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Survey of domestic and work life experience and reproductive health of women workers of selected industrial compounds in Ha Noi

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Survey of Domestic and Work Life Experience and Reproductive Health of Women Workers of Selected Industrial Compounds in Ha Noi

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Acknowledgements

Over the years, the Population Council has collaborated on a series of Gender Based Violence (GBV) studies in Vietnam with local partners, that have made significant contributions towards improving the knowledge of GBV issues in Vietnam and in facilitating the prevention of GBV and in caring for victims. The first installments in these studies (GBV I – GBV III) focused a exclusively on the supply side: examining services aimed at prevent ing and combating GBV in Vietnam. This included projects that have helped develop women's centers for counseling, conducted trainings regarding GBV prevention and facilitated the updating and improvement of national guidelines on GBV in Vietnam. This GBV project however is unique for its focus on the demand side, by its focus on clients, victims, and survivors of domestic violence. In order to understand a construct as complex as GBV, it is imperative to understand both sides. It is our hope that this study will set the impetus in approaching this topic from different points of view.

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Acronyms

CSAGA	Centre for Applied Studies in Gender and Adolescence
DV	Domestic Violence
ECP	Emergency Contraceptive Pill
FGD	Focus Group Discussion
FF	Ford Foundation
GBV	Gender Based Violence
GBV-I	Gender Based Violence Project – Phase I
GBV-II	Gender Based Violence Project – Phase II
GDI	Gender-related Development Index
HCP	Health Care Provider
HDI	Human Development Index
HHD	Ha Noi Health Department
IDI	In-Depth Interview
IEC	Information, Education, and Communication
IUD	Intra Uterine Device
MOH	Ministry of Health
NGO	Non-Governmental Organization
PCVN	Population Council Viet Nam
STIs	Sexual Transmitted Diseases
UNDP	United Nation Development Program
WCCH	Women's Center for Counseling and Health Care
WHO	World Health Organization

Executive Summary

The current study was conducted in selected industrial areas around Ha Noi. Therefore, the sample of this study was comprised of young women who are typical of workers in these factories, but not representative of the general population of Viet Nam. The sample of this study also included a much smaller proportion of ethnic minorities compared to the general population (2.8% vs. 12.9%).

In general, the results from this study showed figures that were different from figures from national studies. In terms of contraception, results from this study show that 52.4% women had ever used contraceptives which is considerably lower than national average (79.5%) (HSP, 2009). The most popular method in this sample was the condom (42%), followed by the IUD (24%) and the pill (16%). 43% of respondents in the sample had ever heard of ECP, but only 13% ever used it during the previous year. The most common source of obtaining ECP was through a pharmacy (83%), followed by public health facilities (15%). 13.3% of women in our sample had ever had an abortion; among them 31% had an abortion last year.

In the bivariate analyses, three factors were found associated with contraceptive practices: age of respondents, marital status and residence in urban or rural areas. The older women were, the more likely they were to have ever used contraceptives. As noted before, this is an expected result as older women have had longer exposure to sexual behavior and contraceptives. Women from urban areas had a higher rate of both ever and recent use of contraceptives. They were also more likely to have heard of ECP compared to rural women. Age is the only factor that showed an association with abortion. Abortion was most prevalent in women aged 20 to 24 years old in our sample followed by women aged 25 to 29 years old.

The study also extensively documented experiences of physical, sexual and other forms of violence and attitudes towards gender equity among women in our sample. Results from the study showed that women from rural areas and with low levels of education showed significantly higher levels of agreement with statements that justify abusive behaviors from their husbands/partners. The proportion of women who had experienced different kinds of violence in current study is much lower than results from national study. The lifetime and current prevalence of physical violence by partners was 5% and 2.5% respectively (compared to 32% and 6% in national survey); sexual violence was 1.2 and 1.1% (compared to 10% and 4% in national survey); emotional violence was 8.1 % and 5.4% (compared to 6.7% and. 25% for national study).

Combining data for physical and sexual violence, 5.45% women reported that they had experienced physical or sexual violence by husbands/partners at least once in their life, whereas 2.86% reported they had experienced in the last 12 months. Combining data for 3 types: Physical, sexual and emotional violence, 10.98% reported at least one of three types in her lifetime and 8.13% reported any of these types in the past 12 months. Combining data for 4 types: Physical, sexual, emotional and economic violence, 13.48% reported that they had experienced at least one of four types of violence in her lifetime.

The rate of women reporting one or more controlling behaviors by their husband/ partner was 28.75%, slightly lower than results from national study (33.3%). This figure was the most comparable figure to the national study that was observed in this study.

Age group, ethnicity, rural residence, husband's education attainment and wage were all statistically significantly associated with domestic violence.

In testing for associations between domestic violence and contraceptive behaviors, we found that women who experience domestic violence were also more likely to use contraceptives, but had a higher risk of abortion. Violence by perpetrators at work was very low in this study.

Chapter 1: Introduction

1.1. Background and purpose of the survey

In 2002, realizing the significance and importance of health care and social support for women victims of gender based violence (GBV), the Ha Noi Health Department (HHD), Population Council Viet Nam (PCVN), and the Centre for Studies and Applied Science, Gender, Family and Adolescents (CSAGA), undertook a collaborative project in Ha Noi entitled "Improving the health care response to gender-based violence" with financial support from the Ford Foundation. This was the first collaborative project on integrating GBV screening into medical practice in Viet Nam, including the participation of health care providers (HCPs), and targeted at improving health care for violence victims. The intervention activities of the project at two hospitals and six communes and wards, have been proven effective. Results showed high participation of HCPs at the selected hospitals in improving health care for GBV victims. Other accomplishments included an increase of the provision and quality of care for hundreds of DV victims in the area, the development and use of the HHD's handbook for HCPs who work with GBV victims, and better networking with the police, as HCPs realize that they may have a legal obligation to inform the police when they suspect their patient has been abused. Furthermore, the project established two Women's Centres for Counselling and Health Care (WCCH) in Duc Giang and Dong Anh hospitals. The two centres have provided support and counselling for hundreds of victims each year, serving as a valuable source of aid for DV victims in the area (Budiharsana and Mai, 2010).

GBV issues began to be discussed much more openly in the mass media during this time, and finally in 2007, the National Assembly issued the Law on Domestic Violence Prevention and Control. Yet still no national treatment guidelines existed for HCPs to use in screening, treating and referring GBV victims. To build on the experience and success of the 2002 project in Ha Noi, and with support from the Ford Foundation, the MOH in 2009 sought further technical assistance from PCVN for another project to develop and finalize National Guidelines on Health Care for Victims of GBV, and to begin the work of scaling up the training and implementation efforts to the national level, beginning with locations in Da Nang and Ho Chi Minh City (HCMC). This project entitled "Improving quality of healthcare for gender-based violence victims at health facilities in Viet Nam" was intended to improve quality of services for GBV victims at health facilities, to further support implementation of the Law on Domestic Violence Prevention and Control (2007), and to complete the National Guidelines and service manual, in addition to developing data forms to facilitate the compilation of information on GBV from health facilities nationwide.

These activities however have mainly been on the provider's side. On the client's side, there have only been a few studies that have addressed domestic violence among the general population in Viet Nam. One recent multi-country survey addressed gender based violence among Vietnamese women, but did not, have a specific focus on female workers in industrial compounds. Previous Council research in other countries has identified young women who

migrate to work in factories in urban areas as a vulnerable group that experience many shifts, both positive and negative in their health and wellbeing outside their family environments. This group of women has also been found to be a particularly vulnerable group in terms of their likelihood of experiencing gender based violence and negative reproductive health issues.

Ha Noi is the capital city of Viet Nam, and has the highest socioeconomic development rates among cities in the country along with HCMC. There are 8 industrial compounds in Ha Noi, employing around 101,697 (Source: Ha Noi Management Board of Industrial Zones). In many factories, especially garment and electronic factories, a majority of the workers are women. Women working in these factories are predominantly young with approximately 70% of them under 30 years old. The age of female workers in newly-established factories are even lower. A significant proportion of these young female factory workers are unmarried and have migrated to Ha Noi to work in industrial compounds from rural areas in Viet Nam. These women also generally lack knowledge on reproductive and sexual health issues. Furthermore, evidence from countries such as Sri Lanka has shown that gender disparities in occupational categories within such factories results in women's subordinated status even when female jobs vastly outnumber men's jobs. Thus women in these factories are particularly susceptible to violence.

In line with rapid urbanization that Viet Nam has experienced in recent years, there has been a dramatic shift from a traditional culture on sexual relations that emphasizes procreation and social order to one that is more tolerant of premarital and extramarital sexual activity. Rapidly changing sexual norms have also been accompanied by an alarming increase in sexually transmitted infections (STIs) among the general population. Female factory workers thus face increased risks of STIs as well. Other health related issues among women workers include physical and mental health problems resulting from living in an unfamiliar urban environments and a potentially higher risk of sexual harassment at work.

Since 2002, The Population Council has been granted a project entitled "Support for Capacity Building and Research" by STBF to support improvements in reproductive health services for vulnerable populations such as the women working in industrial compounds that have been identified above. The grant has been used to support the implementation of HHD's study on "Improving the health care response to gender-based violence" with factory workers as respondents.

1.2. Study objectives

- To assess the knowledge and experience of female workers about gender based violence.
- To assess knowledge and practice of women workers on reproductive health focusing on abortion.
- To make recommendation for Ha Noi Health Service to improve the women workers knowledge on gender based violence, choice of contraceptive method, reproductive health care and abortion.

Chapter 2: Methodology

This study has two components, quantitative and qualitative study.

2.1. Quantitative study

Sample selection

Selection criteria

Subjects for this study were industrial women workers at industrial compounds in Ha Noi who voluntarily agreed to participate in the study.

Sample size calculation

The sample size was estimated using following formula:

$$n = \frac{Z^2 * p(1-p)}{d^2}$$

Where: *Z = ± 1.96 (a 95% level of confidence)*

P = 0.30 (prevalence of life time domestic violence in a recent study in Viet Nam (Nguyen Dang Vung, PO Ostergren and G. Krantz, 2008).

d: =0.05 (Effect size)

n = 323

With the hypothesis that gender based violence might be related to the size of the total number of workers in the factories. We wanted to study the prevalence of the domestic violence in three groups of factories: <1000 workers, 1000 to <1500, and more than 1500 workers. Therefore, we increased our sample size to about 969 (323 x 3). The final targeted sample size for questionnaire interview is about 1000 women workers.

Sample selection process included following steps:

- Selection of industrial compounds: random selection of 4 out of 8 industrial compounds in Ha Noi.
- Selection of factories: 12 factories were selected based on their size (number of workers) stratified by three categories:
    - Under 1000 workers: 4 factories
    - 1000 to <1500 workers: 4 factories
    - and > 1500 workers: 4 factories

The targeted number of interviewed workers in each factory was about 84 women. The workers in each factory were randomly selected from the list of total women workers in the factory.

Questionnaires: The selected women workers were directly interviewed by HHD team using a structured questionnaire. The questionnaire consisted of three sections: general information about respondents, gender based violence, and a section on reproductive health and abortion. Each interview lasted for about 45 minutes. Most of questions were adapted from the WHO multi-country study on gender based violence in Viet Nam (WHO 2010). Questionnaire was pre-tested on a small sample of women. Necessary revisions were made before using the questionnaire in the field. All questions were pre-coded to facilitate data entry and management.

Interviewers: All interviewers were selected based on several characteristics. They were predominantly adult, married, and fluent in Vietnamese with a common accent. Interviewers participated in two training workshops. During the first workshop, the interviewers were trained on interviewing skills, and were given an introduction to the study and the questionnaire. The second training workshop involved a mock interview. A supervisor was assigned for each group of interviewers who visited each factory.

2.2. Qualitative study

The qualitative method applied in this study involved In-Depth interviews (IDI) and Focus Group Discussions (FGD). The FGD and IDI were conducted with open ended questions that covered three key topics: gender based violence experience; reproductive health and abortion experience; and mixed questions covering the intersection of GBV and reproductive health. There were 21 female workers who participated in the IDI. Each IDI started with verbal informed consent. The IDI were conducted in a private space and each lasted approximately one hour. Three FGDs were conducted with 5-6 respondents from our sample of working women: 2 FGDs among the female workers who had ever experienced GBV or abortion, and 1 FGD among other workers in these factories. Each FGD took an average of 90 minutes, led by two co-facilitators. The information of participants including age, marital status, and number of children for each woman is documented. The content of FGDs was recorded on tape recorder. In the FGDs, two facilitators ensured that the conversation kept flowing, and one study staff took notes on specific responses (recorded verbatim) from each respondent (who was assigned a number for later identification of the source of the responses). The notes were then merged with the transcripts of the tape recording (which was done with approval from the respondents). Agreement to participate and be tape recorded was sought verbally from each FGD respondent before the process started. The FGD began with an introductory greeting that included the background and purpose of the focus group, and concluded with closing remarks from the facilitators who thanked all respondents for their participation.

2.3. Data management

After the interview, all questionnaires were checked by supervisors to ensure accuracy and completeness. If there was information that was missing, the interviewer who conducted that particular interview was asked to re-interview via telephone or in person to complete the survey form.

Double data entry was conducted in two sites: HDH and Medical Military University 103. The process of data entry, editing and cleaning, was done by using personal computers and Epidata software developed specially for such surveys. After double entry, the two Epidata datasets were validated, and a report comparing the two Epidata datasets was produced. The data entry was considered acceptable if the difference was less than 5 percent. Finally, data were fully labeled in English and then transferred into SPSS and SAS data files for cleaning and analysis.

2.4. Statistical analysis

All data analyses were conducted using SAS version 9.1 (SAS) statistical software. Different statistical techniques were applied in the analysis including: 1) recoding and computing new variables, 2) uni-variate analyses to check the frequency or central tendency (means and standard deviation) of variables, 3) bi-variate analyses to examine any potential associations between different characteristics with reproductive health variables or GBV using chi-square tests and simple independent t-tests. A significant statistical difference was defined as p-value <0.05 with a two-tailed test.

2.5. Operational definitions based on WHO study (García-Moreno et al., 2005):

Physical violence by husband or partner (acts c-f are considered severe)

Based on whether the husband/partner did the following to his spouse/partner:

a. Slapped her or threw something at her that could hurt her,
b. Pushed her or shoved her or pulled her hair,
c. Hit her with his fist or with something else that could hurt her,
d. Kicked her, dragged her or beat her up,
e. Choked or burnt her on purpose,
f. Threatened to use or actually used a gun, knife or other weapon against her.

The incidence of these acts are measured both for the woman's life-time (ever-occurrence) or occurrence during the last 12 months.

"***Moderate" violence***: Respondent answers "yes" to one or more of the following questions regarding her intimate partner (and does not answer "yes" to questions c–f below):

a. Slapped her or threw something at her that could hurt her,
b. Pushed her or shoved her or pulled her hair.

"***Severe" violence***: Respondent answers "yes" to one or more of the following questions regarding her intimate partner:

a. Hit her with his fist or with something else that could hurt her,
b. Kicked her, dragged her or beat her up,
c. Choked or burnt her on purpose,
d. Threatened to use or actually used a gun, knife or other weapon against her.

Sexual violence by husband or partner

Based on whether her husband/partner:

a. Physically forced her to have sexual intercourse when she did not want to,
b. She had sexual intercourse when she did not want to because she was afraid of what her partner might do,
c. Forced her to do something sexual that she found degrading or humiliating,
d. He refused to use contraception or prevented her from using contraception to avoid unwanted pregnancy.

Emotional abuse by husband or partner

Based on whether husband or partner:

a. Insulted her or made her feel bad about yourself,
b. Belittled or humiliated her in front of other people,
c. Did things to scare or intimidate her on purpose (e.g. by the way he looked at her, by yelling and smashing things),
d. Threatened to hurt her or someone she cares about,
e. Threatened to or thrown her out of the home.

Economic abuse by husband or partner

Based on whether husband or partner:

a. Took her earnings or savings from her against her will,
b. Refused to give her money for household expenses, even when he has money for other things,
c. Refused his responsibility to provide financial support to take care of children.

Controlling behaviors by husband or partner

Based on whether husband or partner:

a. Tries to keep her from seeing her friends,
b. Tries to restrict her from contacting her family of birth,
c. Insists on knowing where she is at all times,
d. Ignores her and treats her indifferently,
e. Gets angry if she speak to another man,
f. Is often suspicious that she is unfaithful,
g. Expects her to ask his permission before seeking health care for herself.

Chapter 3: Results

3.1. General characteristics of study sample

One thousand one hundred and twenty women were interviewed for this study and all of them completed the survey. Table 3.1.1 presents descriptive statistics of women in our sample and a comparison of characteristics with the general population. Women in our sample of factory workers were young with more than half of them under 25 years old. Nearly a third of the women were aged between 25 and 29 years old and only 5.4% of the women were older than 35 years of age. The mean age of respondents in our sample was 25.8 ± 4.94 years (ranging from 17 to 53 years old). Compared to results from Population Census 2009, our sample was much younger. While the proportion of women under 25 years of age is 22.6% according to the Population Census 2009, it was 51% in our sample. Similarly, the proportion of women aged 35 or older was much lower in our sample compared national figures as well (5.36% vs. 50%).

In terms of marital status, 71% of sample was married and 28.7% were single. Only a negligible proportion of women reported being divorced, separated or being widowed. The majority of the sample was Kinh (97.2%), with only 2.8% of the sample indicating they were ethnic minority. Compared to Population Census 2009, our sample had a considerably smaller ethnic minority population (2.8% vs. 12.9%). Nearly two thirds of women in our sample came from Ha Noi, and the rest came from other provinces. About 80% of our sample came from rural areas- higher than rural population figures from the general population (67.3%). In terms of educational attainment, more than 80% of women in our sample had completed high school level of education or higher.

Table 3.1.1: Comparison of characteristics of women in the sample and women 17-60 years in the general population

	Women in the study sample		Women according to Population Census 2009	
	n	Percent	n	Percent
Total	**1120**	**100.00**	**26,554,164**	**100.00**
Age groups (years)				
17-24	572	51.07	6,010,119	22.6
25-29	356	31.79	3,885,273	14.6
30-34	132	11.79	3,405,253	12.8
≥ 35	60	5.36	13,253,519	50.0
Mean age ± SD	*1120*	*25.81 ±4.94*		
Marital status				
Single	321	28.66		
Married	795	70.98		
Divorce/ widow/ separated	4	0.36		
Ethnicity				
Kinh	1089	97.23	23,129,776	87.1
Minority ethnic	31	2.77	3,424,349	12.9

	Women in the study sample		Women according to Population Census 2009	
	n	Percent	n	Percent
Total	**1120**	**100.00**	**26,554,164**	**100.00**
Originally come from				
Ha Noi	726	64.88		
Other provinces	393	35.12		
Categories for place of origin				
Rural	887	79.84	17,869,523	67.3
Urban	224	20.16	8,684,641	32.7
Education				
Illiterate	1	0.09		
Primary school	13	1.16		
Middle school	196	17.50		
High school	674	60.18		
Vocational training	127	11.34		
College/ University or higher	109	9.73		

Table 3.1.2 presents descriptive statistics on the work characteristics of women in the study sample. Figures show that women in our sample began working at the factory at young ages (mean age 21.32 ± 3.85 years). More than a third of women in our sample started working in the factory when they were younger than 20 years old, and more than half started working in the factory between the ages of 20 to 24 years old. A majority of the women worked in the factory 6 days a week (93.3%) and worked an average of 8.4 hours a day; 17% of women worked 9-13 hours a day. These women earned an average salary of 2.15 million VND a month. Salaries ranged from a minimum of 1 million VND per month to a maximum of 8 million VND per month. Nearly half of women in the study sample earned less than 2 million VND a month. In terms of work shifts, more than two thirds (68.6%) of women in the sample worked in a day shift, while the rest reported that they did not have a fixed shift.

Table 3.1.2: Work characteristics of study sample

Characteristics	Mean ± SD	Min- max
Age starting to work in a factory (years)	21.36 ± 3.76	14- 45
Total months working in this factory	43.60 ± 33.72	1-240
Hours a day working in this factory (hours)	8.38 ± 1.05	6-13
Days a week working in this factory (days)	6.07 ± 0.28	6-8
Monthly wage (million VND)	2.15 ± 0.86	1.00- 8.00
	n	**Percent**
Age starting to work in a factory (years)		
<18	27	2.43
18-19	362	32.52
20-24	573	51.48
25-29	103	9.25
≥30	48	4.31

	n	Percent
Hours a day working in this factory		
6-7 hours	26	2.35
8 hours	886	80.04
9-13 hours	195	17.62
Days a week working in this factory		
6 days	1038	93.26
7 days	75	6.74
Monthly wage (VND)		
< 2 million VND	508	45.44
2-3 million VND	426	38.1
>3 million VND	184	16.46
Types of work doing in this factory		
Administration	289	25.83
Involved in direct production	48	4.29
Services	693	61.93
Others	89	7.95
Shift often work		
Day shift	777	68.60
Not fixed shift	351	31.40

Characteristics of the worker participated in the IDI are presented in table 3.1.3. There are 21 workers participated in the IDI. Among them 22 people are under 30 years. 9 people had abortion and 12 are GBV victims.

Table 3.1.3: IDI participants by age group

Age group (Years)	Abortion	GBV	Total
<30	4	7	11
>=30	5	5	10
Total	9	12	21

3.2. Characteristics of current or most recent partner

Table 3.2.1 and 3.2.2 report some descriptive statistics of these men and compares their statistics with their partners. In terms of educational attainment, women's husbands/partners were very similar to them in their school attainment with more than 80% having completed a high school level of education or higher. Monthly wages of husbands/partners however was significantly higher with an average wage of about 3.2 million VND per month (range 0.6 to 10 million VND. More than half of men had salary higher than 3 million VND.

Table 3.2.1: Characteristics of current or most recent partners

Characteristics	n	Percent
Education		
Illiterate	1	0.11
Primary school	9	0.98
Middle school	145	15.85
High school	429	46.89
Vocational training	151	16.5
College/ University or higher	178	19.45
Occupation		
Factory worker	261	28.59
Other employment with fix salary	326	35.71
Other type of work without fix salary	303	33.19
Monthly wage		
Mean ± SD (million VND)	578	3,20 ± 1,48
< 2 million VND	68	11.85
2-3 million VND	185	32.23
>3 million VND	321	55.92

Table 3.2.2: Comparison of education and salary of women and their partners/ husbands

Characteristics	Women	Husband/ partners
*Education***		
Middle school or less	18.75	16.98
High school	60.18	46.99
Vocational training	11.34	16.54
College/ University or higher	9.73	19.45
*Monthly wage***		
Mean ± SD (million VND)	2.15 ± 0.86	3.20 ± 1.48
< 2 million VND	45.44	11.85
2-3 million VND	38.1	32.23
>3 million VND	16.46	55.92

***Significant P < 0.001, * significant P < 0.05*

3.3. Reproductive health

Table 3.3.1 reports information on women's reproductive history and practice of contraception. Table 3.3.1 shows that 63 % of our sample had ever been pregnant and 12.4% are currently pregnant. A majority of the women in the sample were married before the age of 25 (78%) with 14% married before the age of 20. We also find that 13.3% of women in our factory sample had ever had an abortion; among them 31% had abortion in the last year and 2 women (4.35%) had more than one abortion last year. Among women who had had abortions, more than half of women had the abortion in a hospital or district health center (56.5%), 23.9% had their abortions with private health care providers and 17.4% used the service in commune health centers.

In terms of contraceptive use, 52.4% had ever used contraceptives, and 43.48% were using contraceptives at the time of the survey. The most popular contraceptive method was the condom (42%), followed by IUD (24%) and the pill (16%). Questions were also asked regarding their knowledge of the Emergency Contraceptive Pill (ECP). In the sample, 43% of women reported having ever head of ECP, but only 13% among those who had heard of ECP used it during last year. The most common source of obtaining ECP was at a pharmacy (83%), followed by public health facilities (15%).

Table 3.3.1: Reproductive history and contraceptive practices

Characteristics	Total sample	Case	Percent
Reproductive history			
Ever been pregnant	1,120	702	62.68
Currently pregnant	1,120	139	12.41
Age at first married (years)	*793*		
< 20		109	13.75
20-24		509	64.19
25-29		160	20.18
≥ 30		15	1.89
Number of children	*783*		
0		141	18.01
1		401	51.21
2		225	28.74
≥ 3		16	2.04
Abortion			
Ever had abortion	1,120	149	13.3
Having abortion last year	149	46	30.87
More than 1 abortion in past 1 year	46	2	4.35
Where to go for latest abortion last year	*46*		
Commune health center		8	17.39
Hospital, district health center		26	56.52
Private health care provider		11	23.91
Others		1	2.17
Contraceptive practices			
Ever used contraceptives	1,120	587	52.41
Currently used contraceptives	1,120	487	43.48
Methods currently used	487		
- Pills		80	16.43
- Injectables		1	0.21
- Implants		1	0.21
- IUD		118	24.23
- Calendar		29	5.95
- Female sterilization		7	1.44
- Condom		203	41.68
- Withdrawal		48	9.86

Characteristics	Total sample	Case	Percent
Ever heard of Emergency Contraceptive pills (ECP)	1,120	474	42.32
Ever used ECP last 1 year	474	62	13.08
Sources of information on ECP	*474*		
Pharmacy		394	83.12
Public Health Facility		72	15.19
Private health care providers		8	1.69
Others		8	1,69

One of the key findings from the IDI and FGD was that most women who had had an abortion were using at least one form of contraceptive to prevent pregnancy before they had the abortion. However, women appeared not to be consistent in using their contraceptives in a timely manner or in appropriate intervals as women noted that they routinely forgot to use it on occasion.

> "I have had about 3-4 abortions. I used the contraceptive pill for about 1 year. I usually took the pills every day. However, one time I was traveling and forgot to take the pill and then I got pregnant right away… When I went to the doctor for abortion, sometimes my husband would not even know because I would not tell him. He wouldn't suspicious as I have good health. I often went to work normally after abortion..." *(38 years old married female worker with 2 children, 1 boy and 1 girl)*

In Table 3.3.2, we cross tabulate contraceptive practices with characteristics of women in the factory sample. We find that there is a significant association between age group and contraceptive practices. The older women were, the more likely they were to have ever used contraceptives and to have used contraceptives in the preceding year. This pattern was also observed for knowledge about ECP, except that fewer women over 35 years old heard about ECP than women aged 20-34 years old.

As expected, married women had significantly higher rates of ever use or current (preceding year) use of contraceptives compared to single women (72.2% vs. 4% and 60.13% vs. 2.77%, respectively). Married women also reported knowing about ECP more than single women (46.79% vs. 31.38%). The proportion of ever use of ECP however was not different between married and single women.

In terms of origin, women who are originally from Ha Noi had significantly higher rates of ever use or recent (last year) use of contraceptives than women coming from other provinces. However, the knowledge and practice of ECP was no different between these two groups. As expected, compared to women coming from rural areas, women from urban areas had higher rates of ever use and recent use of contraceptives as well as knowledge of ECP.

There was however statistically significant difference in use of contraceptives among women by educational attainment. The sole exception is the finding that a higher proportion of women with higher levels of education had heard of ECP, although differences in usage were not statistically significant.

Table 3.3.2: Determinants of contraceptive practices

Characteristics	n	Ever used contraceptives (n=1120)	Used contraceptive last year (n=1120)	Ever heard about ECP (n=1120)	Ever used ECP last year (n=473)
Age group					
<20	81	6.17**	4.94**	16.05**	7.69
20-24	491	40.12	32.38	42.36	9.13
25-29	356	64.89	53.65	45.79	14.72
30-34	132	78.79	68.18	50.76	20.90
≥ 35	60	83.33	71.67	38.33	17.39
Marital status					
Single/ divorced/ widow	325	4.00**	2.77**	31.38**	7.84
Married	795	72.20	60.13	46.79	14.52
Ethnicity					
Kinh	1089	52.80	43.99*	43.07*	13.22
Minority ethnic	31	38.71	25.81	16.13	0.00
Originally come from					
Ha Noi	726	56.20**	46.83*	43.25	13.69
Other provinces	393	45.55	37.40	40.46	11.95
Categories for place of origin					
Rural	887	50.62*	41.60*	38.78**	12.50
Urban	224	60.27	52.23	56.70	14.96
Education					
Middle school or less	210	56.19	45.71	25.71**	12.96
High school	674	52.52	43.62	43.03	14.14
Vocational training	127	51.18	45.67	47.24	6.67
College/ University or higher	109	45.87	35.78	64.22	14.29
Types of work in this factory					
Administration	289	56.75*	45.67	45.67*	15.91
Direct production	48	62.50	58.33	33.33	25.00
Services	693	49.21	40.98	39.68	12.00
Others	89	57.30	47.19	56.18	6.00
Working shift					
Day shift	767	55.80**	47.33**	43.29	13.86
Not fixed shift	351	45.01	35.04	40.17	11.35

***Significant P < 0.001, * significant P < 0.05*

In terms of use, as seen in Table 3.3.3, the usage of condoms and the pill were higher among younger groups, although none of these differences noted by age were statistically significant.

Table 3.3.3: Contraceptive used by age group

Age group	n	Pills	Injectables	Implants	IUD	Diaphragm	Calendar	Condom	Withdrawal
<20	4	25	0	0	0	0	0	50	25
20-24	159	15.09	0	0.63	26.42	5.66	2.52	38.99	10.69
25-29	191	17.8	0.52	0	19.9	6.81	1.05	43.98	9.95
30-34	90	13.33	0	0	30	4.44	1.11	45.56	5.56
5≥35	43	20.93	0	0	25.58	6.98	0	32.56	13.95

Results from the qualitative study show that women were seen to be resistant to using permanent or more reliable contraceptive methods such as IUD or Pill primarily because of the fear of the complications associated with those methods even if they had never used any of these methods or suffered from any complications. This appears to point to a significant lack in quality in counseling for permanent or reliable contraceptive methods, particularly in providing accurate information on the use of these methods and side effects if any.

> "I've had two abortions in 2006 and 2010.. I used calendar as a contraceptive method. My menstrual cycle is regular but long, usually 3 months. Health staff told me about the IUD but I didn't use it. Some people in my commune said IUD is dangerous and that there is often pain in the lower back and abdomen and a long menstrual cycle. After my first abortion, doctor instructed me to use the contraceptive pill. However I was also afraid of using pill because I saw that some women who were the taking pill had dark pigments on their faces…." (*32 years old married female worker, with 2 daughters, repeated abortions).*

> "I used condoms after I had my second child. However, I forgot to use it one time then I got pregnant... After having my third child, the health staff told me about the IUD. However I didn't use it. I know some women had some types of inflammation maybe because their body was not able to get used to the IUD "(*29 years old female worker, 3 children).*

Table 3.3.4 shows the factors associated with women ever having an abortion and having an abortion in the last year. Age is seen to be significantly associated with abortion. The older

women are, the more likely they are to have ever had an abortion. Among those who had an abortion last year (n=149), the majority of them were between 20 and 24 years of age (60%) followed by 25 to 29 years old (34%). Women who were from Ha Noi had a much higher rate of abortion in last year compared to women coming from other provinces (15.01 vs. 10.8%). No statistically significant differences on abortion rates were found however among different ethnic groups or by educational attainment.

Table 3.3.4: Factors associated with ever having an abortion and having an abortion last year

Characteristics	n	Ever had abortion (n=1120)	n	Abortion last year (n=149)
Age group				
<20	81	1.23**	1	0.00**
20-24	491	7.54	37	59.46
25-29	356	16.57	59	33.90
30-34	132	21.97	29	6.90
≥ 35	60	38.33	23	8.70
Marital status				
Single	325	0.92**	3	66.67
Married/divorced/ widow	795	18.36	146	30.14
Ethnicity				
Kinh	1,089	13.50	147	31.29
Minority ethnic	31	6.45	2	0.00
Originally come from				
Ha Noi	726	15.01*	109	26.61
Other provinces	393	10.18	40	42.50
Categories for place of origin				
Rural	887	12.85	114	32.46
Urban	224	14.73	33	27.27
Education				
Middle school or less	210	14.29	30	33.33
High school	674	14.39	97	28.87
Vocational training	127	6.30	8	37.50
College/ University or higher	109	12.84	14	35.71
Types of work doing in this factory				
Administration	289	17.65*	51	31.37
Direct production	48	18.75	9	11.11
Services	693	11.26	78	33.33
Others	89	12.36	11	27.27
Working shift				
Day shift	767	13.82	106	33.96
Not fixed shift	351	12.25	43	23.26

***Significant P < 0.001, * significant P < 0.05*

One clear indication from the IDI's of factory workers was that unexpected pregnancy is the main reason for abortion in for this group of women. Another key cause noted by these women was pregnancy before marriage. Since childbearing almost exclusively occurs within marriage in Vietnamese society, these results aren't unexpected.

> "I have a boyfriend who is 3 years older than me... I got pregnant with him and had to get an abortion when the pregnancy was at about 6-7 weeks. This was my first pregnancy...When I told my boyfriend that I was pregnant, we discussed the possibility of getting married. But there were several reasons that led us to decide that we could not get married anytime soon. I agreed with him and decided to get an abortion... I went to a private hospital for the abortion..." (*23 years old unmarried female worker)*

Another key cause for abortion in our qualitative sample appeared to be son preference. A typical case we encountered was that of a 28 year old woman who had been married at 24. She had 4 pregnancies during these 4 years that resulted in only one live birth. Two of these pregnancies were terminated in abortions and one was miscarried.

> "I had 4 pregnancies; the first time I had a miscarriage because I fell down while I was going to work… The second pregnancy happened in the same year. I had to have an abortion because I was studying at that time. I gave birth to a girl in the third pregnancy. I had abortion at the fourth pregnancy 2 months ago… The reason for abortion was that the ultrasound results showed the fetus was a girl. We don't want to have two girls... my husband said that we did not plan to have baby at that time anyway. We then we went for an ultrasound. If the fetus had been a boy I would have delivered, but it was a girl, so I got an abortion…" (*28 years old married female workers, 1 daughter)*

We also found another case of abortion due to son preference in a 30 year old married woman with 1 daughter.

> "When I was 26 years old, I had my second pregnancy. I decided to get an abortion. …my husband said we want to have both a boy and a girl. We decided that if the second pregnancy was a girl, we would get abortion, because the first child was still small – 2 years old, and the second pregnancy was unexpected anyway and a girl. If it was a boy, I would have given birth. Personally, I didn't want to get an abortion, But, I thought my husband was right and that we wanted both a boy and a girl" (*30 years old married woman, 1 daughter)*

3.4. Attitude and perceptions about domestic violence

Table 3.4.1 shows the proportion of women who agree with different statements related to gender equity and controlled power. In this table, we also compare our sample results to those from a set of questions asked in a national study, when available. First, a quarter of the women in our sample agree that "a good wife should obey her husband even if she disagrees". This result is similar to figures from the national study that showed 27% of women agreeing with this statement. Women in rural areas were more likely to agree with this statement than women in urban areas (27.85% vs. 16.96%). This result was consistent with results from national survey where urban women were more than twice as likely to agree with this statement. In terms of attitude by educational attainment, the highest percentage of women who agree with the statement was found among women who had completed middle school or less (42.38%). The higher education level, the less likely the women were to agree with this statement. No significant differences however were since by ethnic minority status.

Secondly, nearly two thirds of women agreed with the statement "family issues should only be discussed among family members". There was no difference in attitude between the Kinh and ethnic minority groups or originally coming from Ha Noi or other areas. Similar to the previous statement, women with lower levels of education also had highest percentage agreement with this statement (76.67%).

More than half of women agreed with the statement "it is important for a man to show his wife/partner who is the boss". Again, women coming from rural areas and those with low levels of education (middle school or less) had higher proportions agreeing with this statement compared to those coming from urban areas and those with higher levels of education (54.79 vs. 46.43 and 63.33 vs. 43.12, respectively).

An opposite pattern is found for the association between educational level and the statement "a woman should not make friends if her husband disapproved". In contrast to previous statements, women who had higher levels of education (college level or higher) had highest percentage of agreement (75.23%).

Women were also asked if they agree with statement "it's a wife obligation to have sex with her husband even if she doesn't feel like it". Nearly 17% of all women agreed. Again, a higher proportion of women with low levels of education agreed with this statement (29.5%).

Finally, nearly 80% of women agreed with the statement "in case husband maltreated his wife, outsiders should not intervene". No statistically significant differences were found for the different characteristics examined above regarding this statement.

Table 3.4.1: Gender attitudes and perception that agree with GBV norms (statement below)

	Percentage of women who agreed with											
	A good wife obeys her husband even if she disagrees		Family issues should only be discussed among family members		It is important for a man to show his wife/partner who is the boss		A woman shouldn't make friend if her husband disapproves		Wife's obligation to have sex with her husband even if she doesn't feel like it		In case, husband maltreated his wife, outsiders should not intervene	
	Current study	National study	Current study	National study	Current study	National study	Current study	National study	Current study	National study	Current study	National study
Total (n=1120)	**25.54**	**27.0**	**64.64**		**52.95**		**62.50**		**16.88**	**19.7**	**78.93**	
Ethnicity												
Kinh	25.62		64.55		52.71		62.17		16.80		78.79	
Minority ethnic	22.58		67.74		61.29		74.19		19.35		83.87	
Originally come from												
Ha Noi	28.37*		67.36*		55.10		62.67		19.01*		78.93	
Other provinces	20.36		59.80		49.11		62.34		12.98		78.88	
Categories for place of origin												
Rural	27.85*	32.7	64.04		54.79*		61.56		17.59	22.7	78.80	
Urban	16.96	14.7	66.52		46.43		66.96		14.73	13.3	80.36	
Education												
Middle school or less	42.38**		76.67**		63.33*		59.52*		29.52**		80.48	
High school	24.93	16.0	64.39		52.52		61.87		15.88	14.2	78.64	
Vocational training	12.60		51.97		46.46		59.84		7.09		74.02	
College/ University or higher	11.93	5.1	57.80		43.12		75.23		10.09	9.0	83.49	

***Significant P < 0.001, * significant P < 0.05*

Table 3.4.2 shows results for the percentage of women who believe that a man has a right to beat his wife under certain circumstances. A range of circumstances were analyzed such as not completing housework adequately, being addicted to gambling or drugs, contradicting the husband's opinions, refusing sex, disobeying her husband, or being unfaithful. The data show a wide variation in the percentage of women who agree with each statement, ranging from 10% (not completing housework adequately or refusing sex) to 35% (insults spouse or have extra marital relationship). In general, the proportion of women agreeing with a particular justification was higher among women who come from Ha Noi and who had lower levels of education compared to those coming from other provinces and those with higher levels of education.

Table 3.4.2: Attitudes tolerating physical violence that agree for a man to hit his wife in the following situations

	Percentage of women who agree that a man have a good reason to hit his wife if she					
	Does not fulfill the domestic duties as expected by her husband	Is addicted to gambling and drugs	Contradicts her husband's opinions	Insults and abuses her spouse	Does not satisfy her husband's sexual demand	Has extra-marital relations
Total	**10.89**	**26.07**	**15.98**	**34.55**	**10.98**	**35.89**
Ethnicity						
Kinh	10.74	25.90	16.25	34.53	11.20	35.90
Minority ethnic	16.13	32.26	6.45	35.48	3.23	35.48
Originally come from						
Ha Noi	11.71	29.06*	17.63*	36.50	11.57	38.29*
Other provinces	9.41	20.61	12.98	31.04	9.92	31.55
Categories for place of origin						
Rural	11.16	26.72	16.91	34.84	11.61	36.41
Urban	9.38	23.66	11.61	32.59	8.48	33.48
Education						
Middle school or less	16.19*	34.76*	26.19**	41.90	13.81	45.71**
High school	10.39	25.52	15.73	33.23	10.68	35.31
Vocational training	12.60	22.05	10.24	33.07	11.02	33.86
College/ University or higher	1.83	17.43	4.59	30.28	7.34	22.94

***Significant P < 0.001, * significant P < 0.05*

Table 3.4.3 examines a set of beliefs regarding the circumstances under which wives have the right to refuse sex with their husband. In order to measure sexual autonomy, this study used set of questions from the WHO and a national study which asked respondents whether they believed a woman has a right to refuse to have sex with her husband in a number of situations, including if she does not want to, if he is drunk, if she is sick, or if he mistreats her. The proportion of women who believe in a woman's right to refuse sexual intercourse varies from 77.5% (when she does not want to) to 86.6 (when she is sick or tired). In a similar manner to the attitude toward gender equity and physical violence, women with low education (middle school or less) had lowest proportion agreement with the statements regarding sexual autonomy, and women with higher levels of education (college, university or higher) had highest percentage of agreement. There were no significant differences in attitudes toward sexual violence in relation to other factors such as ethnicity, rural/urban residence or place of origin.

Table 3.4.3: Attitudes toward sexual violence in marriage

	Percentage of women who agree that a married women can refuse to have sex with her husband if			
	She does not want to	Her husband is drunk	She is tired	Her husband treats her violently
Total	**77.50**	**76.52**	**86.61**	**85.54**
Ethnicity				
Kinh	77.41	76.31	86.50	85.40
Minority ethnic	80.65	83.87	90.32	90.32
Originally come from				
Ha Noi	75.90	76.45	86.64	85.95
Other provinces	80.41	76.59	86.51	84.73
Categories for place of origin				
Rural	76.78	75.76	86.02	84.67
Urban	79.46	78.57	88.39	88.39
Education				
Middle school or less	62.86**	65.71**	79.52*	75.71**
High school	79.82	76.85	86.80	85.76
Vocational training	81.19	83.46	91.34	92.91
College/ University or higher	87.16	87.16	93.58	94.50

***Significant P < 0.001, * significant P < 0.05*

3.5. Domestic violence

All types of domestic violence have been experienced by victims in our study. Table 3.5.1 presents the prevalence of domestic violence by husband or male partners against women in their lifetime or in the last 12 months (current prevalence). The lifetime prevalence of partner violence is defined as the proportion of ever-partnered women who report having experienced one or more acts of physical, sexual, emotional or economic violence by a current or former partner at any point in their lives. Current prevalence is the proportion of ever-partnered women reporting that at least one act of domestic violence took place during the 12 months prior to the interview. Figure 3.5.1 compares prevalence of domestic violence between the current study and a national study on domestic violence conducted by the GSO (GSO, 2010). In general, the proportion of women suffering from different kind of violence in this study is much lower than results from national study.

The lifetime and current prevalence of physical violence by partners was 5% and 2.5%, respectively, which is much lower than the results from the national survey (32% and 6%). The reported lifetime and current prevalence of sexual violence by partners in current study was 1.2 and 1.1%; also considerably lower than results from national level study of 10% and 4% respectively. Similarly, the proportion of women reporting emotional violence was much lower in current study compared to national study (8.1 vs. 54% for lifetime emotional violence and 6.7% vs. 25% for current emotional violence).

Combining data for physical and sexual violence, 5.45% women reported that they had experienced physical or sexual violence by husband/partner at least once in their life, whereas 2.86% reported they had experienced it in the last 12 months. Again, these numbers are much smaller than national survey (34% and 9%, respectively).

Combining data for 3 types of violence: Physical, sexual and emotional violence, 10.98% reported at least one of three types in her lifetime and 8.13% reported any of these types in the past 12 months. These numbers are much smaller than national survey as in previous cases as well (58% and 27%, respectively).

Finally, combining data for all 4 types of violence: Physical, sexual, emotional and economic violence, 13.48% reported at least one of four types in her lifetime.

Table 3.5.1: General table for experiences any kind of domestic violence

Types of violence by husbands/partners	Current study		National study	
	Lifetime	Current	Lifetime	Current
Physical violence	5.0	2.5	32	6
Sexual violence	1.16	1.07	10	4
Emotion violence	8.13	6.70	54	25
Economic violence	4.91			
Physical and/or sexual violence	5.45	2.86	34	9
Physical and/or sexual and/or emotional violence	10.98	8.13	58	27
Physical and/or sexual and/or emotional and/or economic violence	13.48	-		

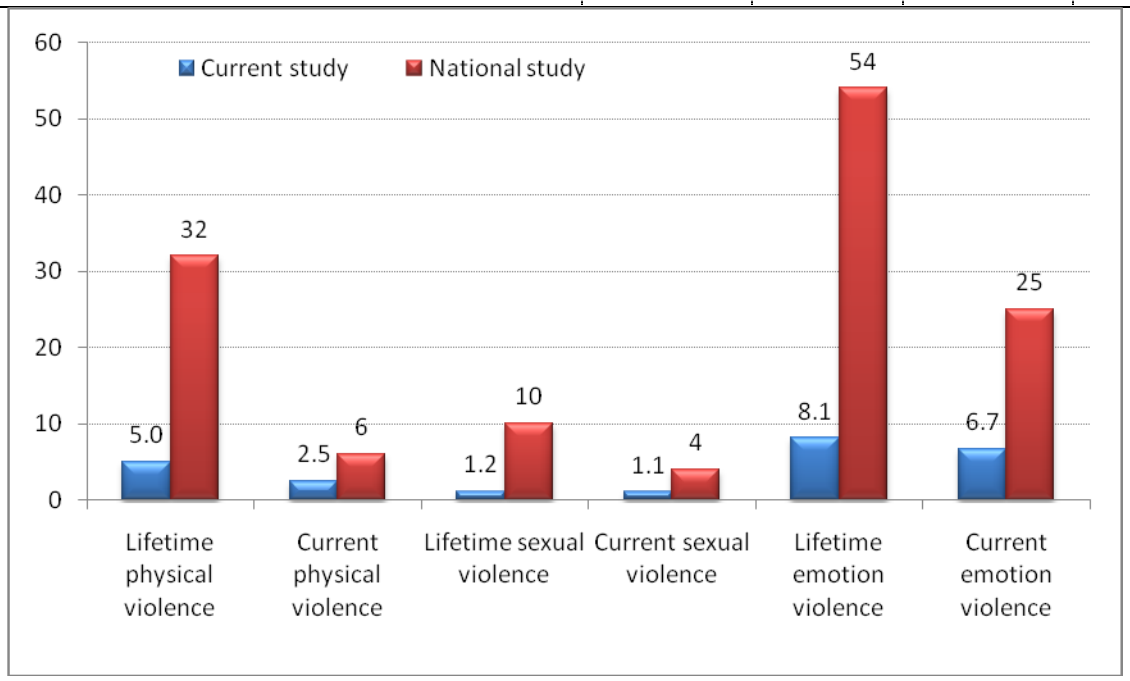

Figure 3.5.1: Compared prevalence of domestic violence between current study and national study (GSO, 2010)

Physical violence

Table 3.5.2 and Figure 3.5.2 summarizes results on the types of physical acts that abused women experienced. It also reports the percentages of women who experienced each act during the 12 months prior to the interview. The most common act of violence reported by women was being slapped or having something thrown at them, with the prevalence of 4.82% for lifetime and 2.32% in the past 12 months.

Table 3.5.2: Prevalence of physical violence by husbands/partners

Types of violence by husbands/partners	Current study		National study	
	Lifetime	Current	Lifetime	Current
Physical violence				
Slapped thrown something	4.82	2.32	28.6	5.3
Pushed you or shoved you	0.89	0.54	7.9	2.4
Hit you with his fist or with something else	0.71	0.45	11.8	3.0
Kicked you, dragged you or beaten you	0.54	0.36	4.5	1.4
Choked or burnt you on purpose	0.36	0.09	2.4	0.7
Threatened or used a gun, knife or other weapon	0.54	0.18	2.5	0.8
Any physical violence	**5.0**	**2.5**	**31.5**	**6.4**
Moderate physical violence	4.91	2.41	18.3	
Severe physical violence	1.07	0.63	13.1	

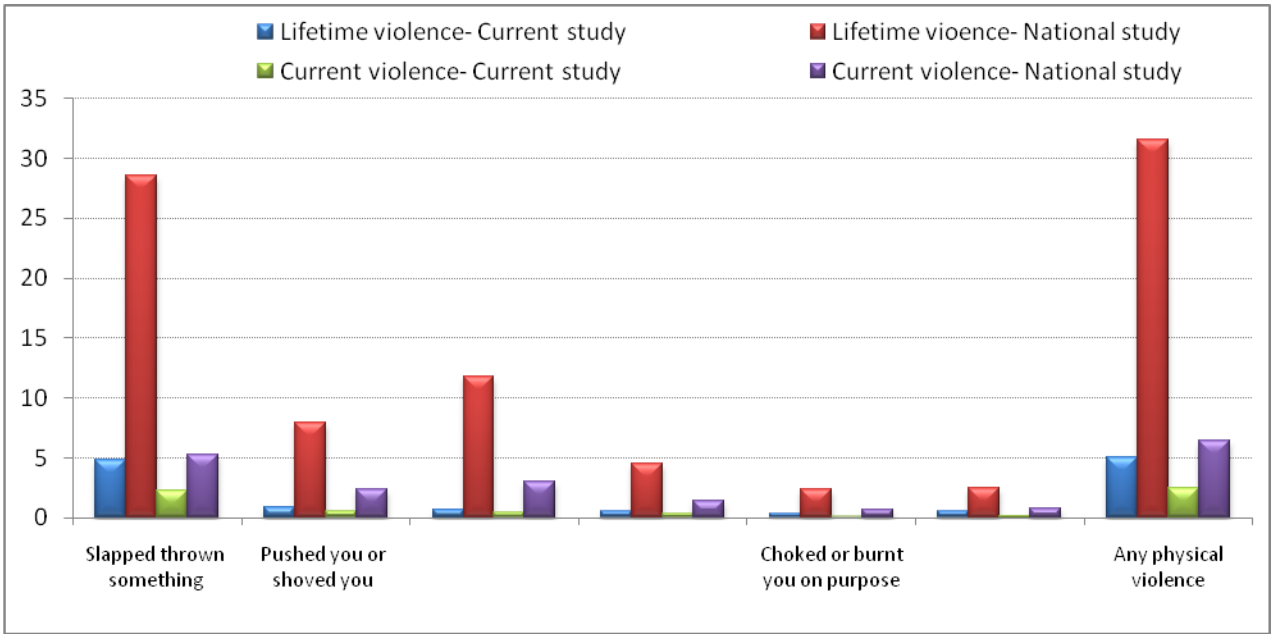

Figure 3.5.2: Compared different act of physical violence between current study and national study (GSO, 2010)

Sexual violence

Table 3.5.3 shows the percentage of women who have experienced different forms of sexual abuse by an intimate partner during their lifetime and within the 12 months prior to being interviewed. Comparison of sexual violence prevalence in our sample to the National study is presented in Figure 3.5.3. The three different behaviors measured in this study were: being physically forced to have sexual intercourse against her will; having sexual intercourse because she was afraid of what her partner might do if she did not; or being forced to do something sexual that she thought was degrading or humiliating. Overall, the percentage of women who reported any sexual abuse by a partner was 1.16% in lifetime and 1.07% in the last year, which are lower than results reported in national survey (9.9 and 4.2%, respectively). Of the three behaviors, physically being forced into intercourse was the most prevalent and being forced by their partners into sexual behaviors that they found degrading or humiliating was the least prevalent. The percentage of women reporting physically forced into intercourse was 0.63% for lifetime 0.54% for the last 12 months.

Instances of sexual violence were also seen in our qualitative study. Among 12 IDI GBV survivors, there were two cases of sexual violence. It was observed that since these victims were young and didn't have any sexual experience, they were not able to meet their husband's sexual needs and were unable to satisfy them. As a result, they became victims of sexual violence by their husbands.

"During the first night of my marriage, my husband's behavior was a bit abnormal..He was disappointed because I didn't know much about sex. ..In the second night he shouted at me… we often had quarrels because of issues related to sexual intercourse…It was mainly because I didn't know much about sex and I didn't have the sexual skill that he expected. He brought sex CDs home and forced me to watch them but I did not dare to watch because I was afraid… I feel that my husband never gets tired with sex. Sometimes, he wants sex when I have just gotten home from work. I only have a few minutes to rest. Sometimes I don't want to have sex because I am in a lot of pain in my sexual organs because of having too much sex. But I am forced to have sex with him because he thinks I have to satisfy him." (*27 years old, GBV survivor*).

" In the first night of my marriage, I was very miserable. I didn't know anything about sex. When we were in bed I did not know what to do and I only lied down, and my husband violently did what he wanted.., oh my god, it was very painful, much like when you use a knife to cut flesh..." (*28 years old, GBV survivor*).

Table 3.5.3: Prevalence of sexual violence by husbands/partners

Types of violence by husbands/partners	Current study		National study	
	Lifetime	Current	Lifetime	Current
Sexual violence				
Physically forced to have sexual intercourse when she did not want to	0.63	0.54	5.1	1.8
Had sexual intercourse she did not want to because she was afraid of what her partner might do	0.71	0.54	7.8	3.4
Forced to perform degrading or humiliating sexual act	0.18	0.09	0.8	0.4
Any sexual violence	**1.16**	**1.07**	**9.9**	**4.2**

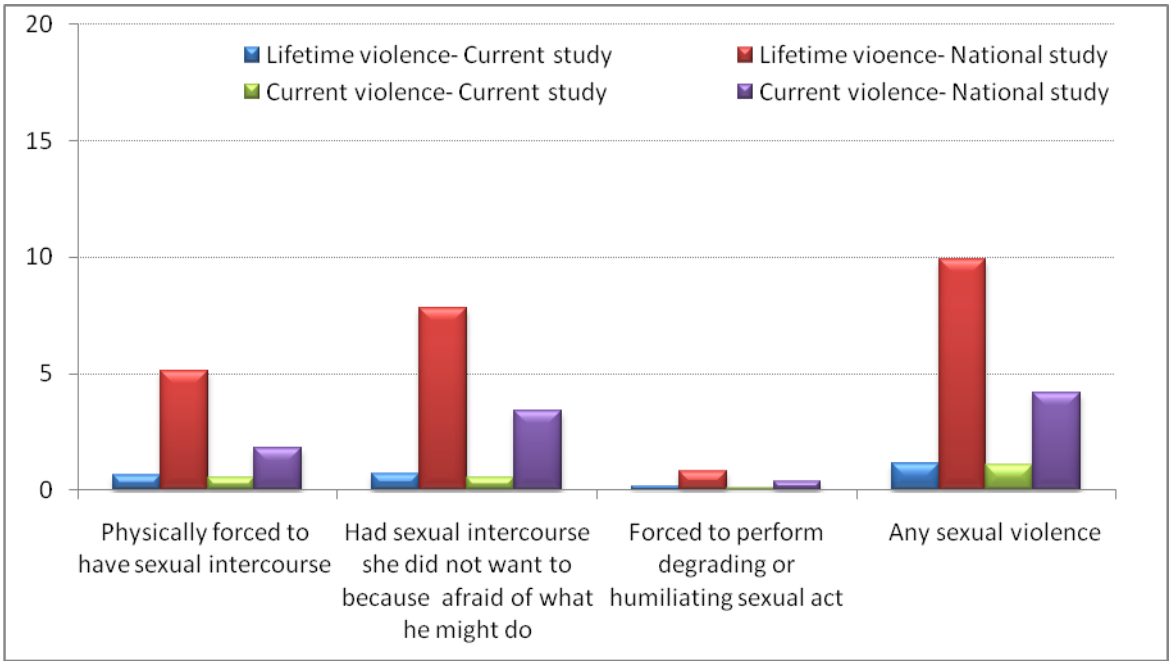

Figure 3.5.3: Compared different act of sexual violence between current study and national study (GSO, 2010)

Psychological and economic violence

Table 3.5.4 reports the percentage of women who have experienced one or more of the emotionally abusive behaviors measured in the survey. 8.13% women had experienced one or more of the emotionally abusive acts in their lifetime, and 6.7% had experienced it during the last year. As in previous cases for other kinds of violence, this number is much lower than the results from national survey (53.6 and 25.4%). Among different acts of emotional violence, the most prevalent was women being threatened or intimidated by partners (6.61% for lifetime and 5.45% current), followed by being insulted or made to feel bad (3.13% for lifetime and 2.14% current).

Different acts of economic violence are also presented in Table 3.5.4, including husband/partner taking her earning/saving against her will, refusing to give her money for household expenses, and refusing his responsibility to provide financial support to take care of children. Percentage of any economic violence was 4.91%, which was as half of the national figure from the GSO study.

Table 3.5.4: Prevalence of psychological and economic violence by husbands/partners

Types of violence by husbands/partners	Current study		National study	
	Lifetime	Current	Lifetime	Current
Psychological violence				
Insulted you or made you feel bad	3.13	2.14		8.6
Belittled or humiliated you	1.43	0.98		3.8
Scare or intimidate you	6.61	5.45		22.4
Threatened to hurt you	1.61	0.89		3.5
Threatened to or thrown you out of the home	1.16	0.89		4.1
Any emotional violence	**8.13**	**6.70**	**53.6**	**25.4**
Economic violence				
Took her earnings or savings	2.32	-	4.4	
Refuse to give her money for household expenses.	2.23	-	6.5	
Refuse his responsibility to provide financial support to take care of children	2.68	-		
Any economic violence	**4.91**	-	9.0	

In the cases that we observed here in the qualitative study, we find that most cases are a mix of physical and psychosocial violence. We also find that various kinds of violence perpetrated against women ultimately culminate in physical violence against them. This might call for programs and policies designed to help women prevent or cope with violence to adopt multipronged strategies that help them fight all forms of violence.

Instances of economic violence, mainly in the form of husbands refusing their financial responsibilities towards the family and children, also emerged in our qualitative results. Physical forms of violence also appear to result from acts of economic violence.

> " For the last 3-4 years, my husband has not been taking care of the family and I as he used to. He gives me little or no money to spend for the family. He tells me that his employer does not have work for him and that his salary is low. I found that his salary is as high as 8 million VND per month. I have to find ways to get money from him. That makes me feel ashamed and selt-pity for myself…"(*31 years old, GBV survivor*)

Female workers usually work the entire week in the factories. Sometimes they have to work overtime to earn extra income. In our qualitative case, this was sometimes seen to cause acts of GBV against them.

> "When my company is short on personnel, on Saturdays I usually have to work overtime at the factory to earn extra money… But my husband complained that I had worked the whole week and didn't stay home on Saturday and Sunday and I just went straight to work on Monday. That Sunday, I had to attend a death anniversary at a relative's house. But he didn't understand. We had an argument that night when I got home and my husband hit me." (*30 years old, GBV survivor*)

Controlling behavior

Using similar questions to the WHO study on domestic violence (García-Moreno et al., 2005) and the national study conducted in Viet Nam, this study also collected information on a range of controlling behaviors by a woman's husband or intimate partner. Among the behaviors measured were whether the partner keeps her from seeing her friends, whether he commonly attempts to restrict the woman's contact with her family or friends, whether he insists on knowing where she is at all times, whether he ignores her or treats her indifferently, whether he accuses her of being unfaithful, and whether he gets angry if she speaks with other men.

As shown in Table 3.5.5, the rate of women reporting one or more controlling behaviors by their husband/ partner was 28.75%, slightly lower than results from the national study (33.3%). Figure 3.5.4 also shows only small differences between the current study and the national study for most of the controlling behavior acts, except for the act "he insists on knowing where she is at all times" which was about 2.5 times higher in current study (23.5 vs. 8.9%) The most common act of controlling behavior was the husband's insistence on knowing where the wife is at all times (23.5%), followed by getting angry if she spoke to another man (15.43%).

Table 3.5.5: Prevalence of controlling behaviors by husbands/partners

Acts of controlling behavior by husbands/partners	Current study	National study
Keep her from seeing her friends	5.36	7.6
Tries to restrict her from contacting her family of birth	1.75	2.8
Insists on knowing where she is at all times	23.52	8.9
Ignores her and treats her indifferently	6.78	15.5
Gets angry if she speak to another man	15.43	18.8
Suspicious that she was unfaithful	5.25	7.8
Expects her to ask his permission before seeking health care for herself	3.83	2.6
At least one type of controlling behaviors	**28.75**	**33.3**

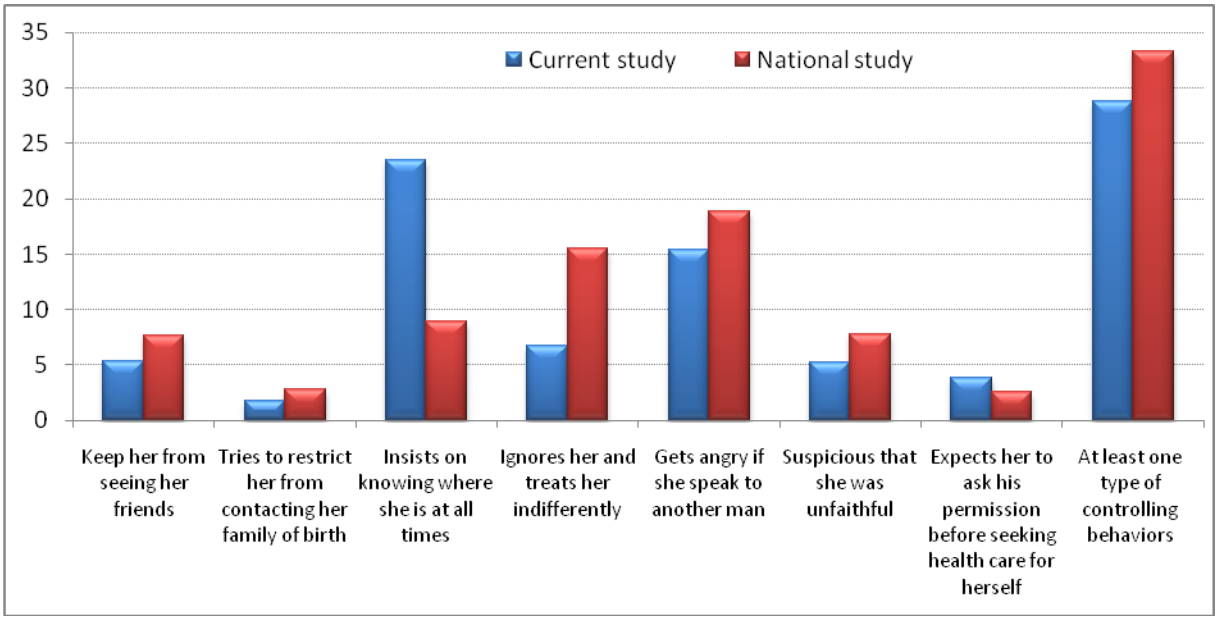

Figure 3.5.4: Compared the prevalence of controlling behaviors by husbands/partners for this study and national study

Results from IDI and FGD confirmed that common norms such as controlling behavior of husbands are frequently seen in the GBV cases as well. The husbands are often described as "difficult, and wanting to control every action or behavior of the wife."

> "There are frequent conflicts in my family. My husband has a difficult character and he's very loud (talkative). In any important decision made by him, I have no voice. For example, he just bought a motorbike without asking for any opinion from me.. At the same time, if I just buy vegetables in the market that I like, but ones that he doesn't like, then he gets very unhappy..."(*29 years old, GBV survivor)*

> "...my husband just asks me to stay at home arbitrarily. It is not even jealousy. It is just a way of torturing me. There are no specific reasons." (*30 years old, GBV survivor*)

Table 3.5.6 shows how the prevalence of violence or controlling behaviors might vary by differences in common socio-demographic variables including women's age, marital status, ethnicity, place of origin, and both women's and husband/partner's education and wages.

In the prevalence of any lifetime violence, there were significant differences among age groups. The older the women are, the more likely they are to have experienced violence. The percentage of women that had experienced any kind of violence in their lifetime ranged from 6.17% for age <20 years to 23.33% for age group ≥35 years. This pattern is likely a reflection of the fact that older women have had a longer exposure to the risk of violence than younger women.

Married women reported experience of violence nearly 3 times higher than single women, widowed and separated women (16.6% vs. 5.85%). This higher risk of violence among married is consistent with findings from several other studies in both industrialized and developing countries (Johnson and Bunge, 2001, Kishor and Johnson, 2004).

In terms of ethnicity, women from ethnic minority groups were nearly twice as likely to have experienced any kind of lifetime violence compared to the Kinh (25.81 vs. 13.13%).

Women's educational attainment and monthly income did not have any significant associations with violence, but level of education and wages of the husband/partner did. The lower the education level of the partner, the more violence women had experienced. The percentage of any violence among women whose partner had completed middle school or less was 23.23% compared to 9-10% among women whose partner completed vocational school or college. Women whose partners had low wages also reported more violence than those with partners had high wages.

In terms of controlling behavior, the pattern of risk across different age groups is less consistent. Women who were younger than 20 years old had lower experience with controlling behavior (14.8%), but the pattern is not clear for women who were older than 20 years. Except for marital status, no other background characteristics were found to be significantly associated with controlling behavior.

Table 3.5.6: Association between any kind of lifetime violence and controlling behavior by husband/partner with different groups of background characteristics

Age group	Any domestic violence	Any controlling behavior
<20	6.17**	14.81
20-24	8.35	30.55
25-29	17.98	29.49
30-34	20.45	30.30
≥ 35	23.33	25
Marital status		
Single/divorced/ widow/separated	5.85**	19.08**
Married	16.60	32.70
Ethnicity		
Kinh	13.13*	28.37
Minority ethnic	25.81	41.94
Originally come from		
Ha Noi	15.15*	28.79
Other provinces	10.43	28.75
Categories for place of origin		
Rural	16.52	28.41
Urban	12.85	30.36
Women's Education		
Middle school or less	18.57	30.48
High school	12.61	28.19
Vocational training	8.66	25.98
College/ University or higher	14.68	32.11

Women's salary		
< 2 million VND	12.01	27.56
2-3 million VND	13.38	27.46
>3 million VND	17.93	35.33
Husband/ partner's education		
Middle school or less	23.23*	--+
High school	16.08	--
Vocational training	9.27	--
College/ University or higher	10.11	
Husband/ partner salary		
< 2 million VND	4.41*	--
2-3 million VND	17.84	--
>3 million VND	15.89	--

+Not analyzed since too many missing value

In Table 3.5.7 we show the association between different kinds of domestic violence and contraceptive use and abortion. Women who had experienced any two kinds of violence (physical and/ or sexual), or three kinds (physical and/or sexual violence and/or emotional violence) or four kinds (physical and/or sexual violence and/or emotional violence and/or economic violence) were more likely to have ever used contraceptives and used contraceptives in the preceding year (including EPC). However, they also were seen to have a higher risk of ever had abortion.

Table 3.5.7: Association between domestic violence and contraceptive use and abortion

	Ever used contraceptives	Used contraceptive last year	Ever heard of ECP	Ever used ECP last year	Ever had abortion
Physical and/or sexual violence					
No (n=1059)	51.46*	43.15	58.45*	12.27	11.99**
Yes (n=61)	68.85	49.18	44.26	23.53	36.07
Physical and/or sexual violence and/or emotional violence					
No (n=997)	50.05**	41.83*	58.58	11.86*	11.43**
Yes (n=123)	71.54	56.91	50.41	21.31	28.46
Physical and/or sexual violence and/or emotional violence and/or economic violence					
No (n=969)	49.33**	41.38**	59.24*	10.89*	10.94**
Yes (n=151)	72.19	56.95	47.68	24.05	28.48

3.6. Work violence

The survey also collected data from factory women on their experience of violence in the workplace. Mean reported violence by a male penetrator at work was however very low in this study. Experience with any kind of lifetime violence by men at the workplace was 2.32% and recent (current) experience of violence was 1.07% (Table 3.6.1)

Table 3.6.1: General table for all kinds of work violence

Types of violence by men penetrator at work	Lifetime	Current
Physical violence	0.18	0.18
Sexual violence	0.09	0.09
Emotion violence	2.23	0.89
Physical and/or sexual violence	0.27	0.27
Physical and/or sexual violence and/or emotional violence	2.32	1.07

Using the same set of questions used previously to ask about domestic/intimate partner violence in the home, we also assessed violence by penetrators at work using the same constructs. We found however that only a very few women reported experience with violence at work. The most prevalent act of physical violence that was experienced was being slapped thrown something at that could hurt (0.18%) (Table 3.6.2). A slightly larger proportion of women had experienced emotional violence, and the most prevalent act was being threatened or intimidated by male penetrators at work (1.25% lifetime and 0.45% last year).

Table 3.6.2: Prevalence of physical, sexual and emotional violence by men penetrator at work

Types of violence by penetrator at work	Lifetime	Current
Physical violence		
Slapped you or thrown something at you that could hurt you	0.18	0.18
Pushed you or shoved you or pulled your hair	0.09	0.09
Hit you with his fist or with something else that could hurt you	0.00	0.00
Kicked you, dragged you or beaten you up	0.00	0.00
Choked or burnt you on purpose	0.00	0.00
Threatened to use or actually used a gun, knife or other weapon against you	0.00	0.00
Any physical violence	0.18	0.18
Moderate physical violence	0.18	0.18
Severe physical violence	0.00	0.00
Sexual violence		
He physically forced you to have sexual intercourse when you did not want to	0.09	0.09
You had sexual intercourse you did not want to because you were afraid of what your partner or any other partner might do	0.00	0.00
He forced you to do something sexual that you found degrading or humiliating	0.00	0.00
Any sexual violence	0.09	0.09
Psychological violence		
Insulted you or made you feel bad about yourself	0.80	0.45
Belittled or humiliated you in front of other people	0.54	0.36
Done things to scare or intimidate you on purpose	1.25	0.45
Threatened to hurt you or someone you care about	0.09	0.00
Threatened to or thrown you out of the home	0.27	0.27
Any psychological *violence*	2.23	0.89

3.7. Knowledge on domestic violence prevention and control law

Finally, we also assessed in the survey the knowledge of women workers in factories on the Law on Domestic Violence Prevention of 2007 in Viet Nam. More than 70% of women reported that they had ever heard of this law (see Table 3.7.1). The most common sources of information regarding this law were health care providers, followed by family members and relatives. However, when asked about what rights of women are protected by this law, less than a third of the women in our study sample were able to recall the right of women to ask authorities to prevent violence or protect them from perpetrators. Similarly, only a quarter of those women who said they had heard of the law knew of their right to ask civil service organizations/Women Unions to help them. Only a very small proportion knew about other rights.

Table 3.7.1: Knowledge on domestic violence prevention and control law

	n	%
Heard about law on domestic violence 2007	814	72.68
Sources to hear about law on domestic violence		
Family member/ relatives	87	10.69
Friend/neighbors	41	5.04
Factory staff	53	6.51
Health care provider	743	91.28
TV, radio	93	11.41
Internet, mobile phone	7	0.86
Others	7	0.86
Knowing what rights of women is protected by this law		
Right to ask civil service organization/Women Union/PPC, etc to help with HCP	206	25.31
Right to ask authorities to prevent, protect from perpetrator	250	30.71
Right to seek health care, legal and psychological counseling	75	9.21
Right to have temporary shelter, and confidentiality	43	5.28
Other rights as required by the law	110	13.50
Don't know, no answer	364	44.72

Chapter 4: Conclusion and Recommendation

4.1. Conclusion

This study sought to understand the challenges faced by women working in industrial compounds in Ha Noi with gender-based violence and with issues in reproductive health including access and use of contraceptives and abortion. In all, 1120 women workers participated in this study. Most of them (about 82%) were under the age of 30. About 70% of them were married and 82% had completed high school or higher level. Among married women, 78% had gotten married before the age of 25 and 14% had married before the age of 20.

In terms of contraceptive use, 52.4% had ever used contraceptives, and 43.48% were using contraceptives at the time of the survey. The most commonly used contraceptive method was the condom (42%), followed by IUD (24%) and the pill (16%). However, our qualitative results showed that some women workers were reluctant to using more reliable contraceptive methods such as IUD and the pill because they were concerned about complications and side effects of these methods based simply on rumors that they had heard. This indicates a clear gap in knowledge among these women regarding these contraceptive methods and a very acute need for family planning counseling and complete information for these women.

It is perhaps because of the high percentage of women using non reliable or traditional contraceptive methods (condoms, calendar, and withdrawal), we consequently find that about 13.3% of the women in the factories had ever had an abortion. Among them these women, 31% had abortion in the last year. Some women noted that they had had multiple abortions in the last several years. The main reasons that these women gave for having an abortion included unexpected pregnancies, and in some instances son preference. Our qualitative findings disclosed that even among women who are using modern or more permanent methods, case of having unexpected pregnancies is still high as women noted that they were not using these methods appropriately and in a timely effective manner (e.g. forgetting to take the daily pill). Again, this is a clear indication of the need for a better Information, Education, and Communication (IEC) materials about modern family planning methods for these women.

In terms of domestic violence, we find that the prevalence of any domestic violence experienced by our study sample is as low as 13.48%, compared to about 58% in the National Survey (GSO, 2010). The prevalence of each type of violence including physical violence (5%), sexual violence (1.2%), emotional violence (8.1%), and economical violence (4.9%) were all lower than the prevalence observed in the recent National Survey (32%, 10%, 10%, and 9%, respectively). It is important however to note that the study population in our study was much younger (mean age 25.8 years old) than the national sample and have higher levels of education. This might account for some of the difference that is observed in lower rates of violence, simply because the exposure of these younger women has been lower. The distribution of prevalence by types of violence is however qualitatively similar to the national study, with highest prevalence in emotional violence, followed by physical, economical and psychological and sexual violence.

The prevalence of gender-based violence at the workplace was extremely low in our sample, showing only 2.3% lifetime prevalence of all types of violence. Emotional violence accounts for the highest proportion among the violence experienced by workers at the workplace. Physical and sexual violence prevalence was rare but did occur in some instances. This study thus failed to unravel the presence of gender based violence in the workplace. One potential reason for this could be that the workers might have been afraid to disclose such acts of violence to the interviewers fearing potential negative consequences if their employers found out. It is conceivable however that the long hours that women work in the factories and working 7 days a week might make them more vulnerable to violence at home. This kind of work schedules leave women with limited time for their family and may cause women to be accused of neglecting their duties as wives, mothers, or as daughters in law, often resulting in violence against them.

It is interesting to find however that about the 72% of the study population had heard of and were aware of the Domestic Violence Prevention and Control Law. More research is needed however to further investigate the depth of the knowledge that these women have regarding these laws and the potential for mobilizing women workers as agents-of-change in spreading information on women's rights that protect them from GBV.

4.2. Recommendation

We found in our study that the women factory workers in our sample had higher educational attainment than the national sample, but they tended to use non-modern and non-permanent family planning methods. This potentially has caused a spike in abortion rates for these women which may not have been revealed completely in this survey. It is clear however that rumors regarding complications become a significant barrier in women taking up more reliable modern family planning methods. It is also thus clear that better IEC material that provide women with reliable information on contraceptives and issues regarding safety can prevent many unnecessary abortions as unrevealed by respondents in our FGD and IDI.

In addition, counseling on contraceptive side effects and complications should be integrated into the primary health service offered in the factory level or in primary health care at commune health centers.

Information about Law on Domestic Violence Prevention and Control (2007) and the regulations created by the Government between health care providers, police, justice, courts, and civil social organizations such as the Women's Union, People's Committee, Youth Union, and other should be disseminated more widely.

The women factory workers, who have higher levels of education than their peers in the national sample, have the strong potential to be agents-of-change in spreading the message regarding the effectiveness of modern family planning methods through examples from their real lives. With their superior levels of education, they are also likely to be better and more effective advocates for promoting and spreading awareness on the Laws on Domestic Violence

However, it is essential to supply them with complete information about individual modern family planning methods and their efficacy, so that rumor based fear can be reduced. It is also important to supply them with more in-depth information about specific clauses in the Law of Domestic Violence regarding protection and prevention and provide them information on where to access treatment.

The Ha Noi Health Department will seek for opportunities in the future to collaborate with donors and UN agencies to scale up and integrate GBV and family planning programs. Technical assistance from PCVN is necessary to evaluate this effort and PCVN is committed to providing this support.

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Appendix

Questionnaire for Survey of Domestic and Work Life Experience and Reproductive Health of Women Workers of Selected Industrial Compounds in Ha Noi (attached file)