## 6. Kinship practices deepen women's vulnerability to violence

The PAVE project's qualitative research findings show that kinship practices tend to deepen women's vulnerability to partner violence. In Northern Vietnam, prescribed kinship is patrilineal and patrilocal. On getting married, women will usually leave their families of birth and join their husband's household. In many cases, this means that upon marriage, women lose their own support networks of friends and family. In situations of conflict, this places women at a major disadvantage, as they will often lack a firm social foundation for support in the household and community where they live. Many women interviewed by PAVE project researchers expressed deep feelings of loneliness and isolation, explaining that the violence exercised by their husband hurt even more because they had to bear it alone. In the words of one 30-year-old woman:

I consider this a family matter, so I don't talk to my neighbours about it. I don't think they would help me. They would probably despise my family if they knew. I also don't talk to my parents (about the husband's behaviour) because I am afraid they will be sad. My parents-in-law know, but my mother-in-law supports my husband and my father-in-law says nothing.

Qualitative findings also show that kinship practices render it more difficult for women to protest against their husband's' violence against them. Since women marry out of their natal families, it is usually sons who inherit the property of their parents. This means that the house and the land that a couple occupies will usually be considered to belong to the husband, while the wife's possessions will be limited. In situations of serious disagreements, it is therefore the wife, not the husband who must leave their home. Many women living with partner violence explained that they felt they had to submit and adapt to their husband's violence because they had nowhere else to go. In the words of a 29-year-old woman named Lan:

I do not have anywhere to go. I have many brothers, so my parents' land will be divided among them. I do not want to get a reputation as someone who tries to claim my brothers' land or disputes their inheritance. So I have accepted living like this.

Lan's case illustrates how intimate partner violence is embedded in and supported by prevailing kinship practices.

#### **CASE STORY: LAN**

Lan grew up in a neighbouring district, in a poor family with many children. Her father died when she was only a few years old, and Lan had a difficult childhood marked by poverty. She met her husband when she was 24 years old. Lan found that her husband was hot-tempered already then, but she still loved him. When they got married, Lan moved into the house that her husband shared with his mother. Immediately after the wedding, she started having serious conflicts with her mother-in-law. Lan felt that her mother-in-law wanted to control everything in their family, and she supervised Lan constantly, correcting everything she did. When quarrels erupted between Lan and her mother-in-law, Lan and her husband often also guarreled. She felt that he always sided with and protected his mother. Once, during one of Lan's conflicts with her mother-in-law, Lan's husband hit her. After this, he would often beat her whenever he came home drunk. In these situations, he sometimes also forced Lan to have sex with him, in some cases using physical force. Lan feared the evenings when her husband came home late after his drinking bouts, but she felt there was nothing she could do to prevent or end the violence.

Lan confided that she cried much of the time and felt very sad. She felt deeply unhappy in this marriage. Only her children made her feel happy. They were the joy of her life; they kept her going. Lan did not tell others about her husband's violence, as she did not want to ruin the family's reputation. She also did not tell her own mother anything. Her mother was old, and she had had a hard life, and Lan did not want to make her sad. She often wished that she could return to her mother's house and live there instead, but she knew that this was not possible. She had many brothers, so the land that they had was already limited. So she tried to endure, day after day.

#### REFERENCES

- 1. Garcia-Moreno C, Pallitto C, Devries K, et al, 2013. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization.
- 2. James, L, D. Brody, and Z. Hamilton, 2013. Risk factors for domestic violence during pregnancy: a meta-analytic review. Violence Vict, 28(3): p. 359-80
- 3. Ministry of Health, General Statistics Office of Vietnam, Wold Health Organization, 2010. Results from the national study on domestic violence against women in Vietnam. Hanoi.
- 4. World Health Organization, 2005. Multi-country Study on Women's Health and Domestic Violence against Women. WHO: Geneva.











Project: "The Impact of Violence on Reproductive Health in Tanzania and Vietnam" (PAVE)

# INTIMATE PARTNER VIOLENCE AMONG PREGNANT WOMEN

#### **KEY FINDINGS**

- 1. Violence is common during pregnancy: more than one third of the pregnant women in this study reported exposure to intimate partner violence during pregnancy.
- 2. Women who do not have sons are twice as likely as mothers of sons to be exposed to partner violence during pregnancy.
- 3. Different forms of violence often co-occur: women who experience one form of violence physical, sexual, or emotional are often also exposed to another.
- 4. Some acts of violence are more common than others slapping; intimidation; and sexual pressure occurring particularly frequently.
- 5. For some women, intimate partner violence is a routine part of pregnancy.
- 6. Intimate partner violence is often a lonely experience: half of the pregnant women in this study told no one about their husband's violence against them.
- 7. Kinship practices of patrilineality and patrilocality deepen women's vulnerability to intimate partner violence.

#### **INTRODUCTION**

This research update presents preliminary findings from the Vietnamese part of the interdisciplinary research project PAVE (The Impact of Violence on Reproductive Health in Tanzania and Vietnam).

Violence against women is a global public health problem. According to a recent report from WHO, 35% of women worldwide have experienced either physical and/or sexual violence [1]. Pregnant women constitute a particularly vulnerable sub-group, with prevalence rates of intimate partner violence (IPV) during pregnancy ranging between 2% and 57% in low and middle income countries [2]. In Vietnam, nation-wide research has found high rates of intimate partner violence: in 2010, a national study on violence against women found that 58% of married women had been exposed to partner violence at least once in their lives [3]. There is, however, a lack of knowledge of the impact of IPV on pregnant women's health and lives. On this background, the PAVE project focuses on the intersections between intimate partner violence and women's reproductive health, investigating particularly how violence affects the mental health of pregnant women and the outcomes of their pregnancies.

#### **METHODOLOGY**

Combining epidemiological and ethnographic approaches, the PAVE project aims to generate insights into the prevalence, forms, and consequences of intimate partner violence. In Vietnam, PAVE project data collection was conducted in Hanoi's Dong Anh district over a two-year period, from 2014 to 2016. The project included a cohort study involving 1,337 pregnant women recruited at district hospitals and commune health centers and an ethnographic study involving repeated in-depth interviews with 50 women recruited through the cohort study.

Each of the 1,337 women participating in the cohort study was interviewed four times: at enrollment (which took place no later than week 24 of the pregnancy); in the second trimester; at delivery; and 4-12 weeks postpartum. Besides basic socio-demographic information, the cohort study interviews included information on the women's hysical and mental health status; their exposure to violence; and the health of their infants. To assess the women's exposure to partner violence, the gold standard WHO questionnaire to investigate women's health and violence against women was used [4]. A team of six interviewers – selected among the population staff in Dong Anh district and trained by the PAVE project –

conducted the cohort study interviews. Based on the cohort study, a group of 50 pregnant women living with partner violence were purposefully selected and invited to take part in a series of ethnographic interviews. The interviews were conducted by the PAVE project's two PhD students and explored in depth how women experienced the violence they lived with and how they coped with it.

#### **MAIN FINDINGS**

#### 1. Violence is common during pregnancy

The research found that pregnancy offers no immunity to violence: more than a third of the women (35.2%) reported exposure to partner violence during their current pregnancy. The most common form of violence was emotional violence; this was reported by 32.2% of the women. Nearly ten percent of the women had experienced sexual violence and 3.5% reported physical violence during their pregnancies (Figure 1).

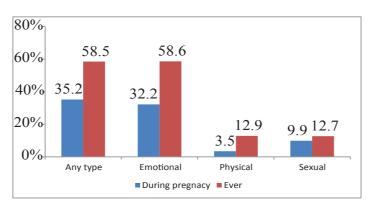


Figure 1: The prevalence of violence ever or during pregnancy

Having no sons put women at nearly double the risk of being exposed to intimate partner violence during their pregnancy (Figure 2).

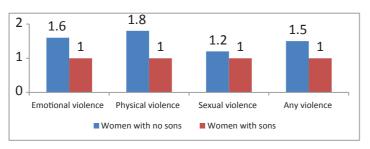


Figure 2: The risk of violence during pregnancy for women with no son

#### 2. Different forms of violence co-occur

The study found that different forms of violence tend to co-occur: pregnant women who are exposed to one form of violence are often also exposed to another (Figure 3). The most common combination of violence forms is the combination of emotional and sexual violence; this was reported by 20% of the women. The combination of emotional and physical violence was reported by 9.5% of the women and 2.8% experienced all three forms of violence during their pregnancy.

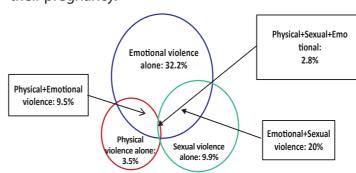


Figure 3: Different forms of violence co-occur

### 3. Some acts of violence are more common than others

Following the WHO methodology, the PAVE project assessed pregnant women's exposure to violence by asking them in concrete forms whether they had experienced specific acts of violence such as physical slapping or beating, emotional intimidation, or sexual pressure. Results showed that some acts of violence were more common than others. Of the women who had experienced emotional violence, 90% reported that their husband had done something to scare or intimidate them on purpose. Of the women reporting physical violence, 95.3% had been slapped, while sexual violence most often referred to experiences of being pressured to have sexual intercourse against one's will (87.7% of the women) (Figure 4).

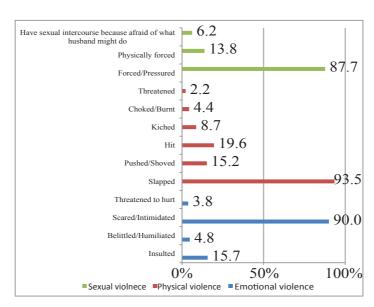


Figure 4: Acts of violence during pregnancy

## 4. For some women, violence is a routine part of pregnancy

The PAVE project assessed how often women had

The PAVE project is funded by DANIDA (the Danish International Development Agency) and conducted in collaboration between Tanzanian, Danish, and Vietnamese researchers from four universities: Kilimanjaro Christian Medical College (KCMC), Hanoi Medical University, University of Copenhagen, and University of Southern Denmark. In Viet Nam, ethical approval of the research was obtained from Hanoi Medical University's Research Ethics Committee.

been exposed to violence during their pregnancies. The results showed that for some women, intimate partner violence was a routine part of pregnancy. When they were in the second trimester of their pregnancies, 6.5% of the women reporting physical violence had already experienced this form of violence more than five times; 12.4% of the women living with emotional violence had experienced this more than five times; and 23.9% of the women reporting sexual violence had been exposed to this form of violence more than five times during their pregnancies (Figure 5).

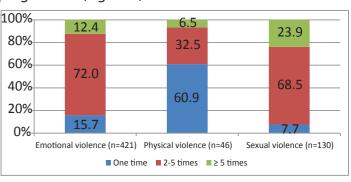


Figure 5: Frequency of violence during pregnancy

**5.** Most pregnant women do not disclose violence Half of the pregnant women living with violence (49.9%) talked to no one about their husband's behavior. Those who did talk to others most often opted to share their experiences with members of their family of birth (22.5%), with friends/neighbours (15.1%), or with in-laws (12.5%). Very few women told health care workers or community social organizations about their husband's violence against them.

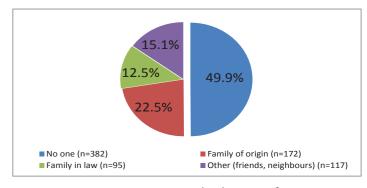


Figure 6: Women's disclosure of IPV