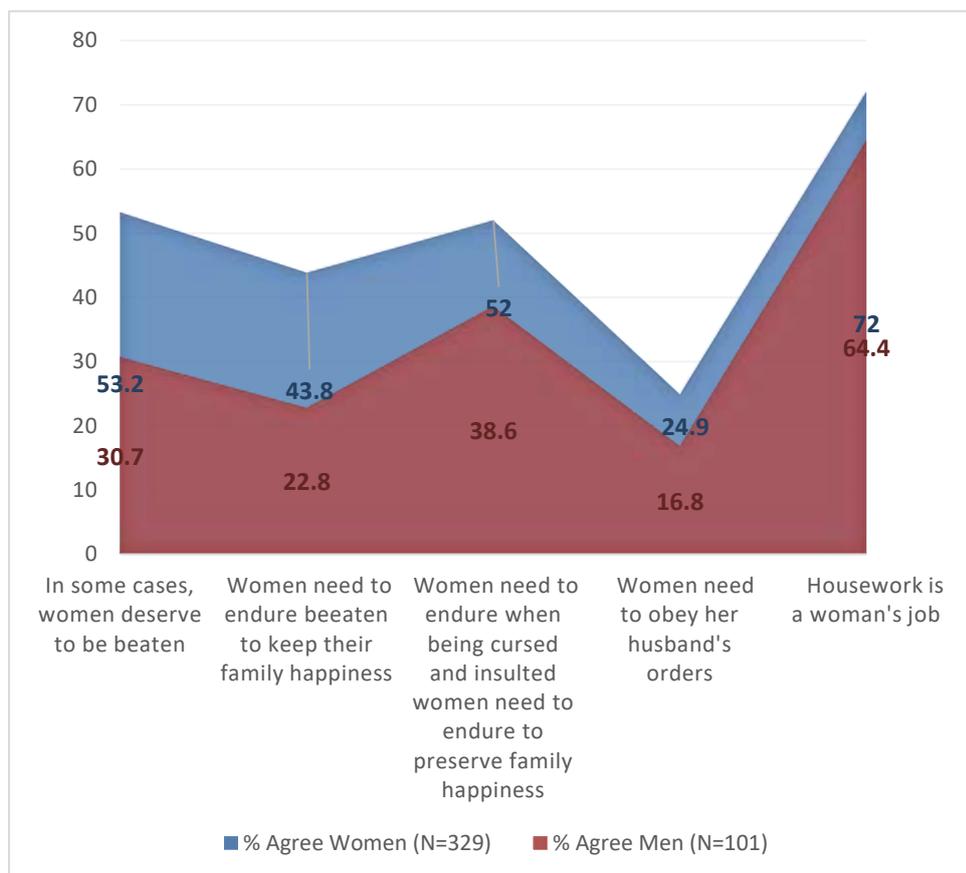
More than 57% women think that men commit violence because they are drunk. This perceived reason is understandable since almost local people shared this view in FGDs and IDI with local men and women and local authorities and service providers. They all talked about acohol as a cause for men’s violence against women. Although some of them realized that men did not beat others but their wives when they were drunk, no one linked it with the inequality experienced by women.

There are other reasons mentined by women in the baseline survey that are more likely to be other excuses rather than the causes such as work pressure, drug addicted, hot temper, arigation by others. Among those other reasons, there are some very much gender based such as women talking to old boy-friends, men wants to have a son, women do not behave as expected by the in- law. All of these excuse are based on the expectation of women to be good in a gender box that society imposes to them.

***Violence against women is rooted in perceived gender norms and stereotypes of not only people involved but community and their relatives***

This is not a new result since many other researches have shared similar observation. However, it is significant to be confirmed in this research since it is important for the intervention.

**Figure 4: Men and women attitude to some gender norms**



Quantitative data showed that gender stereotypes remain high within the project population. High percentage of people support the norms that women need to tolerate violence by not speaking out even it is physical violence or the psychological one. The figure below indicated that 43.8% women, 22.8% men in the project sites support the norms that women need to endure beaten and 52% women and

38.6% men think that women should endure insulting to keep family's happiness (*See more in the figure*).

Other norms persist with high percentage of supporting are related to women perceived inferior status or gender rigid roles on housework like “women need to obey her husband order” or “house work is women’s job” (*More detail in the figure above*).

My mother in law said that, women need to be silent when husbands did something wrong. It is women to listen to husband. That is why I could not speak against him eventhough he is the one who made a mistake.  
(IDI\_Thai survivor)

The quantitative data show higher percentage of women accept gender norms than men. The result reveals that the project should focus on changing community perception especially for women regarding social and gender norms. More detail on the norms related to GBV are discussed in the next sessions for better consideration in the intervention design.

### 3.4. Gender norms and stereotypes reinforce gender based violence

Results from FGD and IDI confirmed many gender norms and stereotypes are not only the main causes of GBV but also the cause for women not to report violence. This session will present each norm separately for the focus of intervention design.

#### ***Norm 1: Housework is women's responsibility, men should not involve in***

It is because of such norms, women are stucked themselves with such tasks and so do the men think of women's. It is women's fault if she cannot cook in time then women were scolded and slapped.

We love each other, have a few conflicts but quarrels when I came home late for preparation of lunch. He even slapped me and scolded me when I was too tired to wake up on time for cooking and sending the children to school.

(IDI\_Kh'Mu woman)

Thai parents always said that "men must not do housework, it is women's tasks" (IDI\_Thai woman)

We were bought to be daughters in law. We must look after husbands and children, housework is our jobs, and we were not permitted to ask husbands for help. (FGD\_H'Mong women)

This norm is as popular among 72% men and 64.4% women support the thinking. This popularity can explain and confirm the link between this norm and the prevalence of violence against women.

There is no difference among ethnicities. It is popular in all four ethnic groups that we worked with. Old generation is the firm channel to reinforce the norm in all ethnicities.

The data shared the fact that more women than men support the norms, women themselves and the elderly are one who reinforce it.

If husband help in doing housework, I am happy but feel hesitate since I believe that it is women's work. It is our grandparents and parents taught us to do so.

(FGD\_K'Mu women)

This bring the fact that old generation should be one of the target of the project intervention that might be integrated in community dialogues or communication event.

#### ***Norm 2: Men are decision maker and head of the household***

This notion has also embedded with men, women, the young and the elderly. It was proved in every single FGD with men and women in all ethnicities and discussion with local service providers. Men decide everything while women can only decide on food and clothes. All the expenses on valuable property are on men's dication. Both women and men said that they do discuss with each other on such expenses but the final decision is men's, it is more likely for women not to decide on those expenses since they do not want conflict or to please their husbands. The case of economical violence above showed very dependent wife who even cannot have a pence to buy her own sanitary napkin. It is a very bitter example of too much dependant of women on men but the problem is that it supported by the society.

If women completely depend on their husbands, no one criticize since people always think that husbands are the head of the household then it is he to decide everything. Only some people think that it is not respected to women.

(FGD\_H'Mong women).

It is perceived practices since women live on social norms regards to what they should behave and think of what women should or should not do.

Wome's self confidence is affected by this norms. They do not want to make decision because their voice is not expected and they are ones to be blamed for any failures that decision might cause (FGD\_Hmong, Thai and K'Mu women).

This is more clearly in the public sphere. More women participated in village meetings but only when their husbands are busy or do not want to join. Whenever a decision should be made in a community meeting, women never decide, they need to ask for husband or parents in law for their decision. Although they have their own perspective, they will not do because of the fear of that norm; because they want to show their respect to the husbands or just do not want him to loose face.

I think that thay (the husbands) are as good at decision as us but we respect them  
then we ask for their opinions  
(FGD\_Kinh and Thai)

***Norms 3: Women are not knowledgeable so are not able to do any business or other work out of the household chores.***

This norm is less popular and lest accepted by the people but it do exist and it is cause of violence when women are out of the norm.

In the case of Thai women above, she wanted to go out for earning but her husband and the in law did not agree. In other cases, women cannot get out of the village because the housework and the people perception on her role and ability drawed her back. Women are considered of not having any skills to do any job outside. People in her community even thought that she could not do anything but sex worker if she could earn money. This unfavourable reputation come from the perspective of most people that women's work is at home. It become rumour to women who can earn their living outside of the community and it even provoke their husbands' sel- centered. Husbands who hear the rumour will come home to scold or beat his wives because he feel himselfes ashame of not having enough control of her.

That is proved the fact that controlling women get out of the community ranks the fourth within other typyes of violence (41.5% women have ever experienced this type of violence)

This controlling behavior damaging women aspiration. They are stucked in such perception of their ability from husbands, from the people and from themselves. What a woman can do if husbands keep talking to her that if she wanted to do anything on herselfes, she must be get out of the house. Although she is capable to do something, she cannot do so if her husband does not support to. This is very tight restriction to women's freedom. So that, how to make the norm changed is realy important for women empowerment.

***Norm 4: Men have rights to control his wife***

This norms originated from the ownership perspective. Men perceive wife is theirs so they have the right to request her to seek for his permit to do everything. This is reflected in all FGDs with both men and women in all ethnic groups. On average 6 out of 10 people in each FGD agree with this norms showing their strong support for the idea. Although the level of controlling was different from each group, common meaning of controlling was that wife should follow husbands' guidance.

I must do whatever he wants. I have to live on his arrangement having no  
freedom. For example, I need to ask for his permit to go out for work such as  
building worker's assistant.  
(PVS\_Thanh Nua).

Women seem to have no way to step out of the norms because she lives in such a society that this norm associate with others. All make women in a circles of restrictions. In such, women need to reponse to every single request from husbands (H'Mong women IDI) or the idea from men “You are our women who are married to us, we can do what we want with you” (Thai’s women IDI).

This norm is widely accepted among women with the evidence that as many women as men support the norms. Women in Thai, H'Mong and K'Mu all agree that this is their culture.

In Thai society, marriage women must follow her husbands, she must ask for permit to go out even to visit her own parents

(IDI\_K'Mu woman)

It is H'Mong ethnic tradition, we must follow husbands and husbands' families.

We must ask for their permit to go out.

(IDI-H'Mong woman)

H'Mong men also assure that it is because “the H'Mong priotize their own family” and men do support and want to support the norm.

#### ***Norms 5: Scolding and insulting are not violence***

Although not as many people support this perspective as ones who support the other norms, many women accept it as part of their life being women. In all 4 FGDs with women from H'Mong; K'Mu and Thai &Kinh, majority of participants did not agree that scolding and insulting are not violence. They explained more that the behaviour made them feelling bad of themselves and assure that it causes more pains than beating.

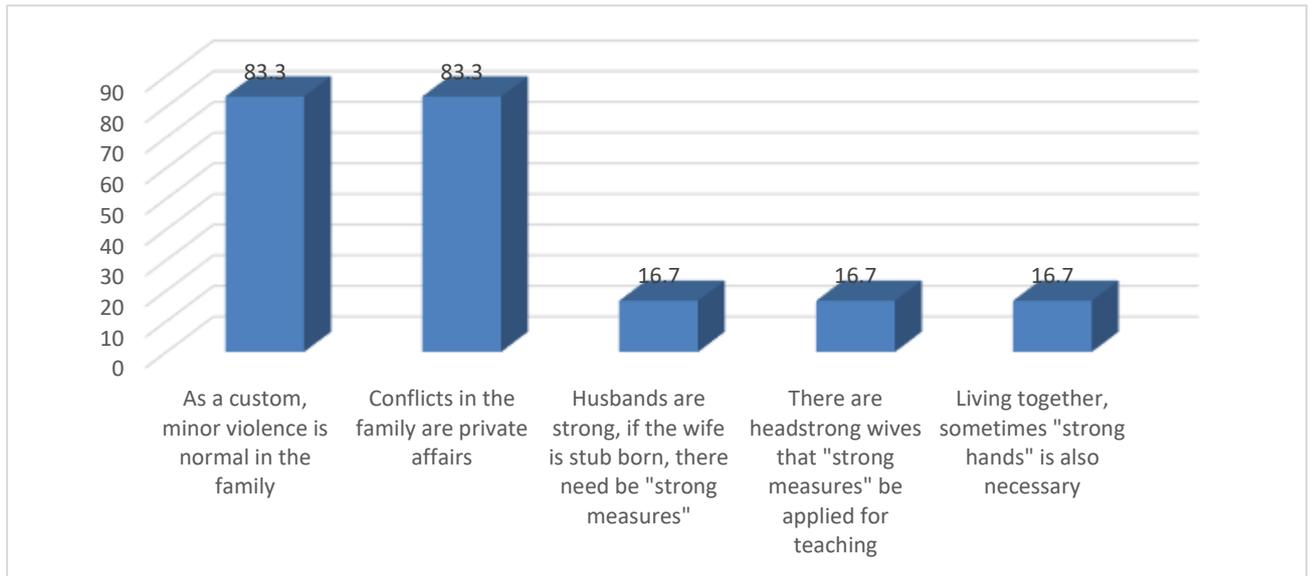
However, experiencing the behaviour and suffered from trauma, women tend not to speak out but bear the expriences. They said they rather bear it for the hamony of their families. H'Mong women are ones who support this idea than K'Mu and Kinh women. Thai and Kinh women even name the behaviour are psychological violence.

Men also strongly support the thinking, 6 out of 10 H'Mong men agree that scolding and insulting are not violence. They said that, violence is only beating.

#### **The norms above are perceived in not only general population bu among local authorities.**

Among 35 local authorities participated in the baseline survey, only 37% recognized all forms of violence while 28.6% tolerated with violence when their answers showing their acceptance of all violence acts. About 17% authorities in the survey said that GBV should not be eliminated. Reasons for such perception included the norms that violence is normal family issue; conflict is family are private affairs. See more detail in the figure below.

Figure 5 : Authorities' perceive of why GBV should not be eliminated



### 3.5. Coping strategy

It is acceptable and forgiveable if there is some scolding or insulting. Because it is not our fault, we feel sad and agree but then think that it is better to bear and put up with each other.

(IDI\_ Thai woman)

There is high percentage of women tolerate violence. This mean that when violence happens, they tend to accept it, rarely run away or talk back. They try to keep the violence silence because of the family reputation. In case of severe violence, they might leave house for a while but then come back because they do not want to leave children or want to keep the family.

More women accepted sexual violence than psychological violence (97.4% compared to 60.6%). It seems that women are less likely to tolerate physical violence than other types of violence. Please see more detail in figures below.

Figure 6: Women reaction to psychological violence

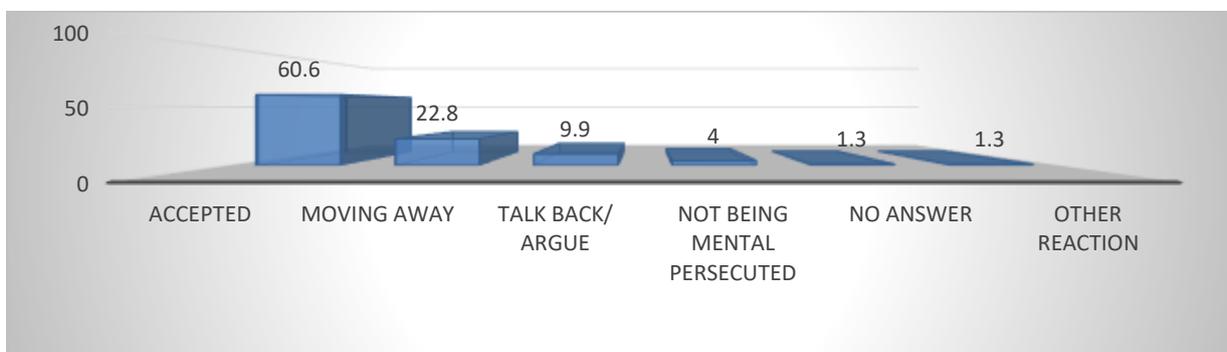
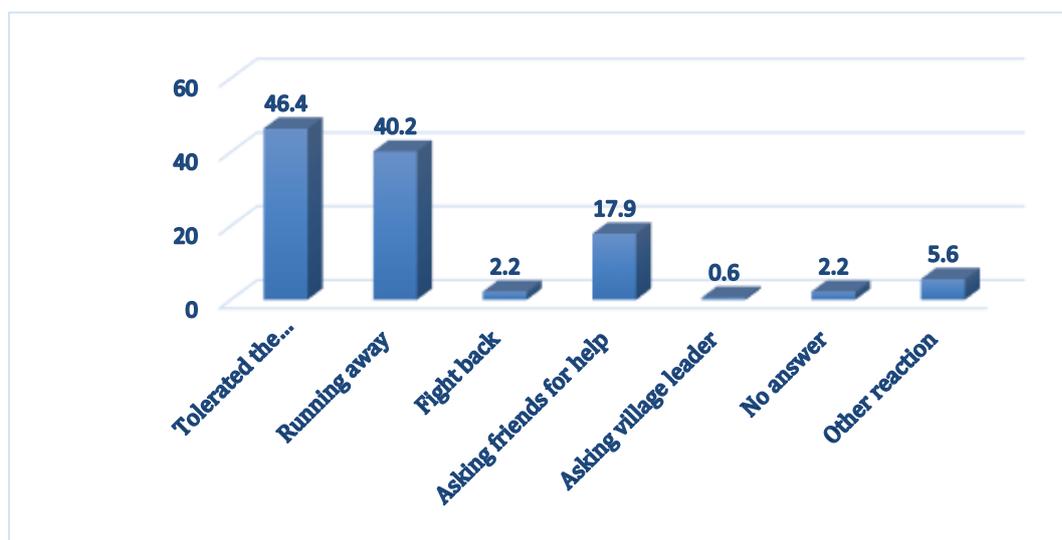


Figure 7: Women reaction to physical violence



Women have drawn their strategy after many times of violence. It depends on each individual's case. One will not run away but stay to suffer, others will run away then come back after a while. H'Mong women tend to stay more than Thai and K'Mu women (68.4% compared to 61.2% and 58.8%).

Women with financial autonomy are tend to reject violence more than ones who are not (67.8% compared to 53.9%)

Table 8: Percentage of GBV rejection – by Finance autonomous

Women reject GBV	Finance Autonomous (N=99)	Non-Finance Autonomous (N=230)
Not reject GBV	32.2	46.1
Reject GBV	67.8	53.9

In general, women want to keep the experience for their own. About 38% do not tell to anyone about violence they suffered. The people they will talk with are neighbour, friends and relatives (86.1%) then their parents (72%).

This is come from the perceptions that women need to tolerate and women support the norm that it is small family's problem, the couple must manage with each other. It is no worth for the outside people to know about.

Neighbours knows nothing about my violence since I did not speak out. I thought that people will comment of the slapping is not worth to be blamed then they will tell my husband, he will scold me again.  
(IDI\_ H'Mong woman)

However, in severe cases women will run away from violence for a while. They will go to their own relatives, friends or neighbour. There are low percentage of women go to meet local authorities.

**Table 9: Hiding place when being out of home**

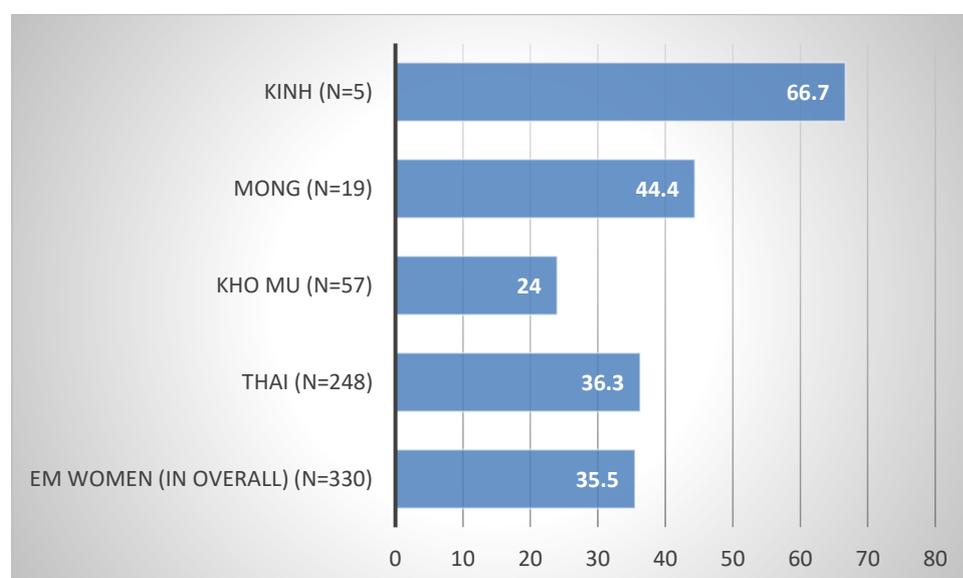
<b>Place for hiding away</b>	<b>%</b>
Women relatives	66.9
Husband's Relatives	16.5
friends, neighbour	18.0
Trusted shelter	1.5
Not remember	2.3
No answer	11.3
Other places: forest, fish-pond tent	3.0

Women only leave home because violence was too severe and they cannot stand (69%). Then 85.7% of those who leave home come back because they do not want to leave their children and about 44% want to keep the family.

### 3.6. GBV services and their accessibility for women survivors

The four main GBV services that will be improved in the project are (i) reconciliation, (ii) health care, (iii) trust address for immediate/ short-term safe shelter, and (iv) police's immediate response to incident of violence. In regards to accessibility of all these services, women survivors' ability to access such services is relatively limited. It is only 35.5% of women having accessed available GBV services (See **figure** below). The limitation in accessibility of the four main services is due to low quality of the services and help-seeking behavior, and service provider' perception towards accessing the services. These assumptions are supported by more in-depth findings provided below.

**Figure 8: Women access services by ethnicities.**



***Operation and regulation of GBV services has their own limitation to support GBV survivors.***

First of all, there are no stand-alone GBV services except for the reliable addresses. Reconciliation teams and commune health stations are public services for all types of cases which

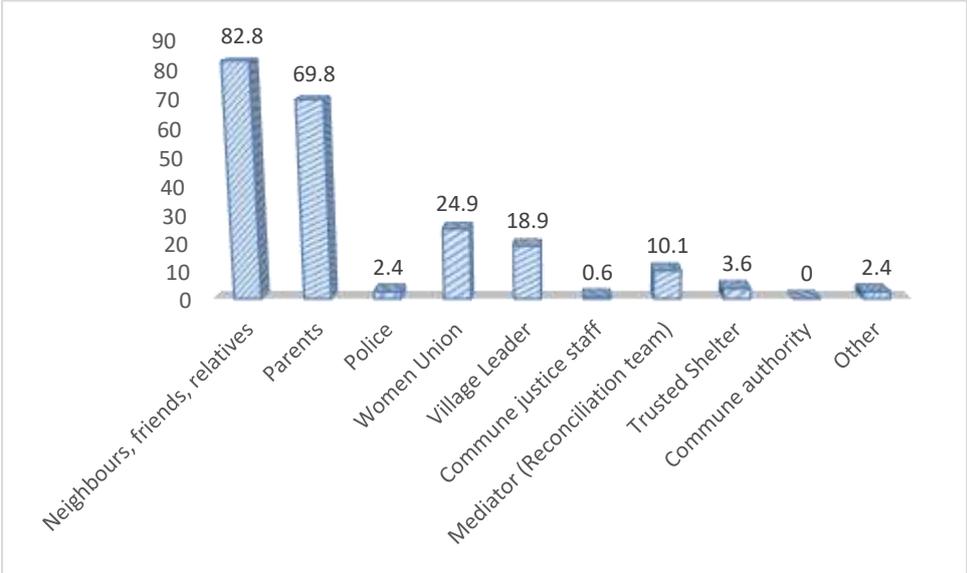
include GBV cases. Working on domestic violence cases is an additional task. Take reconciliation teams as an example.

Reconciliation teams are commonly known for their responsibility of controlling any conflicts in the community. There are one team at commune level and another one at village level. Local people are more familiar with the village-based teams since they are more convenient and closer in distance to control the case. When the case cannot be handled by the village teams, it will be referred to the commune team. It is self-reported that reconciliation team members rarely receive domestic violence or GBV cases and most of the cases are related to land disputes. No GBV cases brought to commune level would make them think that the village ones have already done their work well enough. At the villages, members said that people do not need their support since it is small conflict between the couple then the couple can manage. Although there are some commune teams have received domestic violence case, it was rare such as one case in 3 or 7 years. Other cases are the divorces but not refer to violence experiences (IDI – a Hua Thanh’s local authority representative and FGD – a Muong Phang reconciliation team).

This structure leads to the second circumstance that follows. Guidelines for solving GBV cases are not explicitly stated and people-in-charge are confused to deliver support to GBV cases. Members of reconciliation teams are not clear on their roles. Health care workers treat GBV survivors like other patients with no sensitive approach. The location of reliable addresses or shelters for GBV are far from people who seek help.

**The quantitative data shown in the below figure reflects that women do not seek for support from services but friends and neighbours.** Among mass organizations, the only organization that GBV survivors came for help is Women’s Union but the number of visits is still low, only 24.9% when compared to that of neighbours and parents accounting for 82.8% and 69.8% respectively.

Figure 9: Women seek for help from outside



Distance between where service providers are and where GBV incidents take place is an account to take. All service providers (except for reconciliation teams at village level) are located at People’s Committee Office, at the center of the commune. While most households

reside in far-off locations. One representative from local authorities said that “Local authorities are at one place while people [who need support] are at another; since violence could happen at anytime, we cannot be present right away [at the scene]. When we arrive, it [the incident] is all over. The only thing we can do is to reconcile and ask for the reason then provide some pieces of advice” (IDI\_ a People’s Committee Vice President).

However, village reconciliation teams located among households were still accessed by only 10% of women survivors, which can be explained by **both service providers’ and women survivors’ perception of GBV as a matter of family affairs rather than as a social issue**.

Women who are violence survivors do not want to report their cases since they are afraid of losing their family reputation and losing the relationship with their spouse. This is common to women of all ethnicities. Women in both FGD and IDI said that they prefer to manage the case within family since their husband would lose face when the case is disclosed to people outside the family.

I know that the conciliation team was established in 2005 but I have never called for their help since I thought my problem is small then we can handle within the family. I am afraid that if I bring this matter for others to deal, he [her husband] will get angry.  
(IDI\_a Kinh woman)

Classifying violence into intra-household and of-no-importance matters is not only misperceived by GBV survivors who are supposed to seek service supports but by the service providers as well. There was a case of domestic violence reported to a reconciliation team but the members of the team refused to handle it because they thought the case was too small and was not worth their involvement.

The reconciliation team knew about the violence but they did not deal with it. They said they need to witness the case then they could handle it. I reported to them once but they said it was not worth to be involved. They told us to handle ourselves.  
(IDI\_a H'mong woman)

***Another reason contributing to that women do not seek for support from the services is that they have little trust on people who deliver GBV services.***

Sharing their violence experiences is also seen as seeking for support. It is indicated in baseline result that nearly 80% women said that they will share violence experiences with people they can trust. Other motivations for survivors to speak out depend on how serious experiences of violence are (22%) and on how much encouragement they gain from friends and family (20.2%).

In fact, female survivors do not have enough trust with reconciliation teams and the other services because they are afraid that service providers might disclose their case. This explanation has a strong linkage with the reason pre-statedly that the cause might lose face of the family; hence they would prefer their experiences to be kept away from non-relatives.

If we tell the reconciliation team, we are not sure if they keep our secret or they will disclose to the whole village. I doubt that they will disclose when they are drunk. I am too afraid to tell them. (IDI\_H'mong woman)

There is also a case of a woman survivor sharing that head of the reconciliation team did not want to intervene since he was afraid of losing relationship with the perpetrator.

The reconciliation team was voted last year, I have never heard about them before and never go to ask their help. If the reconciliation team help, men may respect them but no one say anything. If they come, they just say several words so it doesn't help. They afraid to make offend to the men and they also think that is the family's problem so they should ignore. (IDI\_Thai woman).

Such responses and practices from the reconciliation teams have decreased level of trust that women survivors have had on them, which provide good evidences to explain why women are not willing to report GBV cases to reconciliation teams.

***Village convention on the "fee for reconciliation services" is a barrier for women to access the service.***

In villages of Muong Phang, Hua Thanh and Thanh Nua commune, there is a village regulation that asks any family who seeks for intervention from the reconciliation team to treat everyone involved a meal as "fee for services". The fee is rather regarded as a traditional practice and an organized small party is to express gratefulness to people who have done something good for ones who ask for support. However, in fact this practice creates burden for families who have very moderate expenditures, not to mention the poor, and women in these households find it as a barrier to seek the support in case of violence.

If we ask the reconciliation team for help, we need to prepare a chicken or pig to serve them a meal (FGD\_H'mong women)

We need to have either two-table lunch or dinner to serve the team if they come to help. We do not want them to involve if our parents can help us. (FGD\_K'Mu women)

## IV. Recommendation

Given understanding of the project intervention, the recommendation organized by three sessions in accordance with three main aspect of interventions

### 4.1. To make the change in people's knowledge, attitude and actions regarding their rejection of GBV

The project have indentified the need of activities to encourage GBV survivors speak out and to increase local people and authorities' rejection of GBV. The social analysis and action (SAA) approach of using reflection and dialogue on the issue will be applied. The project should promote these reflection and dialogues taken into account following dimentions:

#### *For content of the discussion:*

- Promoting sharing and discussion with respect among intimate partners so as to prevent possibilities of conflict. It is found that the more conflict a couple has, the more chance violence happens (see section 3.3).
- Promote discussion on the root causes of violence against women: The group discussion or community events should focus on helping the peole realize acohol is not the cause but the excuse for men to commit violence against women. There are so many other excuses that men use for their behaviours, most of them based on the society' expectation of what women and men should do or should not do such as he want to have a son, she come home late for cooking, she talks to his family in the way that he does not want.
- From the finding in section 3.3, there is a likelihood that H'Mong community among the others are more clinged to their ethnic tradition while Thai or K'Mu community share more commons with Kinh people. In H'Mong customs, the elderly or the headmaster of families that share the same ancentry have a very substantial voice in influnceing decisions of families. It is strongly assured that, community event should be organized at commune level then costum and tradition of that ethnicity will be taken into account either to challenge bad practices and norms or to make the most use of gender positive norms in order to promote that good practices.

#### *In regards to the target of intervention*

Other than local authorities and GBV service providers, it is important to reach a broader group of stakeholders in project interventions and they would expectedly rather play a role of change-makers than beneficiaries.

- Consider the elderly is one of the target for awareness raising and challenging social and gender norms. Specific action should given to this particular groups since in all ethnicities they are the one who reinforce the norms. Engaging the elderly of families and communities to participate in dialouges and community events would be the approach.
- There are no services or intervention to people with disabilities (PWDs), the project should think of how to involve PWDs in the project.

## **4.2. To promote quality of GBV services**

- The accessibility is one important factor. For all ethnicities, the accessibility depends much on people's belief that the service providers keep their violence cases secret. The fear of losing face is too strong to make the women report and seek for support. For such reason, all the services within the project should be built or improve on basic principles of confidentiality and respect survivors.
- The project should allocate enough resources on capacity building of service providers. The capacity building activities should be diversified in both knowledge, skills regarding the services and the methodology of the capacity building activities.

## **4.3. Narrow down advocacy objective**

It was proved within interaction with provincial and district local authorities in charge, the province is very supportive to improve service for women survivors of violence. There are more and more government departments see themselves responsible to join the project to make their services improved. Although the main purpose of project advocacy is the promotion of National Plan on GBV to be effectively implemented nationwide, it might be changed to make the provincial ones to take more of their responsibility. More action needed to get the provincial department involved in the project and applied the project approach in their daily work. Then at the end of the project, they should be involved in forum at central level to advocate on their behalf.